

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicants

- and -

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

RESPONDING RECORD –VOL 2

August 31, 2022

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APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

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Court File No. CV-22-00000717-0000

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**AFFIDAVIT OF ANDREA SEREDA
(AFFIRMED AUGUST 26, 2022)**

I, Doctor Andrea Sereda, of the City of Aylmer in the Province of Ontario, AFFIRM AS
FOLLOWS:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.

CREDENTIALS AND NATURE OF WORK

2. A copy of my *Curriculum Vitae* is attached hereto as Exhibit 'A'.

3. I am a physician practicing at London Intercommunity Health Centre (the “Health Centre”) in London, Ontario. The Health Centre serves patients with barriers to healthcare in the traditional healthcare system, providing a broad spectrum of interdisciplinary supports. My practice within the Health Centre focuses on people experiencing homelessness, people who inject drugs (“PWID”) and women working in the survival sex trade. Most of my patients are unhoused or precariously housed, living in encampments, solo rough sleeping, staying in shelters, couch surfing or any combination thereof. Living unhoused means that patients are in a state of transience throughout the city, and focus their days on survival living (i.e.: obtaining food, hygiene, income, a place to sleep that day, prescribed or unregulated medication, staying safe). Because of the enormous daily time investment required to just survive while living on the street, acute and chronic health conditions often are not prioritized by patients due to more pressing needs on Maslow’s Hierarchy. A copy of the Hierarchy is attached hereto as **Exhibit ‘B’**.
4. My team at the Health Centre focuses on dismantling structural barriers to care for people who are unhoused by “meeting people where they are at”. This phrase refers to a harm reduction practice that prioritizes creatively meeting a person’s needs in their individual context, instead of expectations that they fit into traditional models of care. “Meeting people where they are at” can mean providing culturally appropriate care, understanding a person’s social and emotional context, consideration of personal history and tailoring assessment and treatment plans to their individual framework. Or, with people living rough and in encampments, “meeting people where they are at” can be interpreted literally by medical teams, into actions such as bringing medical services directly to people living in

encampments and other unstable housing sites. This approach is essential to providing successful medical care to people who are living in encampments.

5. I personally provide primary care for my patients through a blended model of traditional office-based medicine, as well as mobile outreach and street-level care (“street medicine”).

EXPERTISE IN PROVIDING HEALTH CARE TO UNHOUSED PEOPLE

6. I have been a physician for 15 years, graduating from the Schulich School of Medicine in 2007. I completed a residency in Family Medicine in 2009, and a fellowship in Emergency Medicine in 2010. Both residency training programs were completed at the Schulich School of Medicine.
7. I have been providing health care to unhoused and precariously housed people for 12 years.
8. I have been working with the Health Centre since 2012.
9. I am the lead physician in the Health Outreach team, and I provide direct care, medical consultation or care coordination to all patients cared for by my team.
10. The Health Outreach team cares for 1800 rostered patients, all of whom have been unhoused at some point in their life. Precise numbers are hard to determine because people’s housing status can shift abruptly and frequently. People often do not declare all changes in their housing status, and thus this cannot be accurately tracked in charts.

However, based on my experience I estimate that 800 rostered Health Outreach patients are unstably housed and 200 rostered patients sleep rough at any given time. This estimate is based on personal knowledge and consultation with the Health Outreach team.

11. The Health Outreach Mobile Engagement (“HOME”) bus and street outreach teams care for an additional 1100 unrostered people. All people seen via HOME and street outreach are unhoused. These 1100 people shift between shelters, sleeping solo rough or in encampments. While precise numbers are unknown for the same reasons as above, our team estimates that 700 of these 1100 people regularly sleep rough, with a known 300-350 sleeping rough in the City of London on any given day.

SERVICE DELIVERY MODEL TO UNHOUSED PERSONS

12. The Health Centre provides support for people experiencing homelessness or who are heavily street-involved in London, Ontario. The Health Centre provides several creative approaches to patient care, tailored to where patients are located and their structural barriers. All patients are offered a broad array of wrap-around health and social care by an interdisciplinary team consisting of primary care physicians, nurse practitioners, nurses, systems navigators, social workers, outreach workers and care facilitators, addressing clients’ health and social needs through a social determinants of health and harm reduction approach. The model also includes:

a) Office Based Care

13. This is a mixture of booked and drop-in appointments, providing MD/NP led primary medical care, specialty care (HIV, HCV treatment), and walk-in acute services such as wound care, nursing care, and basic needs support such as ID and food security. The “bricks and mortar” care serves people who live in close proximity to the clinic, either housed or sleeping rough in the Dundas corridor. Office based care at the Health Centre differs from a traditional health clinic in several ways. A robust team of clinicians and allied health professionals such as Social Workers, Care Facilitators, Systems Navigators, and Outreach Workers provide intensive support and wrap-around services. These services can all be initiated same-day, and they can be provided concurrent to each other. Same day and concurrent support mean that the Health Centre team meets people where they are at in time and space and significantly improves linkages and retention in care.

b) Health Outreach Mobile Engagement (HOME) Bus

14. All of the services provided in the Health Outreach bricks and mortar clinic are also provided on a retrofitted city bus that acts as a mobile clinic. The Health Outreach Mobile Engagement (“HOME”) bus visits encampment and shelter sites, and flexibly adapts to the ever-changing locations of encampments and other places unhoused people gather. HOME meets people where they are physically at. This is essential to serving encampment residents who are unwilling to leave their tents or sites due to fear of bylaw clearing their possessions, or who are physically unable to leave due to the severity of their medical needs. This can include ambulatory limitations, lack of accessible transportation, lack of

access to assistive devices or mental health. HOME also meets people where they are in time; encampment residents have survival priorities that often preclude having time to come to clinic. HOME serves people who have traumatic experiences to healthcare infrastructure such as hospitals, clinics and jails. For people who have experienced structural trauma (Defined as the emotional and psychological damage from inequity enforced through public policies, institutional practices, cultural images and behaviors which are built into the structure of the culture and which reinforce social inequity. Examples include discrimination in economic opportunity, employment, education, housing, healthcare, and the right to marry) visiting a healthcare site with a door, or a lock, or security can completely emotionally preclude them from care. HOME seeks to remove these barriers by removing structural triggers for trauma.

c) Community Paramedicine "Home Visits"

15. The HOME team includes a team of paramedics who provide home visits to people who are unhoused. This team can bring intensive treatment, like intravenous antibiotics or wound care, directly to people who are living precariously housed or living rough in encampments. The team often is treating people in encampments who cannot participate in emergency room, or hospital-based care due to trauma and structural barriers. Video conferencing can also be facilitated with one's primary care provider while the medical team is present.

d) Street Outreach Medicine

16. Health Outreach clinicians and Allied Health staff also seek out people utilizing a “boots on the ground and backpack” approach with capacity to support intensive wound care, primary care and social care. This is critical for people sleeping rough who are living either in newly established encampment sites that need to be located or are hard to get to, or people who have been evicted from encampments and are living in locations hidden from bylaw or other services that seek to move them along.

PRACTICAL DIFFICULTIES WITH DELIVERING HEALTH CARE TO THE UNHOUSED

17. There are many difficulties providing healthcare to the unhoused. I have categorized these difficulties below.

a) Building and Rebuilding Trust

18. This can be thought of as both a challenge and an opportunity. People who live in encampments are marginalized not just from healthcare but from the rest of the community. People experiencing homelessness have often been traumatized and neglected across multiple systems such as child protective services, the school system, healthcare, “addiction care”, the justice system and the housing sector. Thus, people living in encampments have a healthy and legitimately earned distrust of people representing the system, including healthcare professionals. Trust needs to be rebuilt; both trust that

healthcare professionals will help, but also that they will not actively harm by further victimizing people with health care services.

b) Locating Patients

19. Physically locating a patient who is unhoused can become the better part of a day's work.

People who are unhoused often have no choice but to move their tent based on weather, bylaw enforcement, safety concerns or any other number of reasons. Healthcare teams spend an inordinate amount of time and resources looking for patients who do not have a stable living site. This can result in a delay in diagnosis and treatment of acute conditions (pneumonia, wound care), chronic conditions (diabetes, heart disease), chronic conditions with life-altering disease courses (HIV), mental health conditions (schizophrenia) and normal life transitions that require medical support (pregnancy).

c) Maslow's Hierarchy of Needs Dictates Patient Priorities

20. People who are unhoused are not only deprived of housing. They are also almost always deprived of the needs at the base of Maslow's triangle. These are physiologic needs, and include not just housing but also food, water, sleep and clothing (which is also a type of shelter). When these basic physiologic needs have not been met, healthcare teams often need to tend to these first, before a person can engage meaningfully in their own healthcare.

d) Absence of Maslow's Needs – Sleep Deprivation, Nutrition, Hygiene, Safety

21. The *absence* of Maslow's needs on the ability to provide healthcare to unhoused persons are related to, but distinct from, the need for patients to prioritize these needs. For example, people who do not eat for days at a time will have nutritional deficits that complicate disease presentation, diagnosis and treatment. People who have nowhere safe to sleep commonly have profound sleep deprivation, which can impact physical and mental health, but also contribute to greater risk of death through mechanisms like overdose. A picture of Maslow's Hierarchy of Needs is attached as **Exhibit B**.

e) Linkage to Hospital-Based Care and Diagnostics – Trauma

22. Most people who are unhoused have had traumatizing experiences in the hospital system. Many of my patients have described this treatment as facing stigma, untreated withdrawal from unregulated drugs, and care provided in an invasive and paternalistic manner (searches, security guards.) Traditional hospital settings are typically viewed by those who are unhoused as judgemental, stigmatizing and providing negligent and/or inequitable care. These experiences make it very difficult to refer patients to specialty care, hospital-based imaging or diagnostics or to have patients consider a hospital admission when needed.

f) Linkage to Hospital-Based Care and Diagnostics – Loss of Possessions

23. People who are unhoused have a tenuous and survival relationship to their possessions. Survival items like tents, cooking and warmth tools, and clothing can take significant effort to obtain. When people living unhoused have to leave their tents, or their encampments are

cleared, they are at high risk of losing all of their incredibly hard-won possessions. This affects people practically; they may have no shelter to return to if they leave for an x-ray or a hospital visit. It is also important to recognize that for people who have so little, belongings can also be part of one's identity. People can lose a bit of their identity and self-worth as they repeatedly have fewer and fewer possessions.

24. Patients described feeling that the community and city bylaw often see their meagre possessions as entirely disposable and having no meaning. This becomes a proxy for how people view themselves, and how they feel they are viewed by the rest of the community. When people lose their possessions, they also lose the function those possessions had in their life (shelter warmth, cooking). This directly negatively impacts their health, and creates another layer that healthcare teams caring for unhoused people need to attend to.
25. The loss of phones is particularly profound as it also results in loss of contacts – to support workers, peers, family and resources. Similarly, when people lose their identification, they additional face barriers such as being able to access healthcare and apply for housing. People have to start all over again.

g) Acute vs. Chronic Medical Concerns - Having to Choose

26. People who are unhoused face sometimes overwhelming layers of unmet healthcare needs. These needs can be acute (wound care, burns, pneumonia) or chronic (diabetes, schizophrenia). Due to the health consequences of living unhoused, and the persistent onslaught of environmental factors (heat, cold, rain, snow) causing injuries and acute

illness, it is difficult for healthcare providers to help unhoused people move beyond the treatment of acute issues to focus on chronic health needs. Receiving acute care, rather than preventative care for chronic conditions increases morbidity and mortality from those chronic health conditions.

h) Interruptions in Continuity of Care and Longitudinal Care by Forced Transiency

27. The forced transience faced by unhoused persons, which can include encampment clearings and evictions by cities and municipalities, interrupt the ability of healthcare teams to complete diagnostic and treatment plans. This is exacerbated by the lack of shared data systems between community healthcare teams and hospitals.

i) No Access to Home Care Nursing, PSW, Physio or OT Support

28. Most community support agencies are unable and/or unwilling to support people without an address. Most people living unhoused cannot travel to bricks and mortar locations for these services, for all of the reasons described above. This creates a large gap in necessary healthcare services for people who are unhoused.

j) Decreased Access to "Risky"/ Intensive Treatments such as PICC Lines or Surgeries

29. Unregulated drug use (for example fentanyl or crystal meth) is common among people living unhoused. This unregulated drug use is a survival support mechanism for most people, used to treat and cope with the extreme deprivation they live within. However, the

use of unregulated street drugs, particularly intravenous use, is seen as a contraindication to many lifesaving medical interventions such as surgeries or PICC lines (a special IV used to deliver medications like antibiotics over many weeks or months).

30. This “contraindication” is not based in evidence, but primarily in stigma. Therefore while IV drug use is used by many unhoused people to survive their circumstances, this drug use is also used by hospitals and specialists to deny lifesaving treatments to people.
31. This creates an abundance of untreated or undertreated infections in the unhoused population, which community healthcare teams need to creatively work around in order to try and keep people alive. These untreated infections often worsen, then resulting in more drastic and expensive hospital-based treatments which could have been avoided

k) Tech Inequity

32. Sleeping rough makes it incredibly difficult to obtain, keep and maintain a cell phone, often due to theft and misplacement. Services are increasingly relying on these methods of communication to follow-up with clients, a trend exacerbated by the COVID-19 pandemic. This results in missed virtual court appointments, and an inability to call intake phone numbers to receive health services or social services. If a phone call is made with a service provider, there is often an appointment set for days in the future, attending this future appointment is a task exacerbated by constant change in location as noted above.

33. There are also common issues in finding a place to charge a phone, or a private place to have a conversation with a service provider, particularly when discussing private health care needs around treatment and substance use.

l) Geographical Barriers

34. Being constantly forced into increasingly remote locations makes it difficult to get to pharmacy, get to probation, make housing viewings, make medical appointments, access food programs in the city's core, and attend court.

THE HEALTH CENTRE MODEL'S ATTEMPT TO OVERCOME BARRIERS TO HEALTHCARE

35. The Health Centre model of care seeks to ameliorate the practical difficulties described above, by designing service delivery that places the person in the centre of their care. The model attempts to overcome traditional barriers as follows:

a) Prioritize People Needs Over System Needs

36. The Health Outreach teams designs services that "meet people where they are at". This phrase refers to a harm reduction practice that prioritizes creatively meeting a person's needs in their individual context, as described above. This approach is essential to providing successful medical care to people who are living in encampments.

b) Culturally Appropriate Care to Reduce Stigma

37. Stigma causes people to disengage from healthcare that traumatizes, re-traumatizes, judges or shames them. The Health Outreach team reduces the impact of stigma by recognizing the lived and living expertise of people who are unhoused, as well as people who use drugs. This means centring these voices, and providing care that recognizes the benefits that using drugs can have on people surviving outside. For example, for a woman who is at high risk of sexual assault, going to sleep is a dangerous practice. Women can use crystal meth to stay awake for days, to reduce their risk of sexual assault. Opioids are often used for the intense physical pain that comes from sleeping on the ground for months and years at a time, and the frequent wounds that come with living with homelessness. The Health Outreach team prioritizes supporting changes that improve both physical health as well as social determinants of health, over enforcing a structure based off of pre-conceived notions of how a person should fit into and move through the mold of traditional healthcare systems.

c) Allied Health Team to Address Social Factors in Care (Housing, Income, Criminal Justice, etc.)

38. An allied health team approaches care and reframes health care in the context of the social determinants of health. This is an acknowledgement of the social, societal, cultural, historical, lifestyle factors which affect an individual and their wellness. This can include their income, criminal justice system involvement, housing, education, culture, gender, employment, food security and the reciprocal relationship between these factors on overall

wellness. A team that is literate in interpreting these factors in concert is equipped to address these contextual factors in a way that builds toward holistic wellness and equity. This broader picture of how inequity within a singular system, ripples into broader personal and systemic marginalization provides a powerful vantage point for care planning/ wrap-around care.

d) High-Threshold Accessibility/Low or “No” Barrier Care

39. The Health Outreach Team acknowledges the complexities that can result in missed appointments, medication adherence difficulties. The team is incredibly flexible, creative and solution focused in creating solutions to these difficulties. For example, medication may be delivered at a meal program that serves breakfast, or appointments with specialists may be conducted via facetime from a park.

IMPACT OF ENCAMPMENT EVICTIONS ON HEALTHCARE DELIVERY

40. The Health Centre has encountered many of the healthcare problems created by encampment evictions. These include:

a) Obliterates Progress – Personal Stability

41. Encampments provide more than just stability of physical location. They provide stability of community structures and human connections, the stability to build tomorrow upon the work accomplished today and yesterday. Stable community structures allow people to stay

connected with survival partners and other safe friends. Forced eviction upends this stability.

b) Obliterates Progress - Return Immediately to the Bottom of Maslow's Hierarchy

42. The long-term act of surviving on the streets necessitates the accumulation of possessions to ensure needs and comforts are established. Being consistently moved from an established location results in progress toward building the materials needed for survival long-term being dismantled and reversed. When people are able to establish a space that is conducive to their survival in a way that does not require round-the-clock investment of time, they are able to engage in other areas of their wellness. The dismantling of this foundation in the form of encampment evictions pushes people back into a space where their focus must be on satisfying the most basic of needs, unravelling with it the progress toward other medical goals.

c) Locating Patients

43. Programs and services for people experiencing homelessness rely on the ability to support these people where they are known to be. When individuals are forced to frequently change their location, they are often unable to follow-up with supports and commitments, such as: missed court dates, applications for service waiting for signatures, health care needs which are unmet, missed appointments with healthcare specialists or social support agencies, and missed viewings for apartments. In sum, once people are disconnected from their support services, their ability to recover and stabilize is immediately compromised.

d) Evictions Create More Acute Illness

44. People's possessions are almost always lost during encampment evictions and clearing. The loss of items such as tents, clothing, and medications results in more acute health conditions such as frostbite or exposure. Loss of medications creates challenges in managing chronic and acute health conditions. The act of survival also creates acute and chronic health care needs. For example, losing diabetic medications such as insulin results in acute deterioration of blood sugars and resulting chronic deterioration of glycemic control when this happens recurrently.

e) Mental Health Impact

45. Eviction creates emotions of loss, fear, uncertainty, the de-valuing of people, and grief. Being treated as "human garbage to be swept along" (patient quote) exacerbates emotions of loss, and also exacerbates mental health conditions such as depression, anxiety, PTSD and panic disorders.

f) Discharged from Services which Cannot Locate Patient

46. The precedent taken by survival can make it difficult or impossible for people experiencing homelessness to maintain the required level of engagement for some programs. When some social and medical programs, such as housing supports, cannot reach a client, or the client does not regularly attend appointments, they risk being discharged from the program. Being discharged leaves an already marginalized individual with even fewer supports and community connections.

g) Loss of Trust, Loss of Therapeutic Relationship

47. The “system” is seen as several interconnected pieces working together to support people in our communities. The clearing of encampments by large systemic figures such as municipal bylaw officers deepens the mistrust in municipal services/authorities. This permeates programs such as outreach and emergency shelter, which are directly funded by municipalities, as well as the rapport and relationship with agencies that partner with municipalities and rely on their ability to provide timely and effective service to people in acute need.

h) Movement of Persons into Unsafe Shelter Environments due to Policy

48. Shelter policies are often harmful to people. For example, many shelters are abstinence based, and people are not allowed to consume their usual substances while staying in shelter. This is not just a matter of desire to use drugs, but often becomes a critical health problem. For example, people who are dependent on street based fentanyl risk seizures, cardiac arrest and other serious health problems if they are forced to abstain from fentanyl overnight. I have observed people cleared from encampments, directed to shelter beds, who were forced to sleep completely rough because they had to choose between forced fentanyl withdrawal or sleeping outside completely unsheltered due to destruction of their campsite.
49. In Waterloo Region, there is currently only one harm reduction shelter where people are allowed to continue to use substances. Outreach workers in Waterloo Region have reported to me that anecdotally, approximately 95% of the people currently living in the

encampment that Region wants to evict are substance dependent. This estimate of 95% directly correlates to my own clinical experience. Even if shelter beds are available, shelter beds in Waterloo Region pose a direct risk to encampment residents' health.

MARCO ENCAMPMENT EVALUATION

50. I endorse the MARCO study attached as **Exhibit "C"**¹.

51. The MARCO study on Encampments surveyed 127 and interviewed 23 encampment residents in Toronto in 2021. This study is significant because it provides insight into encampment residents' health status and experience, as reported by encampment residents themselves. Pertinent findings include:

- a. Encampment residents described finding a community or family of people they respected and could trust in the encampment. They helped to watch over each others' possessions and helped others when they needed it. This stands in contrast to the reports that I have received from patients about the lack of community and trust in the shelter system.
- b. 60% of the people surveyed had tried to find shelter during the pandemic; only 13% were always able to find a shelter bed when needed.

¹ Lisa M. Boucher et al., "MARCO Brief Report : Encampment Outreach Evaluation," *MAP Centre for Urban Health Solutions, St. Michael's Hospital*, November, 2021, Accessed August 23, 2022, https://maphealth.ca/wp-content/uploads/Encampment-Outreach_MARCO-Nov-2021.pdf

- c. 75% of the people who received and accepted an offer of shelter or housing returned to the encampment, for reasons including: kicked out (29%), did not like restrictions on pets, guests, belongings (16%), location (11%), violence (11%). These results are congruent with firsthand reports and I have received from patients about the challenges with staying in the shelter system.
- d. People staying in the encampment reported that they felt their risk of getting COVID-19 was lower than if they had stayed indoors (eg. in a congregate shelter). Being houseless is a known risk factor for acquiring COVID-19.⁹ A recent history of housing instability (when compared with having a stable address) increased the likelihood of being tested for COVID-19 and having a positive test result. In the peak period of the early pandemic, people with housing instability were 20 times more likely to be admitted to hospital for COVID, 10 times more likely to be admitted to intensive care unit, and 5 times more likely to die.¹⁰ People staying in shelters during the pandemic were subjected to regular asymptomatic testing, daily screening, mandatory masking, and relocation to an isolation shelter if they tested positive for COVID. Sheltered patients reported to me that these measures often felt invasive and punitive, and they were uncertain whether or not they were helping to keep them safe when the physical environment remained crowded.

ENCAMPMENT EVICTIONS IN LONDON

52. Encampments often emerge in locations that are central to services which support street-based survival (hygiene, food, health care, harm reduction).
53. The City of London bylaw enforcement team regularly clears encampments, and will clear them daily at times.
54. As a result, there are no permanent encampments in London. Instead, encampment locations are continuously being cleared, the people evicted, and encampment locations shifting every few days to weeks. Therefore, it can be assumed that every person in London with a history of living in an encampment, can also be assumed to have been evicted from an encampment.
55. My current best estimate of patients currently cared for by Health Outreach, with an experience of encampment eviction, would be approximately 700 – 900 people.

AGGREGATE THEMES AMONGST THIS DEMOGRAPHIC RELATED TO ENCAMPMENT EVICTIONS

56. Based on my 12 years' experience caring for unhoused people and people who live in encampments, the most common themes of harm associated with encampment evictions are as follows:
- a) Environmental/weather related ailments – frost bite, heat stroke, burns
 - b) Loss of survival possessions - tents

- c) Food Insecurity and starvation
- d) Increased substance use
- e) Fatal overdose
- f) Medical destabilization
- g) Lack of prenatal and perinatal care
- h) Increased Sexual and physical violence
- i) Further marginalization
- j) Loss of community safety and structure

Case Studies of the Themes

57. The following are case studies of patients supported by the Health Centre who experienced some of the harms set out above.

a. Example of Environmental Complication

- Person dug hole in park to hide from bylaw, laid there for several days in winter, and developed frost bite so severe that it resulted in multiple limb amputations

b) Example of Loss of Survival Possessions

- Loss of all clothes, boots, coats in winter due to bylaw clearance of encampment site, resulting in severe frost bite to both feet
- Person lost tent, flashlights, blankets, food, power sources/ generators due to time limit attached to dismantle campsite (not afforded the time/ability to gather life-saving items).

The person was then arrested after shoplifting to try and replace those survival items

c) Example of Food Insecurity and Starvation

- Forced to move so far into margins to avoid encampment eviction/clearing, person could not access food banks
- No ability to own cooking pot or heat (for fear of discovery), existed on granola bars
- Died of starvation related illness

d) Example of Fatal Overdose

- Person evicted from encampment. Had lived communally in encampment for many years
- Used drugs communally, following best practice which is not to use opioids alone
- Evicted from encampment, forced into solo living space
- Died of overdose within days

e) Example of Medical Destabilization

- Due to constant encampment eviction, a Person who required daily medication was unable to keep medication safe/storage, cyclically incarcerated due to crimes of poverty (stealing to eat, breaking/damaging store fronts) resulting in poor adherence to medical treatment, increased infection, increased substance use that directly impacted physical and mental health
- Person developed resistance to HIV medication due to poor adherence, resulting in an AIDS diagnosis with high risk of death

f) Example of Pregnancy/Prenatal Complication

- Lack of stable living site due to constant encampment evictions resulted in no prenatal care and cardiac arrest of baby during labour due to preventable pregnancy complication

g) Example of Increased Sexual and Physical Violence

- Woman separated from survival partner during bylaw eviction
- Neither partner had phone, could not locate each other after being separated
- Slept solo for many days
- Without protection of partner, woman was gang raped while sleeping behind a dumpster, and then subsequently raped multiple more times, with each encampment eviction and separation from partner

h) Example of Further Marginalization

- City bylaw cleared central encampment
- People moved to city margin to escape detection – resulted in complete disconnect from healthcare services, missed anti-psychotic injections resulting in acute psychosis and person became victim of violence

i) Example of Loss of Community Structure and Safety

- People have lost feeling of community belonging due to inability to create peer-regulated spaces
- People are forced into isolated, inaccessible areas that create a heightened risk of violence

- People are forced from rural areas to city limits resulting in new community members with no relationship with existing street-entrenched community often resulting in increased violence, “othering” and lack of understanding of shelter services/basic needs services

Examples of Medical Care Provided to Evicted Encampment Residents

58. The following are case studies based on patients supported by the Health Centre:

a. Woman Recently Evicted from a Downtown Tent Encampment

- Severe soft tissue infection to her lower leg
- Requested hospital admission three times over the previous month, was discharged twice and told to follow up with cellulitis clinic
- Left hospital against medical advice after stigmatized treatment in hospital
- Sepsis being kept at bay with antibiotics and care from mobile medical team but still requires surgical amputation.
- Ongoing eviction every few days from encampment, meant that medical team spends more time locating this woman than treating her infection
- Woman is currently sleeping in an alleyway

b. Man with Multiple Encampment Evictions by City Staff

- Untreated schizophrenia, untreated HIV
- Presented to team with multiple AIDS-defining illnesses
- Zero primary care, zero supports

- City deems him ineligible for hotel or city-funded shelters due to schizophrenia-related behaviours
- Has visited ER 42 times in last year. No referrals, no outpatient appointments, because he cannot be found

c. Woman, Multiple Tent Encampment Evictions

- Severe seizure disorder
- No diagnostics, no treatment, no medications due to inability to locate and distrust of the system
- Seizures are so debilitating that she is unable to attend soup kitchens or church drop-ins for fear of injury or assault while post-Ictal
- Blood work shows severe malnutrition

d. Woman Evicted from Tent Encampment while Actively Miscarrying Foetus

- By the time she was found in new tent location by medical team, was diagnosed with sepsis due to uterine infection

e. Woman with Long-Standing Diagnosis of Schizophrenia

- Numerous encampment evictions
- No supports, no medications, no form of treatment
- As per police, has been forcibly sexually trafficked for 18 months
- Ongoing psychosis makes her incredibly vulnerable to sex traffickers
- Active syphilis

59. I have reviewed many of the Applicant affidavits and find that their experiences and reports of being homeless and being evicted from an encampment or not permitted to stay in an encampment, are consistent with the harm related themes reported by my patient pool.

ADVANTAGES OF LIVING IN AN ENCAMPMENT VERSUS LIVING IN PUBLIC SPACE WITHOUT A TENT

60. Having reviewed the files of my patients who have reported living in an encampment, I have identified many benefits of living in an encampment compared to sleeping rough:

- a) Health Outcomes: Encampments decrease forced transiency which increases the odds that the unhoused can maintain routine connection to outreach services such as health care, system navigators, street outreach of basic needs (food, clothing), housing services, delivery of medications, harm reduction supplies etc.
- b) Decreased Isolation and Risk of Fatality. When people know they will be evicted by authorities, they will move further into the margins where they are less visible and more alone in order to avoid eviction enforcement by the authorities. By moving further into the margins such as to forests, train tracks, abandoned buildings, holes dug into the ground, people place themselves at greater risk of harm because they are alone and disconnected from routine services. This places them at greater risk of violence, overdose and loss of connection to medical services.

- c) Community - Encampments give people a sense of community as opposed to when people are alone and hiding from authorities. The benefits of this include, increased mental health stabilization, decreased drug use, increased chances of being helped during an overdose, emotional support, someone to watch possessions if the person is required to leave the site to use a bathroom, attend a food bank, an appointment, etc. Encampments also decrease risk of sexual violence because community members look out for each other.
- d) Privacy: Having a tent facilitates better sleep, the ability to store and use medications, to complete hygiene and other basic self-care. Tents also allow for privacy from the public gaze and abuse, which can be very detrimental to mental health.
- e) Place to Store Possessions: There is often a sense of community that develops among encampment residents, and people come to rely on one another to watch their belongings when they leave the encampment site. Perspectives from individuals living in tent cities in the US have revealed that encampments can provide a sense of safety and autonomy that is not felt in shelters.²
- f) Minimizes Sleep Deprivation: Many unhoused persons with nowhere to sleep, need to stay up at all hours due to fear of violence and theft if they sleep in the open while alone.

² Hunter, J., Linden-Retek, P., Shebaya, S., & Halpert, S. (2014). Welcome home: The rise of tent cities in the United States. National Law Center on Homelessness & Poverty, Allard K. Lowenstein International Human Rights Clinic, Yale Law School

- g) Shelter From Elements: Tents provide an essential layer of protection from wind, rain, snow and sun. Without this layer of protection, there is an increased risk of weather-related ailments such as frost bite.
- h) Physical and Mental Rest: It is both physically and mentally taxing to have to constantly move and search for new places to shelter. Being able to remain in one place gives people a chance to rest and focus on recovery.

ADVANTAGES OF LIVING IN AN ENCAMPMENT VERSUS SHELTER

61. Although there are safety risks in encampments, patients routinely make trade-offs between what is the safest situation given their options, and personal circumstances.

a) Couples

62. In encampments, couples or “survival partners” can remain together. Almost always, there is insufficient shelter options for couples. This forces them to choose between separating in shelter or remaining together on the street. Separation causes stress, anxiety, panic in partners who can no longer protect each other.

63. When couples or survival partners are forced to separate to move into gender specific shelter, a female identifying partner may not get into shelter (due to the extreme difficulty

in accessing female shelter beds due to demand) resulting in her being outside alone and at serious risk of violence. As a result, the male identifying partner will usually elect to remain outside with the female identifying partner to provide them with safety and to avoid the emotional anguish of separating knowing that their loved one may be at serious risk of injury or death, or that reconnecting after they leave the shelter may be difficult if not impossible for days. Many unhoused do not have cell phones that would otherwise assist with reconnecting.

b) Connection to Pets

64. Most people with pets are unable to find shelter space that will accommodate their animals.

In encampments, people can remain with their pet as opposed to being forced to give it up to animal services in order to sleep in shelter for the evening. People who are experiencing homelessness are often estranged from family and close friends and their pets can be their biggest source of emotional support. These people often turn down shelter space due to their overwhelming need to remain with their pet. Pets are sources of emotional support for the unsheltered population. Many rely on their pet as their single source of support and consequently the loss of their pets can be traumatizing for them and can lead to dysregulation.

c) Continuity and Ability to Plan

65. Shelter stays are inherently unpredictable and precarious. Many people can find themselves abruptly evicted onto the street at any time of day and with any weather conditions. People who have routinely experienced shelter evictions will opt to remain in an encampment because they know it has the ability to provide more day-to-day stability.

d) Harm Reduction vs Abstinence-Based Shelters

66. Shelter spaces are often abstinence-based, refusing to adopt a harm reduction approach to provide increased safety and support for people who are experiencing homelessness and using substances. Or, as reported to me by my patients, there is often an unpredictable nature in the enforcement of these policies. Having to hide one's substance use in a shelter places people at grave risk of overdose as they are required to use alone or in hidden spaces such as showers or locked bathrooms. Such spaces inherently provide privacy and, therein, a space where response to accidental overdose would be greatly delayed or impossible in a timely manner. These structural barriers lead people to prioritize their safety by staying outside where they can access the support of peers and harm reduction services to stay well and stay safe.

e) Relief from Physical Burden of Leaving and Entering Shelter Every Day

67. Given that shelters are routinely full and residents do not often have phones, they must walk with their possessions from shelter to shelter. It is very physically taxing, especially for those with physical disabilities, to spend their days like this. It is physically and mentally less taxing to remain in a tent in one location. Additionally, when people must leave the shelter in the early morning, they are left with nowhere to go to rest, decompress or re-group until they return at night simply to attempt to sleep. As a population that experiences exceptionally high rates of physical disability (according to one study conducted in Toronto, 43% of homeless respondents reported arthritis or rheumatism, 23% reported problems walking, a lost limb, or another physical handicap, 20% reported heart disease, and 17% reported high blood pressure, among others) encampments can provide reprieve from the need to constantly be moving and carrying belongings.³

f) Restrictive Rules Regarding Substances

68. Many shelters do not allow substances to be used or stored onsite. Some shelters do not even allow for harm reduction materials. Despite these restrictions, drug use can be rampant in shelters. People who are attempting to maintain sobriety are at risk of compromising their sobriety if they are at a shelter where drug use is high and it is trafficked. Sobriety is also threatened when people cannot bring harm reduction materials

³ The Street Health Report 2007. The Health of Toronto's Homeless Population.
<https://homelesshub.ca/sites/default/files/2.2%20Street%20Health%20Report.pdf> at p. 16.

into shelter. At the other end of the spectrum, people with substance use disorders risk being kicked out of shelter if they are found using or with drug use paraphernalia.

g) Shelters can be Re-Traumatizing

69. People with a history of trauma or abuse may be triggered by a congregate setting of strangers. People have a valid fear of being a victim of an assault or sexual assault in shelter, or may have a history of these incidents during their stay at a shelter that reasonably precludes them from returning to shelter due to this trauma.

70. Many people who are experiencing homelessness have also been in the carceral system and report that the rules in shelters remind them of prior periods of incarceration – they are unwilling to voluntarily re-experience this degree of control and regulation by staff members. Additionally, a history of prior foster care or incarceration has been found to increase the risk of sleeping in an unsheltered environment.⁴

71. Having a stable place to stay, such as a tent without risk of eviction, may help to decrease some of the harms associated with transience and decrease barriers to accessing treatment.

⁴ Ann Elizabeth Montgomery et al., "Homelessness, Unsheltered Status, and Risk Factors for Mortality: Findings From the 100 000 Homes Campaign," *Public Health Reports* 131, no. 6 (2016): 765-772.

EXPERIENCE ATTEMPTING TO ACCESS SHELTER FOR MY PATIENTS

72. Clients with complex medical needs secondary to their experience of living rough are often precluded from accessing shelter supports as their needs are often interpreted as “outside of the scope” of these shelters where the norm is to provide a bed and space for the night with discharges often early in the morning. Traditional home care nursing, PSW and OT supports are often not open to providing service in these programs, resulting in gaps to therapeutic intervention even if a space is secured.
73. The institutional structure of traditional shelter programs can elicit a trauma response in client accessing these services with limitations on the activities they can do, the self-care they can perform, the safety they can find and the privacy they can be afforded. Clients packed into these spaces can respond in defensive manners interpreted as aggressive, leading to eviction and, at times, long term bans.
74. There are people in the city of London who are banned from every shelter program that exists within the city for these concerns. The high turnover of staffing and capacity of these spaces means care planning has limited efficacy when looking to mitigate these concerns for an individual.

75. The need for shelter has burgeoned in cities across Canada for decades, exacerbated further by the COVID-19 pandemic. In London, the number of people in need of space exceeds the amount of available emergency shelter space by hundreds. This means there are people who “fit” within the eligibility criteria for these spaces that are unable to access them due to over-whelming capacity issues.

76. The nature of survival places some people at risk for victimization in the community. There is a large subset of people who refuse shelter referrals due to fear of physical safety.

77. It can be anything but straightforward to try to access a shelter bed. As an initial barrier, many people experiencing homelessness do not have a phone to call for a bed.

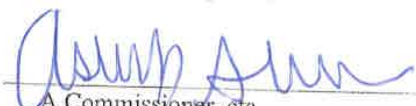
78. The Health Centre often tries to secure shelter beds for patients. It is extremely common to find that there are no available shelter beds in the city. If a bed is available, it may not be acceptable to the patient for the reasons listed above. The following is an example of an attempt to navigate the shelter admission process:

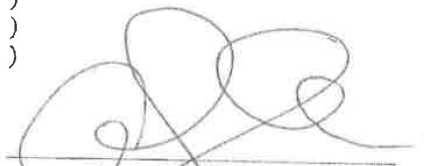
Client presented in crisis and sleeping rough with 16 year old daughter. Systems Navigator (SN) placed call to Coordinated Access (CA) to secure a shelter bed, however CA intake was not timely and booked 6 days post call with client having no access to phone. SN placed call to London Cares day-time resting space,

however no space available at that time. SN placed call to CMHA Stabilization Space, however no space available at that time. SN placed call to Anova (VAW shelter), however no space available at that time. SN placed call to St. Thomas shelter with answer of "maybe" should client be able to secure independent transport to city. SN placed call to Youth shelter and was told the daughter could access, but mother could not due to age limitations. SN placed call to London Cares again with answer of "maybe" for the mother, but not the daughter will due to lack of shelter capacity. Client leaves frustrated and back to street, to find encampment for the night. Client has never re-engaged after this experience.

79. I make this Affidavit in support of the Notice of Constitutional Question, and for no improper purpose.

AFFIRMED BEFORE ME by videoconference)
From the Town of Aylmer in the Province)
of Ontario)
Location of the Deponent)
To the Town of Baden in the Regional Municipality)
of Waterloo (Location of Commissioner))
In accordance with O Reg 431/20.)
This 26th day of August 2022)


A Commissioner, etc.



Dr. Andrea Sereda

ASHLEY ELIZABETH SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G.

Bibliography

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THIS IS EXHIBIT "A" REFERRED TO
IN THE AFFIDAVIT OF ANDREA SEREDA
AFFIRMED THIS 26TH DAY OF AUGUST, 2022


ASHLEY ELIZABETH SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Dr. Andrea Michelle Sereda

Updated March 2022 – partial update, research and presentations to follow

1. Education

HBSc; Honours Microbiology and Immunology, University of Western Ontario,
2003

MD; Schulich School of Medicine, Schulich School of Medicine, 2007

2. Qualifications

CPSO; 2007

LMCC; 2009

CCFP; Schulich School of Medicine, 2009
Rural Family Medicine stream, Mt. Brydges

CCFP-EM; Schulich School of Medicine, 2010

3. Clinical Practice Experience

Current

London Intercommunity Health Centre
Family Physician
Practice focus: Women's Homelessness, Care of People who Inject Drugs.
2013 – present

Lead Physician Safer Opioid Supply Program 2016 – present

Lead Physician for Street Level Women at Risk (SLWAR), 2016 – present

Past

London Intercommunity Health Centre
Lead Physician
Transgender Health Program 2016 – 2021

St. Thomas Elgin General Hospital
Emergency Medicine Physician
2010 – 2016
Centre of Hope Family Health Team
Family Physician
Practice Focus: Homeless Healthcare, Primary Healthcare
2010-2013

St. Thomas Elgin General Hospital
Hospitalist Physician
2009

4. Teaching Experience

London Intercommunity Health Centre
Medical Student and Resident placements focusing on homeless healthcare
2013 – present

Red Cross Emergency Medical Responder Instructor
Each fall, teach 80 hour course to Western Students who then go on to provide
911 response to the UWO campus
2008 - present

5. Administrative Positions

Governance Group Member
Executive Leadership Role, Street Level Women at Risk (SLWAR)
2017 to present

Community Advisory Group
SLWAR
2015 to present

Community Advisory Group, Youth Shelter Development
Youth Opportunities Unlimited (YOU)
2017 to 2018

Community Advisory Group
Salvation Army Centre of Hope Homeless Shelter

2014 to present

Medical Director
Student Emergency Response Team
University of Western Ontario
2010 to present

6. Awards

Health Equity Champion Award
Alliance for Healthier Communities
2020

Community Inspiration Award
Addiction Services of Thames Valley
2020

Canada's Top 40 under 40
Awarded for work with Street Level Women At Risk (SLWAR)
2018

London's Top 20 Under 40
Awarded for work with Street Level Women at Risk (SLWAR)
2018

CCFP Resident Research Award
"Healthcare for the Homeless"
Schulich School of Medicine
2009

7. Grants

Substance Use and Addiction Program (SUAP)
\$6.7 million to expand access to Safer Supply in London ON
February 2020

Substance Use and Addiction Program (SUAP)
\$2 million to develop SOS Community of Practice
June 2020

8. Academic Presentations

Family Medicine Forum (FMF)
Presentation at National Conference
Harm Reduction 101
November 2019

Canadian Society of Addiction Medicine (CSAM)
Presentation at National conference
Building Trust: Using Safer Supply to change the Opioid overdose epidemic
October 2019

Canadian Association to End Homelessness (CAEH)
Presentation at National conference
Street Involved Sex Workers; A United Model from Streets to Homes
November 2018

Outreach Medicine and Street Level Women
LHSC Vulnerable Populations Symposium
December 2017

9. Invited Presentations

Federal Opioid Response Team
Fentanyl, the Opioid Crisis & the Injection Drug User: Re-Imagining Solutions
October 2020

Family Medicine Grand Rounds
Fentanyl, the Opioid Crisis & the Injection Drug User: Re-Imagining Solutions
September 2020

COVID Risk Mitigation Guidelines
British Columbia Centre for Substance Use (BCCSU)
May 2020

Psychiatry Grand Rounds, LHSC
Building Trust: Using Safer Supply to change the opioid overdose narrative
February 2020, London ON

Abuse Shatters Lives Conference
Harm Reduction 101
February 2020, Timmins ON

AMHO Leadership Panel (Association of Mental health Ontario)
Safer Supply discussion panel
November 2019, Toronto ON

Safe Supply Community Summit (Downtown eastside, Vancouver)
Community Forum for people who use drugs in the DTES
November 2019, Vancouver BC

College Family Physicians of Canada
Pan Canadian Opioid Prescribing Initiative
October 2019, Toronto ON

UWO Palliative Care Keynote
Harm Reduction and Palliative care for marginalized and vulnerable Londoners
October 2019, London ON

CATIE (HepC treatment network)
Safer Supply and Harm Reduction
October 2019, Toronto ON

Regional HIV/Aids Connection
Keynote speech, Safer Supply
June 2019, London ON

Emergency Medicine Grand Rounds
Safer Supply & SLWAR
March 2019, London ON

Street Level Drugs of Abuse
Staff training for staff of "My Sister's Place", a drop in centre for homeless women
May 2016, London, ON

9. Publications

Urgent call on clinicians: Prescribe alternatives to poisoned drug supply
Healthydebate.ca
June 2019

Suffering in Silence
Intimate Partner Violence Amongst Physicians
Vital Signs
February 2019

THIS IS EXHIBIT "B" REFERRED TO
IN THE AFFIDAVIT OF ANDREA SEREDA
AFFIRMED THIS 26TH DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUITEMA

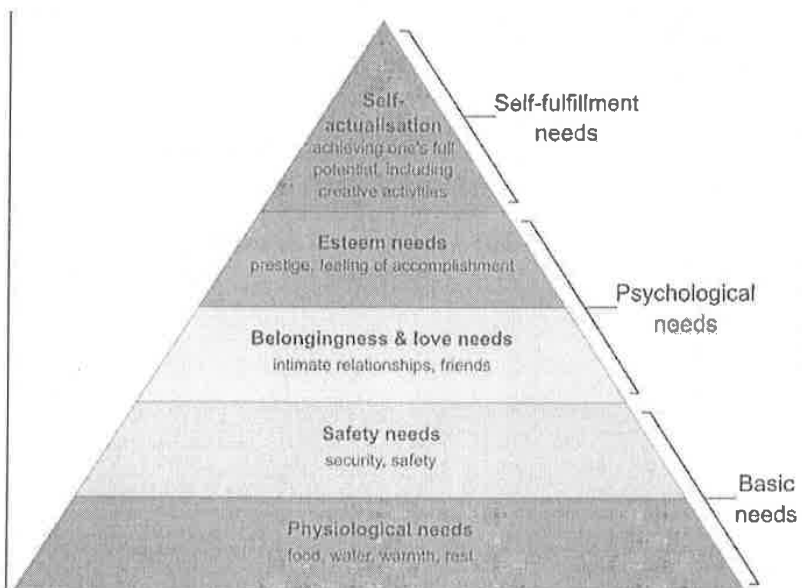
A Commissioner, etc.,

Province of Ontario,


While a Barrister and Solicitor.

LSO # 68257G

Maslow's Hierarchy of Needs



THIS IS **EXHIBIT "C"** REFERRED TO
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AFFIRMED THIS 26TH DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUIITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

MARCO Brief Report

Encampment Outreach Evaluation

November 2021

About the MARCO Study

The MARCO project is evaluating how local efforts responding to the COVID-19 pandemic serve people experiencing marginalization, and how these interventions can be improved. Changes in society to control the pandemic have affected everyone, but they place a particularly heavy burden on people who are marginalized.

We evaluated programs that support many communities who may be experiencing marginalization during COVID-19, including people experiencing homelessness, people with developmental disabilities, people who use drugs, and women who are experiencing violence. The MARCO Community Committee and Steering Committee chose the programs. The programs include:

- COVID-19 Isolation and Recovery Sites (CIRS)
- Encampment Outreach
- Substance Use Service (SUS) at the COVID-19 Isolation and Recovery Site
- Toronto Developmental Service Alliance's Sector Pandemic Planning Initiative (SPPi)
- Violence Against Women (VAW) Services

About this Report

This report is a brief summary of one of the MARCO Evaluations. This report highlights the key findings of the Encampment Outreach evaluation. The final, full length report will be released in December 2021.

The views contained in this report do not necessarily express the views of any MARCO community partner, funding agencies, MAP, St. Michael's Hospital, Unity Health Toronto, the University of Toronto, or any other organization with which MARCO authors or project team members may be affiliated.

Suggested Citation

Boucher LM, Dodd Z, Young S, Shahid A, Khoei K, and Norris K (Co-lead authors), Brown M, Warsame K, Holness L, Kendall C, Mergarten D, Pariseau T, Firestone M, Bayoumi AM. MARCO Encampment Outreach Evaluation Brief Report. Toronto, Ontario: MAP Centre for Urban Health Solutions, St. Michael's Hospital. November, 2021. Available from https://maphealth.ca/wp-content/uploads/Encampment-Outreach_MARCO-Nov-2021.pdf

Acknowledgements

MARCO gratefully acknowledges funding from: the Temerty Foundation and the University of Toronto through the Toronto COVID-19 Action Initiative; the University of Toronto's Faculty of Medicine Equity, Diversity, and Inclusion fund; and the St. Michael's Hospital Foundation.

We also wish to thank all individuals who participated in this evaluation for sharing their important perspectives, as well as all members of the larger MARCO study team and other community groups that assisted our evaluation.

Land Acknowledgement

We wish to acknowledge the sacred land on which MAP and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home of many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We are also mindful of broken covenants and the need to strive to make right with all our relations.

Website: maphealth.ca/marco Email: marco@unityhealth.to

What we did and what we learned

What was evaluated?

Even before the COVID-19 pandemic, some people experiencing homelessness lived in encampments under bridges, in parks and ravines around Toronto. Since the pandemic started, a growing number of people have been staying in encampments, which have become more visible.

New outreach groups formed and existing agencies and organizations working with people experiencing homelessness adapted to reach out to encampment residents and provide alternatives to services that were closed or limited due to COVID-19. Outreach groups included community-based organizations, volunteer groups, and city services.

We studied encampment outreach in Toronto during the pandemic to understand how these supports met the needs of encampment residents. The questions we focused on were:

- Did supports meet people's most important needs? Which needs were left unmet?
- What outreach supports and shelter or housing options were offered to people?
- In what ways did these supports affect people's lives, both positive and negative?

Our evaluation included several steps:

1. We met with key community members and groups to plan the study.
2. We conducted 127 surveys and 23 interviews with encampment residents at six encampments in Toronto between March

and June 2021.

3. We looked for patterns from the surveys and common themes in the interviews.

We also conducted 16 interviews with encampment outreach workers and volunteers. We will share findings from these interviews in a future report.

Who did we talk to?

38% of people we surveyed identified as female, and one in four identified as 2SLGBTQ+. A large number were from racialized groups, including 26% Indigenous, 16% Black, and 11% other racialized identities. People were between 21 and 64 years of age.

The people who answered our survey listed over 30 different encampments they had stayed in during the pandemic. Many had stayed in more than one encampment, and 39% were no longer staying in an encampment at the time they were surveyed.

What were the key findings?

Encampment Living:

- The month prior to the pandemic, people stayed in many locations, including 17% in an encampment, 29% elsewhere on the street, 20% in a rented place, 16% with family or friends, and 13% in a shelter.
- Half of the people surveyed reported that they moved to an encampment for reasons related to the pandemic. People also said they moved to encampments because they

People experiencing homelessness have a firm understanding of their own needs and should be listened to. Until we collaborate with people living outside to create more permanent housing options that meet their needs, encampments will continue to exist.

were not able to find housing, did not know where else to go, knew people in encampments, felt that shelters were not safe or secure, or wanted more freedom than shelters provided. Many people moved back and forth between encampments and other spaces, like shelters, shelter hotels, and respites.

- Many people described finding a community or family in the encampments among people they respected and could trust. Residents often supported each other and worked together on daily tasks, including watching each other's personal possessions, sharing food or other items, and helping people when they needed assistance. These relationships led people to visit residents in encampments after they had moved on to other shelter or housing.

Outreach Supports:

- Overall, encampment residents greatly appreciated the support they received from community-based and volunteer outreach groups.
- 69% of encampment residents said that outreach supports met their basic survival needs, like food and drink, shelter supplies and warmth, and harm reduction supplies.
- Many encampment residents valued the ways in which community-based outreach workers and volunteers provided supports:
 - Workers and volunteers were often present in the encampments. Most residents felt they could count on

workers and volunteers when they needed them.

- Workers and volunteers were flexible and respected residents' points of view. Many residents said workers and volunteers asked for their input and adapted supports to best respond to their needs.
- Workers and volunteers provided social support through a kind and compassionate approach. This helped to meet some residents' social and mental health needs.
- Residents indicated that certain outreach workers or groups were less caring and more judgemental. Residents found this approach upsetting and not helpful. Some noted that it was harder to trust workers when they acted like security, such as recording what residents were doing or telling them what to do.
- Some residents interacted with city outreach workers when they were getting shelter offers and reported feeling rushed or forced into decisions by threat of eviction.
- The greatest unmet need that residents identified was permanent housing.
- Some residents said they got everything they needed at the encampments, but others said they did not have good access to hygiene, technology, and mental health supports.

Shelter and Housing Offers:

- 60% of people surveyed tried to find a shelter bed or shelter hotel room during the

pandemic at least once, and only 13% of them were able to find one every time. Of those who tried, 68% were told that no shelter was available.

- 55% of people were offered a shelter or housing option by city staff at least once. Of those who received offers, 77% were offered a bed in a shelter hotel and only 4% were offered permanent housing.
- 75% of people who accepted an offer of shelter or housing returned to live in an encampment. The most common reasons they left the shelter or housing were:
 - 29% were kicked out
 - 16% did not like the restrictions, such as no pets, no guests, or a limit on the belongings they could bring
 - 11% felt the shelter or housing was too far away from where they wanted to be
 - 11% were worried about violence
 - Some people reported more than one reason
- Other reasons people gave for leaving or not accepting temporary shelter options included COVID-19 outbreaks, a lack of privacy, overdose risk and friends' deaths in these settings, disrespectful treatment by staff, not having their health needs met, and being tired of waiting for permanent options.

COVID-19 Risk in Encampments:

- 80% of people surveyed had been tested for COVID-19 and 13% of them reported testing positive.
- Encampment outreach workers and volunteers provided COVID-19 supplies, such as masks and hand sanitizer, to residents. Many residents reported distancing from others, washing or sanitizing hands, wearing masks, and not sharing drinks, food, or drug use equipment.
- Many encampment residents felt their risk of

getting COVID-19 was greater in indoor living settings with many people in the same space, like shelters or respites. This is compared to encampments, where residents expressed they felt safer being outdoors.

What are the recommendations moving forward?

1. Organizations should be helped to expand or maintain their outreach services and hand out survival supplies to meet encampment residents' basic needs.
2. Encampment outreach supports should be responsive, flexible, and adapt to what encampment residents need. Supports should be offered frequently and consistently.
3. Encampment outreach and shelter or housing services should support people to build and maintain their community connections.
4. Conditions in temporary shelter settings should be improved. Encampment residents should not be pressured into leaving encampments or entering shelter or housing that does not meet their needs, especially considering the risks of getting COVID-19 or overdosing in shelter spaces.
5. The city government should put a priority on providing encampment residents and other people experiencing homelessness with permanent housing. Permanent housing should respect people's dignity and meet their needs.
6. Encampment residents should be included in decisions about encampments, shelters, and housing.

Affiliations

Bruyère Research Institute: Lisa Boucher, Claire Kendall

Canadian Mental Health Association: Terry Pariseau

South Riverdale Community Health Centre: Zoë Dodd

The Neighbourhood Group: Melanie Brown

Unity Health Toronto: Ahmed Bayoumi, Zoë Dodd, Michelle Firestone, Kris Norris, Linn Holness, Kimia Khoe, Kahiye Warsame, Samantha Young

University of Toronto: Ahmed Bayoumi, Michelle Firestone, Samantha Young

University of Ottawa: Lisa Boucher, Claire Kendall, Abeera Shahid

THE REGIONAL MUNICIPALITY OF
WATERLOO and
Applicants

PERSONS UNKNOWN AND TO BE
ASCERTAINED
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

**AFFIDAVIT OF ANDREA SEREDA
(AFFIRMED AUGUST 26, 2022)**

WATERLOO REGION COMMUNITY LEGAL
SERVICES

450 Frederick Street, Unit 101
Kitchener, Ontario N2H 2P5

Shannon K. Down LSO#43894D,

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Ashley Schuitema LSO #68257G

Tel: 519.743.0254 x 15

Email: ashley.schuitema@wrcls.clcj.ca

Lawyers for the Respondents

Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED


Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

ACKNOWLEDGEMENT OF EXPERT’S DUTY

1. My name is Andrea Sereda. I live at the Town of Aylmer, in the Province of Ontario.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and
 - (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date: 8/29/2022

DocuSigned by:

 BE2ECA63D2DE4FA...

Signature

Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

AFFIDAVIT OF AMEIL JOSEPH

(AFFIRMED AUGUST 30, 2022)

1. I, AMEIL JOSEPH, of the City of Hamilton in the Province of Ontario, AFFIRM AS FOLLOWS:
2. I am an Associate Professor in the School of Social Work at McMaster University in Hamilton, Ontario. I hold a Professorship in Equity, Identity, and Transformation with the Faculty of Social Sciences at McMaster University and am Academic director of Community Engaged Research and Relationships with the Office of Community Engagement at McMaster University. I have over a decade of professional experience in the mental health field, in Assertive Community Treatment, Supportive Housing, Crisis Respite, Early Intervention, Settlement and governance settings. I also serve on the Board

of Directors for the Disability Justice Network of Ontario and helped to found Hamilton's first Anti-Racism Resource Centre. A copy of my CV is attached hereto as **Exhibit "A"**.

3. I study the historical legacies of colonial and eugenic policies on racialized groups, disabled people, newcomers/immigrants, people with mental health issues, and the confluence of ways they are impacted by criminal justice, immigration, and mental health systems, practices, policies, and law. I am particularly interested on how the historical trajectories of dehumanization, exclusion, and rationalized violence shape contemporary policies, programs, and services for these populations. I have written a book, several chapters in edited collections, and peer-reviewed journal publications on these matters.
4. With respect to homelessness in Canada, it has been documented that people with disabilities and mental health needs, LGBTQ2s populations, racialized groups, and Indigenous people are disproportionately underhoused, unhoused, and experience barriers to access affordable, permanent, stable, and supportive housing.¹
5. In Canada, those who have a disability are also "more likely to have experienced hidden homelessness. More particularly, those who reported at least three disabilities were four times more likely to have experienced hidden homelessness (26%) than those with no

¹ Caryl Patrick, *Aboriginal homelessness in Canada: A literature review* (Toronto: Canadian Homelessness Research Network Press, 2014); Stephen Gaetz, et al., "Without a Home: The National Youth Homelessness Survey," *Canadian Observatory on Homelessness Press*, 2016, <https://www.homelesshub.ca/sites/default/files/attachments/WithoutAHome-final.pdf>; Samantha Rodrigue, "Hidden homelessness in Canada Insights on Canadian Society," *Statistics Canada Catalogue no. 75-006-X*, November 15, 2016, <https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.htm>; Stephanie Baker Collins, and Ann Fudge Schormans, "Making Visible the Prevalence of Self-Identified Disability Among Youth Experiencing Homelessness," *Journal of Social Distress and Homelessness* (2021): 1-9, <https://doi.org/10.1080/10530789.2021.1940719>.

reported disability (6%)” (1).² With respect to youth, an “examination of the percentage of youth in homeless shelters in three sites in southern Ontario reveals that 80% of youth identify with at least one disability” (6).³

6. Indigenous people are 8 times more likely to experience homelessness in urban centres, as well as experience the continuing legacies of colonial oppression and exclusion, racism and discrimination when accessing all aspects of social life.⁴ A national survey on youth homelessness in Canada has revealed that 29.5% of youth who were homeless were of the LGBTQ2S community, 30.6% were Indigenous, and 28.2% were racialized.⁵ While this data reveals the inequities for marginalized groups with respect to housing and homelessness, a respectful attention to the social, historical, and political contexts of exclusion is often underappreciated for the ways they underpin contemporary systemic inequities across systems and services that render these groups at greater risk of harm.

7. Historically, immigration, criminal justice, and institutions including mental health systems and healthcare systems have produced and reproduced a devastating legacy of discrimination, prejudice and exclusion for racialized people, disabled people, and people with mental health issues.⁶ Eugenic policies in Canada have scaffolded racism, sanism, and ableism into policy, practice, and law. Specifically, eugenics is understood as the “the study of the agencies under social control that may improve or impair the racial qualities of future

² Rodrigue, “Hidden Homelessness in Canada”, 1.

³ Baker Collins, and Fudge Schormans, “Making Visible the Prevalence”, 6.

⁴ Patrick, “Aboriginal Homelessness in Canada”.

⁵ Gaetz et al., “Without a Home”.

⁶ Ameil J. Joseph, *Deportation and the confluence of violence within forensic mental health and immigration systems* (Springer, 2016).

generations” (17).⁷

8. In 1910, House of Commons debates revealed that early 20th century health professionals and government officials propounded the belief that persons with disabilities were *undesirable immigrants* because they were by nature *degenerates, dangerous and dishonest* in disposition.⁸ These discriminatory ideas were forged into the Immigration Act of 1910 where the construct of *Prohibited Classes* was established, conflating the erroneous idea that newcomers/immigrants were carriers of some imagined threat of hereditary defectiveness. Under section 3 of the Immigration Act of 1910, the “prohibited classes” are identified in the following order: “Persons mentally defective”, “Diseased persons”, “Persons physically defective”, “Criminals”, “Prostitutes or pimps”, “Procurers”, “Beggars and vagrants”, “Charity immigrants” and “Persons not complying with regulations” (208-209).⁹ These prejudicial and discriminatory ideas have and continue to shape contemporary policy, practice and law in Canada.¹⁰
9. These ideas, emerge within the historical context of nation building in Canada where histories of head taxes on Chinese people, chattel slavery, the internment of Japanese peoples, turned away ships with South Asian and Jewish immigrants, residential schools, reserve systems, medical inadmissibility policies for immigrants, and the claiming of lands from Indigenous peoples contour the realities for newcomers/immigrants, racialized

⁷ Ian Robert Dowbiggin, *Keeping America sane: Psychiatry and eugenics in the United States and Canada, 1880-1940* (Cornell University Press, 1997).

⁸ Ena Chadha, ““Mentally Defectives” Not Welcome: Mental Disability In Canadian Immigration Law, 1859-1927,” *Disability Studies Quarterly* 28, no. 1 (2008).

⁹ “An Act Respecting Immigration,” (Acts of the parliament of the dominion of Canada, Ottawa, 1910), 208-209, https://www.canadiana.ca/view/occihm.9_07184.

¹⁰ Joseph, “Deportation and the Confluence”.

people, disabled people, people with mental health issues, and Indigenous people.¹¹

10. These specific policy trajectories as well as their embedded discriminatory ideas have and continue to pervasively structure the contemporary realities of longstanding and widespread inequities in healthcare, education systems, housing, employment, food security, access to water, environmental inequities, mental health, criminal justice systems, immigration systems, property ownership, and income.¹² These systemic structural inequities compound the negative impacts of encampment evictions for racialized, disabled, LGBTQ2S, Indigenous people and people with mental health issues.
11. Racialized people with mental health issues are often more likely to be criminalized, deported, detained, and to experience violence within current health, mental health, social services, immigration, and legal systems.¹³ The lack of attention to the historical, colonial

¹¹ Ameil Joseph, "Making Civility: Historical Racial Exclusion Technologies within Canadian Democracy," In *Civil Society Engagement*. Edited by Patricia Daenzer, (Routledge, 2017), 17-30.

¹² John Yinger, "Measuring Racial Discrimination with Fair Housing Audits: Caught in the Act," *The American Economic Review* 76, no. 5 (1986): 881-893; Kenneth Wayne Taylor, "Racism in Canadian Immigration Policy," *Canadian ethnic studies = etudes ethniques au Canada* 23, no. 1 (1991): 1-20; Robert D. Bullard, "Anatomy of Environmental Racism and the Environmental Justice Movement," *Confronting environmental racism: Voices from the grassroots* 15 (1993): 15-39; Gloria Ladson-Billings, and William F. Tate, "Toward a Critical Race Theory of Education," *Teachers college record* 97, no. 1 (1995): 47-68; Angela J. Davis, "Benign Neglect of Racism in the Criminal Justice System," *Michigan law review* 94, no. 6 (1996): 1660-1686; William A. Darity, and Patrick L. Mason, "Evidence on Discrimination in Employment: Codes of Color, Codes of Gender," *Journal of Economic Perspectives* 12, no. 2 (1998): 63-90; Nancy A. Ross, et al., "Relation Between Income Inequality and Mortality in Canada and in the United States: Cross Sectional Assessment Using Census Data and Vital Statistics," *Bmj* 320, no. 7239 (2000): 898-902; Sukhdeo Thorat, and Joel Lee, "Caste Discrimination and Food Security Programmes," *Economic and Political Weekly* 40, no. 39 (2005): 4198-420; Diana Burgess, et al., "Effects of Perceived Discrimination on Mental Health and Mental Health Services Utilization Among Gay, Lesbian, Bisexual and Transgender Persons," *Journal of LGBT health research* 3, no. 4 (2007): 1-14; Sheryl Nestel, "Colour Coded HealthCare the Impact of Race and Racism on Canadians' Health," *Wellesley Institute*, January 2012, <https://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf>; Brenna Bhandar, "Colonial lives of property," In *Colonial Lives of Property* (Duke University Press, 2018); Sue Jackson, "Indigenous Peoples and Water Justice in a Globalizing World," *The Oxford handbook of water politics and policy* (2018): 120; Ameil Joseph, "Equity Data as an Ethical Necessity: Understanding the Viral Confluence of Injustice Through COVID-19," *Canadian Dimension*. June 16, 2020, accessed June 13, 2022, <https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>.

¹³ Joseph, "Deportation and the Confluence".

context of these contemporary forms of injustice and their impacts has been documented for the ways these omissions can reinforce legacies of harm.¹⁴

12. Kitchener, Waterloo, and Cambridge ranks in the top 10 for the highest number of per-capita police reported hate crimes of any city in Canada.¹⁵ Also, 20.8% of people living in the Kitchener, Waterloo, Cambridge area have a disability.¹⁶ These historical and contemporary contexts of inequity impact the Waterloo Region specifically in ways that have differential effects on the Region's population.

13. These specific, known, and documented realities frame how racialized people, disabled people, Indigenous people, and people with mental health issues become more at risk of being homeless as well as how systems view them through a gaze that deems them as threat, risk, burden, or in terms of inferiority and undeservingness. With respect to encampment evictions, this particular intervention continues a historical process of impacting racialized people, Indigenous people, disabled people, and people with mental health issues in ways that channel and exacerbate the harms of disproportionate criminalization, dehumanization, and systemic inequity.

14. The eviction of people from encampment is not a benign endeavour that occurs outside of

¹⁴ Ameil J. Joseph, "The Necessity of an Attention to Eurocentrism and Colonial Technologies: An Addition to Critical Mental Health Literature," *Disability & Society* 30, no. 7 (2015): 1021-1041.

¹⁵ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3510019101>
<https://kitchener.citynews.ca/police-beat/waterloo-region-among-top-municipalities-in-canada-for-police-reported-hate-crimes-5175315>

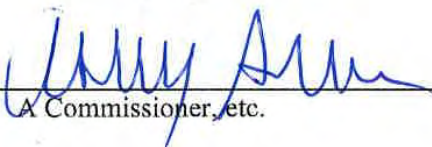
<https://www.thestar.com/news/canada/2022/03/29/waterloo-region-cities-among-top-10-in-canada-for-police-reported-hate-crime-statistics-canada.html>

¹⁶ Statistics Canada, "Persons with and Without Disabilities Age 15 Years and Over, Census Metropolitan Area," *Statistics Canada Table no. 13-10-0750-01*, December 3, 2019, <https://doi.org/10.25318/1310075001-eng>.

these social, historical, and contemporary realities. For these reasons, encampment evictions culminate and consolidate historical and contemporary inequities that convene a confluence of systemic injustices for equity seeking populations that exacerbate vulnerabilities and magnify harms. The impacts of encampment evictions are thereby disproportionately harmful for equity seeking groups and therefore deeply and profoundly unjust.

15. I make this Affidavit in support of the Notice of Constitutional Question, and for no improper purpose.

AFFIRMED BEFORE ME by videoconference)
From the City of Hamilton, in the Province)
of Ontario)
Location of the Deponent)
To the City of Kitchener, in the Regional Municipality)
of Waterloo (Location of Commissioner))
In accordance with O Reg 431/20.)
This 30th day of August 2022)


A Commissioner, etc.


Dr. Ameil Joseph

ASHLEY ELIZABETH SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Bibliography

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- Joseph, Ameil. "Equity Data as an Ethical Necessity: Understanding the Viral Confluence of Injustice through Covid-19." *Canadian Dimension*, June 16, 2020. <https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>.
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THIS IS **EXHIBIT "A"** REFERRED TO
IN THE AFFIDAVIT OF AMEIL JOSEPH
AFFIRMED THIS 30TH DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUITEMA

A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Curriculum Vitae

1. Name

AMEIL J. JOSEPH

2. Business Address

McMaster University
 School of Social Work
 Faculty of Social Sciences
 905-525-9140 X23792
 Email: ameilj@mcmaster.ca

Associate Professor
 1280 Main Street West
 Office: KTH 309
 Hamilton, Ontario, L8S 4M4
 Citizenship: Canada

3. Educational Background

Doctor of Philosophy (PhD): Social Work: York University, Toronto, ON	2014
Master of Social Work (MSW): Wilfrid Laurier University, Kitchener, ON	2007
Social Work Diploma: Renison University College, Waterloo, ON	2004
Bachelor of Arts, Psychology: University of Waterloo, Waterloo, ON	2003

4. Current Status at McMaster

Associate Professor- Tenured, School of Social Work	July 1, 2019- Present
Professorship in Equity, Identity and Transformation, Faculty of Social Sciences	July 1, 2021- Present
Assistant Professor- Tenure Track, School of Social Work	July 1, 2014-June 30, 2019

5. Professional Organizations

International Association of Trauma Professionals: Certified, Grief Counselling Specialist	2020-Present
Archives of Ontario: Registered researcher	2012-Present
Canadian Association for Social Work Education: Member	2011-Present
Ontario College of Social Workers and Social Service Workers: Registered Social Worker	2007-Present
Mental Health Commission of Canada: Network of Ambassadors Member	2016-Present

6. Employment History

a. *Academic*

Academic Director, Community-Engaged Research and Relationships Office of Community Engagement McMaster University	July 2021-Present
Research Assistant Professor Sarah Maiter, York University, Toronto, ON Critical Race Research, methodological issues	May-August 2014
Research Coordinator- Toronto-York site The Self-Other Issue in the Healing Practices of Racialized Minority Youth Social Sciences and Humanities Research Council (SSHRC) Funded Standard Research Grant	Fall 2009-Fall 2010

Primary Investigator: Prof. Martha Kuwee Kumsa, Wilfrid Laurier University

Research Assistant/Volunteer Coordinator

November 2003-April 2005

The Canadian Early Childhood Language Project

Canadian Institutes of Health Research (CIHR) Funded

Primary Investigator: Prof. Daniela O'Neill, University of Waterloo

b. Consultations

Ontario Ministry of Education: Fact/lens-checking: December 2021-Present
Grade 10 Civics and Citizenship

Government of Canada, Consultation on National Anti-Racism Strategy January 23, 2019
Lincoln Alexander Centre, Hamilton, ON

Niles, C., Jama, S., Joseph, A.J. October 25, 2018
Disability Justice Network of Ontario & The Ontario Council of Agencies Serving Immigrants:
A round-table discussion on supporting newcomers with in/visible disabilities access safe, affordable, and
accessible housing, Hamilton, Ontario

Ontario Anti-Racism Directorate Consultation with the Anti-Racism Resource Centre February 9, 2017
City Hall, Hamilton, ON

Ontario Anti-Racism Secretariat Roundtable discussion with Andrea Horwath MPP February 5, 2016
Immigrants Working Centre, Hamilton, ON

Joseph, A. J., Dei-Amoah, M., Cameron, R.W., Komlen, M., Otite, Y. November 18, 2015
Hamilton's Anti-Racism Resource Centre: Presentation to the City of Hamilton's General Issues
committee. City Hall, Council Chambers, Hamilton, ON.

Toronto Central LIHN consultation with Community Mental Health May 2, 2013
and Addictions Boards and Executive Directors-St. Paul's Church, Toronto, ON

Think Tank on Racialized Populations and Mental Health and Addictions ED use March 26, 2013
Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, ON

Community of Interest for Racialized Populations and Mental Health and Addictions Jan. 30, 2013
Canadian Mental Health Association: Ontario Division, Toronto, ON

ODSP Roundtable on Mental Health Conditions and Disability Nov. 27, 2012
Ministry Of Community and Social Services: Toronto, ON

Central Local Health Integration Network: Health Equity Roundtable May 19, 2011
York University: Toronto, ON

Central Local Health Integration Network: Creating Quality in the Transitions of Care March. 3, 2011
Westin Prince Hotel: Toronto, ON

c. Other/Professional

Canadian Mental Health Association (CMHA), Toronto, ON: Dec. 2012- September 2013

Social Work Practice Lead

Canadian Mental Health Association, Toronto, ON February 2009 – September 2013
Social Worker; MSW, RSW– Mood and Psychosis Early Intervention Team

Canadian Mental Health Association, Toronto, ON July 2007 – February 2009
Social Worker; MSW, RSW– Assertive Community Treatment Team; West Metro

Waterloo Regional Homes for Mental Health, Kitchener, ON March 2004 – July 2007
 (Now: Thresholds Homes and Support)
Mental Health Worker

Waterloo Regional Police Service, Cambridge, ON September – December 2006
Community Resources Department - MSW Internship

Kitchener-Waterloo Multicultural Centre, Kitchener, ON June – December 2006
Settlement Worker

Grand River Hospital, Kitchener, ON January – June 2006
Social Work Department – MSW Internship

Waterloo Regional Homes for Mental Health, Kitchener, ON May – November 2005
 (Now: Thresholds Homes and Support)
Crisis Respite Program Implementation Team

7. Scholarly and Professional Activities

a. Editorial boards

2022-present-*Qualitative Research (Journal Editorial Board Member)*

2020 Hamilton Anti-Racism Conference- editorial committee

2021- present- Editorial Advisory Board members for the new book series *The Politics of Mental Health and Illness*, published by Palgrave Macmillan.

2021-present-Co-editor, Special Issue on History and Social Work in *Critical and Radical Social Work*

b. Grant & Personnel Committees

N/A

c. Executive Positions

N/A

d. Journal Referee

<i>Social Work</i>	2022
1 review	
<i>Hypatia</i>	2019
1 review	

<i>Canadian Social Work Review/ Revue Canadienne de Service Social</i>	2019
1 review	
<i>Psychology of Violence</i>	2018 and 2019
2 reviews	
<i>New Horizons in Adult Education and Human Resource Development</i>	2018
1 review	
<i>Social Theory and Health</i>	2017
1 review	
<i>Canadian Journal of Disability Studies</i>	2016 and 2017
For special issue and general	
2 reviews	
<i>Qualitative Research, Cardiff University</i>	2016 and 2020
2 reviews	
<i>Social and Legal Studies, Edinburgh</i>	2016
For Special Issue on Prof. Penelope Pether's work	
1 review	
<i>British Journal of Social Work</i>	2015, 2019, 2020, 2021
4 reviews	
<i>Journal of Progressive Human Services</i>	2012-2013
8 reviews	

e. *External Grant Reviews*

N/A

8. Areas of Interest

Critical Mental Health, Forensic Mental Health, Postcolonial Theory and Social Work, Critical Race Theory, Critical Disability Studies, Social Justice, Violence, Ethics, Confluence, Historiography and Social Work.

9. Honours and Awards

John C. Holland Awards: Vince Morgan Ally Award	Community Award	2021
Early Career Research Award, Faculty of Social Sciences, McMaster University	\$500	2019
Barbara Godard Prize for the Best York University Dissertation in Canadian Studies <u>Robarts Centre for Canadian Studies</u> , York University	\$500	2014
Fourth International Conference on Health, Wellness & Society	\$300	2013-2014
Graduate Student Award		
Nathanson Graduate Fellowship - Osgoode Hall Law School, York University (Nathanson Centre on Transnational Human Rights, Crime and Security)	\$15000	2013-2014
Kent Haworth Archival Research Fellowship - Archives of Ontario	\$1365	2012-2013
Doctoral Ontario Graduate Scholarship – York University	\$30000(Total)	2012&2013
Doctoral Fellowship - York University	\$80600(Total)	2009-2014
PhD Graduate Scholarship – York University	\$3000	2009-2010

Bettina Russell Social Justice Award - Wilfrid Laurier University	\$1248	2007
Helmut Braun Memorial Award - Centre for Community Based Research	\$1000	2006

10. Courses Taught

a. Undergraduate

Course Instructor September 2019-December 2019
 SW 4J03: Social Change: Social Movements and Advocacy
School of Social Work: McMaster University, Hamilton, ON

Course Instructor Jan. 2017- Apr. 2017, Sept. 2018- Dec. 2018, Sept. 2021-Dec. 2021
 SW 4Y03: Critical Issues in Mental Health & Addiction:
 Mad & Critical Disability Studies Perspectives for SW
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2016- April 2017, September 2018- April 2019
 SW 2A06: Theory, Process & Communication Skills for Social Work
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2015- December -2015, January 2018- April 2018, January 2020-March 2020, January 2022-April 2022
 SW 4C03: Racism and Social Marginalization in Canadian Society (changed to SW 4C03 Critical Perspectives on Race, Racialization, Racism and Colonization in Canadian Society in 2018)
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2014-April 2015, September 2015- April 2016
 SW 4D06/4DD6: General Practice II/Field Practicum II
School of Social Work: McMaster University, Hamilton, ON

Course Instructor Spring, Fall, 2013, Winter, Spring, 2014, Spring 2015, Fall 2015
 CINT 907 Teamwork for Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Fall 2013
 CINT 905 Conflict Resolution in Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Spring 2013
 CSWP 900 Race and Ethnicity
School of Social Work: Toronto Metropolitan University, Toronto, ON

Tutorial Leader Fall/Winter 2011/12 & 2012/13 & 2013/14
 SOWK 1011 Introduction to Critical Social Work
School of Social Work: York University, Toronto, ON

b. Graduate

Course Instructor Jan. 2020- Apr. 2020, Sept. 2021-Dec. 2021
 SW 721: Changing Communities: Tensions and Possibilities for Citizenship and Social Justice
School of Social Work: McMaster University, Hamilton, ON

c. *Postgraduate*
N/A

d. *Other*

Course Instructor

SW 705: Directed Readings Course January 2022-April 2022
Critical (Historiographical) Analysis of Homelessness as Discourse
School of Social Work: McMaster University, Hamilton

SW 705: Directed Readings Course September 2021-December 2021
Critical Analysis of Motherhood, Race, and Substance Use
School of Social Work: McMaster University, Hamilton

Course Instructor

GLOBH111 715: Directed Reading/Independent Study September 2021-December 2021
Critical race, Afrocentricity and Intersectionality epistemologies and methodologies
Faculty of Health Sciences, Ph.D. Program Global Health: McMaster University, Hamilton, ON

Course Instructor

September 2019-December 2019
SW 705: Directed Readings Course:
Critical Discourse Analysis of Ontario's Long-Term Care Act and its Impact on older LGBTQ+ people in care
School of Social Work: McMaster University, Hamilton, ON

Course Instructor

September 2019-December 2019
SW 705: Directed Readings Course: Critical Analysis of South Asian Culture, Violence and Trauma
School of Social Work: McMaster University, Hamilton

Course Instructor

September 2018-December 2018
SW 705: Directed Readings Course: Critical Analysis of Children's Participation in Child Custody and Access Disputes
School of Social Work: McMaster University, Hamilton, ON

Course Instructor

January 2016-May 2016
SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences
School of Social Work: McMaster University, Hamilton, ON

11. Contributions to Teaching Practice

a. *Pedagogic innovation and/or development of technology-enhanced learning*

(2021) Hamilton Health Sciences- Presidents Advisory Committee on Equity, Diversity, and Inclusion
Developed a series of 5 training workshops for members and leadership

(2021) Faculty of Health Sciences: Equity, Advocacy, And Allyship Program
Co-developed curriculum, delivered workshop for the Faculty of Health Sciences on Equity, and "Thinking Respectfully about Identity and Difference".

(2017) Three short videos contributed to deBie, A. & Brown, K. (2017). Forward with Flexibility: A Teaching and Learning Resource on Accessibility and Inclusion. <https://flexforward.pressbooks.com/front-matter/forward-with-flexibility/>

- Disabled Student's Participation in Education <https://youtu.be/bOEb3pKZBU4>
- Our Responsibility as Educators <https://youtu.be/Fp2cg3Ei3io>
- Seeking Ongoing Feedback from Students <https://youtu.be/8-Wulenc1-U>

b. *Leadership in delivery of educational program*

Lead the organization and development of an event/symposium with colleagues to examine the politics of anti-oppression in education.

- Anti-Oppression: A Critique and Reimagining Event Date: April 18, 2016 1pm-4pm
CIBC Hall, McMaster University

c. *Course/curriculum development*

- Redeveloped SW 721 Changing Communities: Tensions and Possibilities for Citizenship and Social Justice, course design, readings, lectures.
- Redeveloped SW 4J03 Social Change: Social Movements and Advocacy, entire course design and readings, lectures.
- Developed new course: SW 4Y03: Critical Issues in Mental Health & Addiction: Mad & Critical Disability Studies Perspectives for SW, McMaster University, Hamilton, ON, 2016
- Redeveloped SW 2A06 Theory, Process and Communication Skills for Social Work in consultation with prior instructors: McMaster University, Hamilton, ON, 2016
- Developed Graduate Directed Reading Course SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences in collaboration with MSW student. McMaster University, Hamilton, ON, 2015
- Developed SW 4C03 Racism and Social Marginalization in Canadian Society for Fall 2015 and taught first run of this course: McMaster University, Hamilton, ON
- Met with Undergraduate course 4D06 instructors to revise and redevelop course/curriculum, suggested and incorporated new provocative readings: McMaster University, Hamilton, ON, 2014
- Developed Undergraduate course: CSWP 900 Race and Ethnicity, School of Social Work: Toronto Metropolitan University, Toronto, ON for Spring 2013
- Developed interactive course website using blackboard software for a 13-week online Undergraduate course on interdisciplinary teamwork in community services. Toronto Metropolitan University, Toronto, ON, 2013-2015
- Contributed to revisions of Undergraduate course outline for SOWK 1011 Introduction to Critical social Work to include updated research and literature relevant to the field. York University, Toronto, ON. 2009-2013

d. *Development/evaluation of educational materials and programs*

- | | |
|---|------|
| Book Proposal Reviewer: <i>More than a Diagnosis, More than a Clinician: How the Stories of Clinicians and the Individuals We Work With Shape Us and Our Practice</i>
By Jennifer Gerlach, Routledge | 2019 |
| Book Proposal Reviewer: <i>Critical Clinical Social Work: Counterstorying for Social Justice</i>
By Catrina Brown and Judy MacDonald, Canadian Scholars Press | 2018 |
| Book Proposal Reviewer: <i>Troubling Care: A Theory of Institutional Violence</i> ,
by Kate Rossiter and Jennifer Rinaldi, Routledge | 2017 |

Book Reviewer: *Working with People: Communication Skills for Reflective Practice* 2016
by Louise Harms and Joanna Pierce, Oxford University Press

e. *Other*

Deep Diversity Leadership Training- Anima Leadership 2019
Employment Equity Facilitators Training 2019

12. Supervisorships

a. *Master*

Completed: 14 In progress: 4

Gessie Stearns MSW Thesis School of Social Work, McMaster University	2021-Present
Minju Kim MSW Thesis School of Social Work, McMaster University	2021-Present
Nickay Palmer MA, Gender Studies and Feminist Research, McMaster University	2019-2020
Chriselle Vaz MSW Thesis School of Social Work, McMaster University	2019-2020
Shangaari Kanesalinkam MSW Thesis School of Social Work, McMaster University	2019-Present
Fatemah Shamkhi MSW Thesis School of Social Work, McMaster University	2019-2020
Kendra Mackenzie MSW Thesis School of Social Work, McMaster University	2019-2020
Alison Jones MSW Thesis School of Social Work, McMaster University	2018-Present
Amarachi Chukwu MA, Gender Studies and Feminist Research, McMaster University	2017 - 2018
Laura Stothart MSW Thesis School of Social Work, McMaster University	2017- 2018
Beshele Caron MSW Thesis School of Social Work, McMaster University	2017- 2018
Kattawe Henry MA Gender Studies and Feminist Research, McMaster University	2016 - 2017
Teagan Rooney MSW Thesis School of Social Work, McMaster University	2016 - 2017
Amy Rector MSW Thesis School of Social Work, McMaster University	2016 - 2017
Sarah Adjekum MSW Thesis School of Social Work, McMaster University	2015 - 2016
Gillian Martel MSW Thesis School of Social Work, McMaster University	2015 - 2016
Heston Tobias MA MRP Cultural Studies and Critical Theory, McMaster University	2016 – 2016
Jeffrey Corrin MSW Thesis School of Social Work, McMaster University	2014 - 2020

b. *Doctoral*

In progress: 3

Kusum Bhatta Ph.D. Thesis School of Social Work, McMaster University	2021-Present
Shaila Kumbhare Ph.D. Thesis School of Social Work, McMaster University	2019-Present
Michelle Hayes Ph.D. Thesis School of Social Work, McMaster University (withdrawn)	2017-2019
Nicholas Carveth Ph.D. Thesis School of Social Work, McMaster University	2015-Present

c. *Post-doctoral/fellowship*

N/A

d. *Clinical/Professional*

Field Supervisor: BSW Field Placement

September 2019- April 2020

Hamilton Center for Civic Inclusion & McMaster University, School of Social Work

Graduate placement supervisor: GENDRST 707 September 2019- December 2019
Hamilton Center for Civic Inclusion & McMaster University, Gender Studies and Feminist Research

Field Supervisor: BSW Field Placement 3DD6 September 2017- April 2018
Self-Directed Placement, McMaster University, School of Social Work

University of Toronto: Master of Social Work –Field Placement Supervisor Sept. 2010-April 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

Ryerson University: Internationally Educated Social Work Professionals Bridging Program
Post-Master of Social Work –Canadian Field Placement Supervisor April-June 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

e. *Supervisory Committees*

Mercy Lilian Gichuki. Ph.D. Global Health, McMaster University	March 2021-Present
Aisha Wilks. Ph.D. English and Cultural Studies, McMaster University	November 2021- Present
Chavon Niles. Ph.D. Department of Social Justice Education, Ontario Institute for Studies in Education University of Toronto	June 2020-November 2020
Ciceley Janet Lawson. Ph.D. Social Work, McMaster University	2020- Present
Nishi Singh. MA in Globalization Studies, McMaster University	Completed 2015

f. *Other – second reader on thesis, Undergraduate Student Research Awards*

Pamandeep Jhajj MSW Thesis School of Social Work, McMaster University	Completed 2019
Alex Wilson Interdisciplinary Science 4A12 Thesis, McMaster University	Completed 2018
Chriselle Vaz Undergraduate Student Research Award, McMaster University	2018 & 2019
Monique Pitt MSW Thesis School of Social Work, McMaster University	Completed 2017
Brittany Madigan. MSW Thesis School of Social Work, McMaster University	Completed 2015
Joel Martin. MSW Thesis School of Social Work, McMaster University	Completed 2015
Madhav Khurana MSW Thesis School of Social Work, McMaster University	Completed 2016

13. Lifetime Research Funding

Type: 2021 SSHRC Partnership Grant
Agency: Social Sciences and Humanities Research Council
Amount: \$2.5 Million
Purpose: Research
Recipients: Bonny Ibhawoh (PI) (Ameil Joseph's role: Co-Investigator, McMaster University)
Title: Participedia Phase 2: a global network and crowdsourcing platform for researchers, educators, practitioners, and policymakers working on public participation and democratic innovations

Type: 2020 SSHRC Partnership Engage Grant (March competition)
Agency: Social Sciences and Humanities Research Council
Amount: \$24984
Purpose: Research
Recipients: Ameil Joseph (PI) & the Disability Justice Network of Ontario
Title: "What happened to you?": The disablement of youth across socioeconomic indicators

Type: 2020 Mitacs Accelerate Research Grant
 Agency: Mitacs
 Amount: \$45000
 Purpose: Research
 Recipients: Ameil Joseph (PI), Shaila Kumbhare (Intern), CMHA Hamilton (Agency partner)
 Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster COVID-19 Research Fund
 Agency: McMaster University
 Amount: \$29000
 Purpose: Research
 Recipients: Ameil Joseph (PI), CMHA Hamilton (Agency partner)
 Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster Institute for Health Equity Seed Grant
 Agency: McMaster Institute for Health Equity
 Amount: \$6000
 Purpose: Research
 Recipients: Ameil Joseph & Bernice Downey (Co-PIs)
 Title: Hamilton Public Health Equity Data Community Advisory Research Project

Type: 2020 SSHRC Partnership Engage Grant (June competition)
 Agency: Social Sciences and Humanities Research Council
 Amount: \$22228
 Purpose: Research
 Recipients: Diana Singh (PI), Ameil Joseph (Co-applicant), James Gillett (Co-applicant), CMHA Hamilton (Agency partner)
 Title: COVID-19 - Emotions Matter: Skill Building, Emotional Resilience and Social Support for Care Workers

Type: SSHRC Insight Grant 2018 (funded years May 15, 2018-March 31, 2021)
 Agency: Social Sciences and Humanities Research Council
 Amount: \$70862
 Purpose: Research
 Recipients: Ameil Joseph
 Title: The ethics and social relations of undesirability: exploring the experiences of immigration detention and deportation for Canadian immigrants with histories of mental health issues

Type: Fall 2019 SSHRC Explore – Major Collaborative Project Seed Grant
 Agency: Arts Research Board, McMaster University
 Amount: \$9000
 Purpose: Research
 Recipients: Vanessa Watts (PI), Amber Dean (Co-applicant), Ameil Joseph (Co-applicant)
 Title: (Re)imagining Critical Approaches to Social Justice in Higher Education

Type: 2017/2018 Scholar in Community Fellowship
 Agency: Faculty of Social Sciences, McMaster University
 Amount: \$15000
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Hamilton's Anti-Racism Resource Centre Foundational Research Project*

Type: Priority Areas for Learning and Teaching Research Grant, 2017
 Agency: Paul R. MacPherson Institute for Leadership, Innovation & Excellence in Teaching, McMaster University
 Amount: \$5000
 Purpose: Research (or Pedagogical Research)
 Recipients: Ameil Joseph
 Title: *Enhancing teaching capacity for universal design, accessibility and inclusion through a critical engagement with the confluence of mental health, madness, sanism, eugenics, ability and colonization in the classroom*

Type: Fall 2015 (now named SSHRC Explore) Standard Research and Creative & Performing Arts Grant competition,
 Agency: Arts Research Board, McMaster University
 Amount: \$5950
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Exploring social relations at the confluence the mental health, criminal justice, and immigration systems*

Conference and Publication Grants

Fall 2019 SSHRC Exchange - Conference Attendance and Representational Activities Grant \$3957
 Arts Research Board, McMaster University, Hamilton, ON
Crime, Justice and Social Harms in Oxford University, Keble College, UK.

Spring 2017 (now named SSHRC Exchange) Conference Attendance and Representational Activities Grant competition, \$1070
 Arts Research Board, McMaster University, Hamilton, ON
Interrogating Social Work's Role in "Nation" Building CASWE-ACFTS 2017 Conference, Toronto, ON

Fall 2015 (now named SSHRC Exchange) Scholarly Publications Grant competition, \$842
 Arts Research Board, McMaster University, Hamilton, ON
Deportation and the Confluence of Violence within Forensic Mental Health and Immigration Systems

Fall 2015
 (now named SSHRC Exchange) Conference Attendance and Representational Activities Grant competition, \$2,272
 Arts Research Board, McMaster University, Hamilton, ON
Experiencing Prison - 7th Global Conference in Budapest, Hungary

Fall 2014
 (now named SSHRC Exchange) Conference Attendance and Representational Activities Grant competition, \$1,630
 Arts Research Board, McMaster University, Hamilton, ON
The International Journal of Arts & Sciences (IJAS) International Conference for Social Sciences and Humanities in Harvard university, Boston, MA

Total \$241995

14. Lifetime Publications

a. *Peer Reviewed*

i) Books

Joseph, A.J. (2015). *Deportation and the confluence of violence within forensic mental health and immigration systems*. Basingstoke: Palgrave-Macmillan.

ii) Contributions to Books

Joseph, A.J. (2022). *Maddening intersectionality with assemblages, conviviality and confluence for epistemic dissidence*. In, LeFrançois, B & Shaikh, S. (eds). *Critical Social Work*, Fernwood Press.

Joseph, A.J. (2021). The subjects of oblivion: subalterity, sanism, and racial erasure. In Beresford, P., Russo, J., & Boxall, K. (eds). *Routledge International Handbook of Mad Studies*. Routledge.

Joseph, A.J., Double, D. (2020). *Critical perspectives in mental health*. In Savelli, M. Gillett, J. & Andrews, G. (eds). *Introduction to Mental Health and Illness: Critical Perspectives* (pp. 240-256). Oxford University Press.

Joseph, A.J. (2020). Excavating hostility and rationalizing violence through anti-immigrant confluent discourses of racial threat, risk, burden and lack. In Spivakovsky, C., Steele, L. & Weller, P. (eds). *The Legacies of Institutionalisation Disability, Law and Policy in the 'Deinstitutionalised' Community*. (pp.107-122.). Hart-Bloomsbury Publishing.

Joseph, A.J. (2019). Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. In Daley, A., Costa, L., Beresford, P. (eds.). *Madness, violence and power: A radical anthology*. Toronto: UofT Press.

Joseph, A. J. (2018). Traditions of Colonial and Eugenic Violence: Immigration Detention in Canada. In Kilty, J. M., & Dej, E. (eds.). *Containing Madness: Gender and 'Psy' in Institutional Contexts* (pp. 41-65). Palgrave Macmillan, Cham.

Joseph, A.J. (2017). Making Civility: Historical Racial Exclusion Theories within Canadian Democracy. In Daenzer, P. (eds.), *Civil Society Engagement: Achieving Better in Canada*. (pp. 17-30). New York: Routledge.

Joseph, A.J., (2017). Pathologizing distress: The Colonial Master's Tools and Mental Health Services for "Newcomers/Immigrants". In Baines, D. (ed.), *Doing Anti-Oppressive Practice: Social Justice Social work*, (3rd Edition, pp. 233-251). Halifax, Canada: Fernwood.

Joseph, A.J. & Maiter, S. (2015). Post-national Belonging: Strategies of Racialized Youth in Multicultural Western Contexts. In Baffoe, M. Asimeng-Boahene, L. & Ogbuagu, B. (eds.), *Settlers in Transition: Pathways and Roadblocks to Settlement and Citizenship of New Comers in New Homelands*. (pp.23-31). Ronkonkoma: Linus Learning.

iii) Journal Articles

Joseph, A.J. (2021). Simulating the Other in Social Work Pedagogy: Pathologizing the oppressed through neoliberal/colonial practice teaching. *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcab048>

Adjekum, S. A., & Joseph, A. J. (2021). Violence by any other name: constructing immigration crises, the threat of the sick refugee and rationalising immigration detention through moral panic. *Critical and Radical Social Work*. <https://doi.org/10.1332/204986021X16355210292075>

Joseph, A.J., Janes, J., Badwall, H., Almeida, S. (2019). Preserving white comfort and safety: the politics of race erasure in academe. *Social Identities: Journal for the Study of Race, Nation and Culture*. <https://doi.org/10.1080/13504630.2019.1671184>

Joseph, A.J. (2019) Constituting “lived experience” discourses in mental health: The ethics of racialized identification/representation and the erasure of intergeneration colonial violence. *Journal of Ethics in Mental Health*. <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20i.pdf>

Tobias, H., & Joseph, A.J. (2018). Sustaining systemic racism through psychological gaslighting: Denials of racial profiling and justifications of carding by police utilizing local news media. *Race and Justice*. <http://journals.sagepub.com/doi/full/10.1177/2153368718760969>

Maiter, S., & Joseph, A. J. (2016). Researching racism: The colour of face value, challenges and opportunities. *British Journal of Social Work*, 47(3), 755-772.

Joseph, A.J. (2015). Beyond intersectionalities of identity or interlocking analyses of difference: confluence and the problematic of “anti”-oppression. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 4(1), 15-39.

Joseph, A. J. (2015). The necessity of an attention to Eurocentrism and colonial technologies: an addition to critical mental health literature. *Disability & Society*, 30(7), 1021-1041.

Lamoureaux, A., Joseph, A., (2014). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. *Social Work in Mental Health*, 12(3), 212-230.

Joseph, A. J. (2014). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. *Critical Criminology*, 22(2), 273-293.

Joseph, A. J. (2013). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. *Journal of Progressive Human Services*, 24(3), 265-288.

Maiter, S., Joseph, A., Shan, N., Saeid, A., (2013). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. *Qualitative Research*, 13(2), 198-213.

Joseph, A. J. (2010). Advocacy in social work: Recovery-focused systems for people living with serious mental health issues. *Canadian Social Work*, 12(2), 25-42.

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Joseph, A.J. (2019). Big data and social services: Public overseers of human suffering for private gain. Pp.77-87. Digitization and Challenges to Democracy, *Institute on Globalization & the Human Condition, Globalization Working Papers* 19(1). McMaster University, Hamilton, ON. <https://globalization.mcmaster.ca/research/publications/working-papers/2019/working-paper-oct-2019.pdf>

Joseph, A. J. (2012). Ancestries of racial and eugenic systems of violence in the mental health sector. In I. Needham, K. McKenna, M. Kingma, N. Oud (Ed.), *Third International Conference on Violence in the Health Sector, Vancouver, BC*. (pp. 234-238). The Netherlands: Kavanah.
http://www.oudconsultancy.nl/Resources/Proceedings_3rd_Workplace_Violence_2012.pdf

Vaz, C., & Joseph, A.J. (2018, November). Negotiating Conflicting Understandings of Intimate Relationships: Exploring Meaning Making, Isolation and Identity in Cross Cultural Contexts for South Asian University Students. Poster session presented at the *2018 Undergraduate Student Research Award Poster Session*, McMaster University, Hamilton, ON.

b. *Not Peer Reviewed*

i) Books

N/A

ii) Contributions to Books

N/A

iii) Journal Articles

N/A

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Canadian Federal Government Policy Briefs

The Standing Senate Committee on Legal and Constitutional Affairs
 RE: Bill C-7: An Act to amend the Criminal Code (medical assistance in dying)
 January 27, 2021

https://sencanada.ca/content/sen/committee/432/LCJC/Briefs/Brief_AmeilJoseph_e.pdf

Standing Committee on Citizenship and Immigration
 Federal Government Policies and Guidelines Regarding Medical Inadmissibility of Immigrants. Published on: Monday, November 20, 2017 to 8:32 p.m. (EST)

<http://www.ourcommons.ca/Committees/en/CIMM/StudyActivity?studyActivityId=9719668>

Website Creation:

[Home - A Way Through \(mcmaster.ca\)](#) : Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Contribution to feature film/Documentary

The World is Bright (Documentary film) <https://www.theworldisbright.ca/impact/expert-interviews/>
<https://boxoffice.hotdocs.ca/websales/pages/info.aspx?evtinfo=125201~741853d5-bf72-40a5-a015-09aded779383>

Knowledge Exchange

Television/Live Interviews

- Science table finds lower-income and racialized communities are more frequently ending up in the ICU - CHCH (2021, November 13).
 - Hamilton vaccination program to prioritizes black & other racialized populations ages 18+ in hot spots, CHCH Evening News (2021, April 23). <https://www.chch.com/hamilton-vaccination-program-to-prioritizes-black-other-racialized-populations-ages-18-in-hot-spots/>
- Related pieces:
- <https://www.cbc.ca/news/canada/hamilton/hamilton-bipoc-vaccine-priority-1.5989119>
 - 'Good public health policy': The success of vaccine clinics for Black, racialized Canadians, CTV News. <https://www.ctvnews.ca/health/coronavirus/good-public-health-policy-the-success-of-vaccine-clinics-for-black-racialized-canadians-1.5416822>
 - <https://www.thespec.com/news/hamilton-region/2021/04/29/racist-backlash-to-hamiltons-effort-to-vaccinate-black-and-racialized-residents-condemned.html>
 - <https://www.thespec.com/news/hamilton-region/2021/04/26/hamilton-covid-vaccines-latest-news.html>
 - White Supremacy in Hamilton. The O Show, Cable 14 (2021, January 12). <https://cable14now.com/video-on-demand/video/?videoId=5591>
 - COVID-19 Stay-at-home order, policing. CHCH evening news (2021, January 13). <https://www.chch.com/news/evening-news/>
 - Sir John A. Macdonald statue in Hamilton vandalized. CHCH (2020, November 9). <https://www.chch.com/sir-john-a-macdonald-statue-in-hamilton-vandalized/>
 - What is Antifa? CTV Newsday (2020, June 1). <https://link.quibi.com/PGRFjSUCZ6>
 - Group urging council to reverse decision to take over setting up anti-racism centre. CBC. (2019, December 11). <https://www.cbc.ca/news/canada/hamilton/harrc-1.5391472>
 - Hate speech and Anti-Racism in Hamilton. Vital Signs, Cable 14. (2019, October 9). <https://www.cable14.com/tv-shows/vital-signs>
 - Hate in Hamilton. The O Show, Cable 14. (2019, September 17). <https://www.cable14.com/tv-shows/o-show-the>
 - Hate in Hamilton: what went wrong and how we make it right. CBC. (2019, August 7). <https://www.cbc.ca/news/canada/hamilton/hamilton-hate-live-1.5218029>
 - Diversity and Representation. City Matters, Cable 14. (2019, April 10). <https://cable14now.com/video-on-demand/video/?videoId=4271>
 - Diversity advocates call recently appointed member to Hamilton Police Board a missed opportunity. CHCH evening news (2019, April 6). <https://www.chch.com/diversity-advocates-call-recently-appointed-member-to-hamilton-police-board-a-missed-opportunity/>
 - Stoney Creek hate crime exemplifies disturbing trends in racism. CHCH evening news (2018, July 29). <http://www.chch.com/stoney-creek-hate-crime-exemplifies-disturbing-trends-racism/>
 - What you need to know about political extremism in 2017, Your Morning with Ben Mulroney, CTV (2017, February 15) <http://www.ctvnews.ca/politics/is-antifa-activism-a-necessary-answer-to-the-alt-right-1.3327449>

- Race and Identity, The Morning Show, *Global T.V. National* (2015, June 16). <http://globalnews.ca/video/2057575/race-and-identity-interview-with-ameil-joseph/>

Radio Interviews

- CBC Radio, Ontario Today -(2022, May 18): The racist ideas behind the Buffalo shooting: Are you confronting them? <https://www.cbc.ca/listen/live-radio/1-45/clip/15913452>
- CBC Radio. Ontario today with Rita Celli. (2020, June 17). Renaming Dundas Street: Is it a way to right a wrong? <https://www.cbc.ca/listen/live-radio/1-45-ontario-today/clip/15782717-renaming- Dundas-street-is-it-a-way-to-right-a-wrong>
- AM900 CHML/Global News, the Bill Kelly Show. (2020, June 11). Calls for police to be defunded, Petition to rename Dundas St. & Liberal government did not get support to update rules on CERB. <https://omny.fm/shows/bill-kelly-show/the-bill-kelly-show-podcast-calls-for-police-to-be?t=17m33s>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, December 11). McMaster's Ameil Joseph talks about the city's decision to take over the Hamilton Anti-Racism Resource Centre (HARRC). <https://globalnews.ca/news/6282905/city-takes-over-hamilton-anti-racism-resource-centre/>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, September 19). Three instances of Justin Trudeau in brownface have emerged. <https://www.iheart.com/podcast/256-bill-kelly-show-31080203/episode/three-instances-of-justin-trudeau-in-49416209/>
- Newstalk 1010 Moore in the Morning. (2018, September 30). The Rise of Hate. <http://www.iheartradio.ca/newstalk-1010/audio/the-rise-of-hate-1.8470727?mode=Article&autoplay=1.8470727>
- AM900 Radio Interview with Anthony Urciuoli (2016, November 26). Anti-Racism Action Initiative <https://omny.fm/shows/anthony-urciuoli-show/disappointing-ticket-sales-for-the-grey-cup-game-m?t=29m31s>
- 60 Seconds with Ameil Joseph PACBIC (President's Advisory Committee on Building Inclusive Community) (2016, November 8), Morningfile, CFMU 93.3 <https://www.youtube.com/watch?v=mW-BMRylrQI>

Magazine Articles:

- Joseph, A.J., (2020). Equity data as an ethical necessity: Understanding the viral confluence of injustice through COVID-19. *Canadian Dimension*. <https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>
- Joseph, A.J., (2016). Putting alt-Right's Racism in Context. *Our-Times: Canada's Independent Labour Magazine*. http://ourtimes.ca/Between_Times/article_513.php

Newspaper Articles:

- Joseph, A.J. (2022, May 5). A Way to End Hatred in Hamilton. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2022/05/05/a-way-to-end-hatred-in-hamilton.html>
- Joseph, A.J., Jama, S. & Linton, M. (2022, January 23). Our long-term care system must be dismantled | *TheSpec.com*
- Joseph, A.J. (2021, December 3). Misusing the language of safety and social justice | *TheSpec.com*
- Joseph, A.J., Damptey, K. (2021, June 7). It's time to be honest about racism in Hamilton | *TheSpec.com*

- Joseph, A.J. (2020, October 18). Systemic injustices, policing, and mental health. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/10/18/systemic-injustices-policing-and-mental-health.html>
- Joseph, A.J. (2020, September 27). Hamilton police not mental health professionals. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/09/27/hamilton-police-not-mental-health-professionals.html>
- Joseph, A.J., (2020, June 15). How Much More Do You Need to See: Black Lives Matter. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/06/15/how-much-more-do-you-need-to-see-black-lives-matter.html>
- Joseph, A.J., (2019, April 12). Police board ignores city's promises of inclusion and diversity with latest appointment. *Hamilton Spectator*. <https://www.thespec.com/opinion-story/9281084-police-board-ignores-city-s-promises-of-inclusion-and-diversity-with-latest-appointment/>
- Joseph, A.J., (2016, December 30). Hamilton Police Still not Getting it On Racism. *Hamilton Spectator*. <http://m.thespec.com/opinion-story/7041880-hamilton-police-still-not-getting-it-on-racism>
- Joseph, A.J. (2014, November 14). *ARRC more than a 'hotline': Centre will be step toward equity, social justice and preventing racial tension*. *Hamilton Spectator*, Retrieved December 10, 2014 from <http://www.thespec.com/opinion-story/5013061-arrc-more-than-a-hotline/>

Online Publications

- Joseph, A.J., Kumbhare, S. (2021). *Mental health, grief, loss, and bereavement through COVID-19 - Academic Matters*
- Joseph, A.J., Daniel, J., Ibhawoh, B., Deen, J., Coleman, D., Abebe, A., Ogunkoya, F., Kapiriri, L. (2021). *Beyond cohorts and clusters: redressing systemic anti-Blackness in higher education — University Affairs*
- Joseph, A.J., (2021). Expanding MAiD could worsen discrimination against people with disabilities. <https://ipolitics.ca/2021/02/19/expanding-maid-could-worsen-discrimination-against-people-with-disabilities/>
- African & Caribbean Faculty Association of McMaster (2020) <https://dailynews.mcmaster.ca/articles/statement-on-the-killing-of-george-floyd-and-racial-justice/> (writer 95%)
- Joseph, A.J., (2018). Erasing race but not racism in the Peter Khill trial. *The Conversation*. <http://theconversation.com/erasing-race-but-not-racism-in-the-peter-khill-trial-99337> also published on CBC, <https://www.cbc.ca/news/canada/hamilton/erasing-race-but-not-racism-in-the-peter-khill-trial-1.4736894>
- Joseph, A. J., (2017). We must speak out against racism. *University Affairs/Affaires Universitaires*. <https://www.universityaffairs.ca/opinion/in-my-opinion/must-speak-racism/>
- Joseph, A.J. (2015) Speaking voice into the silence and naming the deception of “hoaxes”: Islamophobia and other forms of racism at McMaster University. *PACBIC Dialogues*. <https://pacbic.mcmaster.ca/documents/PACBICameilSpeakingvoiceintothesilence12112015.pdf>
- Joseph, A.J. (2015). Food justice or/= Social justice? Systemic exclusion and discrimination: Do we respond by raising issues of access and equity or advocate for transformation. *PACBIC Dialogues*. <https://pacbic.mcmaster.ca/documents/PACBICameilFoodJusticeorSocialJustice.pdf>

d. *Submitted for Publication*

Joseph, A.J. (Submitted). *The Said and the Unsaid: Confronting Racism in Social Work as “uncanny”*. In Webb, S. (eds). *The Routledge Handbook of Critical Social Work* (2nd Ed.)

e. *Unpublished Documents*

Joseph, A.J. (2019). Hamilton Anti-Racism Resource Centre, Findings and Analysis report 2018-2019. (32 pages)

Joseph, A.J. (2019). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2018 (annual report, 19 pages)

Joseph, A.J. (2018). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2017 (annual report, 21 pages)

Joseph, A.J. (2017). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2016 (annual report, 19 pages)

15. Presentations at Meetings

a. *Invited*

Joseph, A.J. (2022, January 12). *Race, Racism, Racialization and Colonialism: The Context for Governance in Education*. HWDSB, Board of Trustees, Hamilton, ON

Joseph, A.J. (2021, December 16). *Confronting and Defying Racism in Mental Health*. Mental Health and Addiction Program Rounds, St. Joseph’s Healthcare, Hamilton, ON.

Joseph, A.J. (2021, September 23). *Understanding Inequity in Healthcare Education*. ReThink Clinical Reasoning Conference. Faculty of Health Sciences, McMaster University.
<https://youtu.be/nG8d8CJNAWE>

Joseph, A.J. (2021, October 28). *Thinking Respectfully about Identity and Difference (3-hour workshop)*. Faculty of Health Science, Equity Advocacy and Allyship Program.

Joseph, A.J. (2021, October 26; 2021, November 17). *Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine Professional Competencies Curriculum*, McMaster MD Program, McMaster University.

Joseph, A.J. (2021, October 21). *Racism, Race, and Racialization in Healthcare & Emergency Medicine*. FRCPC, Emergency Medicine Residency Program, McMaster University

Joseph, A.J. (2021, June 23). *Compositional Diversity and Community*. Hamilton Health Sciences, President’s Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 14). *Professional Practice, Education, and Research*. Hamilton Health Sciences, President’s Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 13). *White supremacy, Critical Race Theory and Wokeness*. The Communal with Kojo Damptey, Hamilton, ON. <https://www.youtube.com/watch?v=s1RWWhKUjuoo&t=3s>

Joseph, A.J. (2021, June 11). *System Interaction and Culture*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 9). *Equity through Organizational Commitment and Integration*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, May 19). *Equity, Diversity, and Inclusion in Healthcare: Are we talking about the same thing?* Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2019, November 29). Responding to hate in Hamilton. CityLab, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, November 28). The erasure of experience and the subjects of oblivion: speaking back to the obliviousness of whiteness. *Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, September 28). Navigating racial issues in healthcare. *6th Annual Canadian Haemoglobinopathy Conference*, The Canadian Haemoglobinopathy Association, Hamilton, ON.

Joseph, A.J. (2019, May 23). The subjects of oblivion: subalterity and contemporary technologies of transnational eugenics, sanism, and racial eradication. *Southwestern Ontario Disability Scholars Workshop*, Windsor Law, University of Windsor, Windsor, ON.

Joseph, A.J. (2019, May 8). Confronting and Challenging racism in Healthcare: The Ethical Necessity of anti-Racism for Practice. *Ethics and Diversity Grand Rounds*, Hamilton Health Sciences, Hamilton ON.

Joseph, A.J. (2019, February 15). Dismantling Racism in Hamilton. *Vital Signs*, Hamilton Community Foundation. Mulberry Café, Hamilton, ON, <https://youtu.be/trJvha3rRv8>

Joseph, A.J. (2018, November 29). Freedom of Speech and Race. *Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, November 10). Criminalization and Racialization of Poverty and Mental Health. *Town of Ajax 3rd Annual Diversity Conference*, Ajax Convention Centre, Ajax, ON.

Joseph, A.J. (2018, September 15). Big data and social services: Public overseers of human suffering for private gain. *Digital Democracy: Transformations and Public Contestations*. Institute on Globalization and the Human Condition, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, April 11). From the insidious to the brazen: Realities of racism and resistance *The Trump Talks: Free Public Lecture Series*, McMaster Centre for Continuing Education, Hamilton, ON

Joseph, A.J. (2017, October 24). Overseers of Violence: Big Data & the Role of the Social Worker. *Legacies of Social Welfare Work in Canada Conference*. Wilfrid Laurier University, Brantford, ON.

Joseph, A.J. (2016, November 25). Respecting the Histories of Anti-racist Activism in Hamilton: Working towards collective action together. *Anti-Racism Action Initiative Community Meeting*. Hamilton Central Public Library, Hamilton, ON.

Joseph, A.J. (2016, March 9). The criminalization/racialization of poverty. *The Criminalization of Poverty - Race, Poverty, and Policing in Hamilton Event*, McMaster Community Poverty Initiative. McMaster University, Hamilton, ON

Joseph, A.J. (2016, January 19). Food justice is social justice: beyond the food security talk. *Feeding Our Faiths 2016*, McMaster Students Union Diversity Services, Interfaith Committee. McMaster University, Hamilton, ON

Invited Keynotes/Plenaries

Joseph, A.J. (2022, June 8). Data and Justice: Mobilizing Solidarities for Action. Action Now-Building Equitable Futures Together: Primary Health Conference. Alliance for Healthier Communities, Delta Hotels by Marriot Toronto Airport and Conference Centre. Toronto, ON

Joseph, A.J. (2022, February 16). Challenging Systemic Racism for Health Equity in Hamilton: Mobilizing Solidarities for Action. McMaster Institute for Health Equity, McMaster University.
<https://youtu.be/bWai1Prl0ms>

Joseph, A.J. (2022, February 17). Confronting and Resisting Racism in Mental Health & Pediatrics. Department of Pediatrics, Grand Rounds, Faculty of Health Sciences, McMaster University.
https://www.macvideo.ca/media/Bridging+the+GapA+Confronting+and+Resisting+Racism+in+Mental+Health+%7C+Dr.+Ameil+Joseph+%7C+February+17%2C+2022/1_5mojt3dg

Joseph, A.J., Bedminster, T, Jama, S, Frketich, J. (2021, December 2). *Community Responses to #COVID-19 in Hamilton*. Hamilton Centre for Civic Inclusion, 2020/21 Annual General Meeting. Hamilton, ON

Joseph, A.J. (2021, November 16). *Affordable housing, accessible housing, not-for-profit housing-acknowledging complicities and histories of exclusion*. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Joseph, A.J. (2021, June 16). *Courageous solidarities: Listening and supporting the most marginalized in the struggle for a better Hamilton*. Hamilton Community Foundation, Annual General Meeting, Hamilton, ON

Joseph, A.J. (2021, February 10). Beyond the Individual: Confronting and Challenging Racism in Health and Mental Health. Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, <https://youtu.be/LV5hk7A83aM>

Joseph, A.J. (2020, October 23). Race & racism in 2020 and beyond: Confronting individual, systemic, and structural complicities for transformative change. *Anti-Racism Day*, Ministry of Economic Development, Job Creation and Trade, Business Partnerships and Programs Division, Toronto, ON.

Joseph, A.J. (2020, September 10). Appreciating Individual, Systemic, and Structural Inequities in Local, Current and Historical Contexts for Change. City of Hamilton, Mayor's Task Force on Economic Recovery. Hamilton, ON.

Joseph, A.J. (2020, September 3). Defunding Harm and Violence. Defunding the Police-Community Teach-in. City of Hamilton, City Hall Forecourt, Hamilton, ON.

Joseph, A.J. (2020, June 24). Defying Racism in Hamilton. *Hamilton Anti-Racism Conference*, Hamilton Center for Civic Inclusion, Hamilton, ON. <https://youtu.be/Lf1zOaZJyss>

Joseph, A.J. (2019, September 26). Race and racism in Hamilton. *Hamilton Urban Core Community Health Centre, Annual General Meeting*. Hamilton, ON

Joseph, A.J. (2015, May 8). The untreatable mentally ill, the unrehabilitatable criminal and the undeserving alien: Contemporary eugenic and racial technologies of violence at the confluence of forensic mental health and immigration systems. *8th Annual Social Work Research Symposium: Interdisciplinary Conversations on Social Transformation and Critical Practices*. York University, Toronto, ON.

Joseph, A.J. (2014, November 25). Violent interventions: Neo-colonization in contemporary forensic mental health and the (re)production of difference. *UN International Day of Person with Disabilities Lecture, Office of human rights and equity services*, MACCESSIBILITY program, McMaster University, Hamilton, ON.

Invited Panelist

Wilks, A, Joseph, A.J., Kumbhare, S., Suart, C. (2022, June 1). Reframing Disability in Healthcare. Faculty of Health Sciences, McMaster University, Hamilton, ON.

D'Souza, R. Joseph, A.J., Marshall, L-J, Loen, M. (2022, May 27). The Vax Scene: Understanding Factor in Vaccine Uptake. Canada's Global Nexus for Pandemics and Biological Threats. McMaster University, Hamilton, ON

Joseph, A.J., Dampney, K., Walker, J. (2022, March 25). Data, equity, and justice: respecting relationships for health equity. Greater Hamilton Health Network, Hamilton Centre for Civic Inclusion, Indigenous Health Leaning Lodge, McMaster Office of Community Engagement, Hamilton, ON. <https://www.youtube.com/watch?v=NC5zeLJbCaY>

Joseph, A.J., Jama, S., Linton, M., Clutterbuck, P., Martin, K. (2022, March 10). Town Hall on changes Needed in Home Care and Community Care. Disability Justice Network of Ontario, Seniors for Social Action, Social Planning and Research Council of Hamilton, Hamilton, ON. [Virtual Town Hall on Home Care, Elder Care and Community Care - March 10. 6 to 8 PM \(djno.ca\)](https://www.djno.ca)

Joseph, A.J., Peters, G., Hawes, S., Ward, K, Theriault, A. (2021, November 16). Disability & Accessibility Panel. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Lepofsky, D., McMeekin, G. and Joseph, A.J. (2021, October 28). Disability Justice, Accessibility and Beyond. Access to Justice Week, Faculty of Law, University of Alberta, Alberta. <https://www.albertaaccesstojustice.com/blog/disability-justice-resources>

Joseph, A.J., McCradden, M., Singh, D. (2021, October 27). Addressing Inequities in AI and Technology as Clinicians and Researchers. The Hospital for Sick Children. Fifth annual Department of Paediatrics and Faculty of Medicine, We All Belong: Equity and Data Justice for Precision Health and Research. Toronto, ON. <http://www.cvent.com/events/we-all-belong-equity-and-data-justice-for-precision-health-and-research/agenda-499720ce21824c0d829adbf31ce32437.aspx>

Joseph, A.J., Elghawaby, A., Hashim, M., & Narro-Pérez, R. (2021, August 3). Responding to Hate in Hamilton. Hamilton Centre for Civic Inclusion, Hamilton, ON.
<https://www.youtube.com/watch?v=aWMB09W8P5g&t=3s>

Disability Justice Network of Ontario. (2021, June 30). Abolish The Psych Ward Panel featuring Dr. Ameil Joseph and Dr. Syrus Marcus Ware (djno.ca)

Art Gallery of Hamilton (2021, May 20). Esmaa Mohamoud Exhibit, Play in the Face of Certain Defeat.
<https://www.artgalleryofhamilton.com/program/free-thursdays-esmaa-mohamoud-panel-talk/>

GritLit Festival (2021, April 17). No Place Like Home: Issues Around Homelessness, Hamilton Ontario

Joseph, A.J., (2020, November 17) Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine, Professional Competencies Curriculum, McMaster MD Program, McMaster University.

From Stories to Action: Addressing Anti-Black Racism in Healthcare. (2020, October 1). Chair's Grand Rounds, Hamilton Health Sciences, Department of Medicine, McMaster University, Hamilton, ON.

Resistance in Academia. (2019, January 31). *Diversity Week Panel*, Diversity Services, McMaster Student Union, McMaster University, Hamilton, ON.

Psychiatric Detention: Problem in Policy & Practice. (2019, March 15). *Detained: From supporting Prisoners to Abolishing Prisons. Journal of Law and Social Policy*, Osgoode Hall Law School, York University, Toronto, ON.

Immigration detention in Canada: A historical confluence of gendered ideas of the dangerous, the racialized, the immigrant, the biologically mad threat. (2017, December 5). *Research Forum on Immigration, Borders, and Social Justice*. McMaster University, Hamilton, ON

Mental health and gender violence. (2017, March 30). *Decolonize and Deconstruct Imagining new approaches to sexuality and consent education*. Brock University, St. Catharines, ON

Decolonizing leadership. (2017, March 29). *Leadership Panel - Diversity/Respect/Bias- Strategic Leaders Program*, McMaster University, Ron Joyce Centre, Burlington, ON.

Critical Race/Decolonial Perspectives for Social Justice Practice. (2017, January 27). *Senior Leadership Panel on Anti-Oppressive Practice in Ontario's Child Welfare Field*. The Catholic Children's Aid Society of Hamilton, Hamilton, ON

Crimes against Humanity, the International Criminal Court and the Rome Statute: Reflecting on Resistance to Historical Technologies of Hatred at State levels. (2016, November 16). *Making History Now: Racism, Resistance and Strategies for Building Alliance in the World of Trump*. McMaster University, Hamilton, ON

Hamilton Living Together Symposium (2016, March 29). *Canadian Race Relations Foundation*, Art Gallery of Hamilton, Hamilton, ON

b. Contributed

i) Peer reviewed

Joseph, A.J. & Kumbhare, S. (2021, December 10). Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing. World Pandemic Research Network Conference. [Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing \(wprn.org\)](#)

Joseph, A.J. (2021, June 2). Occidental appropriations of resistance to systemic racism: The erosion of Anti-Racism work & the maintenance of white supremacy. 2021 Canadian Association of Social Work Education, University of Alberta, Alberta, Canada.

Joseph, A.J., Vaz, C., Millard, B., William Gooding, W., & Niles, C. (2020, April 1 -paper written but not presented due to cancellation/COVID-19). Frozen, invisible, indefinite: Immigration detention in Canada and the carceral violence of temporal torment. *Crime, Justice and Social Harms*, Howard League for Penal Reform, Oxford University, Keble College, UK

Joseph, A.J. (2019, July 25). Tradition of Colonial and Eugenic Violence: Immigration Detention in Canada. *XXXVI International Congress on Law and Mental Health*, International Academy of Law and Mental Health, University of International Studies of Rome, Rome, Italy.

Joseph, A.J. (2019, April 29). Invocations of historical colonial, racial, ableist, sanist tropes in contemporary anti-immigration discourse. *Mobilities and Transnationalism in the 21st Century*, University of Iceland, Reykjavik, Iceland.

[Joseph, A. J. \(2018, June 21\). Historical and contemporary uses of immigration detention by the mental health system in Canada: Racist, sanist, and eugenic violence in policy and practice. *Disability and \(Virtual\) Institutions: Interventions, Integration and Inclusion*, International Institute for the Sociology of Law, Onati, Spain.](#)

[Joseph, A. J. \(2018, March 2\). Immigration detention in Canada: Constituting ideas of "the threat" and "the Canadian public" through racism, sanism and colonial eugenics. *2018 Canadian Association of Cultural Studies: Carceral Cultures Conference*, Simon Fraser University \(Downtown\), Vancouver, B.C.](#)

[Joseph, A., O'Connell, A., Gibson, M., Chapman, C., Good, B., Chambon, A. \(2017, May 30\). Panel on Critical History as Social Work Practice 1: Epistemic Interventions through Decolonization, *2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON.](#)

[Baines, D., Freeman, B., Pon, G., Phillips, D., Clarke, J., Abdillahi, I., Hulko, W., Brotman, S., Ferrer, I., Carter, I., Hanes, R., MacDonald, J., Joseph, A., Barnoff, L., Brown, C., Massaquoi, N., and LaRose, T. \(2017, June 1\). Panel on Doing Anti-Oppressive Practice: Social Justice Social Work. *2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON.](#)

[Singh, N., Wahoush, O., Joseph, A.J. \(2016, June, 23\). Conceptions of Mental Health Within the Punjabi Sikh Diaspora Community in Ottawa, Ontario. *Mental Health and Cultural Diversity International Conference: Exploring Transformative Practices and Service Models*. De Montfort University, Leicester](#)

[Joseph, A.J. \(2016, March, 17\). Imprisoning the mind and the body: Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. *Experiencing Prison 7th Global Conference*. Inter-Disciplinary.Net., Hilton Hotel Castle District, Budapest Hungary.](#)

[Joseph, A.J. \(2015 May, 28\). Tracing contemporary eugenic and racial colonial technologies of dehumanization at the confluence of mental health, criminal justice and immigration systems. Presented at the *International Journal of Arts & Sciences International Conference for Social sciences and Humanities*. Harvard University, Boston, MA.](#)

Joseph, A.J. (2014, November 3). Theorising violence at the confluence of mental health, criminal justice and immigration systems in Canada. Presented at: *6th Global Conference, Strangers, Aliens and Foreigners*, Inter-Disciplinary.net, Prague, Czech Republic.

Joseph, A.J. (2014, March 15). Civilizing disobedience: Contemporary colonization and the regulation of immigrants and indigenous people with mental health issues. Presented at: *Fourth International Conference on Health, Wellness and Society*, University of British Columbia, Vancouver, BC.

Joseph, A.J. (2013, April 26). The confluence of violence and the accretion of “truth”: Reading deportation decisions for racialized people classified with serious criminality and mental illness in Canada. Presented at: *Social Work’s 6th Annual Research Symposium*, York University, Toronto, ON.

Joseph, A., & Maiter, S. (2012, November, 1). Postnational belonging: Strategies of racialized youth in multicultural western contexts. Presented at the *2012 Strangers in New Homelands- 5th Annual Conference on the Social Reconstructing of “Home” Among Immigrants in the Diaspora*, University of Manitoba, Winnipeg, MB.

Joseph, A. (2012, October, 25). Ancestries of racial and eugenic systems of violence in the mental health sector. Presented at the *2012 Third International Conference on Violence in the Health Sector*, Sheraton Vancouver Airport Hotel, Richmond, BC.

Joseph, A. (2012, March, 31). Authorities on the subject: Colonial ancestries of hierarchy and hegemony in mental health. Presented at the *2012 Canadian Association of Social Work Education Annual Conference*, University of Waterloo & Wilfrid Laurier University, Waterloo, ON.

Lamoureaux, A., Joseph, A., Feris, C. (2012, March, 22). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. Presented at the *2012 Ontario Working Group on Early Psychosis Intervention Conference*, Sheraton Centre Hotel, Toronto, ON.

Joseph, A. (2011, June 2). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. Presented at the *2011 Canadian Association of Social Work Education Annual Conference*, University of St. Thomas, Fredericton, NB.

Maiter, S., Joseph, A., Shan, N., Saeid, A. (2010, May 14). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. Presented at the *27th Annual Qualitative Analysis Conference*, Wilfrid Laurier University, Brantford, ON.

Joseph, A., (2010, April 16). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. Presented at: *Social Work’s Annual Research Symposium*, York University, Toronto, ON.

i) Not Peer Reviewed

Joseph, A.J. (2022, March 1). Refusing colonial, carceral, eugenic, and surveillance technologies in mental health policy, practice, and law. Guest Lecture. HTH SCI 3RH3 Racism and Health, Faculty of Health Sciences, McMaster University.

Joseph, A.J. (2021, October 25). *From Commitments to Reconciliation: Supporting Decolonizing Work in Community Engaged Research*. Guest Lecture, CMTYENG 2A03, McMaster University

Joseph, A.J. & Kumbhare, S. (2021, July 21). *Loneliness & Mental Health Through COVID-19 and Beyond*. CMHA Ontario, Toronto, ON.

Joseph, A.J. (2021, May 28). Refusing colonial eugenics rationalities in mental health policy, practice, and law. Beyond the Penal and the Carceral: Alternatives to criminalization to address social need. (Panel with Prof. Rinaldo Walcott). Centre for Human Rights and Restorative Justice, McMaster University. "[Beyond the Penal and the Carceral: Alternatives to criminalization to address social need](#)" Panel - YouTube

Joseph, A.J., James, L, Dampthey, K. Downey, B. (2020, December 3). Data colonialism and plantation logics in social services, and public health. *Data & Sovereignty: Resisting Colonial Logics for Racial Justice*, McMaster Institute for Health Equity, The Lewis and Ruth Sherman Centre for Digital Scholarship, The McMaster Indigenous Research Institute, McMaster University, Hamilton, ON. https://www.macvideo.ca/media/Data+%26+Sovereignty/1_2gxgha0l

Joseph, A.J. & Kumbhare, S. (2020, November 23 & 2021, January 18). *Grief During COVID-19*. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, November 2). Anti-Racism, Resistance and Change. Invited guest lecture. UNIV 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 27). Race, Racism, Racialization and Colonialism. Invited guest lecture. UNIV 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 21). Relationship, Respect, Complicities, Solidarities & Decolonial Resistance. Invited guest lecture. Advanced Practice. School of Social Work, University of British Columbia., Vancouver, British Columbia.

Joseph, A.J. (2020, November 16, 17, 18, 23). Racism, Race, and Racialization in Healthcare in Canada: Matters of life and death. Invited Guest Lecture. 2RR3 Social Determinant of Health. BScN Program, Faculty of Health Sciences, McMaster University, Hamilton, ON.

Joseph, A.J. (2020, August 12). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, August 19). Racism and mental health. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, October 7). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Kenora, Kenora, ON.

Joseph, A.J. (2020, October 14). Racism and mental health. CMHA Kenora, Kenora, ON.

16. Administrative Responsibilities

University:

Selection Committee- Vice-Provost, Teaching and Learning December 2021-present

McMaster Institute for Health Equity- member 2020-present

Centre for Human rights and Restorative Justice- member	2020-present
Selection Committee - Dean, Faculty of Social Sciences	September 2019-October 2019
University Senate	July 2019- Present
School of Graduate Studies Scholarship Committee: SSHRC CGS-M	2019 & 2020, 2021
Chair: President's Advisory Committee on Building an Inclusive Community (PACBIC)	July 2016- July 2019
Hiring Committee: Executive Assistant to the Associate Vice-President Equity and Inclusion	September 2018
Renaissance Award and Chancellor's Gold Medal Selection Committee	October 2018
2018 Graduan Awards Selection Committee	May 2018
Hiring Committee: Executive Assistant to the AVP Equity and Inclusion	July 2018-September 2018
Accessibility Policy Development Committee	November 2016-Present
Employment Equity Forum	November 2016 & December 2017
Hiring Committee: AVP/ Vice-Provost Equity and Inclusion	October 2016- December 2017
Hiring Committee: Human Rights Specialist	November 2017
Hiring Committee: Anti-Racism Officer Hamilton Centre for Civic Inclusion/McMaster University/Anti-Racism Resource Centre	November 2017
Hiring Committee: Employment Equity Specialist	March 2017
Hiring Committee: Director of Human Rights and Dispute Resolution	September 2016
Member, President's Advisory Committee on Building an Inclusive Community (PACBIC)	October, 2014-July 2020
President's Advisory Committee on Building an Inclusive Community Race, Racialization and Racism working Group-Co-Convener	September 2015- July 2016
African-Caribbean Faculty Association of McMaster	October, 2014-Present
<u>Faculty:</u>	
Tenure and Promotions, Faculty of Social Science	July 2021-June 2022
Faculty of Social Sciences Equity, Diversity, Inclusion and Indigenous Strategies (EDIIS) Advisory Group	2020- Present
McMaster Faculty of Social Science SSHRC Doctoral Ranking Committee	2017/2018, 2018/2019

Department:

Hiring Committee, New Tenure-Track Faculty	2021-Present
United in Colour-Faculty Liaison	2019-Present
Graduate Admissions Reviewer, School of Social Work	2018, 2019
Library Liaison School of Social Work	September 2014- Present
School of Social Work's Transformative Social Justice Response Team (TSJRT) (Formerly Anti- Oppression Education Committee)	September 2015-September 2017
Undergraduate Studies Committee, School of Social Work	September 2014-December 2014, September 2015-Present
Graduate Studies Committee, School of Social Work	December 2014-May 2015

17. Other Responsibilities

Hamilton Public Health, COVID-19 Vaccine Readiness Network	December 2020-present
President's Task Force on Equity, Diversity- Hamilton Health Sciences	October 2020-present
Ontario COVID-19 Mental Health Network	March 2020-July 2020
City of Hamilton, Community Advisory Panel Hamilton Anti-Racism Resource Centre, Chair	October 2020-January 2021
Disability Justice Network of Ontario, Advisory Board, Hamilton, ON	2020-present
Disability Justice Network of Ontario, Research Committee, Hamilton, ON	2019-present
CIHR Doctoral Research Awards Committee – B Reviewer Doctoral Research Awards for the Canadian Institute of Health Research	September 2018- August 2019
Houselink Community Homes, Toronto, ON Board of Directors- Vice President (2013), President (2014) Nominations Committee, (Chair) Policy Committee, Sustainable Fundraising Committee Mission: to improve the quality of life of psychiatric consumers / survivors including those who are homeless or otherwise marginalized, through the provision of permanent affordable supportive housing and programs.	July 2011 – June 2014
Local Health Integration Network – Central, Toronto, ON Social Worker; MSW, RSW – Health Professionals Advisory Committee Provided professional advice to Central LHIN on how to achieve patient-centered health care within the local health system for the most diverse and populous LHIN in Ontario.	January 2008- March 2011

Considered innovative approaches in health service delivery, health promotion and wellness and the utilization of health human resources. (As legislated: Local Health System Integration Act, 2006 - O. Reg. 264/07)

**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

AFFIDAVIT OF AMEIL JOSEPH

(AFFIRMED AUGUST 30, 2022)

**WATERLOO REGION COMMUNITY LEGAL
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Lawyers for the Respondents

Court File No. CV-22-00000717-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

ACKNOWLEDGEMENT OF EXPERT'S DUTY

1. My name is Ameil Joseph. I live at the City of Hamilton, in the Province of Ontario.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise;
and
 - (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date:

Aug. 30, 2022



Signature

Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

AFFIDAVIT OF KAITLIN SCHWAN

(AFFIRMED AUGUST 2, 2022)

I, Kaitlin Schwan, of the City of Toronto, Ontario, MAKE OATH AND SAY AS FOLLOWS:

1. I am the National Director of the Women’s National Housing and Homelessness Network and a Senior Researcher at the Canadian Observatory on Homelessness. I am appointed Assistant Professor, Status Only, at the University of Toronto’s Faculty of Social Work. I am the former Senior Researcher for the UN Special Rapporteur on the Right to Adequate Housing and former Director of Research for The Shift.
2. A copy of my Curriculum Vitae is attached to this my Affidavit as **Exhibit “A”**.

3. I have been asked by the Waterloo Region Community Legal Clinic to provide an expert opinion in this matter regarding themes amongst unhoused women, their unique experience accessing the shelter system, gender-based violence experienced by this population and to contextualize the encampment experience faced by women compared to men, and the desperate adverse effects of encampment evictions and the impact of the law against the erection of tents on unhoused women living on the street.
4. I have attached the publication “The Pan-Canadian Women’s Housing and Homelessness Survey, “Schwan, K., Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *The Pan-Canadian Women’s Housing & Homelessness Survey*. Toronto, ON: Canadian Observatory on Homelessness (attached herein as **Exhibit “B”**) that I authored and adopt it as part of my opinion in this case.
5. I have extrapolated the following significant findings from **Exhibit “B”** that relate to the issues raised in this case and they are as follows:
 - a. Women and gender diverse people experiencing housing need and homelessness reported high exposure to trauma and violence, with 75% identifying as a survivor of trauma or abuse.
 - b. Women and gender diverse people reported significant barriers to accessing emergency services, with almost a third being unable to access a bed when they needed one.

- c. 79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of ability, with severe consequences for many.

HOUSING NEED AND HOMELESSNESS AMONGST WOMEN, GIRLS AND GENDER DIVERSE PEOPLE IN CANADA

6. Homelessness amongst women, girls, and gender-diverse people in Canada remains both understudied and underestimated, despite indications that these groups disproportionately experience both poverty and core housing need.¹ This is linked to the ways in which commonly used definitions, typologies, and ways of measuring homelessness have failed to account for the hidden ways that women, girls and gender diverse people often experience housing instability and homelessness.²
7. They are also more likely to negotiate a number of high-risk survival strategies to obtain shelter and avoid the dangers of the streets and co-ed shelter spaces, including by staying in unsafe and exploitative relationships, and exchanging sex for shelter.³

¹ Sadie McInnes, “Fast Facts: 4 Things to Know About Women and Homelessness in Canada,” *Canadian Centre for Policy Alternatives*. August 26, 2016, accessed August 29, 2022, <https://www.policyalternatives.ca/publications/commentary/fast-facts-4-things-know-about-women-and-homelessness-canada>

² Savage, M. (2016). Gendering Women's Homelessness. *Irish Journal of Applied Social Studies*, 16(2), 43-64. See also Pleace, N. (2016). “Exclusion by Definition: The Under-representation of Women in European Homelessness Statistics.” In P. Mayock & J. Bretherton (Eds.), *Women's Homelessness in Europe* (pp. 105–126). London: Palgrave Macmillan.

³ Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, p-21

8. Women experience disproportionate rates of deep poverty in comparison to men.⁴

9. “It may be that the major trigger for homelessness is poverty and exclusion, but it is also clear that women do not experience homelessness in the same way as men. The triggers for women’s homelessness are often different and their trajectories while homeless are often different, women’s experience of homelessness is *different*. Gender plays a role.”⁵

10. ‘Hidden homelessness’ is the most common form of homelessness experienced by women and girls. It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability⁶, and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services.⁷ Hidden homelessness includes conditions such as “Remaining in an abusive relationship in order to maintain housing; living in inadequate or dangerous housing in order to keep the family together or maintain custody over one’s children; engaging in survival sex in order to access housing; and couch-surfing with family, friends, or strangers in order to avoid shelters, or because shelter services and affordable housing are unavailable or unsafe.”⁸ Part of the reason that women’s homelessness remains understudied,

⁴ Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). ‘A place to rest’: the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853. See also McInnes, “Fast Facts”.

⁵ Bretherton, “Reconsidering Gender in Homelessness”, p. 6.

⁶ Bretherton, “Reconsidering Gender in Homelessness”.

⁷ Isabel Baptista, “Women and Homelessness,” *Homelessness Research in Europe* 4, no. 1 (2010): 163-185; Maki, K. (2017). “Housing, Homelessness, and Violence Against Women: A Discussion Paper.” *Canadian Network of Women’s Shelters and Transition Houses*, <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>.

⁸ Kaitlin Schwan, et al., “The State of Women’s Housing Need & Homelessness in Canada,” *Canadian Observatory on Homelessness Press*, 2020, 68, <http://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf>

undercounted, and underfunded is because it is often not recognized as such.⁹ The invisibility of women and gender diverse people's homelessness should thus be understood as *structurally* created and maintained.

INEQUITABLE ACCESS TO EMERGENCY SHELTERS, SUPPORTS & HOUSING FOR WOMEN, GIRLS AND GENDER DIVERSE PEOPLE

11. Data from Statistics Canada,¹⁰ Employment and Social Development Canada,¹¹ parliamentary reports,¹² and municipal data and research¹³ consistently indicate that emergency shelters across the country are operating at (or over) capacity and there remains a severe lack of gender-specific supportive, transitional, and permanent affordable housing that meets the needs of women, girls, and gender diverse people. Importantly, this is linked to systemic underfunding and inequitable funding in Canada for services, shelters, and housing that is gender-specific and meets the needs of women, girls, and gender diverse people.

⁹ Bretherton, "Reconsidering Gender in Homelessness".

¹⁰ Statistics Canada. (2019). Canadian residential facilities for victims of abuse, 2017/2018. Statistics Canada Catalogue. Ottawa. <https://www150.statcan.gc.ca/n1/daily-quotidien/190417/dq190417d-eng.htm>

¹¹ Employment and Social Development Canada. (2019). Highlights of the National Shelter Study 2005 to 2016. Ottawa. <https://www.canada.ca/en/employment-social-development/programs/homelessness/reports-shelter-2016.html>

¹² Vecchio, K. (2019). Surviving abuse and building resilience – A study of Canada's systems of shelters and transition houses serving women and children affected by violence. Report of the Standing Committee on the Status of Women. <https://www.ourcommons.ca/Content/Committee/421/FEWO/Reports/RP10429173/feworp15/feworp15-e.pdf>

¹³ For example, City of Toronto. (2018). Street Needs Assessment. City of Toronto. <https://www.toronto.ca/wpcontent/uploads/2018/11/99be-2018-SNA-Results-Report.pdf>.

12. Violence against women (“VAW”) shelters across Canada are chronically underfunded, with 46% of VAW shelters in Canada reporting that the top challenge facing service delivery was a lack of sustainable funding.¹⁴ A 2019 Statistics Canada report found that on a national snapshot day across Canada, “669 women, 236 accompanying children, and 6 men were turned away from residential facilities for victims of abuse. The most common reason reported for a woman being turned away was that the facility was full (82%)”.¹⁵
13. Women and gender diverse people reported significant barriers to accessing emergency services, with almost a third unable to access a bed when they needed one (**Exhibit “B”, page 41**).
14. The top 7 problems reported by survey participants of The Pan-Canadian Women’s Housing and Homelessness Survey (**Exhibit “B”**) were as follows, from most reported to least:
- a. Feel like I don’t belong – 29.8%
 - b. Not enough beds – 29.4%
 - c. Discrimination from other participants – 27.6%
 - d. Not knowing about services – 26.4%
 - e. Not feeling safe – 26.2%
 - f. No money for transportation – 25%
 - g. Discrimination/judgement from staff – 23.6%

¹⁴ Statistics Canada, 2019.

¹⁵ Statistics Canada, 2019, p. 3.

15. Our survey findings contained in **Exhibit “B”** suggest that some women and gender diverse people are harmed by how the homelessness and VAW sectors structure and deliver services. In addition to the severe capacity issues that are well-documented, personal accounts indicate that shelters can exacerbate the very needs they are meant to address, including through discriminatory policies, duty to report policies, and rigid eligibility and acuity criteria. Shelter policies related to substance use, pets, and adult children – combined with a failure to employ trauma-informed, harm reduction approaches – result in women and gender-diverse people being turned away from services. This is particularly evident in the lives of women and gender-diverse people who have complex needs or are multiply-marginalized. The effects of such exclusion cannot be overstated. In some cases seemingly benign or very minor operational policies within shelters, drop-ins, transitional housing, and other emergency services produce horrific results for those seeking or receiving support.

16. Violence Against Women shelters, which in many jurisdictions serve only women fleeing intimate-partner violence (“IPV”), create gaps in service for women who are experiencing violence due to being homeless or street-involved, or experiencing violence from other family members. This creates silos between women and gender diverse people who experience violence in different circumstances. Given this, it is not surprising that some women report feeling there is a “hierarchy of deservingness” that shapes who gets access to services, and that women experiencing particular forms of violent victimization are prioritized over others.

17. Experiences of gender-based discrimination and race-based discrimination at shelters further disenfranchise women and gender diverse people from spaces that are meant to protect them and their families. Being turned away from shelters can mean women and gender-diverse people are forced to utilize alternative strategies such as survival sex, going back to their abuser, or navigating systems like healthcare or criminal justice to seek immediate shelter.
18. Experiences of trauma and violence were reported both prior to and during experiences of homelessness by participants. Remarkably, over 75% of women and gender diverse persons reported being a survivor of abuse or trauma (**Exhibit “B”, page 45**).
19. Of the participants of the survey referenced in paragraph 4, attached in **Exhibit “B”**, 79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of ability, with severe consequences for many. Analysis indicated having a disability was a significant predictor of negative housing outcomes. These included having difficulties accessing emergency shelter and supports, difficulties finding affordable and accessible housing, experiences of discrimination, and numerous additional inequities.

PROJECT WILLOW REPORT

17. I endorse the Project Willow Report attached as **Exhibit “C”**¹⁶.

¹⁶ Jennifer Gordon, et al., “Don’t Tell Them You’re Homeless: Experiences of Gender-Based Violence Among Women Experiencing Homelessness in Waterloo Region” *The Feminist Shift*, November, 2021, Accessed August 29, 2022, <https://thefeministshift.ca/wp-content/uploads/2022/07/YWKW-ProjectWillow-Impact-accessible-Report-R04-20220609-1.pdf>

18. The Project Willow study on experiences of gender-based violence among women experiencing homelessness in Waterloo Region surveyed 48 and interviewed 13 women and gender-diverse individuals in Waterloo Region in 2020. This study is significant because it provides insight into the experiences of women and gender-diverse individuals in Waterloo Region using emergency shelter. Pertinent findings include:

- 88% of participants reported as having a mental health condition and 31% of participants identified as having a disability;
- 73% of respondents stated they felt unsafe in co-ed shelters and so avoided them. One participant shared about the violence they faced while staying in the co-ed shelter “I went there once and the first night I was there I was unfortunate to be raped.”;¹⁷
- For some participants, the women’s emergency shelter also felt unsafe, which led them to choose camping and other rough sleeping options instead. One participant stated as follows: “Sometimes I camp because even staying in an all-women shelter feels unsafe to me. I feel people recommend the shelter too much because it’s the only one and I feel unsafe there sometimes”
- 64% of participants said they avoided spaces they perceived to be male dominated (ex: soup kitchens, meal programs, safe consumption sides, co-ed shelters, etc) because they had safety concerns.

¹⁷ Ibid, Pg. 17

19. These findings are consistent with my research on homelessness among women and gender-diverse people across Canada.

PROBLEMS ACCESSING SHELTERS

20. My data collection and analysis in the survey referenced at paragraph 4 concluded that people with disabilities reported being unable to access shelter beds when they needed them at roughly twice the rate of those without disabilities (65.1% for people with physical disabilities vs. 34.9% for those without; 43.1% for those with mental health disabilities vs. 18% for those without). This suggests profound accessibility issues persist in the homelessness and VAW sectors. Evidence of this surfaced in other parts of the data. For instance:

- Persons with physical disabilities reported shelters and drop-ins were not accessible to them by public transportation at almost twice the rate of those without physical disabilities (11.6% vs. 6%).
- Shelters and drop-ins are inaccessible to people with physical disabilities at more than three times the rate of those without physical disabilities (10.7% vs. 3%).
- Individuals with substance use problems also experienced significant barriers when trying to access shelters. There was a significant association between reporting a substance use problem and having been barred from shelters. Those that used substances reported being barred from shelters at a rate 3 times that of those who did not (30.9% vs. 10.4%).

EXPERIENCES OF WOMEN AND GENDER DIVERSE PERSONS IN ENCAMPMENTS, BENEFITS OF AN ENCAMPMENT VERSUS SHELTER

21. Research indicates that women, transwomen, and gender-diverse persons commonly experience harassment or violence within large mainstream homeless shelters, particularly co-ed and congregate shelters.¹⁸

22. In a recent study, one transwoman testified: “They asked me why don’t I go to men’s [shelter] before and I was getting sexually harassed all the time. I remember one time waking up [at a men’s shelter] and there was like five guys standing around my bed in the dark and they were all naked from the waist down. After I left the building. I never went back.”¹⁹

23. Violence in homeless shelters appears to be increasing in some Ontario cities. In Toronto, for example, violent incidents have increased by 200% in the last five years, and deaths have increased by 125%.²⁰

24. Safety in homeless shelters was significantly undermined during the COVID-19 pandemic. While municipalities often displace encampment residents or evict encampments on the

¹⁸ Schwan et al., “The State of Women’s Housing”.

¹⁹ Lyons, T., Krüsi, A., Pierre, L., Smith, A., Small, W., & Shannon, K. (2016). Experiences of Trans Women and Two-Spirit Persons Accessing Women-Specific Health and Housing Services in a Downtown Neighborhood of Vancouver, Canada. *LGBT Health*,3(5), 373-378. doi:10.1089/lgbt.2016.0060, p.374.

²⁰ Liam Casey, “Toronto’s shelters see triple the number of violent incidents rise, rise in overdoses during COVID-19 pandemic, data shows,” *Globe and Mail* (6 June 2021), online: <<https://www.theglobeandmail.com/canada/toronto/article-torontos-shelters-see-triple-the-number-of-violent-incidents-rise-in/>>.

basis that they have access to “safe” or “high quality” indoor shelters, research demonstrates that that people experiencing homelessness and accessing homeless shelters in Ontario are significantly more likely to contract COVID-19, to be hospitalized for the virus, to require ICU care, and to die.²¹

25. Further, some women and gender-diverse persons will be unable to access a shelter in their communities due to their disabilities, necessitating that they reside outdoors and/or within an encampment. For example, a DAWN Canada study reports that only 75% of homeless shelters have a wheelchair accessible entrance, 66% provide wheelchair accessible rooms and bathrooms, 17% provide sign language, and 5% offer braille reading materials.²²
26. More broadly, as demand for shelter beds increases, women and gender diverse peoples face some of the greatest disadvantage. Across Canada, there are fewer women-specific emergency shelter beds – 68% of shelter beds are co-ed or dedicated to men, compared to 13% dedicated to women Men’s shelters also have more than double the number of beds that women’s emergency shelters have (4,280 beds compared to 2,092 beds).²³ Further, while 38% of beds are reported to be within “general” emergency shelters across Canada²⁴ – meaning shelter beds that are co-ed or open to all genders – research consistently demonstrates that many women will avoid co-ed shelters for fear of violence or because they have experienced violence within those spaces.²⁵

²¹ Lucie Richard et al., “Testing, infection, and compliance rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: A retrospective cohort study” (2021) 9:1 *CMAJ OPEN* at E6.

²² Alimi, S., Singh, S., & Brayton, B. (2018). Parliamentary Brief A Brief Prepared for the Standing Committee on the Status

of Women in Canada (FEWO) for their Study of the System of Shelters and Transition Houses in Canada.

²³ Employment and Social Development Canada. (2018). Shelter Capacity Report 2018. Ottawa.

<https://www.infrastructure.gc.ca/homelessness-sans-abri/reports-rapports/shelter-cap-hebergement-2018-eng.html>

²⁴ Ibid.

²⁵ See Bretherton, 2017. See also National Inquiry into Missing and Murdered Indigenous

27. The culmination of all of these factors means that some women and gender-diverse persons experiencing homelessness may elect to – or be forced to – reside outdoors or encampments given: (1) threats to physical, emotional, and psychological safety within homeless shelters (particularly co-ed congregate shelters); (2) previous experiences of trauma and violence in homeless shelters; (3) increased risk of exposure to COVID-19 within shelters; (4) the inaccessibility of many homeless shelters for persons with disabilities; and (5) the overall lack of women-specific homeless shelters, and shelters for people outside the gender binary. For many marginalized women and gender-diverse persons, the confluence of these factors makes residing in an encampment a rational or necessary choice amongst a number of minimal (or non-existent) options.²⁶

PHYSICAL SAFETY IN ENCAMPMENTS

28. In my research on homelessness among many women and gender-diverse people, I have had the opportunity to visit numerous encampments across Ontario over the last several years and meet with women residing in them. While the women I've met with have reported safety concerns related to residing outdoors and in encampments (e.g., vulnerability to physical violence), overwhelmingly women state that residing in an encampment is a *safer* option than the other options available to them (e.g., accessing a shelter, returning to an abusive relationship, etc.).

Women and Girls (NIMMIWG). (2019a). Reclaiming Power and Place: The Final Report of the National Inquiry into

Missing and Murdered Indigenous Women and Girls. Vol. 1a. www.mmiwg-ffada.ca/final-report/

²⁶ For first-person accounts of these constrained choices, see <https://www.thestar.com/news/gta/2020/12/07/were-the-vulnerable-ones-why-women-living-in-torontos-public-parks-during-covid-19-choose-outdoor-tents-over-indoor-shelters.html>

29. Furthermore, my conversations with women residing in encampments indicated that the violence they face is often not from others within the encampment, but from housed persons (mostly men) outside of the encampment. This was reported by women themselves, and from City staff and outreach workers. This suggests that while encampments are often portrayed as dangerous places, particularly for women, this danger is embedded within broader societal patterns of violence against women amongst the housed public.
30. My engagements with women residing in encampments across Ontario suggest that encampments can buffer women from exposure to violence, harassment, or abuse that they might otherwise experience when residing outdoors alone, or within situations of hidden homelessness. For example, I have met numerous women encampment residents in Toronto who described how their relationships with other people living in encampments was a protective factor because they could ‘look out for each other,’ warn each other of dangerous or exploitive men, watch over each other’s tents and possessions, and remain with partners or pets (e.g., dogs) who provided physical safety.
31. Nonetheless, feeling *safer* is not the same as feeling *safe* within an encampment, and some women expressed concern for their safety and security. In response, some women had developed innovative means to protect themselves. For example, as a security measure, one encampment resident I met in Toronto had extended a measuring tape around her tent. The measuring tape created a distinctive sound when it was walked over, alerting her that someone was nearby and she needed to be alert for intruders. Encampments enabled the

adoption of such security systems for some women, who often used all available means to keep themselves safe.

32. My engagements with women residing in encampments indicated that encampment evictions often eroded the security systems, safety measures, and mutual aid systems women had adopted for themselves within encampments. These were not easily re-established.

33. I make this Affidavit in support of the response to the Application, and for no improper purpose.

AFFIRMED BEFORE ME by videoconference)
From the City of Guelph, in the Province)
of Ontario)
Location of the Deponent)
To the City of Kitchener, in the Regional Municipality)
of Waterloo (Location of Commissioner))
In accordance with O Reg 431/20.)
This 31ST day of August 2022)

DocuSigned by:
Shannon Down
4653FF77A5A4CE
A Commissioner, etc.

DocuSigned by:
Kaitlin Schwan
339FEBDBDACC422...
Kaitlin Schwan

SHANNON KATHLEEN DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

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THIS IS **EXHIBIT "A"** REFERRED TO
IN THE AFFIDAVIT OF KAITLIN SCHWAN
AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF GUELPH DURING A ZOOM VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 31st DAY OF AUGUST, 2022

DocuSigned by:

Shannon Down

4653FFFAA6A4CE...

SHANNON KATHLEEN DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

Kaitlin J. Schwan, PhD

37 Meadowview Avenue
Guelph, ON N1H 5S7
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EDUCATION

- 2016 University of Toronto
Factor-Inwentash Faculty of Social Work
Doctor of Philosophy
Dissertation: *Why Don't They DO Something? The Societal Problematization of "Homelessness" and the Relationship between Discursive Framing and Social Change*
Committee: David Hulchanski, PhD (Supervisor); Stephen Gaetz, PhD; Daniyal Zuberi, PhD; David Wagner, PhD
- 2009 Queen's University
Department of Art History & Visual Studies
Master of Arts
Concentration: Art, Activism, & Social Change
- 2007 University of Guelph
Bachelor of Arts Honours
Philosophy (major); Women's Studies (minor)

ACADEMIC APPOINTMENTS

- 2018 – present Canadian Observatory on Homelessness, York University
Senior Researcher
- 2019 – 2022 Factor-Inwentash Faculty of Social Work, University of Toronto
Assistant Professor, Status-Only
- 2019 – 2022 Environmental Justice & Sustainability Clinic, Osgoode Hall Law School
York University
Visiting Scholar – Human Rights
- 2016 – 2018 Canadian Observatory on Homelessness, York University
Postdoctoral Fellow

PROFESSIONAL APPOINTMENTS

- 2022 – present Executive Director
Women's National Housing & Homelessness Network

2021 – present	Keepers of the Circle, Temiskaming Native Women’s Support Group Housing Researcher & Policy Analyst
2019 – 2022	The Shift Director of Research
2019 – 2020	United Nations Special Rapporteur on the Right to Adequate Housing Lead Researcher

RESEARCH INTERESTS AND METHODS

- Human Right to Housing; Homelessness Prevention
- Knowledge Mobilization; Community-Engaged Scholarship
- Women’s Homelessness; Youth Homelessness
- Community-Based Participatory Research; Youth Empowerment and Organizing
- Social Problem Studies; History of Homelessness

AWARDS & DISTINCTIONS

2014 – 2015	Ontario Graduate Scholarship \$15,000
2010 – 2013	SSHRC J. Armand Bombardier CGS Doctoral Scholarship \$105,000
2013	SSHRC Michael Smith Foreign Study Award \$6,000
2013	University of Toronto School of Graduate Studies Travel Grant \$2,750
2013	University of Toronto School of Graduate Studies Conference Award \$900
2013	Dorothea Lange-Taylor Documentary Prize, Duke University, Semi-finalist
2010 – 2011	Ontario Graduate Scholarship \$15,000
2009 – 2012	University of Toronto Graduate Scholarship \$4,000
2008 – 2009	SSHRC Joseph-Armand Bombardier CGS Graduate Award \$17,500
2008 – 2009	Ontario Graduate Scholarship \$15,000

2008 – 2009	Queen’s J. S. Stauffer Scholarship in Canadian Art and Architecture \$3,200
2007 – 2008	Queen’s University A.R.C. Duncan Award for Excellence in Tutoring
2008	Queen’s University Graduate Student Conference Award
2007 – 2008	Queen’s University Graduate Award \$10,000
2007	Millennium Scholarship Grant for Community Development \$2,500
2005 – 2007	Millennium In-Course Excellence Scholarship of the Highest Order \$20,000
2003 – 2005	President’s Honour Role/Dean’s List, University of Guelph
2003	University of Guelph Entrance Scholarship \$2,500
2003	Owen Sound Women Centre’s Award for Community Awareness

RESEARCH GRANTS

2022 – 2024	Schwan, K. (Principal Investigator), Brierly, A., Biss, M., & Raza, M. Advancing the right to housing for women & gender-diverse persons: Developing National Rights-Based Shelter Standards. <i>Canadian Mortgage and Housing Corporation – National Housing Strategy Research & Innovation Fund</i> . \$250,000.
2022 – 2024	Farha, L. (Principal Investigator), Schwan, K. (Co-Investigator) & Perucca, J. Transforming Policy Responses to Homeless Encampments in Canada: Implementing a Rights-Based, GBA+ Approach. <i>Canadian Mortgage and Housing Corporation – National Housing Strategy Research & Innovation Fund</i> . \$250,000.
2022 – 2023	Schwan, K. (Co-Principal Investigator), Oudshoorn, A. (Co-Principal Investigator), Pauly, B., Malenfant, J., Jenkinson, J., Pauly, B., & Yakubovich, A. Actualizing the right to housing for women & gender-diverse peoples in Canada -- Improving access to justice under the National Housing Strategy Act and beyond. <i>Social Sciences and Humanities Research Council</i> . \$22,697.

- 2022 – 2023 Hache, A., **Schwan, K.** (Co-Investigator), & Baig, K. Developing a Framework for Decolonizing the Provision of Subsidized Housing and Emergency Shelters for Women. *Catherine Donnelly Foundation*. \$48,000.
- 2022 – 2023 Farha, L. & **Schwan, K.** (Co-Investigator). Implementing Rights-Based Responses to Homeless Encampments in Three Canadian Cities. *Catherine Donnelly Foundation*. \$48,000.
- 2021 – 2024 Melaney, K. (Principal Investigator), **Schwan, K.** (Co-Investigator), Noble, A., Begun, S., & Coplan, I. Making the Shift Youth Shelter Diversion Study. *Making the Shift Youth Homelessness Social Innovation Lab*. \$696,420.
- 2021 – 2022 **Schwan, K.** (Principal Investigator), & Biss, M. Eviction Prevention for Women & Girls in Canada. *Law Foundation of BC – Legal Research Fund*. \$19,199.
- 2021 – 2023 Baig, K. (Principal Investigator), Cook, A., Deroches, M.A., Nelson, A., **Schwan, K.** (Co-Investigator), Hache, A., Whitzman, C. Housing Policies & Program Models that Meet the Needs of Gender Diverse People. *Pan-Canadian Voice for Women's Housing*. \$75,000.
- 2021 – 2023 Hwang, S. (Principal Investigator), Jenkinson, J., Kiran, T., Orkin, A., Thulien, N., & **Schwan, K.** (Collaborator). A Qualitative Exploration of Vaccine Uptake and Hesitancy Among People Experiencing Homelessness in Toronto. *Canadian Institutes of Health Research (CIHR)*. \$100,258.
- 2021 – 2023 Oudshoorn, A. (Principal Investigator), Kauppi, C., Marshall, C., Dej, E., Dunn, J., **Schwan, K.** (Co-Investigator), Buccieri, K., & Gaetz, S. Designing Canada's Long-Term Affordable Housing Approach. *Social Sciences & Humanities Research Council – Partnership Development Grant*. \$199,114.
- 2021 – 2023 Yakubovuch, A. (Principal Investigator), Maki, K., Shastri, P., Sultana, A., **Schwan, K.** (Collaborator), Docherty, L., Watts, C., & Ham, M. Bridging the evidence-practice gap in the housing response to violence against women. *Social Sciences & Humanities Research Council – Insight Development Grant*. \$70,000.
- 2020 – 2021 Van Wagner, E. (Principal Investigator), **Schwan, K.** (Co-Investigator), Flynn, A., Gupta, P., & Curran, D. The Right to Shelter in Place: Mobilizing a human rights-based approach to homelessness and tent encampments in the COVID-19 city. *SSHRC Partnership Engage Grant*. \$24,820.
- 2020 – 2021 **Schwan, K.** (Co-Principal Investigator), Dej, E. (Co-Principal Investigator), Kidd, S., Thulien, N., & Malenfant, J. Understanding young women's experiences of loneliness and isolation during COVID-19 and beyond: Participatory research to envision a way forward. *Making the Shift: Youth Homelessness Social Innovation Lab*. \$39,999.
- 2019 – 2020 **Schwan, K.** (Co-Principal Investigator), Caplan, R. (Co-Principal Investigator), Baig, K., & Hache, A. Partner: The Keepers of the Circle. Indigenous Women,

- Girls, and Gender-Diverse Peoples Experiencing Homelessness: Developing a Research Methodology Grounded in Traditional Indigenous Knowledges. *SSHRC Partnership Engage Grant*. \$28,873.50.
- 2019 – 2021 **Schwan, K.** (Co-Principal Investigator), Dej, E. (Co-Principal Investigator), Kidd, S., & Thulien, N. Home Alone: Young women’s experiences of social exclusion following exits from homelessness. *Social Sciences and Humanities Research Council of Canada (SSHRC), Insight Development Grant*. \$69,835.
- 2019 – 2021 Helland, J. (Principal Investigator), Reynolds, V., **Schwan, K.** (Co-Applicant), Dufour, C., Batalden, Z., & Dyson Tam, K. Journeys In and Out: Youth Homelessness Solutions Lab. *Government of Canada, Canada Mortgage and Housing Corporation. National Housing Strategy Research & Planning - Solutions Lab*. \$373,726.
- 2019 – 2021 Nichols, N. (Principal Investigator), Kennelly, J., Kidd, S., Malenfant, J., & **Schwan, K.** (Collaborator). Building from Experience: Youth-led strategies for homelessness prevention and housing stabilization. *Social Sciences and Humanities Research Council of Canada (SSHRC), Insight Development Grant*. \$62,279.
- 2019 – 2021 Begun, S. (Principal Investigator), Fallon, B., Gaetz, S., Kidd, S., **Schwan, K.** (Co-Applicant), King, B., Nichols, N., & Thulien, N. An Examination of Homeless Youths’ Longitudinal Aftercare Experiences. *Social Sciences & Humanities Research Council - Insight Grant*. \$99,977.
- 2018 – 2021 **Schwan, K.** (Principal Investigator), Richter, T., Hache, A., ... Redsky, S. Understanding Housing Need and Homelessness for Women and Girls in Canada. *Government of Canada National Housing Strategy - Research and Planning Fund Initiative*. \$100,000.
- 2018 – 2020 Begun, S. (Principal Investigator), **Schwan, K.** (Co-Applicant), Kipang, S., Fallon, B., & Sakamoto, I. Exploring the Potential Benefits of Engaging Homeless Youth in Group-Based Improv Training. *SSHRC Partnership Engage Grant*. \$25,000.
- 2016 – 2017 **Schwan, K.** (Principal Investigator), Erikson, C., Van Wert, M., & Fallon, B. Inter-Agency Communication and Coordination Among Agencies Serving Survivors of Human Trafficking in Ontario. *Ontario Trillium Foundation*. \$30,000.

RESEARCH GRANTS UNDER REVIEW

Schwan, K. Advancing Legal Opportunities to Claim the Right to Housing for Women & Gender-Diverse People in Ontario. *Law Foundation of Ontario*. \$100,000.

RESEARCH CONTRACTS

- 2022 **Schwan, K.** (Principal Investigator). Advancing the the Right to Housing for Women and Gender-Diverse People under the National Housing Strategy Act. *Canadian Human Rights Commission – Office of the Federal Housing Advocate*. \$84,745.
- 2022 Baig, K., Cook, A., Desroches, M.A., Nelson, A., **Schwan, K.** (Co-Investigator), Whitzman, C., & Hache, A. Women and Gender-Diverse Peoples’ Housing in Canada – A Regional Portrait. *Pan-Canadian Voice for Women’s Housing*. \$74,900.
- 2021 – 2023 Perucca, J., **Schwan, K.** (Co-Investigator), Farha, L., & Freeman, S. Shift Cities Demonstration Project - Advancing the Right to Housing in Canadian Municipalities. *Maytree Foundation*. \$120,000.
- 2021 – 2022 Perucca, J., **Schwan, K.** (Co-Investigator), Farha, L., & Freeman, S. Advancing the Right to Housing in Financialized Housing Markets. *Government of Germany, Federal Foreign Office to Promote Human Rights*. £73,058.19 / \$110,000.
- 2021– 2022 MacDonald, S., Hermer, J., **Schwan, K.** (Co-Investigator), Flynn, A., & Van Wagner, E. Assessing the Human Rights Obligations of Canadian Governments Towards Residents of Encampments. *Canadian Human Rights Commission*. \$55,400.
- 2021 **Schwan, K.** (Principal Investigator). Mobilizing the Right to Housing for Women, Girls, and Gender Diverse People in Canada. *Canadian Human Rights Commission*. \$16,200.
- 2021 Vasko, S., **Schwan, K.** (Co-Investigator), McRae, L., & Kaplan, E. Advancing Public Education on the Right to Housing in Canada. *Canadian Human Rights Commission*. \$37,983.00.
- 2020 – 2022 Farha, L., Perucca, J., & **Schwan, K.** (Co-Investigator). The Shift: Supporting human rights-based housing strategies in Canada. *Canadian Mortgage and Housing Corporation*. \$250,000.
- 2020 – 2022 **Schwan, K.** (Principal Investigator), Perucca, J., & Farha, L. Ensuring effective Canadian municipal responses to housing need and homelessness during COVID-19: Identifying best practices and supporting cross-sector collaboration. *Commonwealth Foundation*. £30,000 / \$51,000.
- 2020 – 2021 **Schwan, K.** (Principal Investigator). Implementing the Right to Housing in Canada: Expanding the National Housing Strategy and Realizing the Right to Housing for Women, Girls, and Gender Diverse People. *Canadian Human Rights Commission*. \$24,900.

- 2020 – 2021 **Schwan, K.** (Principal Investigator), Farha, L., & Perucca, J. Implementing a Human Rights Approach to Housing in Canada: Localizing the National Housing Strategy Act. *Canadian Mortgage and Housing Corporation*. \$44,100.
- 2020 – 2021 Freeman, S., Perucca, J., & **Schwan, K.** (Co-Investigator). International comparative analysis on the implementation on the right to housing to inform the launch of the Office of the Federal Housing Advocate. *Canadian Human Rights Commission*. \$21,500.
- 2018 – 2019 Ecker, J. (Principal Investigator), **Schwan, K.** (Co-Investigator), & Holden, S. Understanding Family Homelessness in Toronto. *City of Toronto - Shelter, Support, and Housing Administration*. \$42,375.
- 2018 – 2019 Ecker, J. (Principal Investigator), **Schwan, K.** (Co-Investigator), & Holden, S. A Study of Low-Barrier Services in Toronto. *City of Toronto - Shelter, Support, and Housing Administration*. \$55,030.
- 2018 **Schwan, K.** (Principal Investigator), French, D., & Gaetz, S. International Evidence on Youth Homelessness Prevention Policy and Practice. *Wales Centre for Public Policy, Cardiff University*. \$26,000.
- 2018 Ecker, J. (Principal Investigator), **Schwan, K.** (Co-Investigator), & Plante, I. Developmental evaluation of A Way Home Toronto's plan to prevent and end youth homelessness in Toronto. *City of Toronto - A Way Home Toronto*. \$22,255.
- 2017 – 2018 Ecker, J. (Principal Investigator), **Schwan, K.** (Co-Investigator), & Holden, S. Evaluation of the *Eviction Prevention in the Community Pilot*, a piloted program to prevent evictions across the GTA. *City of Toronto - Shelter, Support, and Housing Administration*. \$57,533.
- 2014 – 2016 **Schwan, K.** (Principal Investigator), & Fallon, B. Exploring the Efficacy of Arts-Based Programming with Youth Experiencing Homelessness. *Covenant House Toronto & Max Clarkson Family Foundation*. \$5,000.

RESEARCH EXPERIENCE

- 2019 – present Co-Investigator
All Our Sisters, National Network on Women and Homelessness
Co-Investigator on national study exploring gender-based approaches to community planning and service delivery for preventing and ending homelessness (PI – Dr. Abe Oudshoorn).
- 2016 – present Co-Investigator
Canadian Observatory on Homelessness, York University, Toronto, ON
Researcher and Study Coordinator for *The National Youth Homelessness Survey*, the largest national survey on youth homelessness in Canada (PI – Dr. Stephen Gaetz).

- 2011 – 2017 Research Coordinator, Research Assistant
University of Toronto, Factor-Inwentash Faculty of Social Work, Toronto, ON
Research Coordinator and Research Assistant for SSHRC-funded study,
Motivations for Cyber Bullying: A Longitudinal Study (PI – Dr. Faye Mishna).
- 2015 Research Assistant
Canadian Observatory on Homelessness, York University, Toronto, ON
Research Assistant leading the development of a toolkit to support engagement
between Indigenous communities and stakeholders within Point-in-Time Counts
of people experiencing homelessness (PI – Dr. Stephen Gaetz).
- 2013 – 2014 Research Fellowship in Applied Social Work Research
University of Toronto, Factor-Inwentash Faculty of Social Work, Toronto, ON
Research focused on newcomer and refugee women’s barriers to accessing
employment in the Canadian healthcare sector. Royal Bank of Canada. Grant
Total: \$10,000.
- 2011 – 2013 Research Assistant
University of Toronto, Factor-Inwentash Faculty of Social Work, Toronto, ON
Research Assistant for SSHRC-funded study, *Social Assistance in the New
Economy* (PI – Dr. Ernie Lightman).

TEACHING EXPERIENCE

- 2018, 2019 Sessional Lecturer
Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, ON
MSW Course: *Social Policy and Social Welfare in the Canadian Context*
- 2015 Course Instructor
Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, ON
MSW Course: *Social Policy and Social Welfare in the Canadian Context*
- 2014 Teaching Assistant
Faculty of Arts & Science, Sexual Diversity Studies
University of Toronto, Toronto, ON
300 Level SDS Course: Sex and THE Epidemic: Social Work, HIV and Human
Sexuality
- 2009 Teaching Assistant
Faculty of Arts & Science, Department of Gender Studies
Queen’s University, Kingston, ON
200 Level Women’s Studies Course: *Introduction to Sexual and Gender
Diversity*
- 2008 – 2009 Teaching Assistant
Faculty of Arts & Science, Department of Philosophy
Queen’s University, Kingston, ON
100 Level Philosophy Course: *Great Philosophical Works*

2007 Teaching Assistant
Faculty of Arts & Science, Department of Philosophy
Queen's University, Kingston, ON
 200 Level Philosophy Course: *Ethics*

ACADEMIC SUPERVISION & MENTORSHIP

2021 – present Doctoral Thesis Committee Member, Amanda Buchnea
“Mobilizing Knowledge to End Homelessness in Canada”
 Sociology, University of Guelph

2021 – present JD Internship Supervision, Matthew Apostolides
The Shift
 Juris Doctor, Osgoode Hall Law School, York University

2021 – present Articling Co-Supervision, Paria Asadbikli
The Shift, Canada Without Poverty
 Juris Doctor, University of Toronto

2019 – present Doctoral Thesis Committee Member, Alzahra Hudani
“Pathways into Homelessness for Newcomer Youth in Canada.”
 Interdisciplinary School of Health Sciences, University of Ottawa

2020 – 2021 JD Internship Supervision, Jillian Epp
The Shift
 Juris Doctor, University of Ottawa

2020 – 2021 JD Internship Supervision, Hanna Yemenu
The Shift
 Juris Doctor, University of Ottawa

2020 – 2021 MSW Practicum Supervision, Lenore Bonk
Women's National Housing & Homelessness Network
 School of Social Work, Dalhousie University

2019 – 2020 MSW Practicum Supervision, Alicia Versteegh
Canadian Observatory on Homelessness
 Factor-Inwentash Faculty of Social Work, University of Toronto

2019 MSW Practicum Supervision, Terry Smith
Canadian Observatory on Homelessness
 Factor-Inwentash Faculty of Social Work, University of Toronto

PEER-REVIEWED PUBLICATIONS

BOOKS

1. **Schwan, K.** (Book Proposal Accepted). *Break the horizon: A critical history of homelessness in Canada*. University of Toronto Press.

REFEREED JOURNAL ARTICLES

1. Nichols, N., **Schwan, K.**, Gaetz, S., & Redman, M. (2021). Enabling Evidence-led Collaborative Systems-Change Efforts: An adaptation of the Collective Impact Approach. *Community Development Journal*.
2. Kidd, S., Gaetz, S., O’Grady, B., **Schwan, K.**, Wang, W., Zhao, H., & Lopes, K. (2021). The Second National Canadian Homeless Youth Survey: Mental Health and Addictions Findings. *The Canadian Journal of Psychiatry*.
3. **Schwan, K.**, Dej, E., & Versteegh, A. (2020). Young Women, Housing Insecurity, and Exclusion during the COVID-19 Pandemic. *Girlhood, 13*(3).
<https://doi.org/10.3167/ghs.2020.130311>.
4. Gaetz, S., Dej, E., & **Schwan, K.** (2020). A Framework for the Prevention of Homelessness in Canada. *Journal of Primary Prevention*. <https://doi.org/10.1007/s10935-020-00607-y>
5. Nichols, N., Malenfant, J., & **Schwan, K.** (2020). Networks and evidence-based advocacy: Influencing a policy sub-system. *Evidence & Policy: A Journal of Research, Debate and Practice*. <https://doi.org/10.1332/174426420X15868720780747>.
6. Malenfant, J., Nichols, N., & **Schwan, K.** (2019). Chasing funding “to eat our own tail”: The invisible emotional work of making social change. *Canadian Journal of Non-Profit and Social Economy Research, 10*(2), 40-54.
7. Begun, S., Massey Combs, K., **Schwan, K.**, Torrie, M., & Bender, K. (2018). “I know they would kill me”: Abortion attitudes and experiences among youth experiencing homelessness. *Youth & Society, 52*(8), 1457-1478.
8. **Schwan, K.**, Fallon, B., & Milne, B. (2018). “The one thing that actually helps”: Art creation as a self-care and health-promoting practice amongst youth experiencing homelessness. *Children and Youth Services Review, 93*, 355-364.
9. Mishna, F., **Schwan, K.**, Birze, A., Van Wert, M., Lacombe-Duncan, A., McInroy, L., & Attar-Schwartz, S. (2018). Gendered and sexualized bullying and cyber bullying: Spotlighting girls and making boys invisible. *Youth & Society, 52*(3), 403-426.
<https://doi.org/10.1177/0044118X18757150>.
10. Mishna, F., McInroy, L. B., Lacombe-Duncan, A., Bhole, P., Van Wert, M., **Schwan, K.**, ... & Pepler, D. J. (2016). Prevalence, motivations, and social, mental health and health consequences of cyberbullying among school-aged children and youth: Protocol of a longitudinal and multi-perspective mixed method study. *JMIR research protocols, 5*(2), 83 - 94.

11. Mishna, F., Khoury-Kassabri, M., & **Schwan, K. J.** (2016). The contribution of social support to children and adolescents' self-perception: The mediating role of bullying victimization. *Children and Youth Services Review*, *63*, 120-127.
12. **Schwan, K. J.**, & Lightman, E. (2015). Fostering resistance, cultivating decolonization: The intersection of Canadian colonial history and contemporary arts programming with Inuit youth. *Cultural Studies ↔ Critical Methodologies*, *15*(1), 15-29.
13. Mishna, F., **Schwan, K. J.**, Lefebvre, R., Bhole, P., & Johnston, D. (2014). Students in distress: Unanticipated findings in a cyber bullying study. *Children and Youth Services Review*, *44*, 341-348.

ARTICLES & MANUSCRIPTS UNDER REVIEW

1. **Schwan, K.**, Nichols, N., & Malenfant, J. (Revise and resubmit). Is Research the New Activism?: Mobilizing Social Science Research through 'Solutions-Focused Advocacy.' *Journal of Poverty and Social Justice*.
2. Kerman, N., Aubry, T., Distasio, J., Gaetz, S., Latimer, E., O'Grady, W., **Schwan, K.**, Somers, J., Stergiopoulos, V., & Kidd, S. (Revise and resubmit). Shelter Bans among People Experiencing Homelessness: An Exploratory Study of Predictors in Two Large Canadian Datasets. *Journal of Urban Health*.
3. **Schwan, K.**, & Perucca, J. A Rights-Based, Trauma-Informed Approach to Encampments. *Journal of Law and Social Policy*.
4. Bonakdar, A., Gaetz, G., Banchani, S., Kidd, S., **Schwan, K.**, & O'Grady, W. Child Protection Services and Youth Experiencing Homelessness – Findings of the 2019 National Youth Homelessness Survey in Canada. *Children and Youth Services Review*.

BOOK CHAPTERS

1. Farha, L., & **Schwan, K.** (2021). "The Human Right to Housing in the Age of Financialization." In M. F. Davis & M. Kjaerum (Eds.), *Research Handbook on Human Rights and Poverty*. Cheltenham, UK: Edward Elgar Publishing. <https://www.elgar.com/shop/usd/research-handbook-on-human-rights-and-poverty-9781788977500.html>
2. Farha, L., & **Schwan, K.** (2020). "The Frontline Defense: Housing and Human Rights in the Time of COVID-19." In C. M. Flood, V. MacDonnell, J. Philpott, S. Theriault & S. Venkapuram (Eds.), *Vulnerable: The Policy, Law and Ethics of COVID-19*. Ottawa: University of Ottawa Press. <https://ruor.uottawa.ca/handle/10393/40726>

RESEARCH REPORTS & POLICY BRIEFS

1. **Schwan, K.**, Robart, J., Gaetz, S., Redman, M., & French, D. (In press). *Discussion Paper - Preventing Evictions & Youth Homelessness in Canada: Opportunities for Action*. Toronto: Canadian Observatory on Homelessness.
2. **Schwan, K.**, Nelson, A., Marks, H., ... Dej, E. (2022). *The Crisis Ends with Us: Request for a Review into the Systemic Denial of the Equal Right to Housing of Women and Gender-Diverse People in Canada*. Toronto, ON: Women's National Housing & Homelessness Network. <https://womenshomelessness.ca/wp-content/uploads/WNHHN-Claim-15-June-2022.pdf>
3. **Schwan, K.**, & Perucca, J. (2022). *Realizing the Right to Housing in Canada – Where do we go from here?* Ottawa, ON: The Shift. Online at: <https://make-the-shift.org/wp-content/uploads/2022/04/Canadian-Municipal-Policy-Scan.pdf>
4. **Schwan, K.**, Farha, L., & Perruca, J. (2021). *Human Rights & Homeless Encampments in Toronto – Report on The Shift's Research Visit to the City of Toronto*. Ottawa, ON: The Shift.
5. McCartan, D., Graham, L., Van Wager, E., **Schwan, K.**, & Flynn, A. (2021). *Trespassing on the Right to Housing: A human rights analysis of the City of Toronto's response to encampments during COVID-19*. Toronto, ON: Environmental Justice & Sustainability Law Clinic, Osgoode Hall Law School. Online at: <https://ejclinic.info.yorku.ca/files/2021/12/trespassing-on-the-right-to-housing-city-of-toronto-report-20-december-2021.pdf?x86560>
6. Rampersad, M., Mallon, A., Gold, M., Armstrong, A., Blair, J., Vaccaro, M., **Schwan, K.**, Allan, K., & Paradis, E. (2021). *This is Not Home*. Toronto, ON: Canadian Observatory on Homelessness. Online at: <https://www.homelesshub.ca/ThisIsNotHome>
7. **Schwan, K.**, Vaccaro, M., Reid, L., & Ali, N. (2021). *Implementation of the Right to Housing for Women, Girls, and Gender Diverse People*. Prepared for the Canadian Human Rights Commission of Canada. Toronto, ON: Women's National housing & Homelessness Network. Online at: https://womenshomelessness.ca/wp-content/uploads/EN_CHRC_13-1.pdf
8. **Schwan, K.**, Vaccaro, M., Reid, L., & Ali, N. (2021). *Mise en Oeuvre Du Droit au Logement Pour les Femmes, les Filles et les Personnes de Diverses Identites de Genre au Canada*. Préparé pour le Bureau du défenseur fédéral du logement par. Toronto, ON: Women's National housing & Homelessness Network. Online at: https://womenshomelessness.ca/wp-content/uploads/FR_CHRC_13-1.pdf
9. **Schwan, K.**, Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *The Pan-Canadian Women's Housing & Homelessness Survey*. Toronto, ON: Canadian Observatory on Homelessness. Online at: <https://womenshomelessness.ca/wp-content/uploads/EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf>
10. **Schwan, K.**, Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *L'enquête pancanadienne sur le besoin en logement et l'itinérance chez les femmes*. Toronto, ON: Canadian Observatory on

Homelessness. Online at: <https://womenshomelessness.ca/wp-content/uploads/FR-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-21-Oct-2021.pdf>

11. **Schwan, K.**, & Ali, N. (2021). *A Rights-Based, GBA+ Analysis of the National Housing Strategy*. Toronto, ON: The Women's National Housing & Homelessness Network. Online at: <https://womenshomelessness.ca/wp-content/uploads/EN-Rights-Based-GBA-Analysis-of-NHS-28-Sept-2021.pdf>
12. **Schwan, K.**, & Ali, N. (2021). *Une analyse de la stratégie nationale du logement basée sur les droits et l'ACS+*. Toronto, ON: The Women's National Housing & Homelessness Network. Online at: <https://womenshomelessness.ca/wp-content/uploads/FR-Rights-Based-GBA-Analysis-of-NHS-28-Sept-2021.pdf>
13. Oudshoorn, A., May, K., Van Berkum, A., **Schwan, K.**, Nelson, A., Eiboff, F., Begun, S., Nichols, N., & Parsons, C. (2021). *Exploring the Presence of Gender-Based Approaches to Women's Homelessness in Canadian Communities*. London, ON: All Our Sisters. Online at: <https://www.abeoudshoorn.com/wp-content/uploads/2021/05/Gender-Based-Approach-to-Homelessness-Final.pdf>
14. Malenfant, J., **Schwan, K.**, Gaetz, S., Redman, M., & French, D. (2020). *Discussion Paper – Preventing Youth Homelessness in the Canadian Education System: Young People Speak Out*. Toronto: Canadian Observatory on Homelessness. Online at: <https://www.homelesshub.ca/sites/default/files/attachments/What%20Would%20It%20Take%20Report%20Education%20Prevention-22Sept20.pdf>
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2. **Schwan, K.**, & Begun, S. Preventing Youth Homelessness: Horizons for Action in Public Systems. *24th Annual Conference of the Society for Social Work and Research (SSWR)*. Washington, DC. 15-19 January 2020.
3. Nichols, N., Malenfant, J., **Schwan, K.**, MacDonald, C., & Sauve, C. Meaningful Engagement with People with Lived Experience in Research. *Canadian Alliance to End Homelessness – 2018 National Conference on Ending Homelessness*. Edmonton, AB. 4-6 November 2019.
4. Gaetz, S., **Schwan, K.**, Kidd, S., & O’Grady. Without a Home: The National Youth Homelessness Survey - 2018. *Canadian Alliance to End Homelessness – 2019 National Conference on Ending Homelessness*. Edmonton, AB. 4-6 November 2019.
5. Dej, E., & **Schwan, K.** Beyond Housing: Loneliness, Isolation, and Young Women’s Exits from Homelessness. *Canadian Alliance to End Homelessness – 2018 National Conference on Ending Homelessness*. Edmonton, AB. 4-6 November 2019.
6. **Schwan, K.**, Caplan, R., Marks, H., Hache, A., Redsky, S., Eiboff, F., Nelson, A., Chapple, H., & Crawford, M. A Systems-Level, Intersectional Approach to Understanding Homelessness and Housing Need for Women, Girls, and Gender-Diverse Peoples in Canada. *Canadian Alliance to End Homelessness – 2018 National Conference on Ending Homelessness*. Edmonton, AB. 4-6 November 2019.
7. Dej, E., Gaetz, S., & **Schwan, K.** Using critical scholarship to drive homelessness prevention initiatives: An effort in depth of field focusing. *National Conference on Critical Perspectives on Criminology*. Brantford, ON. 2 May 2019.
8. Gaetz, S., **Schwan, K.**, & Redman, M. The Road Forward - Youth Homelessness Prevention Roadmap. *Canadian Alliance to End Homelessness – 2018 National Conference on Ending Homelessness*. Hamilton, ON. 5-7 November 2018.
9. **Schwan, K.**, & Holden, S. “Examining the Impact of Eviction Prevention from a Program, Policy, and Research Lens.” *Canadian Alliance to End Homelessness – 2018 National Conference on Ending Homelessness*. Hamilton, ON. 5-7 November 2018.
10. **Schwan, K.** “Policy Entrepreneurs and Social Change: Is Research the New Advocacy?” *Society for the Study of Social Problems Annual Meeting: Abolitionist Approaches to Social Problems*. Philadelphia, U.S.A. 10-12 August 2018.
11. Malenfant, J., & **Schwan, K.** “Thinking on the Emotional Work Behind Social ‘Innovation’ and Impact.” *Society for the Study of Social Problems Annual Meeting: Abolitionist Approaches to Social Problems*. 10 - 12 August 2018, Philadelphia, U.S.A.
12. Nichols, N., & **Schwan, K.** “Using Institutional Ethnography to Explicate and ‘Condition the Environment’ for Social Change.” *Society for the Study of Social Problems Annual Meeting: Abolitionist Approaches to Social Problems*. 10-12 August 2018, Philadelphia, U.S.A.

13. **Schwan, K.** “Reckoning with colonialism in pursuit of youth homeless prevention: complexities and horizons.” *Society for the Study of Social Problems Annual Meeting: Abolitionist Approaches to Social Problems*. 10-12 August 2018, Philadelphia, U.S.A.
14. **Schwan, K.** “Arts-Based Programming with Youth Experience Homelessness – Can Art Prevent and End Youth Homelessness?” *Coming Up Together: Towards Ending and Preventing Youth Homelessness in Ottawa, Canada, and Beyond*. 20-23 February 2018, Ottawa, Canada.
15. **Schwan, K., & Noble, A.** “The Primary Prevention of Youth Homelessness in Canada.” *Coming Up Together: Towards Ending and Preventing Youth Homelessness in Ottawa, Canada, and Beyond*. 20-23 February 2018, Ottawa Canada
16. **Schwan, K.** “What is Youth Homelessness Prevention? Defining and Operationalizing Homelessness Prevention for Youth.” *Canadian Alliance to End Homelessness – 2017 National Conference on Ending Homelessness*. Winnipeg, MB. 24-27 October 2017.
17. **Schwan, K., & Noble, A.** “The Structural Drivers and Primary Prevention of Youth Homelessness.” *Canadian Alliance to End Homelessness – 2017 National Conference on Ending Homelessness*. Winnipeg, MB. 24-27 October 2017.
18. **Schwan, K.** “Research to Action: Mobilizing Knowledge to Push Policy.” *Canadian Alliance to End Homelessness – 2017 National Conference on Ending Homelessness*. Winnipeg, MB. 24-27 October 2017.
19. **Schwan, K., Mishna, F., Van Wert, M., & Birze, A.** “Girls Sexualized and Gendered Experiences of Bullying and Cyberbullying.” *Council for Social Work Education 63rd Annual Program Meeting – Educating for the Social Work Grant Challenges*. Dallas, TX. 19-22 October, 2017.
20. Mishna, F., **Schwan, K.,** Van Wert, M., Birze, A. “Girls Sexualized and Gendered Experiences of Bullying and Cyberbullying.” *Society for Social Work and Research 21st Annual Conference - Ensure Healthy Development for all Youth*. New Orleans, LA. 11-15 January, 2017.
21. **Schwan, K.** “Sentimentalizing the Suffering of (Some) Homeless People in Canadian Newsprint Media, 1980-2014: How Class Privilege Operates in Media Representations of Homeless People.” *Society for the Study of Social Problems Annual Meeting: Removing the Mask, Lifting the Veil: Race, Class, and Gender in the 21st Century*. Chicago, IL. 21-23 August, 2015.
22. **Schwan, K.** “Cross-Cultural Conflict in Social Service Provision with Indigenous Youth: A Case Study of Power Dynamics in a Circus Program for Inuit Youth.” *SSWR 17th Annual Conference: Social Work for a Just Society: Making Visible the Stakes and Stakeholders*. San Antonio, TX. 14 – 19 January, 2014.
23. **Schwan, K.** “Fostering Resistance, Cultivating Decolonization: The Intersection of Canadian Colonial History and Contemporary Arts Programming with Inuit Youth.” *Society for the*

Study of Social Problems Annual Meeting: Re-imagining Social Problems: Moving Beyond Social Constructionism. New York, NY. 9-11 August, 2013.

24. **Schwan, K.** “Colonial Conflicts and Contemporary Arts Programming with Inuit Youth.” *6th Annual Social Work Research Symposium: Critical Transformations – Social Work for Social Justice.* York University, Toronto, ON. 26 April, 2013.
25. **Schwan, K.** “Visualizing Homelessness: The Ethics of Non-Profit Marketing.” *Congress 2012 of the Humanities and Social Sciences: Crossroads – Scholarship for an Uncertain World.* University of Windsor, Windsor, ON. 26 May – June 2, 2012.
26. **Schwan, K.** “Graffiti, Gender, and the Gallery: Who Gets to be Authentic?” *Feminist Research Group Graduate Conference: Inter-Actions: Feminisms <=> Empower, Embody, Explore.* University of Windsor, Windsor, ON. 23-25 May, 2008.
27. **Schwan, K.** “Graffiti and the I: Who Counts as Authentic?” *Queen’s 7th Annual Art History and Conservation Graduate Conference: Context and Meaning.* Queen’s University, Kingston, ON. 18-19 January, 2008.
28. **Schwan, K.** “Transforming the Role of the Academic in Constructing Liberating Theory.” *Feminist Research Group Graduate Conference: Inter-Actions: Feminisms <=> Empower, Embody, Explore.* University of Windsor, Windsor, ON. 24-26 May, 2007.
29. **Schwan, K.** “Maria Izquierdo: Deconstructing the Other/The Time of Self.” *University of Guelph Art History and SOFAM Student Symposium: ArthAttack!* University of Guelph, Guelph, ON. 23 March 2007.

INVITED PRESENTATIONS

1. **Schwan, K., & Raza, S.** “The Right to Housing & Land Back – Horizons for Legal Action.” *Homelessness Services Association of British Columbia – Learn + Connect Series.* Vancouver, BC. 14 July 2022. https://hsa-bc.ca/cgi/page.cgi/_evtcal.html?evt=381
2. **Schwan, K., & Nelson, A.** “The Right to Housing for Women and Gender-Diverse Persons in Canada.” *Canadian Association of Social Workers.* Ottawa, ON. 14 April 2022.
3. Konanur, S., Fitzgerald, T., Coyle, E., Martin, L., **Schwan, K.**, Raza, S., Sarosi, D., Brayton, B., Chabot, F., & Jackman, M. “How Feminist is Federal Budget 2022?” *Canadian Women’ Foundation & Oxfam Canada.* Toronto, ON. 8 April 2022.
4. Ien, M., Hrick, P., Sarangi, L., **Schwan, K.**, Sarosi, D., Neapole, J., Brayton, B., Chabot, F., & Smallman, V. “Feminist Roundtable with Women and Gender Equality Canada.” *Office of Minister Marci Ien.* Ottawa, ON. 24 March 2022.
5. Freeland, C., Hrick, P., Sarangi, L., **Schwan, K.**, Sarosi, D., Neapole, J., Brayton, B., Chabot, F., & Smallman, V. “Feminist Roundtable with Chrystia Freeland on International Women’s Day.” *Office of Deputy Prime Minister Chrystia Freeland.* Ottawa, ON. 8 March

2022.

6. Dej, E., Smith, C., Schwan, K., Peterson, H., & Bute, C. “Homelessness, Loneliness, and COVID-19 – Understanding young women’s experiences and visions for social inclusion.” *Women’s National Housing & Homelessness Network*. Toronto, ON. 24 Feb. 2022.
7. **Schwan, K.**, Jama, S., Poziamoka, W., & Cox, S. “Encampment Evictions from an Intersectional, Human-Rights Lens – Where do we go from here?.” *Women’s Legal Education & Action Fund – Hamilton*. Hamilton, ON. 23 February 2022.
8. **Schwan, K.**, & Raza, S. “The Right to Housing in Action.” *Canadian Association of Social Workers*. Ottawa, ON. 9 Feb. 2022. <https://www.casw-acts.ca/en/webinar/right-housing-action>
9. **Schwan, K.** “Gaps between the National Housing Strategy and the National Housing Strategy Act – Human Rights Implications.” *Community Engagement, Leadership, & Development Program, Ryerson University*. Toronto, ON. 27 January 2022.
10. **Schwan, K.** “Implementing the Right to Housing for Women, Girls, and Gender Diverse People in Canada.” *National Housing Council, Government of Canada*. Ottawa, ON. 18 November 2021.
11. **Schwan, K.** “Implementing the Right to Housing for Women, Girls, and Gender Diverse People in Canada – Opportunities and Challenges.” *Canadian Human Rights Commission – Office of the Federal Housing Advocate*. Toronto, ON. 9 November 2021.
12. **Schwan, K.**, & Farha, L. “Human Rights Law, Homelessness, & Encampments in the Canadian Context.” *Environmental Justice and Sustainability Clinic, Osgoode Hall Law School*. Toronto, ON. 11 November 2021.
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14. Farha, L., **Schwan, K.**, & Perucca, J. “Report on Human Rights Obligations & the City of Toronto’s Response to Homeless Encampments.” *City of Toronto – Shelter, Support, and Housing Administration*. 17 October 2021.
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17. **Schwan, K.**, Rosa, D., & Diaz, AP. “Webinar of Encampments for People Experiencing Homelessness.” *Canadian Parks and Recreation Association*. Ottawa, ON. 3 June 2021. <https://www.youtube.com/watch?v=R5AKDgQ7cTY>

18. **Schwan, K.** (on behalf of the Women's National Housing and Homelessness Network). "Virtual roundtable to inform the Government of Canada's approach to eliminate chronic homelessness." *Office of Minister of Families, Children and Social Development and CMHC*. Ottawa, ON. 24 Feb. 2021.
19. **Schwan, K.,** & Dore, M. "Homelessness & VAW: Similarities, Silos, and Collaboration." *Women's Shelters Canada – National Webinar Series*. Ottawa, ON. 24 November 2020.
20. **Schwan, K.,** & Farha, L. "Homeless Encampments and Human Rights Law in Canada." *Environmental Justice and Sustainability Clinic, Osgoode Hall Law School*. Toronto, ON. 16 November 2020.
21. **Schwan, K.,** Morey, T. Pettigrew, P., & Fayeze-Bahgat, M. "Making Cents with City Councillor Kristyn Wong-Tam - Toronto Budget Panel Series: Housing & Homelessness." *Office of Toronto City Councilor Kristyn Wong-Tam*. Toronto, ON. 26 October 2020.
22. **Schwan, K.,** D'Souza, C., McIntyre, S. & Currie, A. "Equality in Housing." *CIH Homelessness Summit 2020*. Edinburgh, Scotland. 8 October 2020.
23. **Schwan, K.,** & Hache, A. "Women's Homelessness in Canada and the Violence Against Women Sector: Opportunities for Collaboration." *Status of Women Canada/Women and Gender Equality Canada*. Ottawa, ON. 1 October 2020.
24. **Schwan, K.** "Women's Homelessness in Canada: 8 Key Challenges and Opportunities." *Office of Honourable Ernie Hudson, Minister of Social Development and Housing, PEI*. Charlottetown, PEI. 20 August 2020.
25. **Schwan, K.** "Women's Homelessness in Canada – Where do we go from here?." *Office of Lucille Collard, Member of Provincial Parliament for Ottawa-Vanier*. Ottawa, ON. 20 August 2020.
26. **Schwan, K.,** Hache, A., & Richter, T. "Women's Homelessness in Canada: 8 Key Challenges and Opportunities." *Reaching Home, Employment and Social Development Canada*. Ottawa, ON. 1 August 2020.
27. **Schwan, K.** "Women's Homelessness in Canada: 8 Key Challenges and Opportunities." *Faculty of Education Talk Series, York University*. Toronto, ON. 11 August 2020.
28. **Schwan, K.,** Brais, H., Baig, K., Chapple, H., & Bridges, A. "Webinar - Hidden in Plain Sight: Women, Girls, and Gender Diverse Peoples Experiences' of Homelessness." *Homeless Hub*. Toronto, ON. 2 July 2020.
29. **Schwan, K.,** Hache, A., & Richter, T. "Women's Homelessness in Canada: Opportunities for Investment." *Reaching Home, Employment and Social Development Canada*. Ottawa, ON. 30 March 2020.

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31. **Schwan, K.** & Billek, M. "Women's Homelessness in Canada: Opportunities for Investment." *Office of Honourable Ahmed Hussen, Minister of Families, Children, and Social Development*. Toronto, ON. 6 March 2020.
32. **Schwan, K.** "What Will it Take? Ending Youth Homelessness in Canada." *Centre for Equality Rights and Accommodation – Public Lecture Series*. Toronto, ON. 4 June 2019.
33. **Schwan, K.** "Building Community Support for Youth Homelessness Prevention." *National Learning Community on Youth Homelessness – Annual Conference*. Toronto, ON. 12 May 2019.
34. **Schwan, K.** "Youth Homelessness Prevention – What do we know?" *Eva's Initiatives for Homeless Youth*. Toronto, ON. 7 May 2019.
35. Dej, E. & **Schwan, K.** "On her own: Young women's experiences of loneliness upon exiting homelessness." *Research Rundown*. Wilfred Laurier University, Brantford. 5 March 2019.
36. **Schwan, K.**, & French, D. "Youth Homelessness Prevention: An International Review of Evidence." *What Works Summit - Youth Homelessness*. Cardiff, Wales. 22 November 2018.
37. Gaetz, S., **Schwan, K.**, Redman, M., & French, D. "Webinar - The Way Forward: The Roadmap for the Prevention of Youth Homelessness." *Homeless Hub*. Toronto, ON. 20 November 2018. Online at:
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39. **Schwan, K.**, & French, D. "Webinar: What Would it Take? Youth Across Canada Speak Out on Youth Homelessness Prevention." *Homeless Hub*. Toronto, ON. 9 February 2018. Online at: <https://attendee.gotowebinar.com/register/8612859797545313026>
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41. **Schwan, K.** "Preventing Youth Homelessness Across Systems." *From Youth to Seniors: A Practitioners' Symposium on Homelessness*. Toronto, ON. 24 January 2018.
42. **Schwan, K.** "Without a Home: The National Youth Homelessness Survey." *Re-Route: A forum on child welfare and youth homelessness*. Toronto, ON. 22 March, 2017.

43. **Schwan, K.** “Producing Social Change through Documentary Film.” *LadyFest Toronto 2009*. Beaver Hall Gallery, Toronto, ON. 14-21 September 2009.

MEDIA

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4. **Schwan, K.** (1 October 2021). Interview with Ismaila Alfa, *CBC Metro Morning*, Toronto. Radio.
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6. **Schwan, K.** (1 October 2021). Interview with Rebecca Zandbergen, *CBC London Morning*, London. Radio.
7. **Schwan, K.** (1 October 2021). Interview with Mitch Cormier, *CBC Island Morning*, Charlottetown. Radio.
8. **Schwan, K.** (1 October 2021). Interview with Markus Schwabe, *CBC Morning North*, Sudbury. Radio.
9. **Schwan, K.** (1 October 2021). Interview with Janice Goudie, *CBC Labrador Morning*, Goose Bay. Radio. <https://www.cbc.ca/listen/live-radio/1-31-labrador-morning/clip/15870015-rigolet-inuttitut-dialect-northern-post-secondary-education-pet-safe-cookbook>
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21. **Schwan, K.** (16 August 2020). *CBC – The National*. Television. https://www.youtube.com/watch?v=57tarSRwU_U&feature=youtu.be
22. **Schwan, K.** (15 August 2020). *CBC – The World This Weekend*, Canada. Radio
23. **Schwan, K.** (12 August 2020). “Dr. Kaitlin Schwan: Homelessness, Stigma, and Lifting as You Climb.” *Everybody Hates Me: Let’s Talk About Stigma Podcast*. <https://www.stitcher.com/podcast/everybody-hates-me-lets-talk-about-stigma/e/76916110>
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25. **Schwan, K.** (29 June 2020). Interview with Adam Stirling, *Adam Stirling 2 Hour*, CFX1070, Victoria. Radio. <https://www.iheartradio.ca/cfax-1070/audio/adam-stirling-hour-2-june-29-2020-1.12847588>
26. **Schwan, K.** (26 June 2020). Interview with Robyn Bresnahan, *CBC Ottawa Morning with Robyn Bresnahan*, Ottawa. Radio. <https://www.cbc.ca/listen/live-radio/1-100/clip/15784342>
27. **Schwan, K.** (26 June 2020). Interview with Wei Chen, *CBC Ontario Morning Podcast*, Toronto. Radio. https://22083.mc.tritondigital.com/CBC_ONTARIOMORNING_P/media-session/65588818-82da-451e-8c7f-d2b9ff83616b/ontariomorning-ur0QyxAH-20200626.mp3

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30. **Schwan, K.** (26 June 2020). Interview with Julia Caron, *CBC Quebec AM*, Quebec City. Radio.
31. **Schwan, K.** (26 June 2020). Expert interview on women's homelessness, *CBC Newfoundland Morning*, Newfoundland. Radio. <https://www.cbc.ca/listen/live-radio/1-210/clip/15784431>
32. **Schwan, K.** (26 June 2020). Interview with Marcy Markusa, *CBC Information Radio*, Winnipeg. Radio.
33. **Schwan, K.** (26 June 2020). Expert interview on women's homelessness, *CBC Yukon Morning*, Whitehorse. Radio.
34. **Schwan, K.** (26 June 2020). Interview with Chris Walker, *CBC Daybreak South*, Kelowna. Radio.
35. **Schwan, K.** (26 June 2020). Interview with Gregor Craigie, *CBC On the Island*, Victoria. Radio.
36. Haig, T. (26 June 2020). "New report details (added) grim realities homeless women face." *Radio CBC International*. Print. <https://www.rcinet.ca/en/2020/06/26/new-report-details-added-grim-realities-homeless-women-face/>
37. Wright, T. (25 June 2020). "COVID-19 increases risk for Canada's 'invisible' homeless women: study." *CTV News*. Ottawa. Print. <https://www.ctvnews.ca/health/coronavirus/covid-19-increases-risk-for-canada-s-invisible-homeless-women-study-1.5000474>
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(*note: article re-published in over 45 newspapers across Canada, including *The Globe and Mail*, *The Vancouver Courier*, *BC Local News*, and *The Chronicle Journal*)
39. Canadian Alliance to End Homelessness. (25 June 2020). "The State of Women's Housing Need & Homelessness in Canada report released today." *CAEH Blog*. Print. <https://caeh.ca/state-of-womens-homelessness-canada/>
40. Pelley, L. (21 May 2020). "Homeless, pregnant, COVID-positive — and bearing the brunt of a pandemic." *CBC News*. Toronto. Print. <https://www.cbc.ca/news/canada/toronto/homeless-pregnant-covid-positive-and-bearing-the-brunt-of-a-pandemic-1.5575982>

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44. Canadian Alliance to End Homelessness. (8 March 2020). "Women's Day: 'Creating space for the voices of diverse women with lived expertise'." *CAEH Blog*. Print. <https://caeh.ca/womens-day-2020/>
45. **Schwan, K.**, Beecher, F., & Webb, J. (26 July 2019). Youth Homelessness. *Wales Centre for Public Policy – Policy, Evidence, & Practice Podcast*. Radio. Online at <https://anchor.fm/wcpp/episodes/Episode-1-Youth-Homelessness-e4n8si>
46. **Schwan, K.**, & Kidd, S. (7 April 2017). Matt Galloway, *CBC Metro Morning*, Toronto. Radio.
47. **Schwan, K.** (7 April 2017). Interview with Stephen LeDrew, *Live at Noon – Political analysis and call-in with Stephen LeDrew*, CP24. Television.
48. **Schwan, K.**, & Bennett, A. (2007). "Now What? The Closure of Change Now Youth Shelter". Guelph, ON: Ed Video. (Presented at Guelph Festival of Arts and Human Rights 2008, Guelph Kazoo Festival 2008, the Guelph Festival of Moving Media 2008, Ladyfest 2008, and Kitchener Multicultural Film Festival 2008).

SELECT POLICY PRACTICE & ADVOCACY

2022	Lead Organizer <i>Systemic Human Rights Claim on Women's Housing – Submission to the Federal Housing Advocate</i>
2020 – 2021	Lead Organizer <i>Homeless Encampments in Canada – Advancing a Human Rights Approach</i> Pan-Canadian campaign focused on developing and distributing legal information to homeless encampment residents on their human rights and the obligations of governments towards them. https://www.make-the-shift.org/homeless-encampments/
2020	Lead Organizer <i>Right to Home: A Week to (Re)Imagine Housing</i> A week of virtual film screenings and live panel discussions from across Canada about what's working, what's not, and what's next, as we (re)imagine the right to home during COVID-19. https://canurb.org/right-to-home/
2020	Lead Organizer

Global Homelessness Action (The Shift)

Global campaign focused on providing a platform for people experiencing homelessness to claim their human right to housing in the context of COVID-19.
<https://www.make-the-shift.org/homelessnessaction/>

SELECT ADVOCACY PUBLICATIONS

1. Farha, L., **Schwan, K.**, & Freeman, S. (8 September 2021). “Letter of Concern issued to City of Halifax Regarding Clearing of Encampments.” *The Shift*. Online at <https://www.make-the-shift.org/letter-of-concern-to-city-of-halifax-regarding-clearing-of-encampments/>
2. **Schwan, K.**, & Farha, L. (6 August 2021). “Statement: Homeless Encampments in Hamilton (ON) & Risk of Evictions.” *The Shift*. Online at <https://www.make-the-shift.org/wp-content/uploads/2021/08/Shift-Letterhead-Hamilton.pdf>
3. Cooper, A., Schwan., Flynn, A., Van Wagner, E., & York, F. *Strathcona Park Decampment Report Card – Human Rights Violations*. Pivot Legal Society. Online at https://www.pivotlegal.org/strathcona_camp_human_rights_report_card
4. **Schwan, K.** & Farha, L. (2021). *Homeless Encampments & Your Human Rights – A Guide*. Ottawa, ON: The Shift. <https://www.make-the-shift.org/wp-content/uploads/2020/12/THESHIFT-Tent-Encampment-Protocol-Handout.pdf>
5. **Schwan, K.** & Farha, L. (2021). *Encampment Lawn Sign – You are Entering a Human Rights Zone*. Ottawa, ON: The Shift. <https://www.make-the-shift.org/wp-content/uploads/2020/12/humans-right-lawn-sign.pdf>
6. Farha, L., Freeman, S., & **Schwan, K.** (26 August 2020). “Letter of Concern issued to Premier of Victoria, Melbourne: Victorian State Government’s Violation of the Human Rights of North Melbourne and Flemington Residents.” *The Shift*. Online at <https://www.make-the-shift.org/wp-content/uploads/2020/08/The-Shift-LOC-Melbourne-25.08.20.pdf>
7. Khulud, B., Brais, H., **Schwan, K.**, Hache, A., & Women’s National Housing & Homelessness Network. (20 August 2020). “WNHHN Submission to House of Commons Pre-Budget Consultations 2020.” *House of Commons Standing Committee on Finance, 43rd Parliament, 1st Session*. Online at <https://www.ourcommons.ca/Committees/en/FINA/StudyActivity?studyActivityId=10741968>
8. **Schwan, K.**, Brais, H., & Women’s National Housing & Homelessness Network. (8 August 2020). “Submission to HUMA: Women’s National Housing and Homelessness Network Recommendations on Government’s Response to the COVID-19 Pandemic.” *House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, 43rd Parliament, 1st Session*. Online at <https://www.ourcommons.ca/Content/Committee/431/HUMA/Brief/BR10815164/br-external/WomensNationalHousingAndHomelessnessNetwork-e.pdf>

9. Day, S., Palmater, P., **Schwan, K.**, & Hache, A. (23 June 2020). “Open Letter: Inuit Women - Policing and Emergency Shelters.” *Feminist Alliance for International Action*. <http://fafia-afai.org/en/open-letter-inuit-women-policing-and-emergency-shelters/>
10. **Schwan, K.**, & Women’s National Housing and Homelessness Network. (6 April 2020). “Call to Action: The Gendered Crisis of COVID-19 for Women and Gender Diverse People Experiencing Housing Need and Homelessness.” *Women’s National Housing and Homelessness Network*. Online at <http://womenshomelessness.ca/covid-19-response/>

SERVICE & COMMUNITY INVOLVEMENT

2022 – present	Board of Directors Member <i>The Shift</i> https://www.make-the-shift.org/
2022 – present	Government Relations Working Group <i>National Right to Housing Network</i>
2021 – present	Internal Awards Adjudication Committee Member <i>Factor-Inwentash Faculty of Social Work, University of Toronto</i>
2020 – present	Research Fellow <i>Canadian Research Institute for the Advancement of Women</i>
2019 – 2022	Co-Chair <i>Women’s National Housing and Homelessness Network</i> http://womenshomelessness.ca/
2019 – 2022	Lead, Research Working Group <i>Women’s National Housing and Homelessness Network</i> http://womenshomelessness.ca/
2019 – 2022	Member Youth Homelessness Longitudinal Research Collaborative <i>Making the Shift – Youth Homelessness National Centre for Excellence</i>
2019 – 2021	Advisory Board Member National Study: Exploring the Presence of Gender-Based Approaches to Women’s Homelessness in Canadian Communities (PI – A. Oudshoorn) <i>Western University</i>
2019 – 2021	Member Transitions from Care Longitudinal Research Collaborative <i>Making the Shift – Youth Homelessness National Centre for Excellence</i>
2019 – 2021	Advisory Board Member <i>Sistering Research Project: “This is Not Home” - Multiply Marginalized Women and Low-Barrier Services</i>

2019 – 2020	Program Committee Member 2020 National Conference on Ending Homelessness, Program Committee <i>Canadian Alliance to End Homelessness</i>
2019	Research Advisory Board Member <i>Bridgeable, Piloting 'Duty to Assist' in Canada Research Project</i>
2018 – 2021	Research Advisory Board Member <i>Covenant House Toronto</i>
2018 – 2019	Steering Committee Member <i>Parity Journal, 2019 October Issue – Preventing Youth Homelessness</i>
2018 – 2019	Women's Homelessness Advisory Committee Member <i>Canadian Alliance to End Homelessness</i>
2018 – 2019	Board Member <i>Hygiene on Wheels – Canada's First Mobile Hygiene Unit</i>
2018 – 2021	Member <i>Right to Housing TO</i>
2017 – 2020	Member, Lead of Prevention Working Group <i>National Learning Community on Youth Homelessness Prevention</i>
2017 – 2020	Member <i>A Way Home Canada: National Coalition to End Youth Homelessness</i>
2017 – 2020	Making the Shift Housing First for Youth Research Advisory <i>A Way Home Canada: National Coalition to End Youth Homelessness</i>
2015 – 2017	Arts Program Leader, Women's Transitional Housing <i>St. Felix Centre, Toronto, ON</i>
2014 – 2017	Volunteer, Drop-In Centre <i>St. Felix Centre, Toronto, ON</i>
2013 – 2015	Founder <i>The Sister Collective: Speaking Up Against Gender-Based Violence</i>
2010 – 2012	Co-President, Social Work PhD Student Association <i>University of Toronto, Toronto, ON</i>
2009 – 2010	Fundraising Board Member <i>Safe 'N Sound Homelessness Initiative, Owen Sound, ON</i>
2008	Volunteer <i>Queen's University Public Interest Research Group, Kingston, ON</i>

- 2007 Youth Arts Program Coordinator
Change Now Youth Homelessness Shelter, Guelph, ON
- 2004 – 2007 Volunteer, Arts Program & Cooking Program
Change Now Youth Homelessness Shelter, Guelph, ON
- 2003 – 2006 Volunteer
Guelph Ontario Public Interest Research Group, Guelph, ON

MEDIA PRODUCTIONS

- 2007 Producer & Director
Documentary Film: “Now What? The Closure of Change Now Youth Shelter”

OTHER SCHOLARLY ACTIVITIES

- 2020 – present Invited Reviewer
International Journal on Homelessness
- 2020 – present Invited Reviewer
Journal of Law & Social Policy
- 2017 – present Invited Reviewer
Youth & Society
- 2016 – present Invited Reviewer
Children & Youth Services Review

MEMBERSHIPS

Canadian Research Institute for the Advancement of Women (CRIAOW)
Council on Social Work Education (CSWE)
Society for Social Work and Research (SSWR)
Society for the Study of Social Problems (SSSP)
Society for Prevention Research (SPR)

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THIS IS **EXHIBIT “B”** REFERRED TO
IN THE AFFIDAVIT OF KAITLIN SCHWAN
AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF GUELPH DURING A ZOOM VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 31st DAY OF AUGUST, 2022

DocuSigned by:

Shannon Down

4653FFFAA5A4CE

SHANNON KATHLEEN DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

The Pan-Canadian Women's Housing & Homelessness Survey

Kaitlin Schwan • Mary-Elizabeth Vaccaro

Luke Reid • Nadia Ali • Khulud Baig



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You helped recruit participants, alleviate barriers to participation, and support survey completion – all in the midst of a global pandemic. The work that is happening in women-serving organizations across Canada is truly remarkable. It is our hope that this report will contribute to increased resources within this sector so that women-serving organizations can continue to play a vital role in preventing and ending homelessness for women and gender diverse people.

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impacted by homelessness and housing precarity. We are grateful for your time, insights, brilliance, and passion. The success of this survey also depended on the talent, generosity, and commitment of WNHHN Steering Committee members, allied community members, and peer researchers who helped design the survey and supported recruitment in their communities. We would like to thank Hannah Brais, Hillary Chapple, Theresa Conroy, Erin Dej, Faith Eiboff, Arlene Hache, Charlotte Hrenchuk, Hilary Marks, Alex Nelson, Kerry Nolan, Abe Oudshoorn, Emily Paradis, Melissa Perri, Manisha Rampersad, Charlotte Smith, and Carolyn Whitzman.

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INTRODUCTION

In Canada and around the world, many women, girls, and gender diverse people continue to live in insecure or unsafe housing due to inequity and discrimination.¹ In the Canadian context, these groups experience disproportionate levels of core housing need and poverty.² There is a severe lack of affordable and appropriate housing that meets the needs of diverse women and women-led families, exacerbated by systemic issues that keep this group trapped in poverty and struggling to obtain housing assistance.

In the midst of few housing options and overwhelmed emergency shelters, many women and gender diverse people rely on informal networks for housing or engage in dangerous survival strategies to access shelter and meet their basic needs. The need to remain in situations of hidden homelessness not only places this group at risk of exploitation and abuse, but also renders their needs invisible to mainstream supports, systems, and policy development.³ In the wake of the housing and homelessness crisis facing women and gender diverse people across Canada, the *Women's National Housing and Homelessness Network* (WNHHN) conducted an exhaustive scoping literature review on the causes and conditions of homelessness for women, *The State of Women's Housing Need & Homelessness in Canada* (2020).

Building on this scholarship, the WNHHN conducted a pan-Canadian mixed-methods survey to explore the housing challenges facing women, girls, and gender diverse people. Completed by 500 diverse women and gender diverse people living in communities across the country, this research constitutes the largest national gender-specific survey on housing need and homelessness to date. This national portrait offers critical insight into the unique causes, conditions, and consequences of housing precarity and homelessness for women, girls, and gender diverse people. Developed in partnership with lived experts, service providers, human rights experts, and researchers, the survey explored the following key questions:

- ↳ What are the key housing challenges facing women and gender diverse peoples, and how do they navigate these difficulties?
- ↳ How do public systems (e.g., child welfare, criminal justice) contribute to, and correlate with, housing instability and homelessness in the lives of women, girls, and gender diverse people?
- ↳ What housing rights violations are being experienced by women, girls, and gender diverse people? What barriers do these groups face when seeking justice?

¹ A, IHRC/3,42, No. 9, para 4

² Canada Mortgage and Housing Corporation. (2019). Core Housing Need Data – By the Numbers. CMHC – SCH. <https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-research/core-housing-need-data-by-the-numbers>

³ S. Bizarri, K. Versteegh, A. Perrin, M. Caplan, R. Bug, K. Cole, L. Henderson, J. Grant, H. Fillion, E. S. Pathrean-Chaleshtari. (2020). *The State of Women's Housing Need & Homelessness in Canada: A Literature Review*. Madhu, A., Nelson, A., Kratochvil, E., & Maitlenfant, J. (Eds). Toronto, ON: Canadian Observatory on Homelessness Press. <https://womenchronicle.press.ca/literature-review/>

- ↳ How does poverty, housing precarity, and violence intersect over the lifecourse for women, girls, and gender diverse people?
- ↳ What policy and practice change is needed to effectively address homelessness and housing need for women, girls, and gender diverse people in Canada?

In analyzing the data, we identified 10 key findings that demonstrate the unique realities of housing need and homelessness amongst women, girls, and gender diverse people in Canada. On the basis of these findings, we offer a number of recommendations to federal, provincial/territorial, and municipal governments. Implementing these recommendations is critical for advancing housing equity, actualizing the right to housing in Canada, and preventing and eliminating housing insecurity and homelessness amongst women, girls, and gender diverse people.

10 Key Findings

1. Women and gender diverse people experience widespread, chronic housing affordability issues linked to low incomes. Despite this, many participants were not accessing the government benefits they would likely qualify for.
2. Women and gender diverse people experience a wide range of housing adequacy and suitability issues, with safety issues being a common concern that undermines housing stability and leads to housing loss.
3. The chronicity and depth of poverty amongst women and gender diverse people was linked to the insufficiency of social assistance and poorly-paid jobs. In order to survive, most participants had to engage in additional strategies to generate income each month. In many cases this contributed to increased vulnerability or debt, with over a third using credit cards, borrowing money, skipping bills, or using money marts.
4. While eviction was a common experience amongst women and gender diverse participants, many were unable to access legal advice and supports that could have helped. The consequences of eviction were severe for many, including housing loss, homelessness, and continued exposure to abuse.
5. Experiencing a breakup was the primary reason that women and gender diverse people lost their most recent housing. This suggests that housing for this group is deeply dependent upon maintaining a personal relationship with a man, partner, or other person.
6. Homelessness begins early in life for a majority of women and gender diverse people, and is often followed by a chronic, chaotic churn of precarious housing and homelessness situations.
7. Women and gender diverse people reported significant barriers to accessing emergency services, with almost a third being unable to access a bed when they needed one.

8. Women and gender diverse people experiencing housing need and homelessness reported high exposure to trauma and violence, with 75% identifying as a survivor of trauma or abuse.
9. Women and gender diverse people, particularly those from equity-seeking groups, reported significant levels of discrimination from landlords and property managers, in many cases leading to housing loss or barriers to accessing housing.
10. 79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of ability, with severe consequences for many.

BACKGROUND

Housing need & homelessness amongst women, girls, and gender diverse people in Canada – A Statistical Portrait

Homelessness amongst women, girls, and gender diverse peoples in Canada remains both understudied and underestimated, despite indications that these groups disproportionately experience both poverty and core housing need.⁴ This is linked to the ways in which commonly used definitions, typologies, and ways of measuring homelessness have failed to account for the hidden ways that women, girls and gender diverse people often experience housing instability and homelessness.⁵ It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability,⁶ and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services.⁷ They are also more likely to negotiate a number of high-risk survival strategies to obtain shelter and avoid the dangers of the streets and co-ed shelter spaces, including by staying in unsafe and exploitative relationships, and exchanging sex for shelter.⁸

Because of the often hidden nature of their homelessness, women and gender diverse people remain systematically undercounted in common enumeration methods used in Canada (e.g., Point-in-Time Counts) which often focus on measuring absolute/street homelessness and homeless shelter usage, both of which tend to be male-dominated.⁹ This gap in enumeration contributes to the invisibility of women, girls, and gender diverse peoples' homelessness.

As a result, governments are left to make funding choices and design policy solutions in the absence of key data and knowledge. Despite this, the available data we do have suggests the scale of women's housing need and homelessness is much larger than what is currently estimated.¹⁰ In the absence of

4 Canada Mortgage and Housing Corporation. (2019). See also Munnes, S. (2016). Fast Facts: 4 things to know about women and homelessness in Canada. Canadian Centre for Policy Alternatives. <https://www.policyalternatives.ca/publications/commentary/fast-facts-4-things-know-about-women-and-homelessness-canada>

5 Savage, M. (2016). Gendering Women's Homelessness. *Irish Journal of Applied Social Studies*, 16(2), 43-64. See also Pleace, N. (2016).

6 "Exclusion by Definition: The Under-representation of Women in European Homelessness Statistics." In P. Mayock & J. Bretherton (Eds.), *Women's Homelessness in Europe* (pp. 105-126). London: Palgrave Macmillan.

7 Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

8 Baptista, L. (2010). "Women and Homelessness." In E. O'Sullivan, V. Busch-Gerstema, D. Quijars & N. Pleace (Eds.), *Homelessness Research in Europe* (pp. 163-186). Brussels: FEANTSA. See also Maki, X. (2017). Housing, homelessness, and violence against women: A discussion paper. Women's Shelters Canada. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf> & Bretherton, 2017, p. 1-21.

9 It should be noted that systemic undercounting of women's homelessness is not unique to the Canadian context. Global trends indicate that women, girls, and gender diverse people are consistently underrepresented in research and statistical portraits of homelessness and housing need. This is in part because many countries fail to include hidden forms of homelessness within their definition(s) of homelessness and face methodological challenges when seeking to enumerate hidden homelessness (e.g., difficulty capturing its temporary and transitory nature, barriers to enumerating situations of overcrowding) (Bretherton, 2017). (O'Sullivan et al., 2010)

more comprehensive data, improving estimations requires that we piece together various types of data in attempts to capture the real scale of women’s housing need and homelessness within Canada.

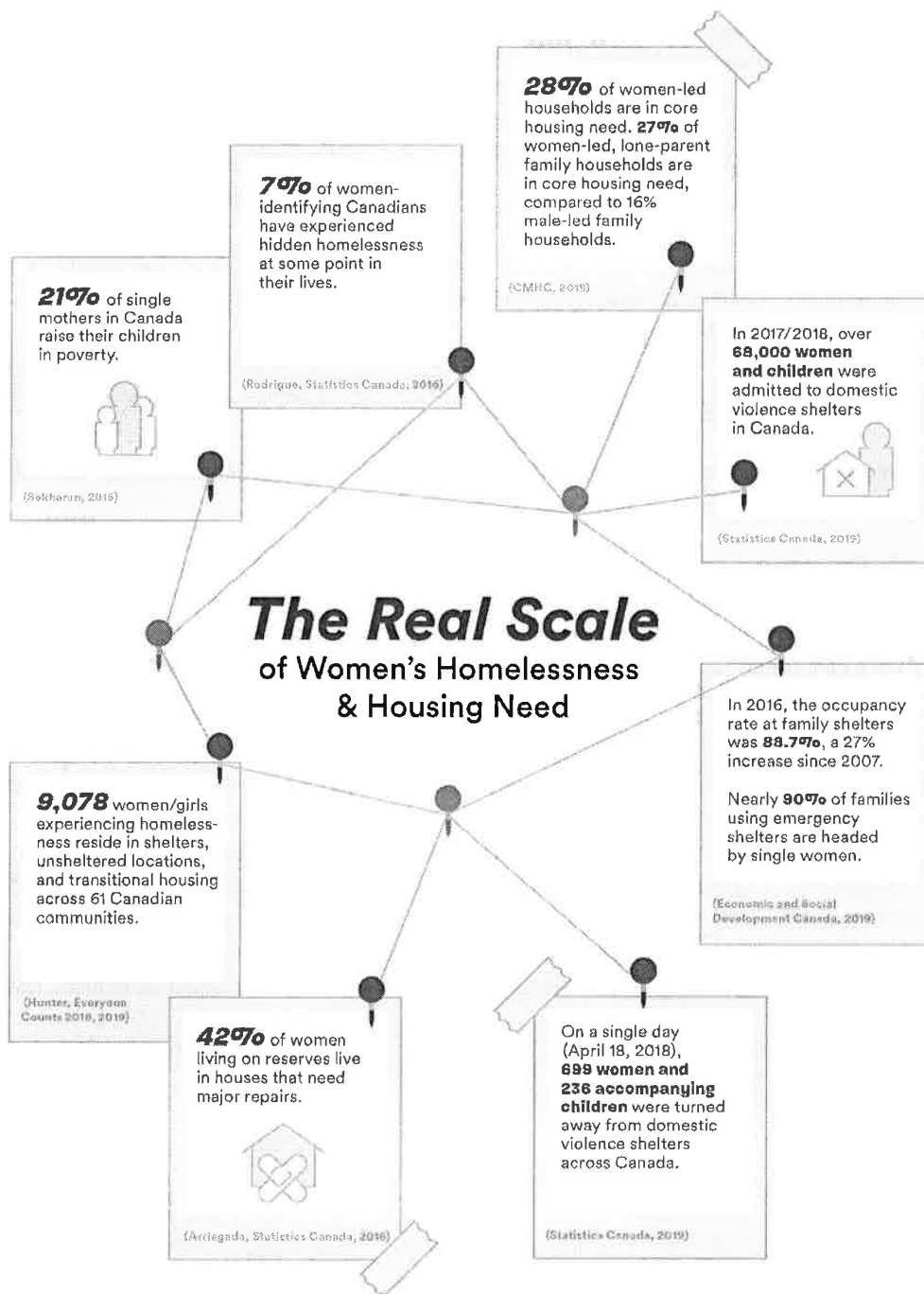


Figure 1. The Real Scale of Women’s Housing Need & Homelessness.

As shown in Figure 1,¹¹ efforts to enumerate housing need and homelessness amongst women, girls, and gender diverse people requires triangulating a range of available data, including:

- ↳ Family shelter occupancy rates
- ↳ Women-led families living in poverty
- ↳ Indigenous women's housing need on reserves
- ↳ Rates of abuse and intimate partner violence (IPV)
- ↳ VAW shelter and service usage
- ↳ Women and children turned away from homelessness or VAW shelters due to capacity issues
- ↳ Women and gender diverse peoples experiencing human trafficking

Despite significant data gaps in these data, two data sources are foundational to illuminating the scale of housing instability and homelessness for women, girls, and gender diverse people in Canada: (1) core housing need data, and (2) data on poverty.

CORE HOUSING NEED

Women and gender diverse peoples across Canada experience disproportionate levels of core housing need¹² and housing instability. For example, research indicates:

- ↳ 28% of women-led, lone-parent family households are in core housing need, almost double the rate of male-led, lone-parent households (16%)¹³
- ↳ 57% of renter households in core housing need are female-led families or singles¹⁴
- ↳ More women-led households live in subsidized housing compared to households led by men (44.1% vs. 40.5%)¹⁵

Given the challenges to accessing housing in increasingly tight housing markets, some women and gender diverse people seek out social housing options. Unfortunately, Statistics Canada's recent **Canadian Housing Survey**¹⁶ revealed almost two-thirds of households attempting to access social housing or RGI housing options were on wait list for two years or longer. Some cities report wait lists of 5 years or longer,¹⁷ and in Toronto more that 81,000 households are currently on social housing wait lists.¹⁸ Remaining stuck in core housing need, in poor quality or overcrowded housing, or on long waitlists for subsidized housing options has unique implications for women and their families. Housing

¹¹ Phipps et al., 2020, p. 6.

¹² According to Statistics Canada (2017), "a household is said to live in 'core housing need' if its housing falls below at least one of the adequacy, affordability, or sustainability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)" (n.p.).

¹³ Canada Mortgage and Housing Corporation, 2019.

¹⁴ Pomeroy, S. (2020, July). Recovery for All: Proposals to Strengthen the National Housing Strategy and End Homelessness. Canadian Alliance to End Homelessness. <https://caeh.ca/wp-content/uploads/Recovery-for-All-Report-July-16-2020.pdf>

¹⁵ Canada Mortgage and Housing Corporation, 2019.

¹⁶ Statistics Canada. (2019). Results from the new Canadian Housing Survey, 2018. Statistics Canada.

<https://www150.statcan.gc.ca/r1/pub/11-627-m/11-627-m2019079-eng.htm>

¹⁷ See <https://ottawa.ca/en/family-and-social-services/housing/subsidized-housing>

¹⁸ See <https://www.thestar.com/news/gra/2021/01/19/more-than-81000-households-are-waiting-for-subsidized-housing-in-toronto-the-city-fights-a-new-waitlist-system-will-help-fill-its-waits-faster.html>

need exacerbates cycles of poverty and violence and increases the likelihood of child welfare involvement, as oftentimes neglect is conflated with poverty and housing need.¹⁹

POVERTY

Women experience disproportionate rates of deep poverty in comparison to men,²⁰ and often survive on lower incomes. For example, women in Ontario live on 28% lower median income than men overall.²¹ Women remain overrepresented in minimum-wage and part-time jobs,²² and assume unequal responsibilities for housework and childcare.²³ The feminization of poverty in Canada makes it difficult for many women and women-led families to afford rent and other basic necessities.²⁴ Poverty often traps women and women-led families in cycles of violence, housing precarity, food insecurity, and various types of dangerous or unhealthy living situations.

Unique causes and conditions of homelessness and housing need for women, girls, and gender diverse people

“It may be that the major trigger for homelessness is poverty and exclusion, but it is also clear that women do not experience homelessness in the same way as men. The triggers for women’s homelessness are often different and their trajectories while homeless are often different, women’s experience of homelessness is *different*. Gender plays a role.”²⁵

19 OACAS (Ontario Association of Children’s Aid Societies). (2016). One Vision One Voice: Changing the Ontario child welfare system to better serve African Canadians. <http://www.oacas.org/what-we-do/one-vision-one-voice/>. See also Trocme, N., Knoke, D., & Blackstock, C. (2004).

20 Fotheringham, S., Walsh, C. A., & Burrowes, A. (2014). ‘A place to rest’: the role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853. See also McInnes, S. (2016). Fast Facts: 4 things to know about women and homelessness in Canada. Canadian Centre for Policy Alternatives. <https://www.policyalternatives.ca/publications/commentary/fast-facts-4-things-to-know-about-women-and-homelessness-canada>

21 See <https://www.ontario.ca/document/community-housing-renewal-ontarios-action-plan-under-national-housing-strategy/housing-needs-ontario>

22 Canadian Women’s Foundation. (2018). Fact Sheet: Women and Poverty in Canada. <https://canadianwomen.org/the-facts/women-and-poverty/>. See also Moyser, M. & Burlock, A. (2018). Time use, total work burden, unpaid work, and leisure. Statistics Canada <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/54931-eng.htm>

23 Burt, M. R. (2001). Homeless families, singles, and others: Findings from the 1996 national survey of homeless assistance providers and clients. *Housing Policy Debate*, 12(4), 737-780. See Fotheringham et al., 2014, p. 834-853. See also MacDonald, D., & McInnirt, K. (2015). Family policies for the way we live now. https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2015/09/05120_Summer2015_Family_policies.pdf

24 Van Berkum, A., & Duidshaarn, A. (2015). Best practice guidelines for ending women’s and girls’ homelessness. Ottawa: Homelessness Partnering Strategy. <http://londonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-GuideLine-for-Ending-Women-and-Girls-Homelessness.pdf>

25 Britnerton, 2017, p. 6.

Gender shapes the causes, conditions, and trajectories of homelessness and housing need.²⁶ Research shows that women and girls,²⁷ as well as gender diverse people,²⁸ have unique pathways into homelessness, distinct experiences on the streets, struggle in unique ways as they navigate public systems and seek emergency shelter, and face unique consequences and hardships because of homeless experiences.²⁹ Gender intersects with other social locations (e.g., Indigeneity, race, (dis)ability, immigration status, gender identity) and experiences (e.g., trauma, exposure to violence and conflict) to shape these experiences.³⁰ Despite the uniqueness of each person's experience, both global and domestic studies have identified the following commonalities:

- ↳ Violence from intimate partners or within families is a key pathway into homelessness for women and girls.³¹ Oftentimes this violence begins in childhood.³² For example, research shows that young women experiencing homelessness report higher levels of physical, sexual, and emotional abuse as children compared to young men.³³ Research on young women experiencing homelessness commonly indicates physical abuse (45%) and sexual abuse (35%) as causes of their homelessness.³⁴ Once on the streets, exposure to violence and harassment is a part of everyday life for women, girls, and gender diverse people.³⁵ Such experiences contribute to hidden forms of homelessness and may push women and girls to remain in unhealthy or violent relationships for housing.
- ↳ 'Hidden homelessness' is the most common form of homelessness experienced by women and girls.³⁶ It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability,³⁷ and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services (see Figure 2).³⁸ The invisibility of women and gender diverse people's homelessness should thus be understood as *structurally created and maintained*.

26. Finglon-Connert, D. (2016). Becoming homeless: Being homeless, and resolving homelessness among women. *Issues in Mental Health Nursing*, 31(7), 451-459.

27. Bierheiter, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

28. Sakamoto, I., Chin, M., Chagra, A., & Riccardi, J. (2009). A 'normative' homeless woman?: Marginalization, emotional injury and social support for transwomen experiencing homelessness. *Gay and Lesbian Issues & Psychology Review*, 5(1), 2-19.

29. Van Berkum, A., & Oudshoorn, A. (2015). Best practice guidelines for ending women's and girls' homelessness. Ottawa: Homelessness Partnering Strategy. <http://odonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-Guideline-for-Ending-Women-and-Girls-Homelessness.pdf>

30. Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241-1254.

31. Van Berkum & Oudshoorn, 2015.

32. Bernard, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopes, R. (2009). Uprooted and displaced: a critical narrative study of homeless, Aboriginal, and new-come girls in Canada. *Issues in mental health nursing*, 20(7), 413-430.

<https://doi.org/10.1080/01632640902824275>. See also Reid, S., Brédaric, H., & Forchuk, C. (2005). Living on the streets in Canada: a feminist narrative study of girls and young women. *Issues in mental health nursing*, 25(4), 217-256. See also Wesely, J.A. (2009). "Main said we had a money maker": Sexualization and Survival Contexts among Homeless Women. *Symbolic Interaction*, 32, 91-109.

33. Gaetz, S., DeJ, F., Richter, T. & Redman, M. (2016). The State of Homelessness in Canada 2016. Toronto: The Canadian Observatory on Homelessness Press. <https://www.homelessness.ca/SDHC2016>

34. O'Grady, B. & Gaetz, S. (2004). Homelessness, gender and substance use: The case of Toronto street youth. *Journal of Youth Studies*, 7(4), 397-416.

35. Gaetz et al., 2016.

36. Baptista, I. (2010). "Women and Homelessness." In E. O'Sullivan, V. Busch-Gerstema, D. Quilgars & N. Pleace (Eds.), *Homelessness Research in Europe* (pp. 163-186). Brussels: FEANISA. See also Maki, K. (2017). Housing, homelessness, and violence against women: A discussion paper. *Women's Shelters Canada*. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>.

37. Bierheiter, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

38. Baptista, 2010; Maki, 2017.

Hidden Homelessness

Amongst Women, Girls, & Gender Diverse People

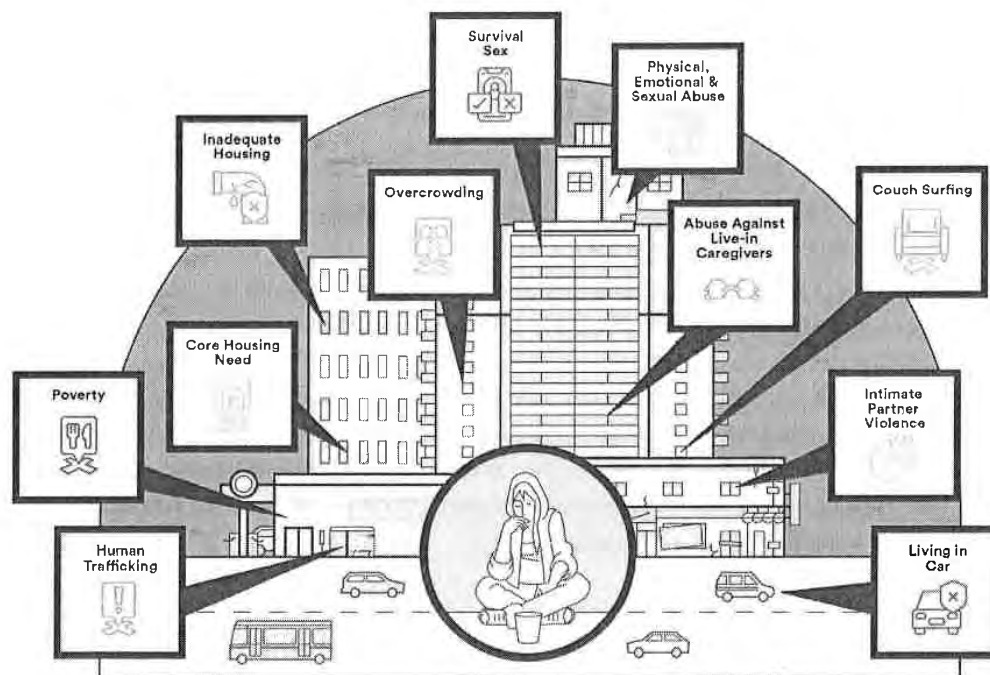


Figure 2. Hidden homelessness amongst women, girls, & gender diverse peoples.

- ↳ Across Canada, women, girls, and gender diverse people face unique inequities and forms of discrimination on the basis of gender. This contributes to housing need and shapes experiences of homelessness. For example, women are more likely to be in non-permanent employment, receive lower wages and pay higher rates for rental housing on average than their male counterparts.³⁹ Indigenous and racialized women face deeper systemic inequities, with research noting that racialized women in Canada earn only 55.6% of the income earned by non-racialized men.⁴⁰ Pregnancy and child rearing also has a significant impact on employment and income for women, and research also documents that single mothers face discrimination when attempting to access rental housing.⁴¹

39. Fakhoury, M., Fakhoury, L., & Parker, B. (2002). Women and Homelessness: Barriers to Equality. Toronto: Centre for Equality Rights and Accommodation. See also: Canadian Women's Foundation, 2019; Maysler & Burlock, 2018.
40. Williams, S., & Saleeban, G. (2021). *Delivered Color Coded: Addressing the Gap for Racialized Women*. Canadian Centre for Policy Alternatives. <https://www.policyalternatives.ca/publications/working-papers/canada-color-coded-labour-market>
41. Saleeban, G. (2019). *Surviving Abuse and Building Resilience: A Study of Canada's Systems of Shelter and Women's Homes Serving Women and Children Affected by Violence*. Report of the Ministry Committee on the Status of Women. <https://www.womenandchildren.ca/Content/Cumulative%20Final%20Report%20-%20Final%20Version%20-%2015%20April>

- ↳ Whether or not women have dependent children has a profound impact on their use of services and supports, and dramatically shapes whether they experience housing precarity and how they navigate homelessness.⁴² For example, “most social assistance systems cut entitlements for a mother as soon as her child is apprehended by child welfare, putting her in a position of losing her housing (which is not easily re-established).”⁴³

Inequitable Access to Emergency Shelters, Supports, & Housing for Women, Girls, & Gender Diverse People

Data from **Statistics Canada**,⁴⁴ **Employment and Social Development Canada**,⁴⁵ **parliamentary reports**,⁴⁶ **municipal data and research**,⁴⁷ and independent studies⁴⁸ consistently indicate that emergency shelters across the country are operating at (or over) capacity and there remains a severe lack of gender-specific supportive, transitional, and permanent affordable housing that meets the needs of women, girls, and gender diverse people. Importantly, this is linked to systemic underfunding and inequitable funding in Canada for services, shelters, and housing that is gender-specific and meets the needs of women, girls, and gender diverse people. Research has demonstrated the following key housing inequities on the basis of gender in Canada:

- ↳ Across Canada there are very few women-specific emergency shelter beds, with 68% of all shelter beds being designated as co-ed, or for male-identified people, compared to 13% dedicated specifically to women.⁴⁹ While 38% of all shelter beds are co-ed or open to all genders,⁵⁰ research consistently demonstrates that many women will choose to avoid co-ed shelters due to experiences of violence within those spaces.⁵¹ There are more than double the amount of emergency shelter beds available to men compared to women (4,820 beds for men, compared to 2,092 beds for women across all of Canada).
- ↳ Research reveals disparities in access to emergency shelter beds for women, girls, and gender diverse people, with studies indicating that rural, remote, and Northern communities consistently face a lack of shelter beds for women (within both the VAW and homelessness sectors).⁵² Data similarly indicates that 70% of northern reserves have no emergency shelters for women escaping

42 Fortheringham, S., Walsh, C. A., & Burrows, A. (2014). “A place to rest”: The role of transitional housing in ending homelessness for women in Calgary, Canada. *Gender, Place & Culture*, 21(7), 834-853. See also Van Berkum & Oudshoorn, 2015.

43 Schwan et al., 2020, p. 34.

44 Statistics Canada. (2019). Canadian residential facilities for victims of abuse, 2017/2018. *Statistics Canada Catalogue*. Ottawa. <http://www150.statcan.gc.ca/n1/daily-quotidien/190417/#69100417a-eng.htm>

45 Employment and Social Development Canada. (2019). Highlights of the National Shelter Study 2005 to 2016. Ottawa.

<https://www.canada.ca/en/employment-social-development/programs/homelessness/reports-shelter-2016.html>

46 Verma, 2019.

47 For example, City of Toronto. (2018). *Street Needs Assessment*. City of Toronto.

http://www.toronto.ca/wp-content/uploads/2018/11/29bc_2018_SNA_facts_report.pdf.

48 Loidl-Saden, A., & Robinson, R. (2018). Patterns and intensity of Use of Homeless Shelters in Toronto. *Canadian Public Policy*, 44(4), 342-355.

49 Employment and Social Development Canada, 2019.

50 Employment and Social Development Canada, 2019.

51 Fortheringham, 2017. See also National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMWG), (2019).

Regaining Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, Vol.

18, 10. www.nimwng.ca/final-report/

52 Verma, 2019, p. 14.

violence, despite evidence of high rates of gender-based violence in many of these communities.⁵³ Some provinces and territories also report having no women-specific emergency homeless shelters, including Prince Edward Island and the Yukon.⁵⁴

- ↳ Violence against women shelters across Canada are chronically underfunded, with 46% of VAW shelters in Canada reporting that the top challenge facing service delivery was a lack of sustainable funding.⁵⁵ A **2019 Statistics Canada report** found that on a national snapshot day across Canada, “669 women, 236 accompanying children, and 6 men were turned away from residential facilities for victims of abuse. The most common reason reported for a woman being turned away was that the facility was full (82%).”⁵⁶
- ↳ There is a significant lack of gender-specific housing options across Canada, including supportive housing,⁵⁷ with waiting lists for social and supportive housing often stretching years in many communities. Existing transitional housing often does not offer residents security of tenure and protection under landlord/tenant legislation. There are also very few gender-specific, low-barrier and harm reduction-focused supportive housing programs accessible to women and gender diverse people.⁵⁸

This research suggests that in the absence of access to affordable and safe housing options for women, girls and gender-diverse people across Canada, emergency shelters, transitional housing and violence against women shelters will be increasingly unable to meet the demand for services. In light of this and deepening socio-economic and gender-based inequities that have emerged during the pandemic,⁵⁹ there is an urgent need to advance housing justice and equity for women, girls, and gender diverse people in Canada.

⁵³ Martin, C. M. & Wallis, H. (2019). Red women rising: Indigenous women survivors in Vancouver's downtown eastside. Vancouver, BC: Downtown Eastside Women's Centre. <https://dewc.ca/resources/redwomenrising>.

⁵⁴ Employment and Social Development Canada, 2019.

⁵⁵ Statistics Canada, 2019.

⁵⁶ Statistics Canada, 2019, p. 4.

⁵⁷ Cass, Katherine, S. & Schrey, L. (2018). Supporting Shelter and Supportive Housing at Scale: A Guide for Community Workers in Ontario. <https://www.powerofwomensocialcentre.ca/files/2018/09/SHCWVF+2018.pdf>.
⁵⁸ Norman et al., 2020.

⁵⁹ The Centre for Equality Rights in Accommodation & Residential Rights Housing Network. (2021). Addressing the Evictions and Displacement Crisis – Proposal for a Federal Government Residential Support Benefit. <https://pdfcrowd.com/static/5e3a8112a641815021477607e75e205ceda1c85ceda271613690832605/NHSA+summary+site+-+Addressing+the+Evictions+and+Displacement+Crisis+-+CERA-NRM+-+Feb.+18.2021.pdf>

METHODOLOGY

In late 2020 and early 2021, the **WNHHN** conducted a pan-Canadian survey with women and gender diverse people experiencing homelessness or housing need. The survey collected both quantitative and qualitative data, and sought to provide greater insight into the unique causes, consequences, and experiences of housing precarity and homelessness for women, girls, and gender diverse people across the country.

SURVEY DEVELOPMENT

The pan-Canadian survey was developed in a partnership between the WNHHN and the This Is Not Home (TINH) research teams.⁶⁰ The WNHHN research team was led by Dr. Kaitlin Schwan (Co-Chair of WNHHN) and Dr. Emily Paradis (Principal Investigator of TINH). The shared political and epistemological commitments across both research teams allowed for us to prioritize developing a data collection tool that was reflective of the lived expertise of women and gender-diverse people impacted by homelessness, as well as responsive to the research priorities of a range of community partners and sector leaders.

The survey tool was developed through the use of a community-based and participatory research framework that allowed for the engagement of multiple stakeholders at all stages of the research process. Members of the WNHHN and TINH teams worked together in a collaborative and iterative process over several months to develop and revise the survey tool and refine data collection approaches. Survey development included participation from:

- ↳ The TINH Peer Research Associates and lived experts, who played an invaluable role in developing the survey questions and were consulted throughout the life course of this project on data collection and analysis.
- ↳ The Steering Committee and several working groups of the WNHHN, who identified key areas to investigate through the survey. Preliminary survey questions involved working closely with the Research Working Group, the Indigenous Relations Working Group, and lived experts of the WNHHN.

The preliminary draft of the survey was then pilot tested by lived experts at several of the TINH study sites (6 low-barrier drop-ins serving multiply marginalized women and trans, Two-Spirit, and non-binary persons), and by members and lived experts within the WNHHN. Written feedback was gathered and triangulated, and revisions to the survey were made based on the invaluable feedback we received from these various stakeholders.

60 The This Is Not Home study is based in 6 low-barrier drop-ins serving multiply marginalized women and trans, Two-Spirit, and non-binary persons across Canada. In order to improve service models and funding approaches, access to shelter, support, and housing solutions for multiply marginalized members, the project documents the ways in which low-barrier drop-ins support members' access to safe, stable housing. The project then applies these learnings to the development of models to support members' access to appropriate and accessible shelter, services, and housing, funded through CMHC. The TINH Project is led by Kaitlin Schwan (Toronto, ON) and Dr. Emily Paradis.

Consensus was developed to explore the following key topics through the survey:

- ↳ Experiences relevant to the 7 components of the right to adequate housing
- ↳ Gender-based discrimination with respect to housing
- ↳ The unique experiences of multi-marginalized groups, including Indigenous, newcomer, and 2SLGBTQ+
- ↳ Women and gender diverse peoples' experiences in public systems and pathways into homelessness
- ↳ Recommendations to governments from women, girls, and, gender diverse people with lived expertise

Once we had revised our preliminary draft based on feedback from lived experts and WNHHN members, another round of review was conducted with housing issue experts, women's rights experts, researchers, and policymakers. Based on their feedback, a final draft was created and circulated to members of the WNHHN and TINH for minor final revisions.

RECRUITMENT

Our recruitment strategy sought to gather a representative sample of women and gender diverse people experiencing homelessness and housing precarity across Canada. We were particularly interested in finding ways to recruit participants who have been systematically excluded by the traditional methodologies used to measure homelessness across Canada. This includes those living in a range of precarious housing and homeless situations across the country, including women and gender diverse people whose homelessness and housing precarity was invisible, those not well connected to public systems, and those who had recently transitioned out of homelessness. Furthermore, our recruitment strategy aimed to amplify the voices of those living in Northern, Eastern, and French-speaking parts of Canada given that they are often under-sampled in national survey data.

Eligibility criteria for the survey included: living in Canada, over the age of 16, identifying as a woman or gender diverse person, and having experienced housing instability or homelessness at some point over the last three years. We developed three distinct recruitment strategies that included recruiting through community-partner organizations, lived experts and peer research associates, and the WNHHN email list-serv.

A. Community Partner Recruitment

We worked in partnership with 27 community partner organizations across the country to recruit participants for the survey. Our community partner organizations included shelters in the homelessness sector and violence against women sector, transitional housing programs, supportive housing programs, services for criminalized women, peer-led harm-reduction services, and organizations in the youth-serving sector.

Community partner organizations played a vital role in recruiting participants by sharing information about the survey with service-users and helping to remove barriers to participation by providing access to technology to complete the survey, assisting with reading the survey to participants, and/or

disseminating honorariums for participants without access to email. Approximately half of the participant sample was drawn from the *This is Not Home* project, which worked in partnership with six low-barrier drop-in programs serving women and gender diverse people experiencing homelessness and housing precarity across Canada. At these sites service-users were supported by Lived Experts/Peer Researchers to complete the survey.

B. Lived Expert Recruitment

We worked with 11 lived experts (women and gender diverse people who have experienced homelessness and housing precarity) to recruit participants for the survey. We worked with Lived Experts through Keepers of the Circle to recruit Indigenous women and Two-Spirit people, particularly in Northern regions of Canada. We also worked with youth lived experts to recruit young women and gender diverse people who were living in precarious housing across the country.

Lived experts played a vital role in sharing information about the survey with participants and enabling the participation of women and gender-diverse people living in a range of precarious housing situations, including those who were not well-connected to public systems and supports. Furthermore, this approach allowed for us to recruit participants who had recently transitioned out of homelessness.

C. WNHHN List-Serv Recruitment

The WNHHN has developed an email list-serv of over 500 individuals who wish to stay updated or involved in the Network. The membership is largely comprised of organizational leaders, front-line workers, and women and gender diverse people with lived experience of homelessness and housing precarity.

We sent out recruitment emails to all members of the list-serv inviting anyone who was interested in learning more about the survey to contact the research team. This enabled us to connect women and gender diverse people experiencing homelessness and housing precarity directly with the survey, as well as reach front-line workers who then shared information about the survey with their clients.

DATA COLLECTION

We began data collection on December 19th 2020 and finalized data collection on February 7th 2021. The survey was made available through an online platform survey platform, *Qualtrics*, which was accessible via computers, tablets, and cellphones. Many participants used technology available through community partner organizations to complete the survey, although some participants completed the survey on their own devices.

In some cases, staff or lived experts assisted participants with survey completion by reading questions to enable access to participants for whom literacy and/or technology was a barrier. All community partner organizations were offered support by the WNHHN to administer the survey virtually (via Zoom or telephone) to alleviate barriers to literacy and technology. Participants received a \$20.00 honorarium for participating in the survey.

DATA ANALYSIS

Following data cleaning, data analysis was conducted by the authors of this report using SPSS software. Data analysis techniques included frequencies, cross tabulations, chi square tests, and T tests. Analysis was iterative, with emerging themes in the data identified and further explored through additional analyses. The size and depth of the data collected will enable significant elaboration on the preliminary findings presented in this report.

SURVEY LIMITATIONS

Conducting a large-scale survey on women's homelessness and housing precarity during the COVID-19 pandemic presented unique challenges and limitations. Many community partner organizations were operating at limited capacity due to COVID-19 restrictions, and were faced with unique and increasing demands for service. This presented challenges for on-site recruitment within community partner organizations and limited the amount of time front-line staff could spend supporting participants with accessing the survey.

All of our data was collected virtually because of the restrictions put in place limiting in-person research during COVID-19 by York University's Research Ethics Board. We used an online survey platform to administer the survey and due to the branching logic embedded in our survey tool, we were unable to make hard copies of the survey available. The sole use of an online survey platform presented barriers to recruiting participants who did not have access to a computer, tablet, or smart phone. Although community partner organizations worked to make technology accessible for participants, women and gender diverse people who were not well-connected to public systems and support services likely faced limitations to engaging with our data collection process. This includes women and gender-diverse people living in jail, hospitals, and other institutional settings.

Women and gender-diverse people with limited literacy skills may have faced barriers to participating in our survey. In an effort to alleviate this barrier, we offered each community partner organization support by virtually administering the survey via telephone or Zoom. While our survey was made available in English and French, it was not translated into other languages. Limited translation likely presented barriers to fully engaging newcomer women.

Due to the scale and depth of the data collected, an exhaustive report of findings is not presented here. In particular, it was decided that the findings related to Indigenous women and Two-Spirit Peoples deserve a distinct analytic approach led by Indigenous scholars and community members themselves. In addition, further intersectional analysis is needed to identify the unique challenges that particular groups of women and gender diverse people face when seeking adequate housing.

SURVEY RESULTS

STUDY SAMPLE

A total of 500 women and gender diverse people participated in the survey, spanning almost every province and territory in Canada (see Figure 3).



Figure 3. Participants by province and territory

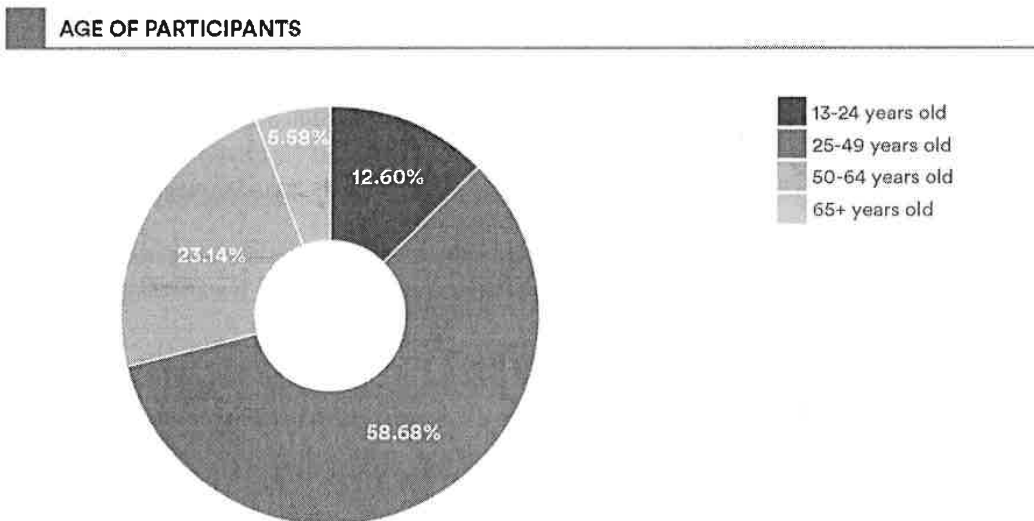


Figure 4. Age of participants.

The sample included a fairly diverse range of ages (see Figure 4). The average age of participants was 41. With respect to gender, a majority of participants identified as cis-gender women (84.8%), with 9.6% using other terms to describe their gender identity. Only 57.6% of participants identified as heterosexual, with the remaining participants endorsing a range of sexual preferences.

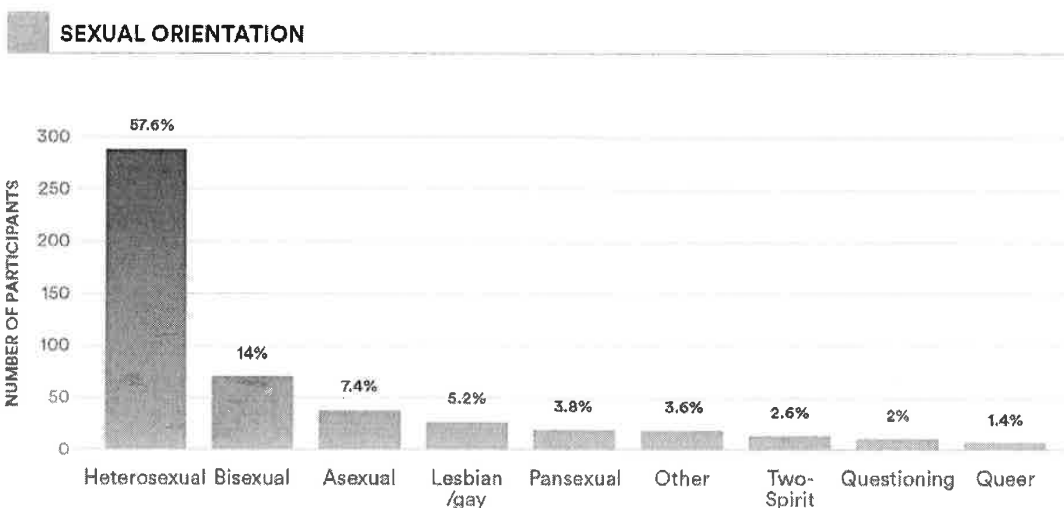


Figure 5. Sexual orientation of study participants.

Across the sample, 84.8% of participants were Canadian citizens, 6.8% were permanent residents, and 8.4% reported precarious immigration status of some form. A quarter of participants also reported speaking more than one language.

With respect to racial identity, 32.7% identified as Indigenous, 21% identified as racialized, and 46.3% identified as white. Amongst Indigenous participants, 67.5% identified as First Nations, 11% identified as Metis, 5.2% identified as Inuit, and 3.2% identifying as having mixed Indigenous heritage.⁶¹

It should be noted that approximately half of the study sample were persons accessing low-barrier drop-ins for women and gender diverse people, which may have skewed the results towards deeper and more complex forms of marginalization.

⁶¹ In addition, 5.3% reported having "other" Indigenous heritage, and 7.1% preferred not to answer.

10 KEY FINDINGS

1.

Women and gender diverse people experience widespread, chronic housing affordability issues linked to low incomes. Despite this, many participants were not accessing the government benefits they would likely qualify for.

Findings reveal severe and chronic housing affordability issues for women and gender diverse people, as well as women-led families. A total of 60.2% participants reported not being able to afford a place, and 46.5% reported not being able to afford a damage deposit, moving expenses, and/or utility hookups. Importantly, 75% of participants reported at least one affordability concern, such as:

- ↳ Affordable and available places are not adequate for my children (15.2%)
- ↳ Affordable places are in bad condition (40.8%)
- ↳ Affordable and available places are not safe for me (32.8%)

PROBLEMS WITH FINDING A PLACE

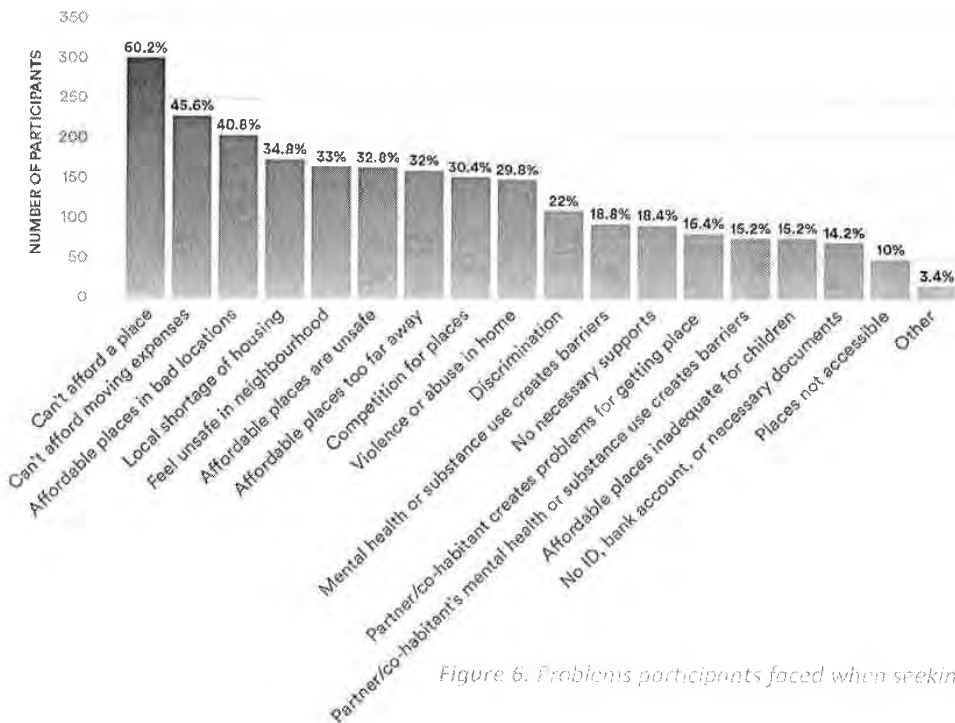


Figure 6. Problems participants faced when seeking housing

More than a third of participants were also forced to leave their most recent housing because they couldn't afford it anymore (34.8%). Analysis further indicated the following factors were correlated with significantly greater affordability issues:

- ↳ Identifying as Indigenous
- ↳ Child welfare involvement as a child and an adult
- ↳ Multiple experiences of trauma
- ↳ Having a disability, with data indicating that with persons with multiple disabilities had a greater affordability issues

Housing affordability is intrinsically linked to income. Across the sample, only 11% reported being employed full time. A majority of the sample was receiving either social assistance or disability benefits (60.8%). Importantly, however, it appeared that many participants who qualified for such assistance were not receiving it. Among participants over 65, 40% were not receiving seniors benefits. Similarly, many persons with disabilities were not receiving disability benefits (e.g., ODSP). For participants who reported one disability, only 63.4% were receiving a disability benefit. This rate increased to 85.1% for women and gender diverse people who endorsed three or more disabilities.

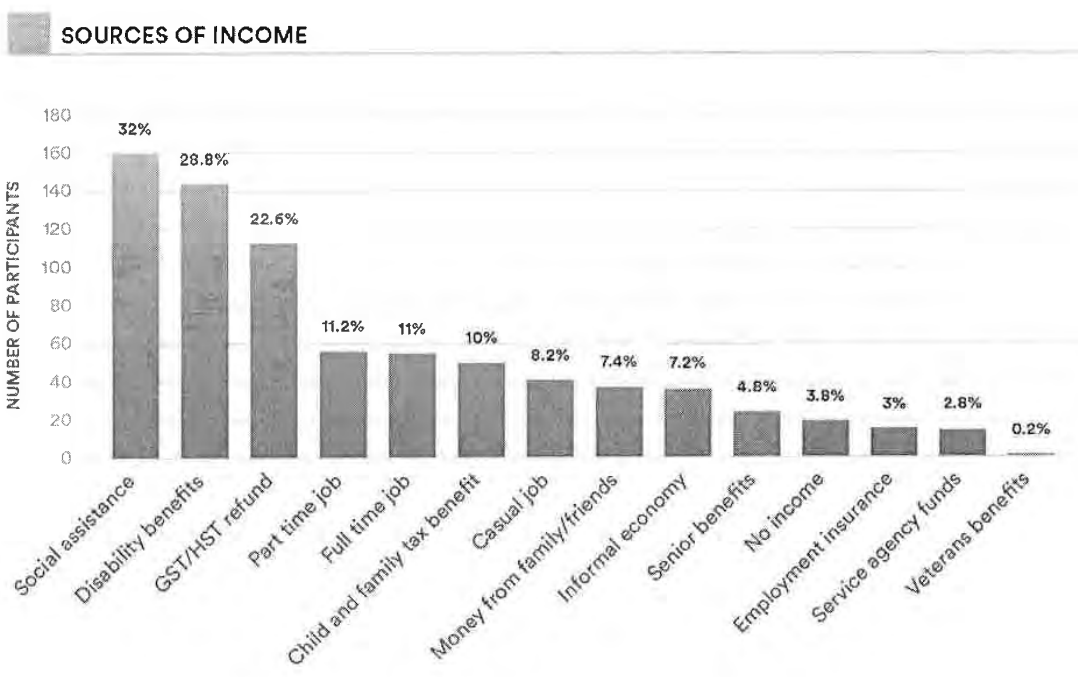


Figure 7. Participants' sources of income.

KEY TAKEAWAYS

The housing crisis in Canada, particularly for women and gender diverse individuals, is a two-fold challenge underpinned by the increased financialization of housing and deepening poverty for those on low-incomes or social assistance. Underpinning affordability issues is the erosion of naturally occurring affordable housing (NOAH) stock, financialized housing markets, long waitlists for social housing, inadequate social assistance rates, and the failure of income to keep up with the soaring cost of housing.⁶² As housing becomes more unaffordable, incomes are failing to lift many women and gender-diverse people out of deep poverty. Women and gender diverse people, who are more likely to work minimum wage and part-time jobs,⁶³ simply cannot keep up. A **2019 study**, for example found that in nearly 800 neighbourhoods of Canada's major cities, renters would need to earn \$22.40/hr for a two-bedroom apartment, and just over \$20/hr for a one-bedroom unit.⁶⁴ These rental costs are at least \$5 an hour more than the highest provincial minimum wage in Canada (\$15 in Alberta).⁶⁵

Policymakers seeking to build better housing outcomes for women and gender diverse people cannot overlook the role income plays in housing affordability. Women have been disproportionately impacted by loss of income during the COVID-19 pandemic, and have faced the sharpest job losses (and slowest employment recovery).⁶⁶ Women often carry additional financial costs related to disproportionate childcare burdens, and suffer significant financial loss in the wake of intimate partner violence or family dissolution.⁶⁷ Inadequate social assistance rates, and a multiplicity of barriers to accessing social assistance, are further policy failures that continue to keep many women and gender diverse people living in deep poverty.⁶⁸ While the housing crisis continues to hurt many low-income persons across Canada, our survey's findings imply that women and gender diverse people may be hit hardest *and* have fewer savings and resources to weather the storm.

⁶² Nugent, M. (2020). The financialization of Canadian multi-family rental housing: from trailer to tower. *Journal of Urban Affairs*, 42(7), 975-992. See also Pomeroy, S. (2020, July). Recovery for All: Proposals to Strengthen the National Housing Strategy and End Homelessness. Canadian Alliance to End Homelessness. <https://caeh.ca/wp-content/uploads/Recovery-for-All-Report-July-16-2020.pdf>. See also Schwan et al., 2020.

⁶³ Meyers, M. & Burlock, A. (2018). Time use: total work burden, unpaid work, and leisure. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2018001/article/54921-eng.htm>

⁶⁴ MacDonald, D. (2019). Unaccommodated: Rental Housing Wage in Canada. Ottawa, ON: Canadian Centre for Policy Alternatives. <https://www.policyalternatives.ca/linear/commodating>

⁶⁵ Ibid.

⁶⁶ Grewal, D., & Lu, Y. (2021). Gender differences in employment one year into the COVID-19 pandemic: an analysis by industrial sector and firm size. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/76-28-0001/2021005/article/00005-eng.htm>

⁶⁷ Schwan et al., 2020.

⁶⁸ Schwan et al., 2020.

2. Women and gender diverse people experience a wide range of housing adequacy and suitability issues, with safety issues being a common concern that undermines housing stability and leads to housing loss.

Over 70% of women and gender diverse people reported at least one problem with the condition of their current or most recent housing, and almost a third reported three or more problems. Issues included pests (25%), the unit being too small (20.6%), and the unit being too hot or cold (19.8%). These adequacy issues were in addition to the health and safety issues identified by participants, with 52.2% reporting at least one issue and almost a third reporting more than three health and safety issues (27%). As shown below, 27.8% percent of participants were forced to leave their most recent housing due to issues with the housing condition.

PROBLEMS WITH CONDITION OF HOUSING

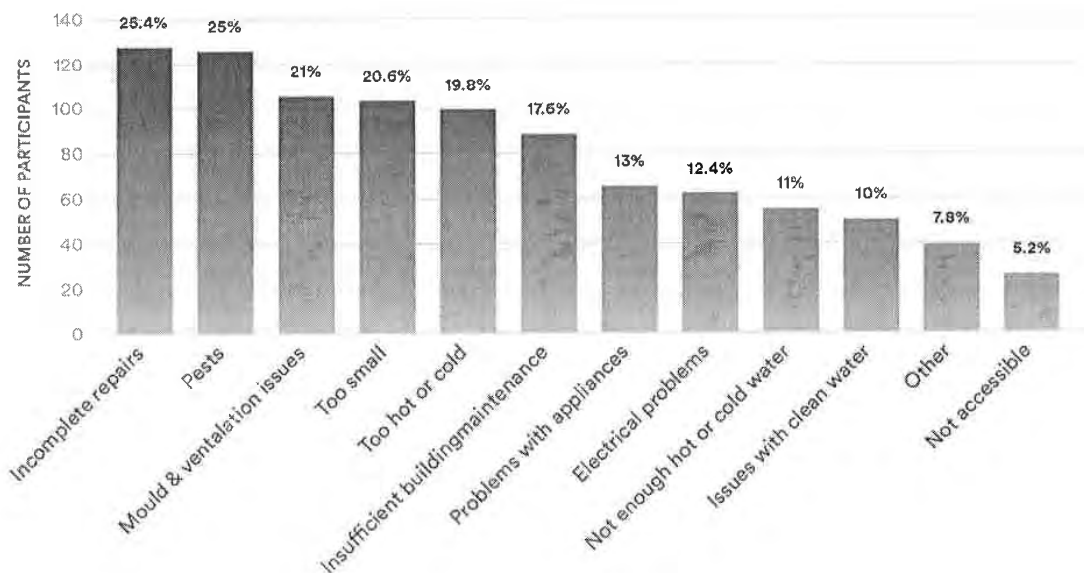


Figure 8. Problems with the condition of housing.

Safety issues were particularly significant for participants, with almost half (45.8%) of women and gender diverse people reporting at least one type of safety concern within their housing. Amongst the safety issues reported, a number of participants discussed violence, abuse, or harassment from landlords. One participant reports:

"I had to leave the premises with 2 months in advance fully paid rent. My landlady ... had thrown my belongings around my room, removed my bed (which she had supplied) and made it necessary for me to sleep on a bare cement floor in a cold basement for the night. She also had removed the lightbulbs from *my* area."

HEALTH & SAFETY ISSUES EXPERIENCED IN HOUSING

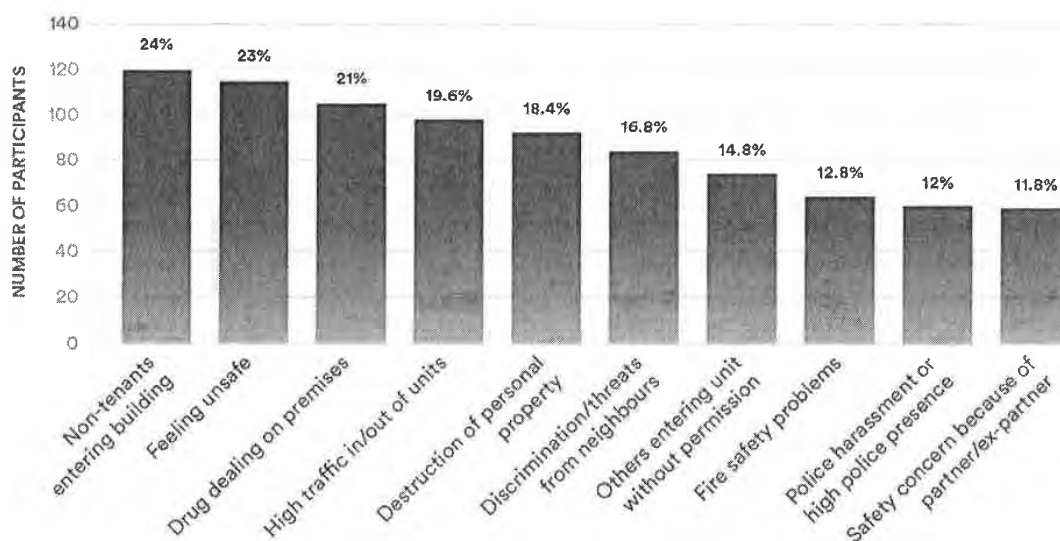


Figure 9. Health and safety issues experienced in housing

Importantly, a third of participants (33.3%) reported that the COVID-19 pandemic had made their housing situation worse, with data indicating:

- ↳ 11% were stuck in an unsafe situation
- ↳ 11% were forced to live somewhere that was not good/healthy for them
- ↳ 8% became homeless
- ↳ 7% were forced to leave where they were living

KEY TAKEAWAYS

Adequate housing is foundational to health and safety for women and gender diverse people. While much discourse in housing policy is focused on supply, with advocates demanding that more affordable housing be built, our survey results suggest that the maintenance and repair of existing low-income rental units is critical to preventing homelessness and keeping people well. Our survey found that many

women and gender diverse people endure severe health and safety hazards just to stay housed, but almost a third were forced to leave when those housing conditions became unbearable. Once de-housed, these families and individuals must navigate over-heated rental housing markets with little income or savings. Maintaining and repairing these low-income units, and preventing the loss of housing for these families, should be a priority across Canada.

This survey's findings also vividly illustrate housing as a social determinant of health,⁶⁹ illustrating why the housing crisis must be understood as a public health and safety crisis for women, girls, and gender diverse people. Housing conditions such as mould, ventilation problems, pests, and drinking water issues – combined with safety concerns such as emotional and physical violence – undermine health, mental health, and wellbeing, and create barriers to attending school, raising children, or remaining employed. Research shows that a lack of safe, affordable, and secure housing leads to additional burdens on public health⁷⁰ and safety⁷¹ systems as well, as these systems try to mitigate issues created and maintained by housing insecurity and gender-based violence.

Many survey responses also allude to safety concerns linked to their building, their neighbourhood, or their housing location. These findings highlight the importance of ensuring that underserved communities are better resourced with services, supports, and transportation infrastructure to improve safety and inclusion for women and gender diverse people. Progressive inclusionary zoning policies⁷² that have the capacity to rapidly expand affordable and supportive housing within mixed-income and well-resourced communities should be explored, with a specific mandate to increase access to such housing for low-income women and gender diverse people.

69 Rolfe, S., Garnham, L., Godwin, J., Anderson, J., Seaman, P., & Donaldson, C. (2020). Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. *BMC Public Health*, 20(1), 1-19.

70 Hwang, S. W. (2001). Homelessness and health. *Cmaj*, 164(2), 229-233.

71 Novak, S., Heimer, J., Paradis, E., & Kellen, A. (2011). Justice and injustice: Homelessness, crime, victimization, and the criminal justice system. Toronto, ON: Centre for Urban and Community Studies. <https://www.homelesshub.ca/resource/justice-and-injustice-homelessness-crime-victimization-and-criminal-justice-system>

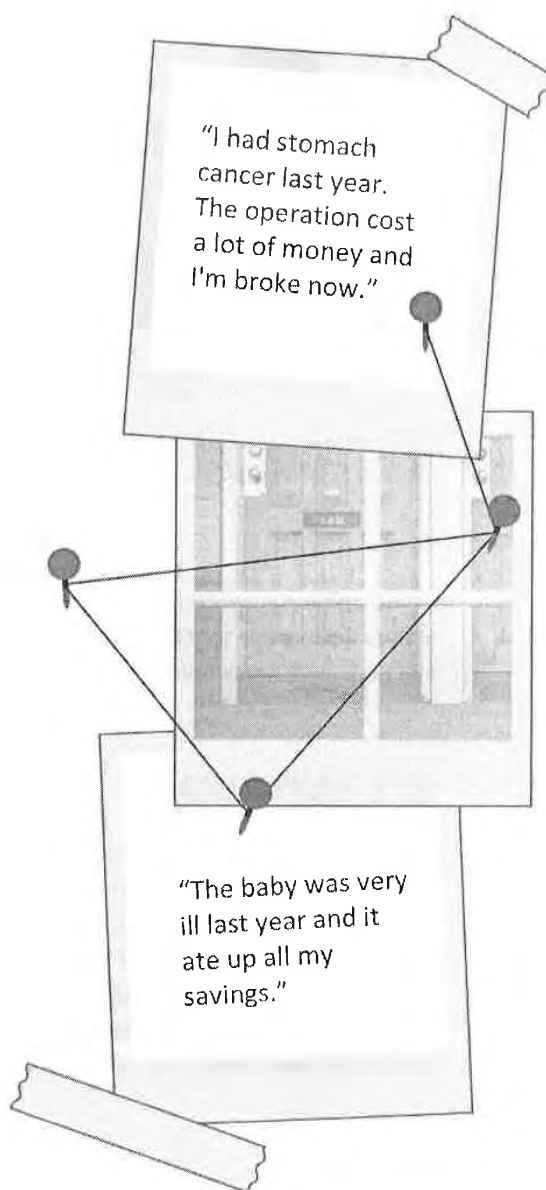
72 AECOM Institute Canada. (2019). *A Guide to Developing an Inclusionary Housing Program*. Ottawa, ON: ACCRN. <https://www.aecom-institute.com/wp-content/uploads/2019/08/Inclusionary-Housing-Guide.pdf>

3. The chronicity and depth of poverty amongst women and gender diverse people was linked to the insufficiency of social assistance and poorly-paid jobs. In order to survive, most participants had to engage in additional strategies to generate income each month. In many cases this contributed to increased vulnerability or debt, with over a third using credit cards, borrowing money, skipping bills, or using money marts.

Across Canada many women and gender diverse people find themselves in deep poverty, with survey data illustrating the lengths individuals go to make ends meet. Data indicated that in their current or most recent place, women and gender diverse people had an average of \$596.66 left over after paying for their housing. This amount would need to cover a range of necessities, including: food, transportation, medical necessities, necessities for children (e.g., diapers, schoolbooks), clothing, cell phone and internet access, and hygiene products, among other costs. Unsurprisingly, 61% of participants said they did not have enough money for necessities after paying for their housing, with another 22.7% reporting it depended month-to-month as to whether this amount was enough. Many reported have \$0 after paying for housing, and only 14.2% reported having enough money to cover their basic necessities after paying for housing.

Access to social assistance or social benefits (e.g., disability support programs) had a significant impact on housing stability for participants. More than 1 in 10 (12.6%) participants were forced to leave their most recent housing due to losing some form of government subsidy.

Given the depth of poverty many participants face, a majority reported engaging in a range of income-generating strategies in addition to employment or social assistance. On average, participants engaged in 2 additional subsistence strategies each month, and over a third of participants (33.6%) engaged in 3 or more additional subsistence strategies. Almost a third of participants relied on food banks (30.2%) and almost 1 in 10 engaged in sex work (8.4%).



Importantly, analysis indicated that many participants engaged in income-generating activities that increased their debt load. A total of 36.4% of participants used credit cards, borrowed money, skipped bills, or went to a money mart each month to afford basic necessities. Qualitative findings of the survey suggested such debts were further increased due to unexpected expenses, such as medical issues.

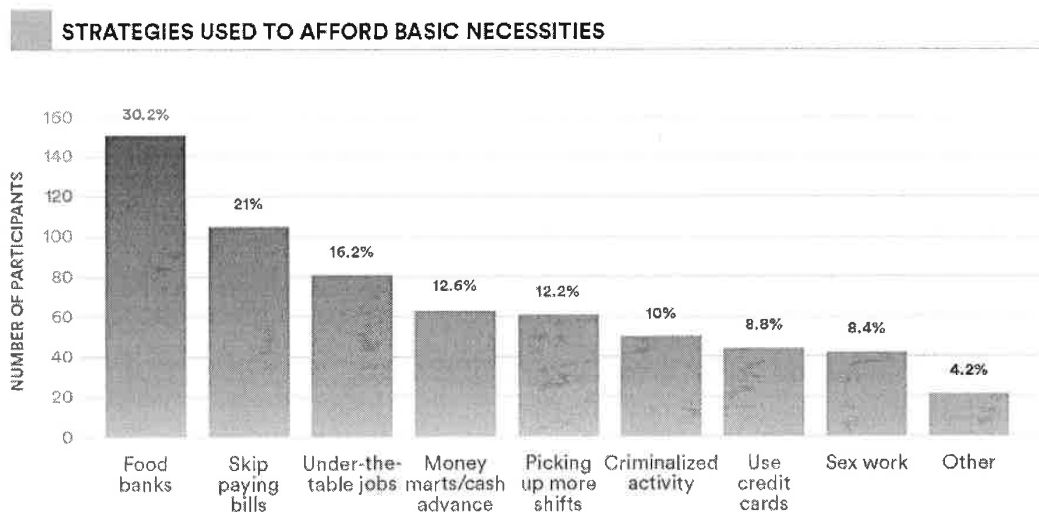


Figure 10. Strategies participants used to afford basic necessities.

COVID-19 further exacerbated poverty for some participants, with 33.6% reporting they saw a decrease in their income due to the pandemic. Analysis indicated that 14% of participants lost their jobs and 12% had their work hours reduced.

KEY TAKEAWAYS

Government-provided social assistance rates, despite being consistently linked to deep and chronic poverty, continue to be egregiously low and insufficient.⁷³ Links between social assistance, housing unaffordability, and chronic poverty demonstrate that housing solutions for women and gender diverse people are incomplete without transformative social assistance policies across Canada. The lack of political will to meaningfully address disparities in social assistance⁷⁴ has meant that many women and gender diverse people are forced into situations that compromise their health and safety as they try to survive and keep afloat. This survey's findings illustrate the gruesome reality in Canada: access to

⁷³ Canada Without Poverty. (October 2, 2019). Cuts to social assistance are detrimental to our social fabric. Ottawa, ON: Canada Without Poverty. <https://cwp-csp.ca/2019/10/cuts-to-social-assistance-are-detrimental-to-our-social-fabric/>

⁷⁴ Canada Without Poverty, 2019.

income plays a powerful role in creating or mitigating vulnerability to physical, mental, and financial abuse for women and gender diverse people.

Our findings also illustrate the important link between income, housing affordability, and food insecurity. Food bank usage was the most common subsistence strategy among participants, with housing costs directly impacting the kinds of food families were able to afford or rely on.⁷⁵ The prevalence of dependence on exploitative money lending services, criminalized activities, and under-the-table jobs also demonstrate that many women and gender diverse people risk exploitation just to afford basic necessities and remain housed. These findings reinforce the critical importance of a rights-based approach to housing, which is grounded in ensuring dignity for all. Importantly, these findings reveal that gaps created by housing insecurity are often filled by other systems and structures that largely fail to address root causes, deteriorate day-to-day circumstances, and increase vulnerability for women and gender diverse people.

⁷⁵ Ippolstra, B., & Tarasuk, V. (2012). The relationship between food banks and household food insecurity among low-income Toronto families. *Canadian Public Policy*, 38(4), 497-514.

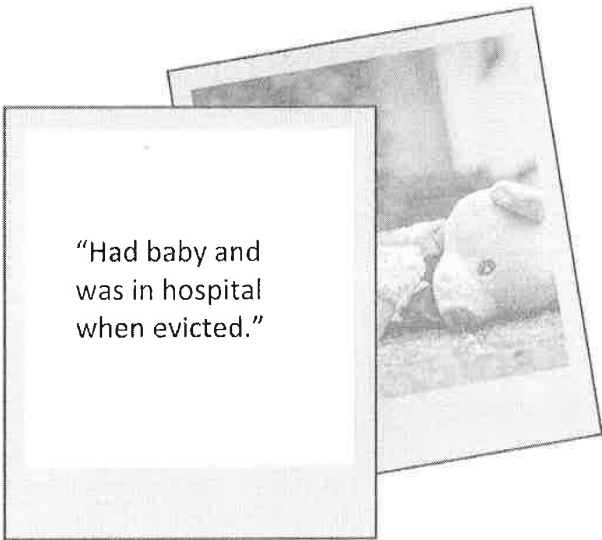
4.

While eviction was a common experience amongst women and gender diverse participants, many were unable to access legal advice and supports that could have helped. The consequences of eviction were severe for many, including housing loss, homelessness, and continued exposure to abuse.

Experiences of eviction were common amongst participants, with 37.2% reporting have experienced an eviction. Analysis indicated significant correlations between evictions and a person's identity or previous experiences. Importantly, for example, there was a significant statistical relationship between histories of child welfare involvement and being evicted. Those who reported child welfare involvement as an adult, as well as those who had child welfare involvement during both childhood and adulthood, reported significantly more evictions than those with no histories of child welfare involvement. This suggests that involvement with the child welfare system makes it more likely that a person will experience an eviction.

Additional analysis indicated that the following factors were also correlated with experiencing an eviction:

- ↳ Identifying as Indigenous
- ↳ Identifying as LGBTQ2S+
- ↳ Receiving any form of government benefit
- ↳ Having a disability, with data indicating that with persons with multiple disabilities had a greater likelihood of experiencing eviction
- ↳ Having multiple experiences of trauma



“Had baby and
was in hospital
when evicted.”

It is well documented that access to legal information, advice, and representation can prevent eviction and mediate negative housing outcomes. Importantly, almost a third of women and gender diverse people (27.9%) reported needing legal help to address their housing situation but were unable to get it.⁷⁶ When asked what happened when they were unable to access legal supports, many participants reported losing their housing or being stuck in unsafe or violent situations.

What happened when you couldn't access legal supports?

- "I lost my place because I didn't have a lawyer to help me with my eviction situation so I didn't know what to do"
- "I went to see a lawyer for help when my son was 18 months old. And she told me that I was a terrible mother for doing that, and that I was trying to poison my son against his father. I had no one to babysit and no help and could not control the appointment time. I left feeling humiliated and dejected and shamed and was not able to escape for another ten years after that."
- "I just stayed thru abuse"
- "I attempted to dispute my housing Eviction, but was denied by RTO a meeting because of a technical mistake on the deadline made by the system. Was refused a dispute.no such system helped me. I was evicted Dec 30 2019 with no notice. was given 10 minutes to leave with nowhere to go. 3 children. I reached out to an advocate which places me where I am now."
- "I had a place to stay then had surgery, I was in the hospital for a while and because of that odsp cut me off for any funds saying I wasn't staying at my place of residence meanwhile I was in the hospital for 2 months, on life support for 1 week of in the ICU then the rest was recovery time in hospital."

Importantly, young women and gender diverse people (age 13 to 24) reported significant challenges to accessing legal supports – more than any other age group. Across the sample, 52.2% of this group reported not being able to access legal advice or help when they needed it.

In participants' descriptions of evictions, it was also evident that policies and practices within public systems (e.g., child welfare, social assistance, housing, healthcare) created pathways into housing loss

⁷⁶ 16% reported never needing legal advice or help.

and homelessness for some women and gender diverse people. Several participants shared the following stories:

- ↳ “Parents refused to let me live in their place without a mental health assessment, hospital refused to completed mental health assessment because I had no address.”
- ↳ “You have to have your children "living with you" in order to obtain social housing. But FCS says you have to have adequate housing in order to get your kids back.”
- ↳ “Had children apprehended so I couldn't afford the house I was currently in”
- ↳ “Got kicked out of hospital without a social worker looking for a shelter for me.

KEY TAKEAWAYS

Evictions remain a key cause of homelessness for gender and diverse people, despite substantive evidence on the efficacy and cost-benefits of eviction prevention programs and policies.⁷⁷ Our survey findings point to three intersecting issues with respect to eviction:

1. A critical lack of supports and services to prevent housing loss due to eviction, in addition to gender-based barriers to accessing existing legal services.
2. Public system policies creating “eviction pipelines” for women and gender diverse people, as well as their children.
3. Higher rates of eviction amongst groups experiencing marginalization (e.g., LGBTQ2S+ persons) and those with public system involvement (e.g., social assistance recipients, child welfare involvement).

Evictions result in severe consequences for many women and gender diverse people, including for those who are separated from their children due to housing loss and/or loss of social assistance. Our findings align with research demonstrating that:

“Most social assistance systems cut entitlements for a mother as soon as her child is apprehended by child welfare, putting her in a position of losing her housing (which is not easily re-established). This dramatically affects her ability to have her children returned to her care. Similarly, housing providers often consider a woman immediately over-housed if she loses custody of her children or will not consider the mother’s family size for housing entitlement if her children are not currently in her care.”⁷⁸

77 Canadian Mortgage and Housing Corporation, “2009 Cost-Effectiveness Evaluation of Eviction Prevention Programs, Socio-economic Series, 05 (2010) <http://www99.ec.gc.ca/schips.ca/catalog/product.cfm>
 78 S. Swain et al., 2000: p. 34.

Such experiences constitute egregious public system failures. These failures must be understood as foundational to gendered experiences of homelessness and intergenerational homelessness, given evidence that children who experience child welfare involvement are at significantly greater risk of experiencing homelessness,⁷⁹ and that losing custody of one's child is a trauma that precipitates homelessness for some women.⁸⁰ Importantly, our findings suggest that women and gender diverse people often lack the tools, resources, and opportunities to contest the twinned experience of eviction and child apprehension.

Eviction prevention programs and policies must employ a strong gender and equity lens in order to address the unique ways that women and gender diverse people experience evictions. However, this remains an understudied pillar of homelessness prevention in Canada.⁸¹ There has been limited gender-segregated analysis of evictions regionally and nationally, despite a recent increase in equity-focused analyses.⁸² These gaps in knowledge have serious implications, including in the wake of COVID-19. For example, emerging US data indicates that women will represent the majority of Americans evicted during the COVID-19 pandemic,⁸³ with single Black mothers facing higher rates than other groups.⁸⁴ Further research in this area is needed in Canada, in addition to improved access to justice mechanisms for women and gender diverse people whose experiences of eviction constitute human rights violations under the ***National Housing Strategy Act*** and international human rights law.

79 Gaetz et al., 2016.

80 Van Berkum & Oudshoorn, 2015, p.10.

81 Grayson et al., 2020.

82 See, for example, Leon, S., & Ivanick, J. (2020). Forced Out: Evictions, Race, and Poverty in Toronto. Toronto, ON: Wellesley

Institute. <https://www.wellesleyinstitute.com/publications/forced-out-evictions-race-and-poverty-in-toronto/>

83 See, for example, Benfer, E. A., Mianow, D., Long, M. T., Walker-Wells, J., Postinger, C. L., Gonsky, G., & Keane, M. E. (2021). Eviction, health inequity, and the spread of COVID-19: housing policy as a primary pandemic mitigation strategy. *Journal of Urban Health*, 98(1), 1-12.

84 See, for example, Dukerman, E. (24 July 2020). "The Eviction Crisis is already Here and It's Crushing Black Moms." *Vice News*. http://www.vice.com/en_us/article/79/pics/the-ration-crisis-is-already-here-and-its-crushing-black-moms.

5.

Experiencing a breakup was the primary reason that women and gender diverse people lost their most recent housing. This suggests that housing for this group is deeply dependent upon maintaining a personal relationship with a man, partner, or other person.

The top reason women and gender diverse people lost their most recent housing was because of a breakup, with 47% reporting this experience. This reason outpaced all affordability issues, concerns about safety, experiences of violence, loss of income or subsidies, or poor housing conditions. This finding suggests that women and gender diverse people’s security of tenure is often under the control of a romantic or sexual partner (most frequently a man), and that in order to remain housed many women and gender diverse people have to remain in a romantic and/or sexual relationship of some kind. Under human rights standards, women and gender diverse people’s security of tenure should not depend upon their relationship status, as explained by the UN Special Rapporteur on the Right to Adequate Housing: “The independent right of women to security of tenure, irrespective of their family or relationship status, should be recognized in national housing laws, policies and programmes.”⁸⁵

REASON PARTICIPANTS WERE FORCED TO MOVE OUT

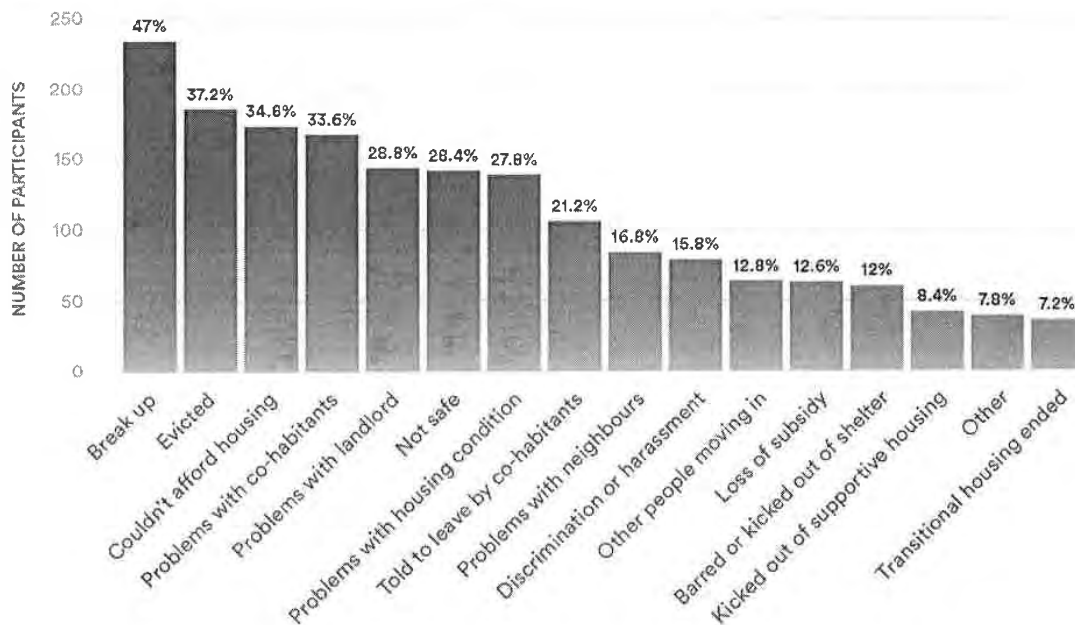


Figure 11. Reasons participants were forced to move out of their most recent housing.

Interestingly, security of tenure issues often intersected with public system failures (e.g., in child welfare, healthcare), sometimes creating pathways into homelessness for women. For example, when asked “How did the criminal justice system contribute to your homelessness?”, three participants responded:

- ↳ “No contact order and the man owned the house, i had to leave only being on a disability income.”
- ↳ “My aggressor was removed from the home but I lost my housing as a result and became homelessness.”
- ↳ “My husband went to prison and our house was auctioned off as a fine.”

KEY TAKEAWAYS

As identified by the **UN Special Rapporteur on the Right to Adequate Housing**, “the right to own, manage, enjoy and dispose of property is central to a woman’s right to enjoy financial independence, and in many countries will be critical to her ability to earn a livelihood and to provide adequate housing and nutrition for herself and for her family.”⁸⁶ It is evident that in Canada, a woman’s access to housing still depends in large part on her relationship with a man. An array of policies can be held responsible for this dependence, many of them rooted in colonial and patriarchal systems which dislocate particular women and gender diverse people as owners of property and land, fail to equitably compensate them for their labour, deny them access to mortgages, and create barriers to escaping violence or abuse. For example, we have structured our housing system such that women fleeing violence often lose their homes, their property, their savings, their pets, and in some cases custody of their children.⁸⁷

In order to advance the autonomy and self-determination of marginalized women and gender diverse people, it is essential that home ownership is made attainable for those groups who live on low-incomes, have disabilities, or face other barriers to achieving home ownership (e.g., race-based discrimination). Further, it is essential that women and gender diverse people are equitably listed on, and have agency over, rental leases, and that such leases provide them protection in the event of dissolution of relationships. Policy interventions aiming to address this challenge must pay special attention to enabling women’s right to security of tenure. Housing departments across jurisdictions must identify barriers to secure tenure and build more accessible pathways to long-term secure tenure for women and gender diverse people.

6. Homelessness begins early in life for a majority of women and gender diverse people, and is often followed by a chronic, chaotic churn of precarious housing and homelessness situations.

Despite only 13% of participants being young people themselves, a majority of participants reported experiencing homelessness for the first time as a young person (55.7%). Approximately 1 in 5 participants became homeless before the age of 16, meaning they likely could not access supports or services within the homelessness or VAW sectors (unless with a parent or caregiver). Amongst those who became homeless before 16, on average their first experience of homelessness began at age 11.

Equity-seeking groups disproportionately experienced homelessness at a younger age. For example, LGBTQ2S+ persons were more likely to experience homelessness before the age of 16, as were racialized participants. A majority of Indigenous participants (57.3%) reported experiencing homelessness for the first time as a young person (age 24 or younger), with 1 in 4 experiencing homelessness before the age of 16. Similar disparities were reported with respect to gender, with 48.6% of gender diverse people reporting they became homeless before the age of 16 (vs. 19.3% of cisgender women).

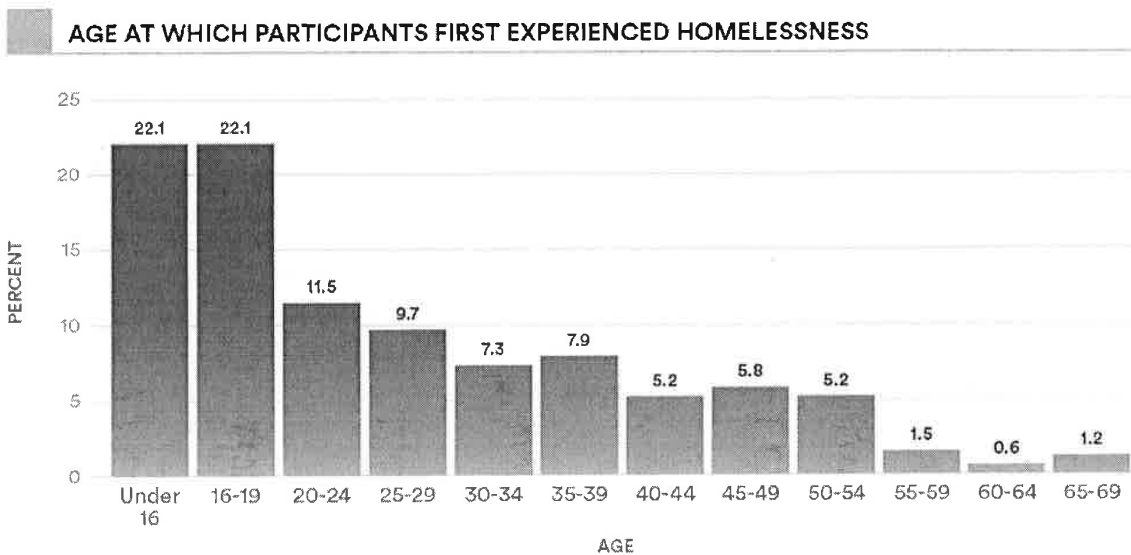


Figure 12. Age at which participants first experienced homelessness.

Once homeless, many women and diverse people reported cycling through a range of precarious housing and homelessness situations (e.g., couchsurfing, survival sex, rough sleeping, hotels/motels, residing in a shelter), with a majority experiencing three or more precarious housing situations in the last year. A majority (42.3%) spent 6 months or more in these situations over the last year.

NUMBER OF PRECARIOUS HOUSING SITUATIONS EXPERIENCED IN THE LAST YEAR

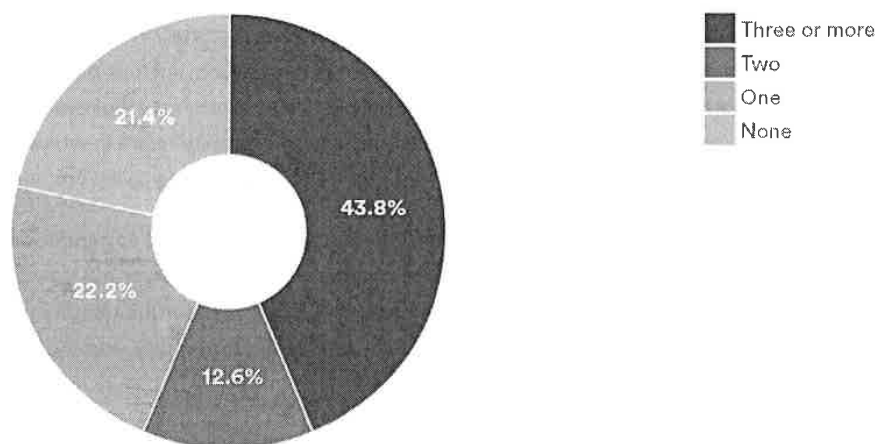


Figure 13. Number of precarious housing situations experienced in the last year.

KEY TAKEAWAYS

Research shows that being exposed to homelessness at a young age puts youth at immense risks of experiencing trauma and violence, impacting their ability to cope and transition out of homelessness.⁸⁸ Our survey findings mirror other national data that has traced chronic adult homelessness to homelessness during youth or childhood,⁸⁹ demonstrating the importance of early intervention. Importantly, however, these early experiences are “often intertwined with the experiences of the child’s primary caregiver – in many cases, a child’s mother. Housing instability in a child’s life usually occur in the context of their mother’s experiences of eviction, intimate partner violence, sexual assault, poverty, or homelessness.”⁹⁰ This suggests that if we want to interrupt the pathway from child homelessness to

⁸⁸ Gaetz, S., O’Grady, B., Kidd, S., & Schwan, K. (2015). *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/youthwithoutahome>

⁸⁹ See Employment and Social Development Canada. (2019b). *Everyone Counts 2018: Highlights – Preliminary Results from the Second Nationally Coordinated Point-in-Time Count of Homelessness in Canadian Communities*. Ottawa, ON: ESDC. <https://www.canada.ca/en/employment-social-development/programs/homelessness/reports/highlights-2018-point-in-time-count.html>

⁹⁰ Khawo et al., 2020, p. 32.

adult homelessness for women and gender diverse people, we must address the unique needs of mothers in severe poverty and core housing need.⁹¹

In addition, the prevalence of early experiences of homelessness amongst women and gender diverse people underscores the importance of youth homelessness prevention. Interventions must be trauma-informed, gender-sensitive, culturally appropriate, and well-resourced, with a particular focus on youth under 16, who are especially underserved by the homelessness and VAW sectors.⁹² Given that some girls and gender diverse children experience homelessness with their families, programs and services should prioritize avenues for keeping families together (when safe and appropriate). This should include reviewing and rescinding policies that exacerbate child-parent separation, such as mandatory reporting to child welfare within some VAW or homelessness services. Such policies may make women with children hesitant to access services for fear of child apprehension⁹³ or may result in women leaving their children with others in order to access supports,⁹⁴ in some cases contributing to severe, long-term harm.

Policies aiming to prevent homelessness for Indigenous young women, as well as gender diverse and Two-Spirit persons, must be cognizant of the colonial contexts that make Indigenous youth vulnerable to housing precarity. Indigenous scholars and communities have long called for meaningful investments in programs that focus on relationships to kin and connection to land, community, and Indigenous ways of knowing and being (including Indigenous systems of gender).⁹⁵

For gender diverse youth, research indicates that interventions must focus on gender-affirming supports, access to adequate gender-sensitive healthcare, and housing interventions built around inclusion and safety.⁹⁶ In all cases, early interventions appropriate to the unique situation of youth can build long-term stability and play a role in eradicating chaotic, cyclical, and chronic homelessness for women and gender-diverse people.

⁹¹ Srinivas et al., 2020.

⁹² Srinivas et al., 2020.

⁹³ Itozaki, K. [2017]. Housing, homelessness, and violence against women: A discussion paper. Women's shelters Canada. <http://wsc.ca/wp-content/uploads/2017/07/Overcoming-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>. See also: Martin, J. (2019).

⁹⁴ See: Caolan, B. (2019). "Invisible" parent experiences of homelessness and separation from their children in Canada. [doctoral dissertation]. Dalhousie University. <https://doi.org/10.11575/1.12471>

⁹⁵ Srinivas, S. A., Pruthi, S., Srinivas, S., O'Grady, B., & Smith, J. (2020). A scoping study of Indigenous youth homelessness in Canada. *Health Affairs*, 39(1), 110-117.

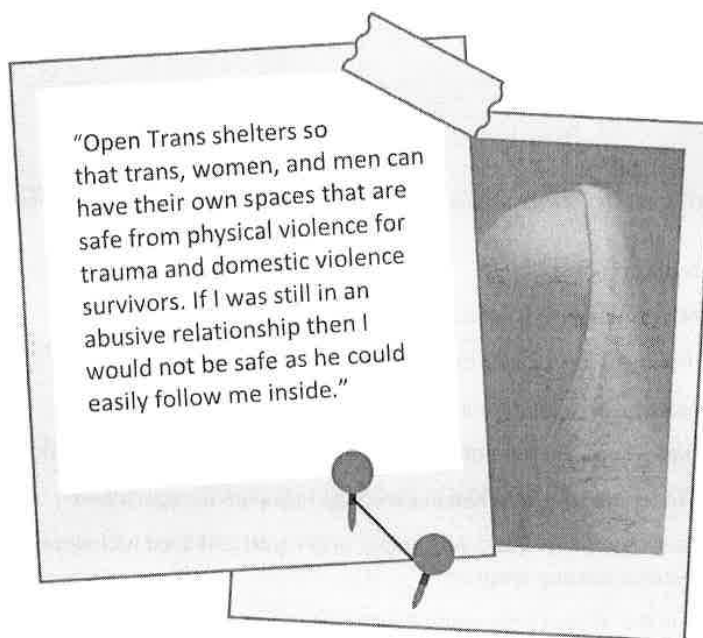
⁹⁶ Srinivas, S. A. (2021). No safe place to go: LGBTQ youth homelessness in Canada: Reviewing the literature. *Canadian Journal of Family and Youth/Canadian Journal of Family and Youth*, 4(1), 33-51.

7. Women and gender diverse people reported significant barriers to accessing emergency services, with almost a third being unable to access a bed when they needed one.

Almost a third (32.6%) of participants were unable to access a shelter bed when they needed one. When participants were asked why they were unable to access a bed, an overwhelming majority listed 'shelter full' as the primary reason. Participants also reported barriers due to discrimination, eligibility criteria, COVID-related restrictions, and difficulty finding emergency shelters or services suitable for their families and pets. The following explanations reflect some of these challenges:

DISCRIMINATION

- ↳ "Because I was male presenting and fleeing abuse with a baby and a dog and you can't bring all of them with you/only one family shelter for women allows pets and I felt that because I present more masculine and don't identify exactly as a woman it would cause issues or i would t be welcome or safe there either"
- ↳ "The people inside bullied me because I was a black girl and wouldn't let me in."



ELIGIBILITY

- ↳ "I was pregnant and I couldn't access certain services because of COVID. I also couldn't get into a shelter because I had been drugged by my ex and they thought I was intoxicated."
- ↳ "The definition of DOMESTIC ABUSE didnt qualify in Manitoba. In newfoundland..stjohns..all domestic abuse is accepted... In manitoba if ur partner isnt physical u dont get shelter. If it isnt ur partner but member of ur household it doesnt qualify even if theyr beating u. So yes ive been denied shelter at womens abuse shelters."
- ↳ "I was deemed a liability because I was suicidal and was "timed out" for 24 hrs"

SUITABILITY

- ↳ "No room for my size of family"
- ↳ "No beds for Families and we have 2 pets a dog and a cat"
- ↳ "Mostly because of staff being insensitive the personal needs. There not being enough beds and shelters available to avoid people that may cause issues."

When asked what they did when they couldn't access a shelter bed, many participants described experiences of rough sleeping, survival sex, returning to situations of abuse, and begging friends or acquaintances to take them in for the night.

What did you do when you were turned away from a shelter?

- "Sleep on the streets or in cars"
- "Stayed awake all night, looking for a friend to take me in usually"
- "I left and spent the night sleeping in the lobby of a nearby hospital"
- "Slept outside or slept with a man for a place"
- "I slept outside, and when I did the police arrested me and stole all my personal belongings."
- "begged a friend to let me stay with him in exchange I cleaned his apartment"
- "i moved back in with the man I had a no contact order with and lived with anxiety until i was approved for Manitoba housing program"
- "I cried especially in the Winter time when it was cold outside. I have slept outside some nights and it was so cold that I got frost bite in my feet and this resulted in permanent nerve damage."
- "Stayed in abusive situation with my dog and my kid"

Importantly, almost 1 in 5 (18.2%) participants reported being service restricted/barred from shelters. This experience was more common for particular groups, including:

- ↳ Participants that had child welfare involvement both as a child and as an adult (26.7% vs. 12.5%)
- ↳ Those who identified as having a mental health challenge (81.7% vs. 58%)

Below are the top 7 problems participants reported at drop-ins and shelters across the homelessness and VAW sectors, suggesting some significant concerns regarding discrimination, exclusion, safety, and gaps in service. Analysis indicated approximately 1 in 5 participants had engaged with both the homelessness and VAW sector in the last year.

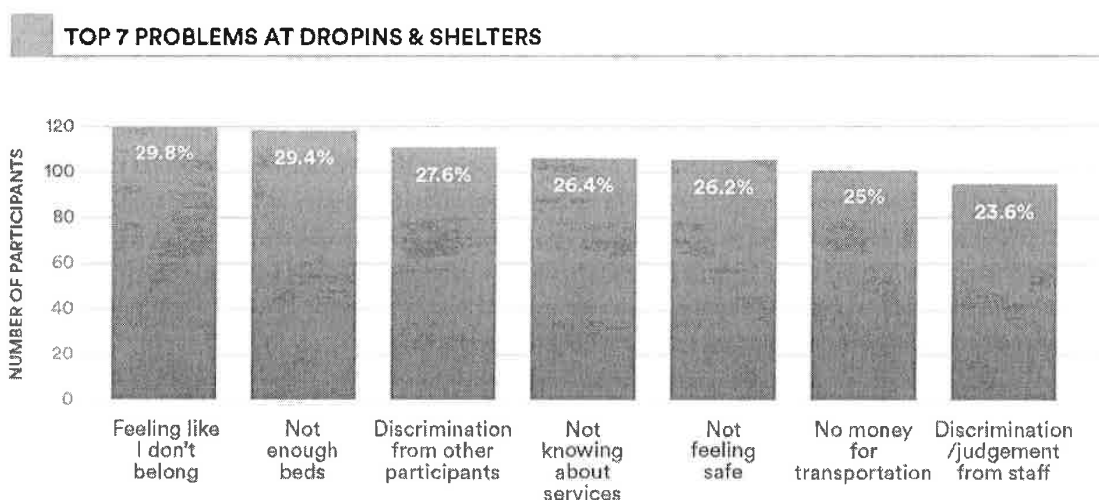


Figure 14. Top 7 problems participants faced in drop-ins and shelters.

KEY TAKEAWAYS

Our survey findings suggest that some women and gender diverse people are harmed by how the homelessness and VAW sectors structure and deliver services. In addition to the severe capacity issues that are well-documented,⁹⁷ personal accounts indicate that shelters can exacerbate the very needs they are meant to address, including through discriminatory policies, duty to report policies, and rigid eligibility and acuity criteria. Shelter policies related to substance use, pets, and adult children – combined with a failure to employ trauma-informed, harm reduction approaches – result in women and gender diverse people being turned away from services. This is particularly evident in the lives of women and gender diverse people who have complex needs or are multiply marginalized. The effects of such exclusion cannot be overstated. In some cases seemingly benign or very minor operational policies

⁹⁷ Statistics Canada, 2019; Employment and Social Development Canada, 2019

within shelters, drop-ins, transitional housing, and other emergency services produce horrific results for those seeking or receiving support.

In seeking to redress these issues, particular attention must be paid to how definitions of violence shape access to services and shelters. How violence against women or domestic violence is defined varies jurisdictionally, leading to inconsistent shelter policies regarding who qualifies for services.⁹⁸ VAW shelters, which in many jurisdictions serve only women fleeing intimate-partner violence (IPV), create gaps in service for women who are experiencing violence due to being homeless or street-involved, or experiencing violence from other family members. This creates silos between women and gender diverse people who experience violence in different circumstances. Given this, it is not surprising that some women report feeling there is a “hierarchy of deservingness” that shapes who gets access to services, and that women experiencing particular forms of violent victimization are prioritized over others.

Experiences of gender-based discrimination and race-based discrimination at shelters further disenfranchise women and gender diverse people from spaces that are meant to be protect them and their families. Being turned away from shelters can mean women and gender-diverse people are forced to utilize alternative strategies such as survival sex, going back to their abuser, or navigating systems like healthcare or criminal justice to seek immediate shelter. Policy interventions and solution-building must take a critical look at the role shelters play in maintaining and perpetuating violent experiences for women and gender diverse people as they seek safety and stability.

⁹⁸ Canadian Network of Women's Shelters and Transition Houses. (2012). The Case for a National Action Plan on Violence Against Women. <https://en.cwaw.ca/wp-content/uploads/2015/10/11--Case-for-a-National-Action-Plan-on-VAW.pdf>

8.

Women and gender diverse people experiencing housing need and homelessness reported high exposure to trauma and violence, with 75% identifying as a survivor of trauma or abuse.

Experiences of trauma and violence were reported both prior to and during experiences of homelessness by participants. Remarkably, over 75% of women and gender diverse persons reported being a survivor of abuse or trauma. Over 1 in 10 reported being involved in human trafficking, and over a quarter of the group (27.8%) had child welfare involvement as a child or youth.

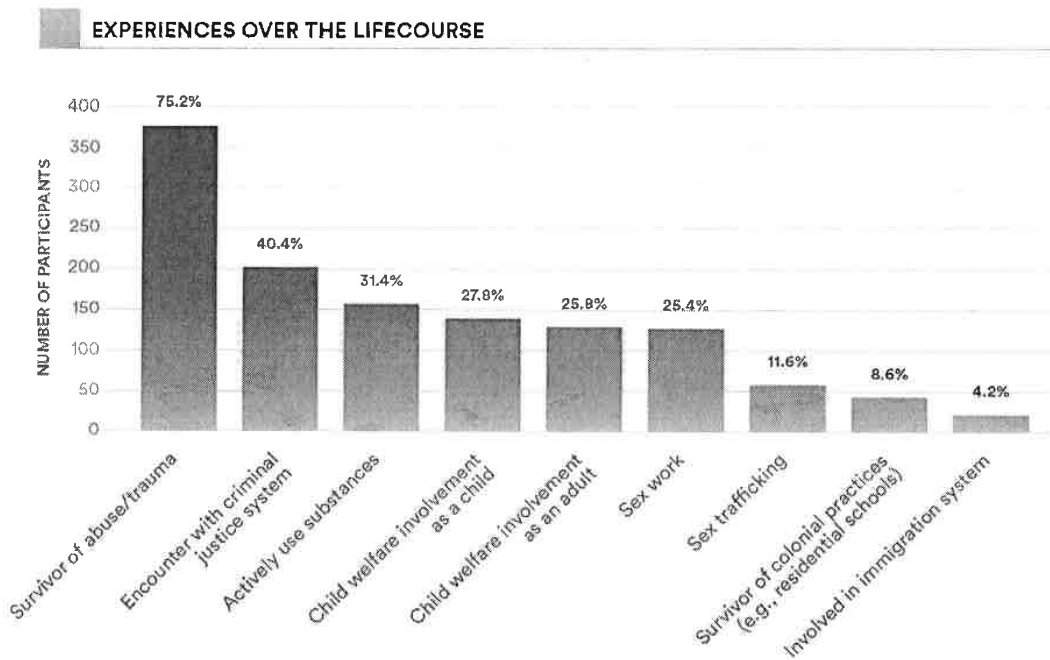


Figure 15. Experiences over the lifecourse (e.g., trauma, trafficking, CAS involvement).

Participants also reported significant levels of violence, control, harassment, or discrimination perpetrated by the people they live with, with almost half of the sample reporting some form of violence in their current or most recent home (45.6%). Importantly, 28.4% of participants were forced to move out from their most recent housing because it was not safe for themselves or their children. Particular forms of violence at home were higher for some groups; for example, gender diverse people reported higher rates of arguments and fights (37.5% vs. 31.3%) and physical conflict, threats, or assault (29.2% vs. 21.3%).

Histories of gender-based violence were reported by participants accessing services in the homelessness sector and the VAW sector, suggesting these experiences are pervasive for those who engage with either system.

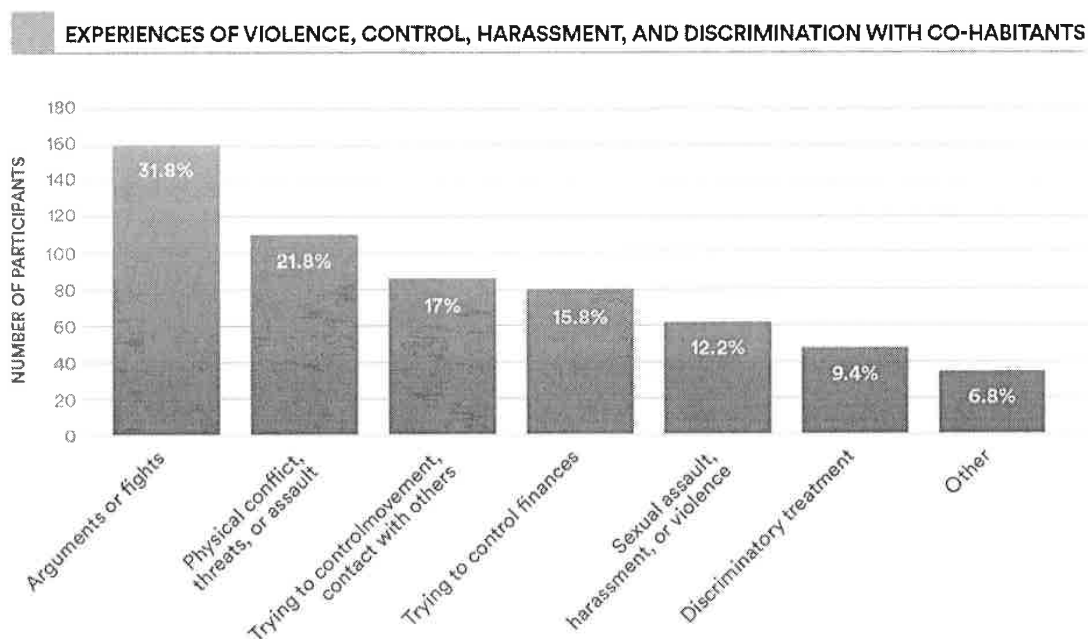


Figure 16. Participants' experiences of violence, control, harassment, and discrimination with co-habitants.

KEY TAKEAWAYS

Issues of housing and safety are indivisible in the lives of women and gender diverse peoples. The lack of safe, affordable, and adequate housing across Canada contributes to this risk of violence, and experiences of violence can cause or perpetuate housing instability.⁹⁹ In many cases the violence that women and gender diverse people experience on the street is preceded by violence in their homes. Available national data indicates this violence has been increasing for years, with a **Statistics Canada report** on police-reported violence between 2007 and 2017 indicating that “regardless of the type of offence, girls and young women were most commonly victimized on private property and, of those who were, nearly two-thirds were victimized in their own home”.¹⁰⁰ Such data demonstrates that housing the lack of available, affordable housing for women (and their children) can trap women in housing in which they are being abused or assaulted and make it profoundly difficult for women who are homeless to transition off the streets.

⁹⁹ Schabas et al., 2020. *Violence Against Women & Children*, 2020.

¹⁰⁰ Corley, S. (2018). Police-reported violence against girls and young women in Canada, 2017. The Canadian Centre for Justice Statistics. <https://www150.statcan.gc.ca/n1/pub/85-003-x/2019001/article/5254931-eng.pdf>

Our findings underline the importance of harm reduction and trauma-informed approaches, including within public systems seeking to prevent homelessness. Cross-system supports that assist individuals transitioning from child welfare or criminal justice systems, for example, are critical to bridging gaps that make women and gender-diverse people more vulnerable to violence and trauma.¹⁰¹ Moreover, there is a need to ensure that public systems, homelessness services, or VAW shelters are not transitioning individuals back into situations of abuse. Unfortunately, available data suggests that we may be doing just that. For example, recent *Statistics Canada data* (2019) indicates that few women transition from VAW shelters into safe or affordable housing, with 21% reporting they are returning to a residence where their abuser continues to live.¹⁰²

9. Women and gender diverse people, particularly those from equity-seeking groups, reported significant levels of discrimination from landlords and property managers, in many cases leading to housing loss or barriers to accessing housing.

Women and gender diverse people described complex, intersectional forms of discrimination in housing across Canada. A key finding was the level of discrimination participants experienced from landlords and property managers. A total of 80% of participants reported experiencing at least one form of discrimination from a landlord or property manager. Most participants reported experiencing multiple forms of discrimination, with almost half of participants reporting experiences of three or more (44.4%). Importantly, 15.8% reported they were forced to move out of their most recent place because of discrimination or harassment.

The rate of discrimination was higher for particular groups, with LGBTQ2S+ women and gender diverse people reporting distinct experiences in this regard. For example, data indicates that LGBTQ2S+ persons:

- ↳ Experience discrimination on the basis of age at 2.3 times the rate of heterosexual populations
- ↳ Experience discrimination on the basis of having a criminal record at 2.6 times the rate of heterosexual populations
- ↳ Experience more than twice the level of discrimination on the basis of appearance compared to heterosexual groups (26.2% vs. 12.2%)
- ↳ Experience discrimination on the basis of sexual orientation at 3.6 times the rate of people who identify as heterosexual

Gender diverse people also describe higher levels of discrimination from landlords in key domains, including on the basis of income (60.4% vs. 42.7%).

Race shaped experiences of discrimination across the sample, with 34.7% of racialized persons and 24.2% of Indigenous persons reporting discrimination on the basis of race, colour, or ethnicity. One participant reported, for example, "As a migrant from Africa, I was discriminated against when renting an apartment and had to leave." Indigenous persons also reported greater discrimination from landlords on other bases as well, with 52.9% reporting discrimination on the basis of income.

KEY TAKEAWAYS

Discrimination from landlords in the form of harassment or refusal to rent reduces women's and gender diverse people's chances of acquiring or keeping long-term adequate housing. This discrimination is often based on gender and other intersecting characteristics, such as family status, race, income, or

age.¹⁰³ The prevalence of gendered forms of discrimination from landlords and property managers should be understood as a major human rights concern, one that has significant implications for Canadian governments given the commitment to non-discrimination in the *Canadian Charter of Rights and Freedoms*, and the *adoption of housing as a human right in federal legislation*.

Effective remedies for discrimination from private landlords and property managers relies on provincial, territorial, and federal human rights legislation.¹⁰⁴ However, these mechanisms in Canada are weak. As identified in a *recent Canadian submission* to the UN Special Rapporteur on the Right to Adequate Housing,

“Rights claimants in the area of housing have little access to representation and assistance, and courts and tribunals have usually resisted the application of substantive equality to systemic housing and homelessness issues ... Surveys have revealed widespread discrimination on prohibited grounds in housing, yet housing cases make up a small fraction of the cases before human rights tribunals across Canada.”¹⁰⁵

All Canadian governments, in concert with the *Office of the Federal Housing Advocate*, can play an important role in preventing discrimination in rental housing through improving avenues for women and gender diverse people to claim their rights. For examples, municipalities should consider establishing low-barrier access to justice mechanisms at the local level (as was outlined in the City of Toronto’s *HousingTO 2020-2030 Action Plan*).

Other important interventions should include programs that focus on assisting vulnerable renters in navigating rental housing markets, obtaining necessary documentation, completing paperwork, and dealing with landlords. Supports like rent banks¹⁰⁶ and flexible funds¹⁰⁷ for people who are unable to afford deposits or show proof of incomes can also help with deterring discrimination based on income.

103 Valzimo, 2019.

104 Office for Equality Rights in Accommodation (OERA), National Right to Housing Network (NRHN), & Social Rights Advocacy Centre (SRAC). (May 2021). Submission to UN Special Rapporteur on the Right to Adequate Housing – Housing Discrimination & Spatial Segregation in Canada. https://www.ohchr.org/Documents/HR_Bodies/HRC/Working_Groups/Working_Group_27/Submissions_to_Special_Rapporteurs/Canada/SRAC.pdf

105 OERA, NRHN, & SRAC, 2021, p. 7.

106 City of Toronto (n.d.). Toronto Rent Bank. Toronto, ON: City of Toronto. <https://www.toronto.ca/211/knowledgebase/211/docs/rent/bank/en/letter-1444078290.html?hg.administrative/housing-stability-services/toronto-rent-bank.html>

107 Sullivan, C. M. (June 2012). Creating Safe Housing Options for Survivors: Learning from and Expanding Research. Safe Housing Project. <https://www.violencefreecanada.org/wp-content/uploads/2016/07/Learning-from-research-Housing-NRCDV-2017.pdf>

10.

79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of ability, with severe consequences for many.

Remarkably, 79% of participants reported some form of disability, with almost half of the sample (46.4%) reporting a psychiatric or mental health disability of some kind. A total of 60% reported a physical disability, 38.2% reported a substance use problem, and 22.4% reported some form of cognitive, intellectual, or memory-related disability. On average participants reporting having 3 disabilities, with some participants reporting as many as 11.¹⁰⁸

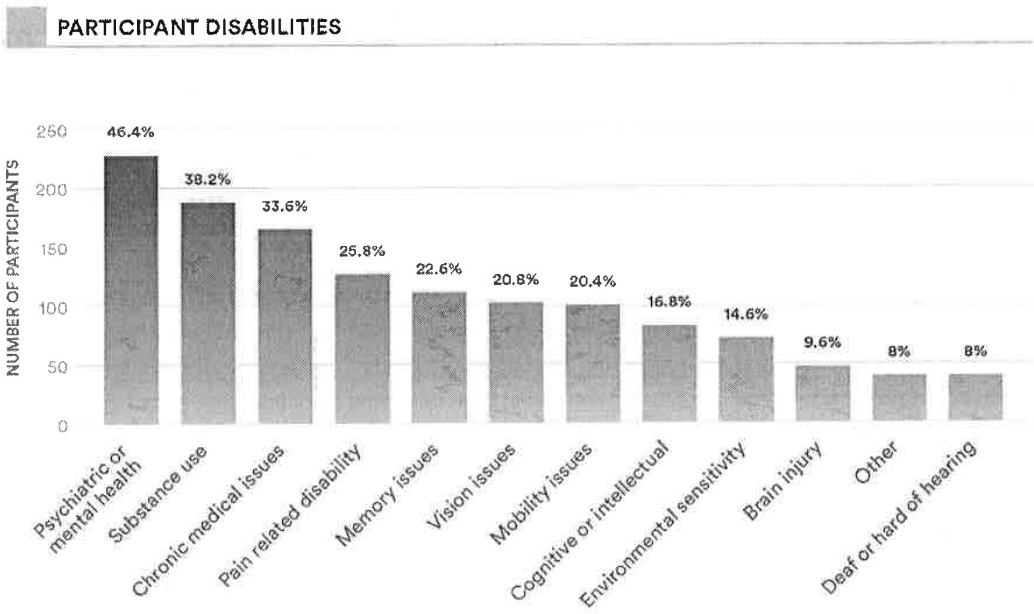


Figure 15. Disabilities reported by participants.

Analysis indicated having a disability was a significant predictor of negative housing outcomes. These included having difficulties accessing emergency shelter and supports, difficulties finding affordable and accessible housing, experiences of discrimination, and numerous additional inequities.

¹⁰⁸ It should be noted that approximately half of the study sample were pregnant or seeking post-natal supports for women and gender diverse people, with many also having the issues towards deeper and more complex forms of discrimination. Nevertheless, similar data of disability were reported across participants who did not belong to the sub-sample.

Problems Accessing Shelters

Shockingly, people with disabilities reported being unable to access shelter beds when they needed them at roughly twice the rate of those without disabilities (65.1% for people with physical disabilities vs. 34.9% for those without; 43.1% for those with mental health disabilities vs. 18% for those without). This suggests profound accessibility issues persist in the homelessness and VAW sectors. Evidence of this surfaced in other parts of the data. For instance:

- ↳ Persons with physical disabilities reported shelters and drop-ins were not accessible to them by public transportation at almost twice the rate of those without physical disabilities (11.6% vs. 6%)
- ↳ Shelters and drop-ins are inaccessible to people with physical disabilities at more than three times the rate of those without physical disabilities (10.7% vs. 3%)
- ↳ Individuals with substance use problems also experienced significant barriers when trying to access shelters. There was a significant association between reporting a substance use problem and having been barred from shelters. Those that used substances reported being barred from shelters at a rate 3 times that of those who did not (30.9% vs. 10.4%)

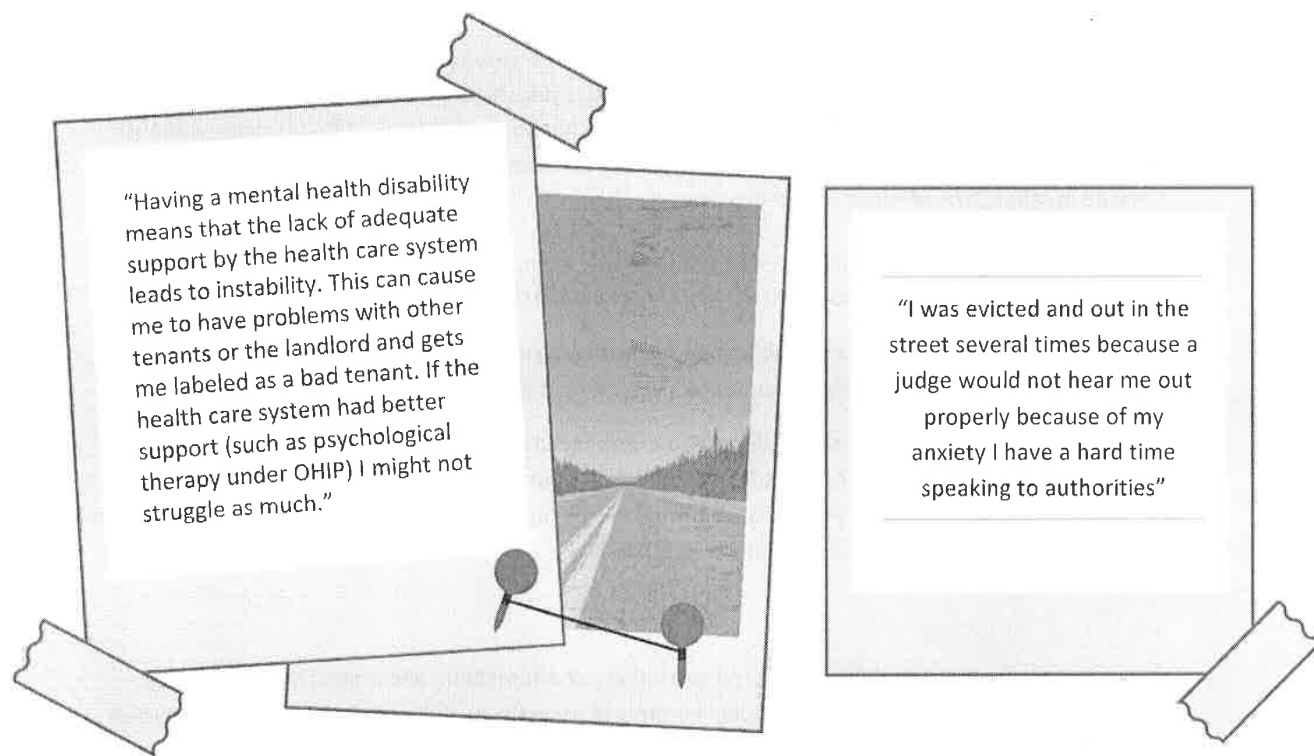
Barriers to Housing

Unsurprisingly, having a disability was linked to a variety of affordability and accessibility challenges when it came to finding appropriate housing. In terms of accessibility, 16% of participants with physical disabilities reported that they had problems finding a place because of accessibility issues; a rate that was 16 times greater than those without physical disabilities (16.0% vs. 1.0%). They also more frequently reported that they did not have the supports or services necessary to get or keep a place (22.3% vs. 12.5%) and that the places they could afford were in bad condition (49.0% vs. 12.5%). Broadly speaking, these findings are in line with long-standing complaints in various provincial jurisdictions. For instance, the Ontario Human Rights Commission has highlighted inaccessible buildings as a persistent barrier for persons with disabilities when it comes to accessing appropriate housing – a barrier which they attribute, in part, to rigid adherence to inadequate *Building Code* accessibility standards.¹⁰⁹

In addition to accessibility concerns, persons with disabilities also reported significantly greater difficulties finding a place because of affordability issues. This trend was present among participants with mental health disabilities (73.0% vs. 40.3%), substance use problems (77.0% vs. 49.8%), cognitive/intellectual disabilities (77.7% vs. 55.2%), and physical disabilities (65.0% vs. 53.0%). These findings align with past research by Statistics Canada which stated that persons with disabilities are more likely to encounter affordability problems when they look for housing.¹¹⁰

¹⁰⁹ See OHRC, (2018), *Human Rights and Rental Housing in Ontario: Background Paper*. Ottawa, ON: OHRC. https://www.ohrc.on.ca/sites/default/files/attachments/human_rights_and_rental_housing_in_ontario23a_background_paper.pdf. See also OHRC (2020). OHRC statement for National Housing Day November 22: Accessible housing makes life at home a reality. Ottawa, ON: OHRC. https://www.ohrc.on.ca/en/news_events/ohrc-statement-national-housing-day-november-22-accessible-housing-makes-life-at-home-a-reality

¹¹⁰ Wu, J., Huen, J., Engstler, J., & Figueroa, A. (2008). The burden of housing affordability: Perspectives on labour and income. (2008), 17-19.



Increased Risk of Evictions

The odds of being evicted were more than three times greater if participants had a mental health disability (OR = 3.16) (47.0% vs. 21.9%) or reported a substance use problem (OR = 3.070) (53.4% vs. 27.2%). All told, these results suggest that for many persons with disabilities, even if they are able to obtain housing, there is still a substantially increased risk that it will be taken away from them.

KEY TAKEAWAYS

Women and gender-diverse people living with disabilities are made exceedingly vulnerable by structures and systems that consistently fail to meet their needs. Not only are histories of disabilities linked to negative housing outcomes, but exposure to gender-based violence (exacerbated by housing precarity) puts women and gender diverse people at risk of becoming disabled or further disabled.¹¹¹ Housing precarity and exposure to violence for these groups is invariably tied to income. Studies across Canada have shown that the current rates of financial assistance (disability support programs) for those living

¹¹¹ Alimi, S. (2015). Women with Disabilities and Access to Shelters and Transition Houses; A Brief Prepared for the Standing Committee on the Status of Women in Canada (FEWD) for their Study of the System of Shelters and Transition Houses in Canada. Disabled Women's Network (DAWN) https://www.dawn.ca/wordpress/wp-content/uploads/page_info/page-63/women_canada_brief_to_sowm_on_access_to_shelters_november_16_2015.pdf

with disabilities in Canada are rarely enough to afford recipients with access to adequate housing and a decent quality of life.¹¹² This problem is compounded by the fact that living with a disability often requires individuals to incur significant additional expenses, frequently not covered by social support programs.¹¹³

Across Canada there is also a lack of services to address the needs of women and gender diverse people who are homeless and have disabilities,¹¹⁴ limiting pathways that could help these individuals transition out of housing insecurity. Many emergency shelters and drop-ins across Canada are physically inaccessible, and many lack the critical services and resources to support persons with mental health disabilities or those living with invisible disabilities.¹¹⁵ For example, a **DAWN Canada study** reports that only 75% of homeless shelters have a wheelchair accessible entrance, 66% provide wheelchair accessible rooms and bathrooms, 17% provide sign language, and 5% offer braille reading materials.¹¹⁶

Overall, our survey findings point to a persistent accessibility gap in housing stocks and shelters across Canada, significant affordability problems for many persons with disabilities, and a heightened risk of eviction. Interventions should include improved accessibility standards in the ***National Building Code of Canada*** and provincial/territorial building codes, and implementing more generous financial supports to help persons with disabilities navigate the costs of housing or their disability-related expenses. Policy interventions meant to address housing insecurity experienced by women and gender-diverse people with disabilities must include the full spectrum of visible and invisible disabilities that impact an individual's ability to access long-term and adequate housing. Extensive engagement involving individuals with lived experience of disabilities must inform all interventions. An audit of housing policies across jurisdictions should be undertaken, with a focused, intersectional, and rights-based approach used to identify and assess the real scale of housing issues experienced by women and gender diverse people with disabilities.

¹¹² For a review of these studies, see Schwan et al., 2020.

¹¹³ Dumais, L., Ducharme, M. N., & Pronet, A. (2014). Identification des coûts supplémentaires généraux liés aux déficiences, incapacités et situations de handicap assumés par les personnes handicapées et leur famille. École de travail social, Université du Québec à Montréal.

¹¹⁴ Allin, 2018.

¹¹⁵ Allin, 2018.

¹¹⁶ Allin, 2018.

RECOMMENDATIONS

Government of Canada

1. Develop a national definition of homelessness and housing affordability that genuinely reflects (1) the unique causes, conditions, and experiences of homelessness and housing need for diverse women, girls, and gender diverse people, and (2) the depth of poverty and core housing need experienced by these groups.
 - 1.1 Conduct or commission a rights-based, GBA+ audit of current definitions of homelessness used in policy, programming, legislation, and funding allocation.
 - 1.2 Advance the development of a rights-based, gender-inclusive national definition of homelessness, drawing on the lived expertise of diverse women, girls, and gender diverse people. The consultation of diverse Indigenous women, girls, and Two-Spirit people in the development of this national definition must be paramount.
 - 1.3 Streamline definitions of violence against women to include intimate partner violence, family violence, and other experiences of sexual and physical violence due to homelessness, exploitation, and poverty.

2. Ensure gender-based equity in funding for NHS housing investments, prioritizing targeted investment in deeply affordable housing for women, girls, and gender diverse people who are experiencing the greatest level of need.
 - 2.1 Conduct or commission a GBA+ audit of federal investments in the homelessness sector made through Reaching Home, seeking to identify whether and how these investments have concretely reduced homelessness for women and gender diverse people.¹¹⁷
 - 2.2 Ensure all federal programs prioritize those in greatest need, including women and gender diverse people with disabilities, and Black and Indigenous women.
 - 2.3 Redesign and further invest in the Canada Housing Benefit (CHB) to maximize benefit for women, girls, and gender diverse peoples experiencing the greatest level of housing need. The federal government should consider providing the CHB as a direct entitlement to individuals and families, rather than through cost-sharing agreements with provinces and territories.

¹¹⁷ For example, while the NHS commits a minimum of 25% of investments to housing for women, there are few indicators as to whether and how these targets are being met, including within specific programs (e.g., the Rapid Housing Initiative).¹¹⁷ A process should be established whereby sufficient mechanisms are in place to assess whether substantive gender-based equity is being achieved in funding allocations.

- ↳ Increase investment in the CHB in line with the level of housing need experienced across the country, taking into consideration the unique housing needs of women, girls, and gender diverse people.
 - ↳ Redesign capital programs to substantially increase access to NHS programs for women-led and women-focused organizations, non-profits, and housing providers.
 - ↳ Ensure the affordability metrics employed in all federal housing programs actually reflect the depth of poverty and core housing need that many women, girls, and gender diverse people experience in Canada.
 - ↳ Ensure all federally-funded housing programs established through the National Housing Strategy are conditional upon recipient governments and organizations (including CABs and CEs¹¹⁸) progressively adopting a rights-based, GBA+ approach.
 - ↳ Ensure coordinated access systems funded through the NHS are adapted to the unique needs of women and gender diverse people.
3. Urgently prioritize all available means to realize the right to housing for Indigenous women, girls, and Two-Spirit people.
- ↳ Immediately adopt an Urban Indigenous Housing Strategy, developed by and for Indigenous persons, that meets the unique needs of urban Indigenous women, girls, and Two-Spirit people.¹¹⁹
 - ↳ Allocate maximum available resources to immediately end homelessness and progressively realize the right to housing for Indigenous women, girls, and Two-Spirit people.
 - ↳ Ensure the *UN Declaration of the Rights of Indigenous People* and the Calls to Justice outlined in *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* guide all decision-making in the area of housing for Indigenous women, girls, and Two-Spirit people.
 - ↳ Ensure meaningful participation of Indigenous women, girls, and Two-Spirit people in all decision-making processes that affect them with respect to housing, including through the principles of free, prior, and informed consent.
4. Expand and substantially increase investments in eviction prevention for women, girls, and gender diverse people, including through the establishment of a *Federal Residential Tenant*

Support Benefit that meaningfully prevents eviction, rental arrears, and pathways into homelessness for women and gender diverse people.

- ↳ Invest in evidence- and rights-based eviction prevention policies and programs that respond to the unique circumstances of women, girls, and gender diverse people. International examples of 'zero eviction into homelessness' policies and programs should be particularly explored, including those that help prevent child apprehension.
 - ↳ Develop and expand low-income rent subsidy programs for women, girls, and gender diverse people experiencing housing instability and other difficulties (e.g., violence), ensuring that these programs reach those most in need.
5. Adopt policy measures to assist home ownership and primary lease holding among low-income and marginalized women and gender diverse people.
- ↳ Identify and invest in innovative home-ownership models that have shown promise for advancing home ownership among women and gender diverse people living on low-incomes.
 - ↳ Conduct or commission an inquiry into systemic and discriminatory barriers to home ownership for low-income women and gender diverse people, particularly for those who are Black, Indigenous, people of colour, persons with disabilities, and persons experiencing violence.
6. Actively prevent the financialization of housing, including through the regulation of financial actors and Real Estate Investment Trusts, with a particular attention to curbing the effects of financialization on women and gender diverse people.

Provincial & Territorial Governments

1. Adopt the right to housing in provincial/territorial legislation and policy. Such legislation and policy should seek to ensure that the right to housing is (1) mainstreamed within public systems that contribute to housing insecurity and homelessness for women, girls, and gender diverse people, and (2) embedded in policies, practices, operations, and decision-making within the housing, homelessness, and VAW sectors.
2. Raise social assistance, disability benefits, and minimum wage to livable rates, ensuring equitable access to social benefits for diverse women and gender diverse people.
 1. → Conduct a rights-based, gender equity analysis of income support programs to identify barriers to access and to streamline the provision of supports.
3. Adopt policies and practices to improve collaboration between the VAW sector, the homelessness sector, and the housing sector.
 1. → Conduct or commission an inquiry on systemic violations of the right to housing at the intersection of the housing, VAW, and homelessness sectors, seeking to identify how particular gaps between the sectors may deepen homelessness or marginalization for some women, girls, and gender diverse people.
 1. → Invest in the development of a GBA+, rights-based framework for coordinating service delivery across the housing, VAW, and homelessness sectors, recognizing that women often move between services in both sectors and deserve to have their right to housing upheld within and between each.
4. Work across departments, ministries, and sectors to ensure housing stability and ongoing supports and services for women and gender diverse people who are transitioning from mental health care, child protection services, and corrections.
 1. → Work with lived experts to determine how best to harmonize data and assessment tools to ensure women and gender diverse people leaving public systems do not transition into homelessness.
5. Invest in provincial/territorial knowledge development and data management specific to homelessness amongst women and gender diverse people, with the goal of advancing an

integrated systems approach to preventing homelessness, violence, and negative interactions with public systems.

- ↳ Work with lived experts to determine how best to collect real-time, person-specific data on housing precarity and system navigation amongst women, girls, and gender diverse people.
6. Integrate improved accessibility standards, based on Universal Design Principles, into provincial/territorial building codes and ensure that these requirements apply to *all* residential and shelter spaces.
 7. Create provincial/territorial housing and shelter standards that meet the diverse needs of women and gender diverse people experiencing homelessness or housing precarity, developed in partnership with lived experts and Indigenous communities.
 8. Make long-term investments in women-led and women-focused organizations, non-profits, and housing providers serving women and gender diverse people experiencing housing need. Investments should rapidly advance these organizations' ability to develop supportive and affordable housing for women and gender diverse people impacted by homelessness, substance use, disabilities, and child welfare involvement.
 - ↳ Investments should prioritize Indigenous organizations, non-profits, and housing providers who serve Indigenous women, girls, and Two-Spirit people.
 9. Ensure landlord/tenant legislation does not have a direct or indirect discriminatory effect on women, girls, and gender diverse people, including for those who are residing in transitional housing or social housing. In so doing, particular consideration should be given to the intersection between landlord/tenant legislation and other policy areas that affect the right to housing for these groups (e.g., child welfare).

Municipal Governments

1. Adopt coordinated strategies for preventing and ending homelessness for women and gender diverse people, grounded in data that reflects the unique ways in which these groups experience homelessness.
 - ↳ Work with lived experts, Indigenous communities, and services providers to adapt coordinated access systems and by-name lists that reflect the unique realities of housing precarity and homelessness for women and gender diverse people.
2. Use vacant or underused city-owned land, infrastructure, and buildings to create rapid affordable housing initiatives for women and gender diverse people who are experiencing the greatest level of need.
 - ↳ Such initiatives should prioritize Rent-Geared-to-Income housing, supportive housing, and housing by and for Indigenous women, girls, and Two-Spirit people.
3. Conduct an intersectional policy audit of existing homelessness services and shelters to identify gaps in safety and service-delivery impacting gender diverse people who are homeless.
 - ↳ Work with lived experts to develop recommendations on how best to make services and shelter spaces more accessible and secure for gender diverse people.
4. Invest in municipal eviction prevention programs, such as the ***Eviction Prevention in the Community*** program in Toronto (ON).
 - ↳ Implement rent banks as a low-barrier measure to provide rental supports for women and gender diverse people at risk of homelessness.
 - ↳ Improve access to legal information, advice, and representation for low-income women, girls, and gender diverse people facing housing precarity or housing rights violations.
5. Implement a landlord registry to regulate the quality and conditions of rental units being made available and implement rental replacement bylaws to adequately house individuals impacted by renovictions and demovictions.

6. Employ rigorous standards to define affordable housing within the specific context of the municipality, based on the real cost of housing locally and other cost of living measures (e.g., food, cost of transportation).

↳ Such standards should reflect the disproportionate financial and care burden borne by women and gender diverse people who are parents or caregivers.

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AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF GUELPH DURING A ZOOM VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 31st DAY OF AUGUST, 2022

DocuSigned by:

Shannon Down

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SHANNON KATHLEEN DOWN
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 43894D

PROJECT
WILLOW

YWCA-CJI-CMW

***“Don’t tell them
you’re homeless”***

Experiences of gender-based
violence among women
experiencing homelessness
in Waterloo Region

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Acknowledgments

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Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

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Introduction

This report captures the experiences of women (cis, trans, two-spirit) and gender-diverse individuals as they navigate safety, violence and justice while being homeless or unhoused and using emergency services in Waterloo Region.

It explores topics like the frequency of violence, how current systems and policies perpetuate violence, and what sort of change is recommended for our community to build necessary safety and trauma supports into emergency shelter services in order to provide better support to shelter users. This report is based on participants' experiences with gender-based violence, focusing on all the different forms it takes, such as physical violence, verbal violence, emotional/mental violence, sexual violence, spiritual/religious violence, financial violence, racism, homophobia, and transphobia. This research highlights the shortcomings of current systems of support and provides recommendations on how to build emergency services that address, mitigate and prevent experiences of gender-based violence.

It is rare to be able to capture such a candid and extensive account of what it is like for women experiencing homelessness in our community, especially as they navigate gender-based violence. We are thankful for every person who took the time to share their experience, to advocate for themselves and for better systems and to help guide this project and the change it hopes to help facilitate in Waterloo Region. This research is one part of a larger initiative called Project Willow, funded by Women and Gender Equality Canada, that will build community capacity and rally stakeholders to develop a community plan to enhance safety and access to justice for women experiencing housing instability because of violence, as well as those who experience magnified violence because of their housing instability.

“I feel like I am abusing myself but I also feel like everyone is abusing me.”

— Survey participant

Methodology

The criteria for participation in this research was identifying as a women (cis, trans, two-spirit) or gender-diverse individual who have recently used (within the last three years) or were currently using (between December 2021 and February 2022) the YW KW emergency shelter and services. Participants who qualified were engaged to participate in a multi-question survey and/or semi-structured interviews.

The project was led by the Director of Advocacy at the YW KW, Jennifer Gordon, who is an experienced researcher with over ten years of experience in academic and community research settings and with research ethics around human participants. All researchers involved in collecting data received TCPS2 training, the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. This is a certificate research ethics training developed and used by federal agencies CIHR, NSERC and SSHRC. Researchers also kept reflexive journals, highlighting and addressing any concerns as the research progressed. All concerns were addressed and acted upon by committee. A built-in process for complaints and feedback regarding ethics was developed, encouraging participants to communicate any concerns to the lead researcher as well as giving the option to escalate their concerns to a once-removed governance committee comprised of the CEOs of YW KW and YWCA Cambridge.

Participation was voluntary. We used posters and word-of-mouth to advertise the opportunity for participation and our research assistant helped to ensure folks staying at the shelter were aware of the poster and made themselves available to answer any questions regarding the research. It was made clear to participants that there was no obligation to participate and that there were no consequences if they declined to participate or stopped their participation at any point in the process. We wanted to ensure participants felt they could be honest in their opinions and share freely without any perceived consequences. While most of our participants were staying in the YW KW emergency shelter at the time of engagement, we also asked several other organizations to share information about the project with those who may have recently left the shelter system, including YWCA Cambridge, Sanguen Health Centre, The Working Centre, Cambridge Shelter Corp, and ACCKWA.

Surveys were completed online via a web link which was accessed on provided tablets as well as on paper copies, which were then inputted into the online survey platform. Interviews were conducted over zoom, typically with the participant using a landline phone to call in. Interviews were also recorded with consent and transcripts of these recordings were produced. Real wage compensation was provided to all participants for their time in the form of gift cards.

In total, 48 participants completed the survey, another 13 completed interviews, three of these interviews were conducted mid 2020 during exploratory research intended to inform this project.



“If somebody is going through trauma, it’s somebody put that on them. Right? Yeah. I guess sometimes we will return to situations that are no good for us, but it still doesn’t really make it our fault, though. It’s just, it’s part of the process.”

— Interview participant 8

Demographics

The anticipated participants in this research were current or recent (within the last three years) service users of the YW KW emergency shelter with a majority of participants staying in the emergency shelter at the time of this research. We collected demographics for our survey participants.

Of the 48 participants, 21, or 45%, had been homeless for over a year at the point of participation; 13 participants had been homeless for six to 12 months, nine had been homeless for four to six months; and four had been homeless for less than three months. A majority, 89%, were between the ages of 25–54; two participants were between 18–24; two participants were between 55–64; and one participant was 65+. In total, 88% of participants self-reported as having a mental health condition and 31% of participants identified as having a disability. In terms of gender identity, 86% of participants identified as a woman and 13% identified as trans or non-binary. Regarding race, 67% of participants identified as white; 4% identified as Black-African; 4% as First Nations, Inuit or Metis and 16% had a mixed heritage. We did not collect demographics for our interview participants due to the small nature of our sample and in the interest of protecting their identities.

To better understand the geographic representation of participants, we asked where participants were spending most of their time.

Unsurprisingly, 38 out of 48 participants stated they were spending most of their time in Kitchener, also the location of the YW KW emergency shelter. Three participants stated that they were spending most of their time in Waterloo, and seven participants spent most of their time in Cambridge.

We recognize that, while this research fairly accurately represents the demographics of the folks accessing the YW KW emergency shelter services at the time it was collected, it does present a rather specific group of experiences from a demographics standpoint. Further understanding is needed on the experiences of women and gender-diverse individuals who are experiencing homelessness and choosing to not use emergency shelter services. This form of homelessness tends to remain hidden and is common for women, particularly those from nondominant cultural backgrounds and gender-diverse/LGBTQS2+ people. We encourage readers to carry this critical analysis with them as they read this report and reflect.

Results

Defining the violence

Our community understanding of the experiences of homeless women is limited, even more so when we talk about their experiences of violence. One participant considered the difference between men and women's homelessness resting on the experience of gender-based violence itself:

“The difference is sexual harassment and rape. Just overall being weaker. And yes, they [women] were put in more danger just by size alone. Men are obviously bigger, stronger, more capable to take advantage. And it happens a lot and happens often and it sucks.”

— Interview participant 13

Another participant talked about always feeling vulnerable and scared:

“Everybody’s got their own backgrounds, their own lives, their own stories, right? So you run into everybody, and I know not everyone is harmful. But when you’re already on edge, and you’re scared, and you’re nervous, and you’ve got nowhere to go, and you’re just running into people that are from all different walks of life, who may hurt you ... ”

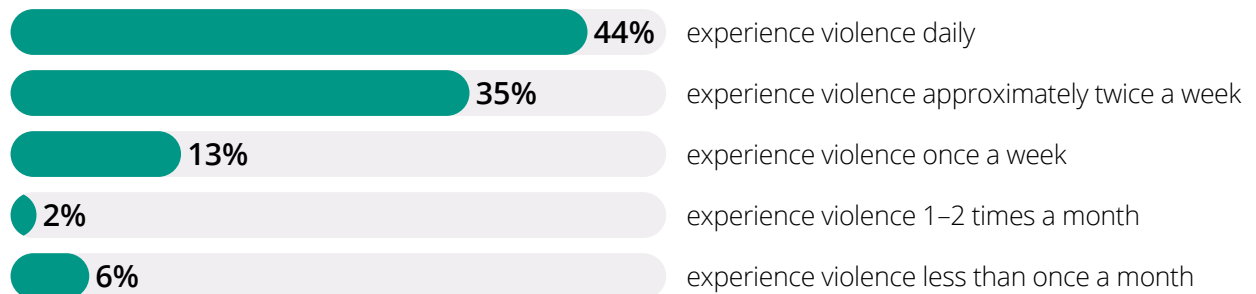
— Interview participant 5

Frequency of violence

Responses to our survey showed that the vast majority of women who are currently or recently considered homeless or unhoused experience violence daily or weekly (92%). Broken down: 44% of respondents said they experience violence daily, 35% experience violence approximately twice a week, 13% experience violence once a week, and 8% experienced violence 2 times a month or less.

Figure 1: Frequency of violence experienced

How often do you experience any of the types violence from the last question (physical, verbal, emotional/mental, sexual, spiritual, financial, racism, homophobia and/or transphobia)?



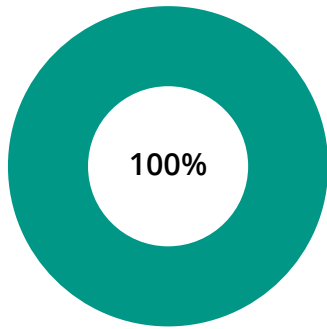
“It happens all the time, like on the streets, like every day on every street. Like every time you walk down the sidewalk. More so in a larger city like Kitchener.”

— Interview participant 6

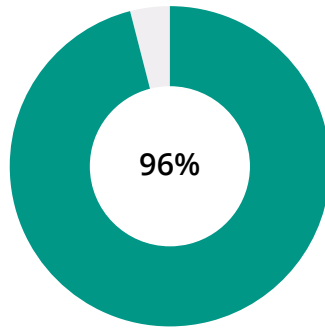
Types of violence

Figure 2: Types of violence experienced

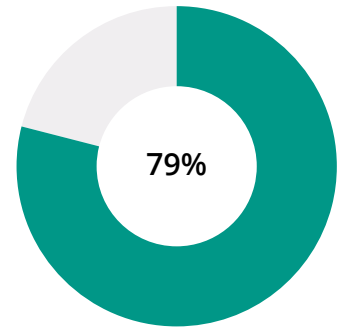
Based on your experiences, what types of violence might you experience on any given day?



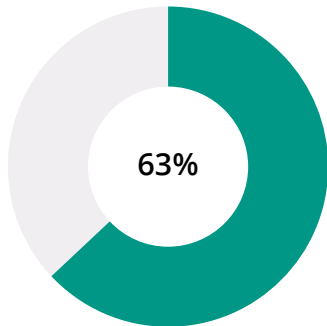
of those identifying as trans experienced transphobia



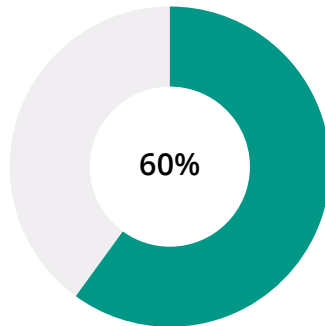
experienced verbal violence



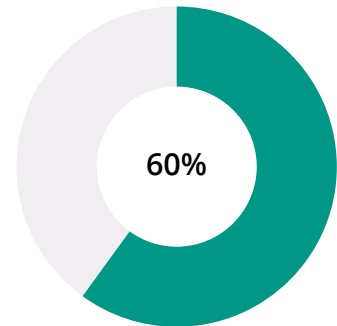
experienced emotional/mental violence



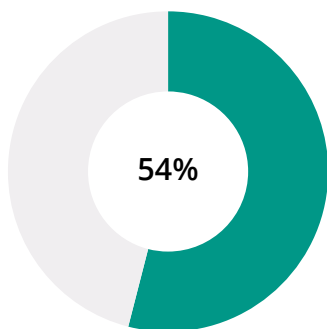
experienced financial violence



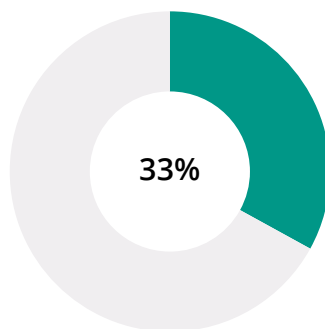
of those identifying as a person of colour experienced racism



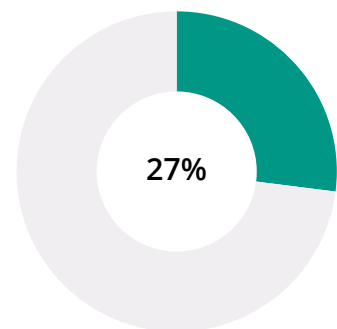
of those identifying as queer experienced homophobia



experienced physical violence



experienced sexual harm



experienced spiritual violence

***“I can’t go home
because I don’t
have a home so I
am always exposed
to people who are
willing to take
what I have.”***

— Survey participant

Our survey asked participants what types of violence they may experience in a given day, week or month and most participants reported experiencing multiple types of violence. The most common type of violence experienced was verbal violence, characterized by yelling, name-calling, shaming, etc., with 96% of participants reporting experiencing it, sometimes from peers or partners, but also sometimes from strangers on the street:

“You can’t see verbal abuse. Exactly. Yeah, like for how old I am, I’m 46, I shouldn’t look this way. Yeah, so much I’ve had to put up with, people putting me down and verbally abusing me.”

— Interview participant 7

The second most common type of violence experienced was emotional/mental violence, which was experienced by 79% of participants. Emotional/mental violence was defined as things like controlling your every move, overreacting to things you say, making you feel insecure or little, etc. One participant shared:

You know, in my younger days, I never said nothing. I spent many years in abuse and just kind of smile it away. Right? Yeah, I guess at some point you can’t smile anymore. You can’t hide it, right?”

— Interview participant 10

Participants also talked about financial violence, 63% of participants reported having experienced it. Financial violence was characterized by someone taking all of your money, controlling how you use your money or denying you access to your money. Financial violence was identified as happening in intimate relationships, but also from a systemic lens in terms of the limited income they can collect from OW/ODSP and the strict stipulations on how it be used.

Physical violence was experienced by 54% of participants and was defined by things like hitting, punching, beating, kicking, burning or using objects or weapons to inflict harm.

Sexual violence was experienced by 33% of participants on any given day, week or month and spiritual/religious violence, characterized by the use of your spiritual or religious beliefs to hurt, scare or control you, was experienced by 27% of participants.

When it came to racism, 60% of those identifying as a person of colour experienced racism in a given week. Sixty percent of those identifying as queer identified homophobia as a regular weekly violence they experienced and 100% of those identifying as trans in the survey and in our interviews stated that they experienced transphobia on a daily basis. One trans participant shared important words around building acceptance for trans identity:

“There needs to be like a big group meeting for the world so they can open up their eyes and ears to know that these aliens called trans gay weird fruit people exist. I’ve been here the whole time. We’ve just been in hiding... But we’re at a stage now in the world where like, we are past that. Okay, that idea is long since gone. It’s dead now. Yeah. So people need to move forward. They need to accept that whether they want to or not, because the world is gonna keep moving.”

— Interview participant 6



Where is it happening?

Identifying the physical spaces where violence is happening in the community came with the answer of anywhere and seemingly everywhere. This is largely attributed to the lack of safety that comes with being vulnerable and completely exposed without a space to shelter that you can control. So everywhere came with a sense of risk:

“There are no real safe places in the community”

— Survey participant

“I think I am so nervous everywhere because I have been humiliated so badly the last six months”

— Survey participant

Participants also talked about shelters feeling unsafe, particularly co-ed shelters and spaces where they are sharing a room with multiple other strangers. Other community services that are more dominated by men were also identified as often feeling unsafe. Motel environments were included in this, with safety concerns largely attributed to drug use and dealing happening at these sites. Participants also talked at length about feeling unsafe in private homes or dwellings, particularly if drugs are involved:

“Violent people can be in a lot of places, but mostly, but mostly crack houses or the more rough places that you don’t want to be hanging out in. You know, I don’t do dark alleys late, late at night by yourself. You always want to be with somebody...”

— Interview participant 1

Layers of violence

What we discovered through the survey and conversations with women was that there are layers of violence experienced by participants in this research. On any given day, they can experience unique episodes of many of the different types of violence, and they can experience it at the hands of many different people (felt to be anyone and everyone) and systems. Further, they can experience it almost anywhere in the community. This constant trauma comes to define much of the existence of being a woman or gender-diverse individual and being homeless in Waterloo Region:

“You do not know how much actual physical, emotional and financial trauma that each one of us have gone through before we’ve even been able to have the strength and the courage to walk through these doors. Okay, because unless you’ve been through it yourself, then you don’t know it.”

— Interview participant 6

This layered experience of violence has made safety an important priority for 92% of participants, a sentiment reiterated by one of our interview participants:

“I can say very happy to hear that you guys are wanting to address the safety of women in general because the violence has escalated and I’m glad to see someone finally take initiative to start taking notice, though we’ve already lost too many people”

— Interview Participant 1

Ripple effect of violence

The research team was interested in understanding and documenting the ripple effect of the violence being experienced by women experiencing homelessness, particularly how violence and the quest for safety from violence impacted decision-making, access to necessary services, and how participants themselves perpetrated violence for their own safety.

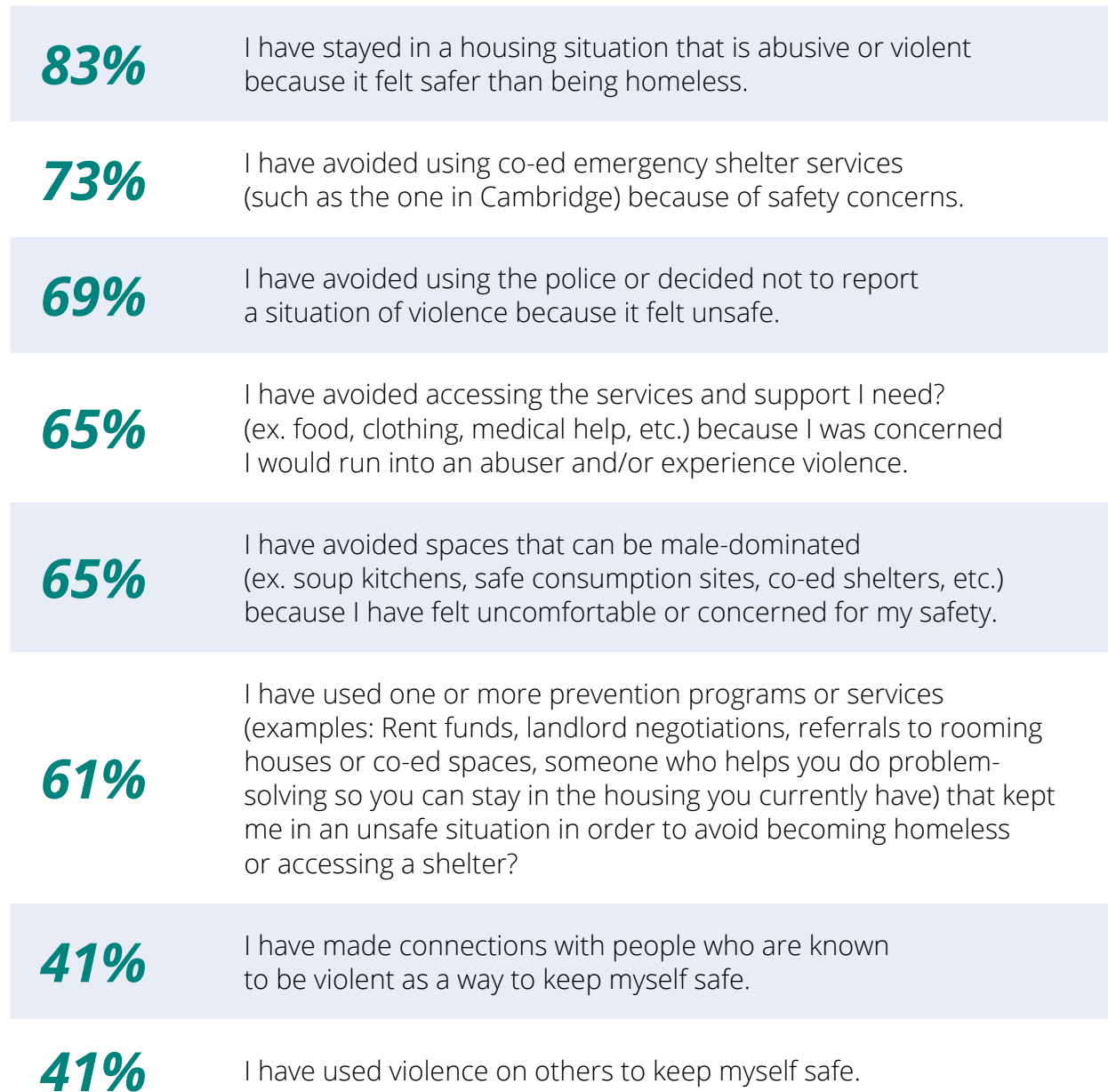
When we flush this out, decision-making was often done with the goal of reducing experiences of violence or greater harm or was manipulated through the pathways provided to women, most designed to help them avoid shelter use. Some key themes emerged

including: failure of prevention and diversion services, avoiding visible homelessness and emergency shelters, not accessing needed services, and the escalation of violence in the way of using violent acts to create a reputation that people do not want to cross .



Figure 3: Ripple effects of violence

Do any of these things apply to you in your effort to stay safe?



Failure of prevention and diversion services

Participants were asked to comment on their use of prevention and diversion services in Waterloo Region. Diversion services are formal and informal services such as rent funds, landlord negotiations or support, referrals to rooming houses, motels, or co-ed spaces, and staff support to help a person mitigate housing issues so they can stay in their current housing. We wanted to understand if/how these services in their current form, designed to help people avoid homelessness and the shelter system, may contribute to experiences of violence. We found that 60% had used a prevention or deterrent service that actually kept them in a violent or unsafe housing situation.

“Because before, when I come to speak or when I had to go homeless, none of the workers helped me. She actually put me right back into the situation that I told her I was getting away from. Every time I’ve asked for help, they’ve denied me, misguided me, led me in the wrong direction.”

— Interview participant 7

For one participant, the shelter she was provided with for her and her daughter was in a motel, regardless of the identified safety risks she shared with the worker:

“The worker from when I came here when I was 32 with my daughter, she was eight. Yeah, I told her my ex is a crack dealer and he’s dealing at the Sherwood Hotel. You know where she put me and my daughter? In the Sherwood Hotel.”

— Interview participant 7

Avoiding homelessness and emergency shelters

In total, 83% of participants talked about staying in a housing situation that is abusive or violent because it felt safer than being homeless or using the emergency shelter system.

We found that contributing to this statistic is our make-up of shelter options in Waterloo Region outside of the domestic violence shelter system (which caters specifically to women fleeing domestic violence). Currently, women have two guaranteed options: the YW KW emergency shelter in Kitchener or The Bridges co-ed shelter in Cambridge. When it came to looking at these alternatives to staying in an abusive home, there appeared to be gaps around safety considerations in our emergency shelter systems. Seventy three percent of survey respondents stated they felt unsafe in co-ed shelters and so avoided them. One participant shared about the violence they faced while staying in the co-ed shelter:

“I went there once and the first night I was there I was unfortunate to be raped.”

— Interview participant 6

Another participant shared:

“The women’s shelter definitely feels safer than a place with co-ed services to me. I’ve found if you keep your head down and don’t start anything those that seem scary will leave you be.”

— Survey participant



For some participants, however, the women's emergency shelter also felt unsafe, which led them to choose camping and other rough sleeping options instead:

“Sometimes, I camp because even staying in an all-women shelter feels unsafe to me. I feel people recommend the shelter too much because it’s the only one and I feel unsafe there sometimes.”

— Survey participant

Sleeping rough or in a tent far in the bush was something several participants talked about doing in order to avoid being identified as homeless, but this came with other risks:

“And I did live in a tent for the four seasons in Canada. And that is not fucking easy to do. If you don’t have knowledge of the bush, any knowledge. Like, if you’ve got no money to start off you’re fucked, you’re dead. Yeah. Yeah, like point blank.”

— Interview participant 6

Missing out on needed services

Participants talked about male-dominated (“masculinized”) spaces or services coming with inherently greater risk should they access them. Sixty four percent of participants said they avoided spaces they perceived to be male-dominated (ex. soup kitchens, meal programs, safe consumption sites, co-ed shelters, etc.) because they had safety concerns. Another 65% stated that they avoided accessing the services and supports they need (ex. food, clothing, medical help, etc.) because they were worried they would run into an abuser and/or experience more violence while trying to access:

“Like any time, yeah I [avoid it]. Mostly the soup kitchen any time I’m there, there’s an aggressive situation ...”

— Interview participant 7

“You know, so I don’t want to do the regular people that go there. So just I guess from what I’ve observed, from my standpoint, men are more comfortable there. Women tend to be a little more cautious. You know, stuff like that.”

— Interview participant 12

“I slept in the parking garage across the street because I wanted to make the statement that I do have nowhere to go. And I’m not going back to a building that I’ve been raped in.”

— Interview participant 6

Perpetrating violence

Perpetrating more intense violence than what they were already experiencing was an avenue for safety for many participants, particularly for those who have been homeless for longer periods of time. A total of 41% of participants reported using violence towards someone else as a perceived way to prevent violence from happening to them. Forty one percent also reported that they strategically engage in relationships and friendships with known violent people as a way to gain protection. One participant recounted the role a violent act she committed played in keeping her safe from others:

“People were like, like she did that tonight? Oh, fear. Yeah. Always. Yeah, there’s a lot of people who didn’t want to focus on me after that because they thought like I could do some serious damage.”

— Interview participant 13

Participants also talked about keeping weapons on them, just in case, particularly if they didn’t have a phone:

“I don’t have too many rules, no. I try to carry around a blade but I don’t usually have a phone, so...”

— Interview participant 3

Further, some participants recounted situations where their weapon was critical in helping them get out of an unsafe situation:

“It’s only a pellet gun. But I pulled it out. I pulled it out of my backpack. And I said, well follow this. And I pointed it at him and he ran away. I didn’t know what he was gonna do to me.”

- Interview Participant 2

Impact on mental health

Mental health concerns were a significant ripple effect of the ongoing threat of violence or experience of it. Eighty eight percent of participants self-reported having mental health concerns. Mental health closely tied to those who had experienced emotional abuse (81% of participants) as well as verbal abuse (98%). Typically, participants' mental health concerns were rooted in past trauma:

“Because you fight back, you’re more likely to end up dead. And that’s really how I lived the for the first few years of my life by myself. And it caused me a lot of emotional trauma, complex trauma disorder, you know like PTSD.”

— Interview participant 1

However, participants also talked about how their current situation exasperated their mental health. One participant shared this:

“Just an example, when people threaten your life, or beat you up or steal from you or, you know, stick a needle in your arm with something and you’re sleeping for 13 hours. Terrifying. You don’t know when it’s safe to sleep. You don’t know. And then you wonder why that person’s gone for a week and then they’re put back in the room. That same time, you know, it’s not like you go tell every staff member because you know, you don’t.”

— Interview Participant 5

How women are dealing with violence (or the threat of it)

We asked participants to identify what was the level of their concern for personal safety at the present moment comparative to other stressors in their life, and 92% said it was an important concern to them. When we developed this question, we hadn't anticipated that some participants would be at the point of accepting violence as inevitable and so had given up searching for safety, making it less of a priority for them. One participant stated:

“What’s gonna happen is gonna happen. You have no control over it. I can’t control if something’s gonna happen bad.”

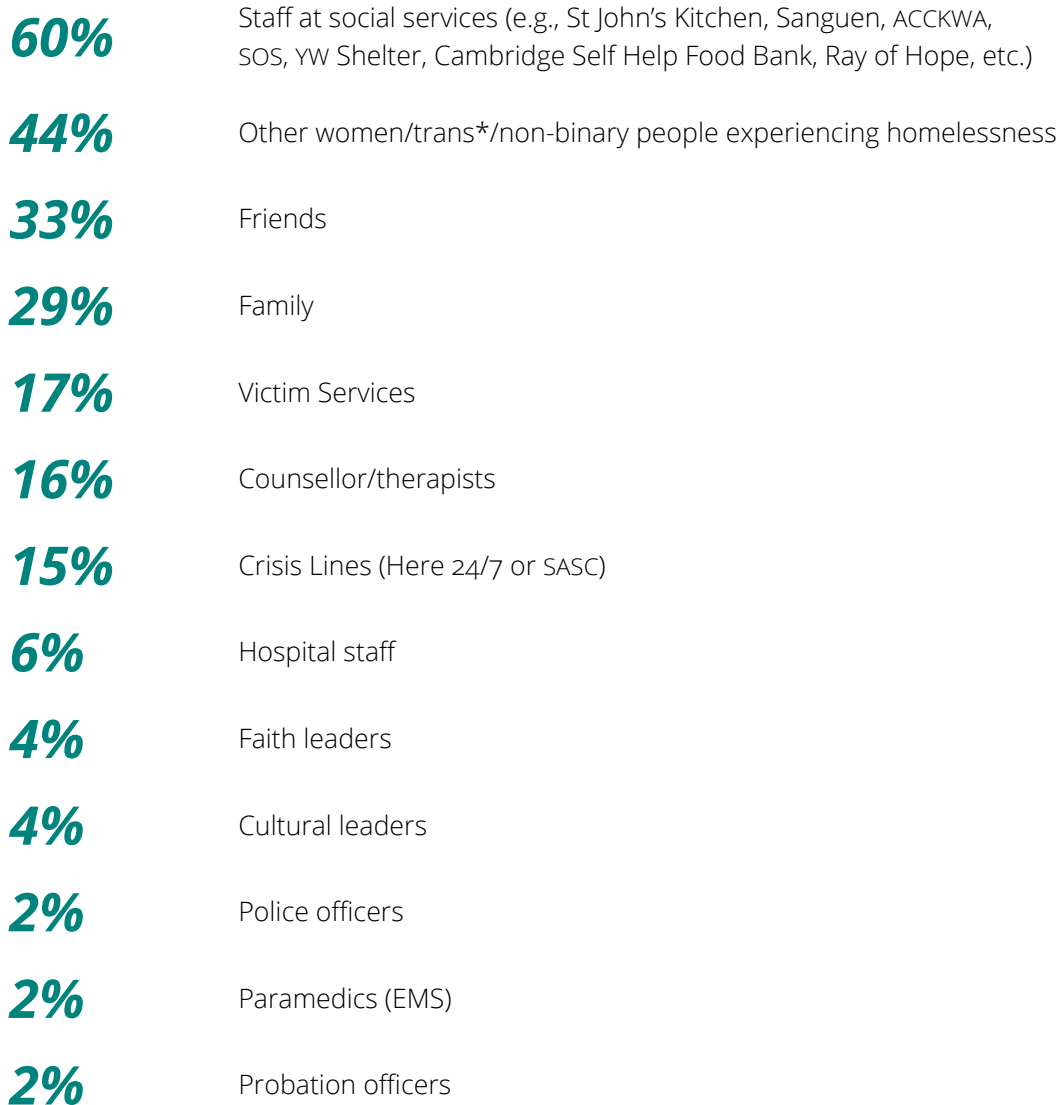
— Interview participant 4

Support network

Participants shared the benefit of talking to people about their situation. Some participants reflected on their younger years when they wanted to stay hidden while experiencing homelessness. As older adults, with more experience, they tend to value talking to staff at social service agencies, to others who could help them, as well as to others who could relate to their experience.

Figure 5: Support networks used

Who do you feel comfortable talking to about your safety concerns and/or experiences of violence?



In exploring the support network that participants leaned on for help, we asked who they felt comfortable talking to about their safety concerns and/or experience of violence. Topping the list (60% of participants) was staff at social service agencies. One participant shared:

“Yeah, the staff here at the shelter are pretty good that way. Yeah. They, you know, they see a problem or you talk to them, they try to accommodate and help you in any way they can. Yeah.”

— Interview participant 5

Another common support identified by 44% of participants were their peers, other women/trans/non-binary people experiencing homelessness. Friends were identified by 33% of participants and 29% identified their family as being part of their support network.

However, numerous participants felt like they didn't have a support network at all. This was especially visible in survey responses where participants would write in answers about keeping to themselves, not trusting anyone, not talking to others about their violence or, as one participant shared, that people already knew about their experience and didn't care:

“I don't really tell other women, they see it happen to me and do nothing to stop it.”

— Survey participant



“This is what I was talking about earlier, eh, because I have a lot of knowledge. And I said, just give me a classroom, right, with just twenty women for one day, right, and just one room with them and me and I would tell them so much, and teach them so much. What I went through and how to deal with it now. Just give me one class.”

— Interview Participant 2

Safety rituals

Safety rituals are defined as sets of rules, beliefs or processes that someone follows to reduce the risk of violence and enhance personal safety. Often, these safety rituals are in place because of gaps and shortcomings in systems of support or due to the nature of being a woman in community. To explore the informal ways that participants create or find safety, we asked them what advice, based on their own experiences, they would give to a woman who is newly homeless to help them stay safe. Participants were eager to share what they had learned.

The collective advice given told a grim tale of the sacrifices homeless women make to stay safe:

- ***“You can’t trust anyone, not even your friends.”***
- ***“I will change the way I present myself in the means of my gender or ethics in order to blend in with an environment in which I believe is violent.”***
- ***“Always be fully aware of your surroundings and don’t be too trusting of those in similar situations, just be observant.”***
- ***“Keep to yourself, most people haven’t noticed me because of that and so when conflict happens they leave me out of it.”***
- ***“Stay away from drugs and drug dealers.”***
- ***“Don’t tell people you’re homeless, it’s like giving them permission to take advantage of you.”***
- ***“Keep to yourself until you know who you are dealing with.”***
- ***“Be friendly to everyone because then you’re never somewhere you don’t know anyone who can help you.”***

There was little consistency in the safety rituals shared by participants. Where one participant would follow one set of rules, another would contradict them, suggesting opposite rituals that work for them. However, among the diversity in approaches used to help create safety, some themes emerged: trusting your gut and your learned intuition, connecting with people by keeping someone you trust close by, keeping a phone on you, staying within public view and isolating from people or trying to blend in.

"If I see any violence, I roll into a ball my cover my head. I fall to the ground, curl into a little ball and cover my head and pray."

"I will change the way I present myself in the means of my gender or ethics in order to blend in with an environment in which I believe is violent."

"Be friendly to everyone because then you're never somewhere you don't know anyone who can help you."

"You can't trust anyone, not even your friends."

"I try to stay safe and spend all my time trying to stay away from people."

"I have no advice, I'm still living in violence."



“Go to shelters, but make sure that you get a stable place to live. Because sometimes, the longer you are in the shelter, the worse you can become.”

“Don’t tell people you’re homeless, it’s like giving them permission to take advantage of you.”

“Make sure you find somebody you can trust in the community. Don’t stay on the street. Don’t be alone when you’re homeless.”

“Don’t trust men you don’t know, even the ones you do can turn bad.”

“Ask for help sooner when people can still help you.”



Coping through substance use

Substance use was quickly identified as a method of coping among participants. In our survey, 75% of respondents stated they were using substances to cope with their experiences of violence and resulting trauma. However, substance use also came up as method used among peers to “de-escalate” a violent situation or person, although it was always a temporary measure:

“Okay, I’ve seen situations where there’d be so many girls, and they all get together and fight. And yes, somebody that they know will be, say they start fighting right inside your room. And if you have any dope, then you give them dope to use and it keeps everybody mellow and fine. And then when it’s all gone and they start all over again. It’s just a play.”

— Interview participant 3

This same participant also shared how substance use led to more violence perpetrated by users, sharing from her own personal experience:

“They have a puff of that stuff on one person. I mean, I myself died on it, died. Here. One puff of that stuff. And they go to sleep on and on. And don’t report the blackout. You don’t remember smoking the goodies you got. And when you wake up, you think everybody stole your stuff. Well, you’re violent raging that you want your dope back. Meanwhile, you smoked it all.”

— Interview participant 3



Gut feelings and learned intuition

“I go with gut instincts. Things, yes. Checking your surroundings and the people around you.”

— Interview participant 8

Following gut feelings and learned intuition often went hand in hand when women assessed their level of safety in a situation. Participants spoke at length about being aware of their surroundings, always having a plan for a way out and, for some, carrying weapons or pepper spray. They talked about not knowing how to describe it but having instincts that kick in and even if they don't know for sure why these instincts happen, they habitually follow them in order to keep safe. One participant recounted:

“And I go with my gut instinct a lot, actually. Yeah, I guess I could be at Tim Hortons and then just always be inside and just have this really bad feeling. Like for no reason at all. Something inside of me would say we'll just leave and I would just, you know, grab my coffee and go...”

— Interview participant 5

Participants also talked about past experiences helping to inform their gut instincts. One participant shared what she learned from working on the street:

“Actually, I kind of follow my gut. You kind of get a sense when you’re working on the street like I was a young age and also if there’s like red flags that they send out, like you can kind of tell if environments are going to be safe. Like, I don’t know how to explain it except from a working girl’s perspective.”

— Interview participant 1

Another participant talked about how her experience of abuse made her a better judge of character, a quality she uses to help ascertain whether a situation is safe or not for her:

“Yeah, like you always got to be aware of your surroundings, like always know who’s around you. I find like, I, it’s funny that I’ve been in an abusive relationship for 15 years because I find like, I am a good judgment of character when it comes to people. I just did find myself trapped. But I think that you always need to, like, kind of know who’s around, you know, what type of people are around, you know, where to not overstep with certain people.”

— Interview participant 9

Engaging with people

For some participants, engaging with people was a core strategy for keeping safe, both as a deterrent of violence and to provide help if violence does happen. Trust was a complicated experience for participants, some suggesting it's wisest to trust no one and others emphasizing the importance of finding someone to trust. One participant shared:

“Make sure you find somebody you can trust in the community. Don't stay on the street. Don't be alone when you're homeless. Yes, go to a shelter if you have to. Don't stay outside yourself or go to some guy's house if he offers you place to stay. Don't do that because it's not going to end well.”

— Interview Participant 1

Other participants talked about trying to get to know people around town and being social as a strategy of ensuring someone is around to help you if you need it:

“When I go out all night, I don't worry so much because I know a lot of the people out there and I can go down any alleyway and I know somebody, I know who they are. And I've sat down and talked to some friends of them. So I know there's someone out there. And if something were to happen, they'd be on my side. They'd be there to help.”

— Interview participant 10

Staying in public settings and around numerous people, even strangers, was a common strategy for women to stay safe, particularly so for women who did not have cell phones or other ways of calling for help:

“It’s dangerous and don’t go where you’re not close to the city, and like other people, because if you need help and need to run, you need to get people fast, right? Because that could be life or death.”

— Interview participant 1

Keeping a cell phone

For participants, phones became a critical lifeline to safety, particularly for being able to call for help if they needed it. Access to devices differed among participants, many of them unable to afford a phone. This created a reliance on set up voicemails and public phones or pay phones as well as help from strangers if they needed it. For some participants, this meant they stayed close to the shelter at all times, as they hadn’t historically had good experiences relying on strangers for help:

“Right. A lot of times, a lot of people don’t want to get involved no more. They’ll just walk right by ya.”

— Interview participant 3

For those that did have a cell phone, it was something they kept with them at all times

“I would always make sure, like, I have a phone, if something were to happen that I would be able to call emergency right away or make sure there’s people around. Okay. If I have that, then I’m not alone...”

— Interview participant 5

And for many, cell phones had a track record of helping them:

“Yeah, I’d put my phone on my bed, underneath my sheets. If I thought things was escalating with me and my ex, I just left it there just in case I wasn’t sure what was going on, and he’d go ‘you call the police?’ and I’d say, ‘oh yeah, I forgot about that’ and ask them in just to help mediate things.”

— Interview participant 10

Isolating and blending In

Some participants, weary of others from experience, recommended isolation and blending in or hiding as a way to stay safe. One participant talked about this process being a journey where she shuts parts of herself down to stay safe:

“I just tend to even shut down more and keep to myself even more and just try to isolate myself and just keep to myself more than I would normally do.”

— Interview participant 1

Another talked about keeping to yourself to avoid being taken advantage of:

“Stick to yourself as much as you can, like, just, you know, don’t be so open and giving. Don’t let people know too much about you, because they just take advantage and they will take everything from you and just make you weak.”

— Interview participant 5

For participants who chose isolating and blending in, it was also important to not trust people. This was highlighted by one participant who advised not to trust people who are in similar situations:

“Always be fully aware of your surroundings and don’t be too trusting of those in similar situations. People that are in desperate situations may act in desperate and harmful ways.”

— Survey participant

Participants also talked about brushing off situations or deflecting violence they are receiving to try and blend in and not bring attention to themselves:

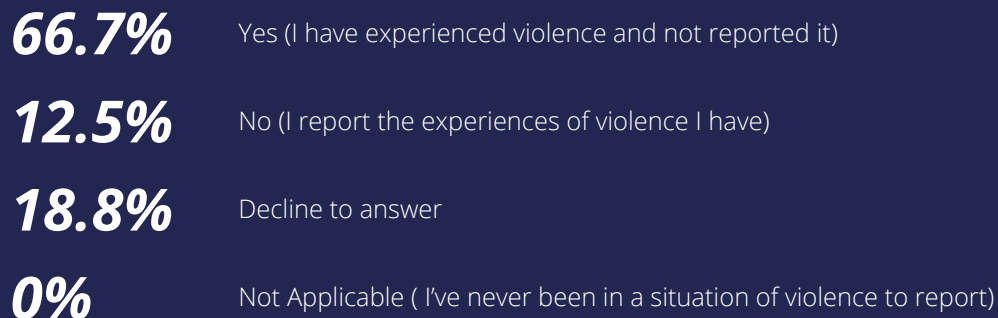
“Like, I would almost not really ignore the situation, but try and like, divert the attention to something different, or just be like, Okay, I understand, I understand, and just kind of try and like, brush it off to the side and walk away from the situation.”

— Interview participant 9

Experience of the justice system

Figure 6: Police

Have you ever decided not to report an experience of violence to the police?



The majority of participants had complicated feelings regarding law enforcement. These feelings stemmed from direct experiences with the police as well as their fear of more violence after police involvement. It all amounted to a severe lack of trust in the law enforcement process.

“The climate in which the police and the homeless population encounter each other is fragile and rooted in multiple traumas for the humans accessing services. It is difficult to trust any organization, human or resources that is there to help someone when a human’s trauma is often based on the manipulation of that very thing.”

— Survey participant

Some participants had past experiences with being detained that included being strip searched for minor theft charges which led to disillusionment with the police:

“I think the police a lot, a lot of times that, you know, you’re getting like, you’re getting stripped, searched for a theft under or something that you got in trouble within the courts or something. Because you’re hungry and you went, you took something from Walmart to eat. I’m just saying, for example, right? You’re already feeling like this pig for doing what you’re doing. But you’re hungry, right. And people will do anything to get their food if you’re hungry. Right. So then you go into the police station. I mean, take all your clothes off and you’re naked now. And you’re completely stripped of any sort of self-worth you have. Right. And I don’t think it’s necessary. I mean, for a violent crime. Sure. Right. But for something small, um, I think they should really, you know, weigh the two, right?”

— Interview Participant 8

The experience of being charged by the police and the decisions that followed also made the police an unreliable support for some participants:

“I was in isolation at a detention centre in Hamilton all on my own, and it made me feel unsafe because I was alone and no one would know if something bad happened to me. Looking back, I don’t feel like that was warranted.”

— Survey participant

Similarly, past convictions made participants feel like if they used the police services, they might end up back in jail:

“I didn’t feel like they needed to know about my past, because I’d made amends to those relationships and I was worried their involvement would ruin that. I didn’t deserve the last round of being charged, assaulted or locked in the women’s detention centre and I didn’t want it to reoccur.”

— Survey participant

Participants recounted situations where they were blamed by police, even though they were the victims who called for help:

“The police don’t treat you like the victim. Sometimes, they treat you like you did something wrong.”

— Interview participant 8

One participant had received two convictions through this exact experience:

“I have been arrested twice for crimes I didn’t commit, even when I was the victim.”

— Interview participant 11

Lastly, participants also talked about the lack of accountability that often followed when reporting did happen:

“Last time he was released the same night and I had to pay for that.”

— Survey participant

“They didn’t show up, I waited 6 hours.”

— Survey participant



This yo-yo and unpredictable experience with police has led to less trust or outright refusal to call the police when participants have been the recipient of harm. The majority of participants in our study reported at least some experience with police. Of them, 67% of participants stated they would not involve police if they experienced violence and 19% declined answering.

“Um, yeah, I don’t see police or calling police as good, a lot of times people are intimidated by calling them because I don’t feel that they’re super helpful when it comes to situations that we’ve been through with them. Personally, I’ve avoided calling them and dealt with it on my own. I’ve even lashed out at someone that’s lashed out at me, which isn’t right... so yeah, I would say that. I don’t, I’m not big on calling police.”

— Interview participant 8

“I don’t trust the police or anything about it. I feel that cops are corrupt and don’t believe u sometimes, making bullying ‘n abuse more.”

— Survey participant

A common fear of using the police was the threat of violence escalating. One participant shared about a situation which took place while they were staying in shelter and they refused to let staff call police about a serious issue due to such a fear:

“I wouldn’t let people [shelter staff] use the police. Yes, they have tried to and no I would not let them. Well, because I’m 1 against 60.”

— Interview participant 3

Police are also being used as a tool of threat in some abusive situations. One participant shared:

“I had been in an abusive relationship for over 15 years. I had been so brainwashed in thinking that I could not survive without my spouse by my side to support me financially. I was afraid to be on my own with my children. I also received a lot of pressure from my in-laws to not report situations because it would “ruin his life.” My spouse also had me addicted to narcotics as a means of control and would use it against me by threatening to report me to family services or tell the police.”

— Survey participant

Moving forward in this work

Restorative justice

Participants had a lot to say about their current options around justice and law enforcement. While many made definitive decisions based on past experiences engaging with law enforcement, others saw a gap where their options were to either to forget it or take the chance on what might happen. Participants felt that there were instances in their lives that did not warrant police presence, but still needed some sort of resolution. One participant shared:

“There should be some sort of justice that helps people before the police take a step, before police and maybe a little above counselling, right. Yeah, some sort of profession that intervenes, before it comes to a legal matter, right? Because it’s relationship-centred, the world is full of relationships...”

— Interview participant 8

Along a similar vein, some participants talked about wanting more judgement-free and safe options that didn't do things like risk family destruction or more relationship blow-ups:

“I felt like they were destroying my family because they took my kids’ dad over an argument because it was loud and emotional and they assumed there was more to it than there really was. It wasn’t fair my kids had to see that.”

— Survey participant

And others shared about wanting to move past the situation, for the violence to just stop, and jail wasn't seen as the most likely means of making this happen:

“He’s the father of my children, I don’t want him to be in jail, I just wanted it to stop.”

— Survey participant

“I didn’t want payback.”

— Survey participant

Researchers introduced to participants to restorative justice as a potential process that could fill this identified gap. For some participants, this was a welcome alternative:

“I’d rather tell the staff. I’d rather talk to the staff here than talk to the cops.”

— Interview participant 4

Participants even thought about restorative justice as a way to make amends for their own actions:

“I don’t want to talk to everyone who has harmed me, but I want people who I have harmed to talk to me.”

— Survey participant

Participants were asked about scenarios in which they may see themselves using a restorative justice approach. Overall, participants varied in their responses. Situations that included physical or verbal violence, situations of racism, situations of violence based on sexuality, situations of violence based on gender presentation, or big fights or feuds with friends, family or others were all examples where participants felt restorative justice processes could be helpful. Participants also thought restorative justice would be helpful to reconcile situations where they were the aggressor or in exchange for having probation revoked. Results varied in more serious occurrences like sexual assaults and situations where they were controlled or manipulated.

Restorative justice was seen by some as a therapeutic opportunity for folks to work through their trauma, a way to stop the hurt from happening over and over, a way to recognize the help both parties needed and a way to avoid situations getting worse with time:

“I think that yeah, I think the longer you leave it, the worse it could get.”

- Survey Participant

“I think that, you know, we’re human, we make mistakes, and people sometimes are not in the right, either state of mind, or maybe under the influence, it’s something and we may not be thinking at that moment, and we react in different ways. And I think that if we just took the time, and like I said, educated or have classes, stuff like that...”

- Interview Participant 5

“I have used restorative justice to repair my family relationships, it was a good experience for me because I was also a victim in the same circumstances where I was charged as the aggressor. It was helpful to talk this through in the interests of rebuilding and moving forward with my family.”

— Survey participant

Participants further saw restorative justice as a potential way to break up generational violence:

***“A lot of abusers have been abused and never received help for that. So, they’re just going to continue to lash out. Right? Yeah. I think a lot of men that abuse women have probably been abused as children. Right. I don’t think that any of us are just born violent. I think violence is something you saw, or you were involved in or were around. This might help that.*”**

- Interview Participant 8

Participants discussed some barriers they might face when engaging in restorative justice. One concern was that it might be difficult to open up to their abusers or having their abusers open up to them. Others talked about not knowing if they could trust in the process, and a few felt that it ran the risk of potentially making things worse. A very common concern was about being face-to-face with the person who was violent towards them:

***“Being scared that the person is still around you know, then you got to see this person every day? Definitely would be to deter me. I wouldn’t, you know, wouldn’t want to put the weight back on them unless it was that they were willing to go and get with help with you.”*”**

- Interview Participant 8

Some participants were wary that the process wouldn't be met by their abusers with the same enthusiasm they had to resolve issues.

“Other than that, I just guess, like, the willingness of both parties, both parties, you’re gonna have to be willing to try to make it work. Because if you’re not, then it’s not going to work at all right, then there’s really no point.”

- Survey Participant

Even still, one participant was still willing to try:

“I don’t know, like, I’m, I am actually, like, I am all for programs like this. I don’t think there’s anything that would prevent me from wanting to try. I would always want to try, especially for the sake of my daughters. If there was, like, I think when it comes to what he has done to me, I don’t think he would be willing to listen and understand or try and, you know, but I think like, there’s a lot of history now with my two daughters, and he’s missing out on a relationship with my two daughters. And I think if there was programs that would help in that aspect, I would be all for it as well, I don’t think I would not want to try. I would want to try for sure.”

- Interview Participant 9

Systemic changes for safety

Participants were asked to reflect on a list of potential actions that could be taken to address their raised concerns and highlight the actions they found valuable. The most agreed upon action, with 79% of participants favouring it, was bringing in trauma and mental health supports to the women's emergency shelter. This was framed as a way to help women who have and are experiencing violence to work past mental health as a barrier to moving forward. It was also talked about as a way to help address some of the peer-to-peer violence that can happen in an emergency shelter setting.

Sixty one percent of participants also wanted to see the creation of more gendered housing along the continuum of affordable, supportive and transitional. Looking at solutions around justice, a total of 57% of participants want to see an alternative way to deal with violence rather than relying on the current police or court systems. Lastly, 52% of participants prioritized the creation of spaces and services exclusively for women and gender-diverse folks, this includes adapting current services as well as adding services in order to build in more safety and access.

Beyond giving an analysis on some suggested actions, participants were also encouraged, in the survey and throughout the interviews, to share their own ideas around how to increase safety, minimize the violence they experience, and build stronger pathways of support across systems. Suggestions reflect a few trends: rethinking the approach to emergency shelter services and building on the model, making emergency phones more available, doing more to weave systems of support together, and reconsidering policies/processes around housing priority lists.



Attitudinal shift around shelter use by service providers

The first issue participants highlighted in the interviews and surveys was the need for an attitudinal shift by service providers, including those offering prevention and diversion programming. Participants noted that service staff often try to dissuade women from using the shelter system, thus keeping them in more vulnerable positions and keeping them hidden and with less access to needed support in the community:

“I think women need to know that it’s not okay to be abused in any means, and there’s no wrong reason to call if you’re being abused, you’re being abused, and you have every right to call and seek shelter and seek a safe place to be.”

— Interview participant 9



Mental health and physical health supports

Participants talked candidly about how their mental health impacted their safety and how violence impacted their mental health. Introducing more trauma and mental health supports inside the shelter system was talked about extensively by participants and for some this was seen as the first step forward for women accessing services:

“The ability to address the mental health and trauma pieces in which lead women to addictions and homelessness in the first place is something I have always believed to be at the forefront of being a piece of the shelter system. Housing, the safety in which one feels when they don’t have to be wet and unsafe on the street is only the tiniest fraction of being able to offer support to women in this community. A piece of the solution, is addressing the fragility of the client in which accesses services.”

— Survey participant

Participants suggested that having counsellors on site who are readily available for when women work up the courage to talk and who were familiar with what they may be experiencing would be optimal. One participant suggested:

“I think having access to a counsellor, or to whoever it is, a worker that people have access to them at all times. Okay! Night or day!”

— Survey participant

A large part of the recommendation for having supports directly inside the shelter system was due to the immensely negative experiences participants had been subject to when trying to access more mainstream services geared towards the general public. They reported often feeling pushed away or struggling to conform to expectations in that environment:

“It happens. I mean, people, you feel so bad about yourself that you just don’t want to be here... And the reason that I’m homeless and I was afraid to say anything, but at the same time I was trying to get some help. It was just like, it wasn’t open arms, open door. It was just like, they pushed me away. Yeah, they weren’t listening.”

— Interview participant 5

Participants also noted that they would like more readily available physical health supports and suggested a nurse be permanently stationed at the shelter.

Enhancing safety measures

Several participants had experienced both the emergency shelter system and the domestic violence shelter systems in Waterloo Region and they discussed the differing safety measures between the two. For one participant, the presence of fences and surveillance cameras was a key element of feeling safe:

“Um well, you know, as far as difference, there’s security differences. Okay. That’s definitely security differences because in a domestic shelter there’s fences all the way around. There’s a lot of cameras right. Here, we’re wide- open downtown right. So that’s a different thing.”

— Interview participant 8

“Um well, you know, as far as difference, there’s security differences. Okay. That’s definitely security differences because in a domestic shelter there’s fences all the way around. There’s a lot of cameras, right. Here, we’re wide-open downtown, right. So, that’s a different thing.”

— Interview participant 8

When comparing the domestic violence shelter system to the emergency shelter system, participants talked about the security that comes with access to a shelter space 24/7. This was felt to be a benefit of the COVID-19 pandemic measures, which allowed the YW KW emergency shelter to operate 24/7 and folks were not required to leave during the day, as was the previous practice:

“They can come in the shelter at nighttime but then they got to be thrown out on the street at eight o’clock [a.m.]. We were lucky here. The girls here. We’re lucky right now. We don’t have to leave early in the morning. But the other places do, right.”

— Participant 3

Participants wanted to see more safety within the shelter as stories of situations where folks were violent toward each other emerged. One participant suggested zero tolerance and personal consequences:

“Yeah, because I believe in zero tolerance for violence. Right. And I’ve seen violence up there, and it’s just as brushed off like, right. And it shouldn’t be brushed off. I don’t think I think I don’t, you know, depending on the situation, I think if it needs to be dealt with legally, then cool. Otherwise, there should still be a personal consequence. Yes, that is what I’m trying to say.”

— Interview participant 8



Recreational and life skills programming

Another key distinction of the emergency shelter system noted by participants, particularly those with experience in the youth shelter system and domestic violence shelter system, was the lack of programming available, whether it was recreational to help create more positive relationships among shelter users, opportunities to volunteer or help out around the shelter, or activities more concentrated on life skills building. Participants expressed a desire for more holistic services in the emergency shelters:

“Like, it’s not... like it’s a shelter. Right. But it’s, I think that if a lot of people here, they don’t know what to do with themselves. Yeah, even myself, I don’t know sometimes. I don’t know. You know, there’s so many hours in a day, and I’m not working right now. So I’ll help clean up or I’ll sleep outside just because, you know, yeah. But if they had, like, you know, a game night, or something. I think it would keep some of the women busy and make them feel better about themselves. You know, what I mean?”

— Interview participant 5



Expanding models

Most of our participants reported feeling overwhelmed by the intensity of being bunked with so many people in a room and some shared that they also felt uneasy in motel settings that have less built-in support, security and that often have more open drug use. Participants suggested a way to account for the differing levels of support and unique needs experienced among shelter users was to expand the model. There was a huge degree of empathy for fellow shelter users and what they may be experiencing, but it came with the realization that having to meet all these different needs in one shelter and under one model wasn’t working effectively and supporting participants as well as it could.

One participant broke it down:

“They shouldn’t be all in one shelter. Families and mental health should really be concentrated on because there’s a lot of these they’re not doing anything to help their mental health. They’re just making it worse by getting they’re not doing anything to help it. They need to make sure that they get the proper help they need and they don’t, they just get in one shelter and mix all together in a room and it’s a very toxic environment and can break people because we have no choice but we have nowhere else to go.”

— Interview participant 1

Participants also liked the idea of having single-occupant rooms to avoid conflict and theft and to minimize the anxiety of having to watch everybody that comes into the room. Two participants recounted experiences using shelters with individual rooms, one participant spoke of the model used by the domestic violence shelter system in Waterloo Region:

“When they sent me to the shelter on Heritage, I really liked that one, because there was like programs and stuff. Yeah, and teaching classes and stuff like that, and there was counsellors, and you had your own room with its own key and there was a washroom and you know, and there wouldn’t be keys floating around. You know, you know that there’s not 10 different people that have a key to your room.”

— Interview participant 5

Another participant talked about a shelter model she experienced in downtown Vancouver:

“They turned hotels into single occupancy rooms that were harm reduction and that was your own room, and somehow, you also had your own bathroom at \$335 a month, and you get free lunch and nurses who can do anything. They were very very hands on and their heart was in it.”

— Interview participant 1

Another participant suggested a model that left the gendered approach behind altogether:

“The entire idea of gender-based shelters I believe are seeing their end. Between the existence of queer folks, the evolutions of families and the need to have human energy, regardless of gender within your everyday life as you suffer and succeed and try to continue on as normal as possible. It’s important to acknowledge the idea of a HUMAN SAFE SPACE... If the system acknowledged the very basic pains of society before the systemization of the humans who suffer from that, wear those people down... and jade, hurt and leave them behind... it seems a much easier idea to entertain.”

— Survey participant



Emergency phones

Participants referenced extensively their reliance on phones in order to call for help if they are experiencing violence as well as a tool that generally helped them feel more in control of their safety. While those without phones often rely on the general public when they are experiencing harm, it wasn't felt that this was a reliable practice. Participants talked about pay phones becoming obsolete in town and so helping to ensuring all accessing women have phones, as a safety tool, was encouraged.



Stronger engagement among systems

Participants found the systems they needed for support to be disjointed and filled with gaps and they felt they were the ones who suffered. Often episodes of violence happened in their lives, which escalated situations to where participants would need to use multiple systems to get the help they need. One participant's experience summed this up perfectly.

This participant was in a violent relationship and found herself fleeing and taking up shelter at Women's Crisis Services. She was able to find stability and secure housing and moved in with her two kids. Sometime later, she got word that she was at the top of the list for affordable housing, and so she gave notice to her current market rent landlord. In a tragic incident, she was attacked on the street and beaten up and had trauma to her head and body. In the hospital, she coded once and was in a medical coma for a week. Her hospital stay was long and during her medical coma, she lost her current housing (as she had given notice) and all of the contents of her house were thrown out, including everything she had saved from her first flee from violence.

Also, because she was in the hospital, she wasn't able to sign the paperwork on her affordable housing unit and no one came looking for her. So she lost her place in line for housing. Still, throughout this whole process (and up to the date of the interview) her ex was stalking her. Given her condition following the attack, she had her kids go live with her mother-in-law, and now her mother-in-law and ex were keeping the kids from her. When the hospital discharged her, she was still medically fragile had nowhere to go, and so the police dropped her off in front of the YW KW emergency shelter. She is now unable to reclaim her old apartment or her spot on the housing list and is unable to find resolution with her abuser in order to see her kids.

Without better collaboration between systems, women who are vulnerable and marginalized can often get lost in these systems and end up deeper in the clutches of violence and more vulnerable than before. Participants shared experiences of being sent all over the community for services and never actually being considered eligible or denied access, being forgotten about for referrals, being turned away because they were passing as not homeless, not qualifying for support in the domestic violence sector and so many more. The reliance on so many systems for support left women particularly vulnerable, especially if they are were not already connected into the shelter system or to support workers who could help advocate on their behalf.

“Some guy beat me up on the street. Yeah, I was in the hospital because of it... I died a few times... Meantime my landlord, he got rid of everything in my apartment and I lost my rent geared to income housing and I ended up discharged from the hospital and driven to the shelter.”

— Interview Participant 5

Housing priority

Participants talked about the need for more housing and encouraged the building of that housing to be quick, they also talked about raising rent costs and the impossibility of finding an affordable place. Women are faced with less housing options in our community because of their safety needs. Accommodations like rooming houses and other arrangements that are within their budgets come with a set of inherent risks to safety that many women don't feel comfortable with or have had negative experiences with in the past. They felt that there should be housing priority, as there is for other groups, for homeless women, given their experiences of violence and abuse.

Participants recounted many instances where they felt their male friends, living in similar unhoused situations, were getting housing much quicker than they were and they were also having experiences of getting bumped down the list by women experiencing domestic violence who receive priority placement, an irony when they too have experiences of violence.



Our commitment

Our commitment to the cis women, trans, two-spirit, and non-binary folks who shared their life experiences and vulnerability with us throughout this research is that it will not be in vain. We are dedicated to weaving together the different branches of community to create solutions that prioritize the wellbeing of women, to develop stronger systems that address safety and justice and help women who have experienced gender-based violence move forward from their experiences. This work must always have roots in their shared experience.

It's with optimism that we introduce Project Willow, a community building project dedicated to supporting systemic change for unhoused and homeless women experiencing gender-based violence. Together, the YW Kitchener-Waterloo, Community Justice Initiatives and the Coalition of Muslim Women Kitchener-Waterloo will be working with community stakeholders to create a five-year community safety and justice plan that will respond directly to the shared experience and needs identified through two core research projects, this report included as one. We welcome the community to follow this work and get involved.

Now is the time.



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Project Willow advocates for systems change that enhances the safety of women experiencing homelessness from gender-based violence, while also exploring ways of using non-punitive measures to achieve justice and healing. This project is rooted in, and guided by, the voices of those with living experience.

For more information visit:
feministshift.ca/project-willow

 **Feminist
Shift**

YW
KITCHENER-WATERLOO

 **YWCA**
CAMBRIDGE

 **CJI**
Imagine a Just Community

 **Coalition of
Muslim Women**
Kitchener-Waterloo



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

**THE REGIONAL MUNICIPALITY OF
WATERLOO** and
Applicants

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

**AFFIDAVIT OF KAITLIN SCHWAN
(AFFIRMED AUGUST 31 , 2022)**

**WATERLOO REGION COMMUNITY LEGAL
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Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

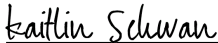
ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Kaitlin Schwan. I live at the City of Guelph, in the Province of Ontario.
2. I have been engaged by or on behalf of the Waterloo Region Community Legal Services to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise;
and
 - (c) to provide such additional assistance as the court may reasonably require, to determine a matter
in issue.

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4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date 8/31/2022

DocuSigned by:

339FEBBDA0C12

Kaitlin Schwan

Signature

Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

AFFIDAVIT OF SARA ESCOBAR

I, Sara Escobar, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am the co-founder of Peregrine Outreach Waterloo Region, a worker led initiative that supports outreach staff from social services organizations in Waterloo Region.
3. I have been working in the social services sector for over 20 years. My job positions have included front-line worker in the shelter system and street outreach worker for a variety of organizations including oneRoof, The Working Centre and the House of Friendship.

4. I am extremely familiar with the shelter system in Waterloo Region and the complexities of serving the street involved population.

ISSUES RELATED TO SHELTER SERVICE RESTRICTIONS

5. As a street outreach worker, I spent most of my time advocating for clients around terms of stay with various shelters. Most of my clients experienced service restrictions which meant that they were barred from staying at specific shelters. I would spend my time trying to negotiate terms to get them access to shelter space after they had been barred.
6. I would advocate and negotiate with the shelter so that we could reach an agreement for a specific client. To do this, I would try to find the gaps in the shelters rules to try to find a way to get the shelter to allow my clients to stay at that shelter.
7. Clients could be barred for any time period from hours to years depending on the policies of the shelter. While there was a complaint process to challenge the restrictions, in my experience clients rarely used the complaint processes.
8. My clients would be barred for a number of reasons including:
 - a. Aggressive behaviours to shelter staff or other people staying at the shelter. Aggressive behaviours included yelling or swearing at shelter staff. In my experience, I observed aggressive behaviours most often where my clients had mental health issues, acquired brain injuries, trauma responses or substance use disorders;

- b. Causing damage to property, which again I observed most often happened with my clients who had mental health issues, acquired brain injuries, trauma responses or substance use disorders.
9. In my experience, staff working in the shelter system were not provided adequate training to deal with a lot of the behaviours exhibited frequently by street involved people. I have observed many occasions in my working career where de-escalation tools were not employed when a client became aggressive. The default response would be to issue a service restriction without trying to resolve the situation. Often I observed this happening when staff had a high client to staff ratio and simply did not have the time to try to de-escalate the situation.

SHELTER RULES

10. Although shelter rules vary from shelter to shelter, there are some common rules for most of the shelters within the Region.
11. Clients can generally only bring two bags worth of their belongings into the shelter and there is no storage available. That means clients would need to take their belongings with them when they left the shelter during the day or risk losing their belongings.
12. Shelter spaces are not meant to be a home like environment. Clients are not permitted to bring in any furniture, personal food or put up any decorations on the walls.
13. Meal times are fairly strictly enforced so that if a client came to shelter after dinner time was done, they would not receive a meal. As staff, we would try to have some snacks on hand to provide intakes who came after meal times but often the person being admitted was very hungry, which often led to behaviour issues.

SHELTER ADEQUACY

14. There are a number of reasons over the years that my clients did not access shelter space due including:
- a. Being unable to stay with a partner or spouse;
 - b. Being unable to bring a pet with them;
 - c. Not having access to Indigenous supports and services;
 - d. Being unable to bring their belongings with them that exceeded what could be carried in two bags;
 - e. Safety concerns and concerns about theft of belongings;
 - f. Feeling frustrated and stressed by the arbitrary and inconsistent application of rules in shelters, which then triggers behaviours which fall afoul of shelter rules and expectations;
 - g. Too many bureaucratic rules and expectations;
 - h. Lack of accommodation for physical disabilities (e.g. accessible washrooms) and mental health issues.
15. To the best of my knowledge, there are very few spaces for couples or people with pets within the Region of Waterloo shelter system. I am aware that recently in June 2022, a temporary shelter at the former Edith Mac Child Care Centre opened and had some rooms for couples and allowed pets. That shelter is due to close sometime in the fall of 2022.
16. None of the shelters have Indigenous specific programs or services to the best of my knowledge.
17. In my experience, clients needing mental health supports had to bring in outside agencies to meet those needs while they were accessing shelter space.

- 18. There are very few LGBTQ2S+ designated safe spaces in the Region of Waterloo shelter system. While some shelters might accommodate trans people or same sex couples, there are no specific designated spaces for these populations.
- 19. Officially, the Region of Waterloo’s “Emergency Shelter Program Framework- March 2017”, documents states that substance use will be a reason to give a person a service restriction, in my experience there are inconsistent practices and rules around substance use. For example, I have observed substance use that was tolerated at a shelter and also have seen examples of substance use in the same shelter that resulted in a service restriction of a year. A copy of the Region of Waterloo’s “Emergency Shelter Program Framework- March 2017” is attached hereto as **Exhibit ‘A’**.
- 20. I make this Affidavit in support of the Notice of Application, and for no improper purpose.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 29th day of)
 August, 2022)
 In the Regional Municipality of Waterloo




 SARA ESCOBAR

SHANNON KATHLEEN DOWN,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor.
 LSO #43894D

This is Exhibit "A" referred to in
the Affidavit of *Sara Escobar*
sworn before me at the *City* of *Kitchener*
in the Regional Municipality of Waterloo
this *29th* day of *August*, 20 *72*



A Commissioner, etc.,

Shannon K. Down

Region of Waterloo Emergency Shelter Program Framework



**“Part of a Coordinated Approach to
Preventing & Ending Homelessness in Waterloo Region”**

March 2017



Region of Waterloo Emergency Shelter Program Framework



Region of Waterloo

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Should you have any questions about this report or would like to request the report in an alternative format please contact:
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This report is available on-line at: <http://communityservices.regionofwaterloo.ca>
Search "Emergency Shelter Program Framework"

Docs #2114562.18

This document is accessible.

Acknowledgements

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Very special thanks to the members of the Housing Stability System Working Group (HSS WG) who provided overall guidance to the work (membership list current as of March 2017):

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Cambridge Self Help Food Bank	Dianne McLeod
Cambridge Shelter Corporation	Christine Kecser, Marian Best
House of Friendship	Ron Flaming, Christine Stevanus, Ashley Grinham
Kitchener Downtown Community Health Centre	Doug Rankin
Lutherwood	Lisa Gill-Tamcsu, Dion Murphy, Lynn Macaulay, Edwina Toope, Lindsey White
Mennonite Central Committee Ontario	Greg deGroot-Maggetti
oneROOF Youth Services	Sandy Bell-Scott, Jason Manseau
Supportive Housing of Waterloo	Gael Gilbert, Rob Smith
The Working Centre	Jennifer Mains, Sara Escobar
YWCA K-W	Cathy Middleton, Maria Wallenius

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Disclaimer:

The Emergency Shelter Program Framework (ES Framework) describes the Emergency Shelter Program (ES Program) funded by the Regional Municipality of Waterloo (the Region). The ES Framework is not intended to provide legal advice. ES Program providers are responsible for being in compliance with all federal, provincial, and municipal legislation or other regulatory authority or statute. Any reference to a statute herein shall include any successor or legislation thereto. The ES Framework does not supersede any such statute or regulation.

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SECTION 1: INTRODUCTION

This section introduces the Emergency Shelter Program Framework (ES Framework), describing its purpose, what it includes, and how it was developed.

1.1 What is the ES Framework?

In general, program frameworks outline the purpose, description, and policy direction for a program area. The Emergency Shelter Program Framework (ES Framework) outlines the role that the Emergency Shelter Program (ES Program) plays in the local housing stability system¹ to prevent and end homelessness in Waterloo Region.

The ES Framework is written for the following audiences:

- Local ES Program providers (the primary audience);
- Other housing stability service providers that connect with the ES Program; and
- Members of the broader community who are interested in learning about the ES Program in Waterloo Region.

The ES Framework applies only to ES Program providers funded by the Regional Municipality of Waterloo (the Region) through the Community Homelessness Prevention Initiative (CHPI) (for more information about CHPI, see section 2). The ES Program currently includes seven ES Program providers² with a total capacity of about 250 spaces (see **Appendix A** for more detail). The ES Framework is attached as a schedule of the service Agreement between ES Program providers and the Region.

1.2 Why Was It Developed?

As further described in this document, the ES Framework was developed to respond to:

- The desire to deepen local learning about new approaches that offer people a better service experience with stronger housing outcomes, at less cost;
- An evolution in local sheltering options;
- The need for greater clarity about the role of shelter and how it fits in the context of a housing stability system designed to prevent and end homelessness; and
- Recent government policy and funding changes.

1.3 What Does It Include?

The ES Framework covers a wide range of topics:

- The history of shelter services in Waterloo Region;

- Where the ES Program fits in the local housing stability system and how it connects to other programs;
- A detailed description of the ES Program (definition, purpose, service objectives, scope of activities, core elements, and policy direction); and
- Plans to support implementation of the ES Framework.

Note: The current document is one of a number of guiding documents under development for the local housing stability system. Given that the ES Framework is being released before most of these other documents, it contains more detail than might otherwise be necessary. When the ES Framework is updated in the future, information that is referenced within these other documents (released between now and then) can be removed. For example, a new Housing Stability System Framework is under development that will feature information about local system redesign, progressive engagement, and common assessment. Also, as discussed in section 4, two documents will be developed as part of implementation activities for the ES Framework – a new ES Program Access and Referral Protocol and new Emergency Shelter Program Standards (ES Standards). These two documents will include only operational details referenced in the current document.

1.4 How Was It Developed?

Between 2013 and 2016, the Region led a number of activities to support learning about the role that shelter plays in preventing and ending homelessness. These activities took place in the context of broader housing stability system evolution, which intensified during this time (to learn more about why, see section 2). One of the key groups that supports this work is the Housing Stability System Working Group (HSS WG). The HSS WG is an advisory committee hosted by the Region (Housing Services). It informs the development and implementation of policies and practices for Region-funded housing stability programs. All ES Program providers participate on this group (see the Acknowledgements at the beginning of the document for membership as of March 2017).

Activities specific to development of the ES Framework included:

- Review of shelter-specific guiding documents from other communities (e.g., housing-focused policies and practices, funding approaches).
- In-depth review of current ES Program provider investments (through annual budgets) and policies and practices (including shelter diversion and intake messaging; daytime access; belongings, laundry, room cleaning and storage options; bed bugs; harm reduction; and service restrictions and planned intakes).
- ES Program provider “piloting” of new or enhanced practices related to:
 - Shelter diversion (including common script and Diversion Plan);

- Messaging at intake (including common Consent Form);
- Referrals between shelters (including common Referral Form);
- Stay-related services (including common Housing Plan);
- Discharges (including common Discharge Notices); and
- Service restrictions and planned intakes (including common reasons to restrict and maximum timelines).
- Consultations and opportunities to review draft materials:
 - Open invitation to meet with Region staff at any time;
 - Sixteen meetings with housing stability service providers (Working Groups);
 - Four sets of individual meetings between Region staff and ES Program providers;
 - Presentations facilitated by ES Program providers about Housing First and harm reduction in a shelter context, staffing models, and the shelter pilots;
 - Meetings with direct support workers and participants;
 - Six surveys (five to service providers, one to the broader community);
 - Three open community forums;
 - Four broad community stakeholder meetings;
 - Presentation to Regional Council on the draft document in June 2016; and
 - Drafts out for review April 2016 (HSS WG only), June 2016 (broader community), September 2016 (broader community), and February 2017 (HSS WG only).
- Training, coaching, and consultation with OrgCode Consulting. OrgCode Consulting works with communities to develop and implement strategies to end homelessness. They facilitated a community forum, reviewed draft materials, and coached shelter and Region staff. Region staff also attended shelter-specific training offered by OrgCode Consulting.

SECTION 2: ES PROGRAM BACKGROUND AND EVOLUTION

This section provides some context and a brief overview of the ES Program up to the end of 2016. It describes the reasons why people seek shelter services, the influence of provincial and regional policy on the ES Program, and how the ES Program has evolved to meet the need for shelter in the community over time. The section concludes with a summary of the redesigned ES Program and new policy direction for the future.

2.1 Reasons Why People Access Emergency Shelter

There are a number of reasons why people have accessed the local ES Program over the years, such as: loss of employment or housing; eviction for economic or behavioural reasons; relationship and/or family breakdown; discharge from a correctional or health care institution with nowhere to go; fleeing from threats of harm and/or abuse; substandard housing; mental health and/or addictions; or they were from out of town and just passing through.³ This list is not exhaustive, but reflects the broad range of personal, circumstantial, systemic, and structural factors at play for people who have lost their housing. Having an inadequate income is almost always a factor. People who have family, friends, savings, or other resources are often able to prevent housing loss by drawing from these personal assets to avoid homelessness and a shelter stay. People may also be eligible for community resources designed to prevent housing loss. However, when these personal and community resources become exhausted – and no alternative options are readily available – people may lose their housing and seek access to emergency shelter.

2.2 Provincial and Local ES Program Policy Context

Emergency shelters receive provincial funding through municipalities. In this funding context, there have been a number of policy changes that have influenced local understanding of shelters and their role in a system designed to prevent and end homelessness.

The Province's Long-Term Affordable Housing Strategy (LTAHS, released in 2010 and updated in 2016) informed the development of the new *Housing Services Act*, 2011, through which the Province required municipalities to develop 10 Year Housing and Homelessness Plans (10 Year Plans) beginning in 2014⁴. Municipalities were given this task because the Province identifies municipalities as Service Managers for Homelessness and Housing. As the local Service Manager, the Region is responsible for system planning, service delivery, accountability/quality assurance, and resource allocation related to housing stability in the local community. As a backbone⁵ for the housing stability system, the Region ensures that investments are aligned to create the greatest possible impact in Waterloo Region. When changes in service delivery are required to support implementation of the 10 Year Plan, the Region also supports necessary change management processes.

In the first LTAHS, the Province indicated its intention to consolidate a number of separate homelessness programs into a single, flexible, outcome-focused program. On January 1, 2013, the five homelessness programs previously funded by the Ministry of Community and Social Services (including emergency shelter) merged into a single, fixed funding envelope called the Community Homelessness Prevention Initiative (CHPI) under the Ministry of Municipal Affairs and Housing⁶.

The purpose of CHPI is to provide Service Managers with more flexibility to design and deliver programs that meet locally identified need. The impact of this policy shift is significant. It allows Service Managers to reinforce a shared approach to preventing and ending homelessness by investing in a broad range of programs across a coordinated system, rather than allocating funds for prescribed programs with varying degrees of policy alignment or fit with local need. Given that CHPI represents the vast majority of funding that flows through the Region designated to prevent and end homelessness (approximately 75 percent), the opportunity was particularly significant for Waterloo Region. Roles and responsibilities related to CHPI, the Region and local ES Program provides are summarized in **Appendix B**. The impact on the ES Program specifically is further described in section 2.4.

2.3 Overview of ES Program to 2012

The housing stability system has a long history of offering shelter options for people experiencing homelessness. Some providers have been operating in Waterloo Region since the early and mid-1900s. Similarly, the Region has a long history of investing in the ES Program, with service Agreements dating back to 1975. See **Appendix C** for more information about the history of the local ES Program.

In the early 2000s, the Region engaged local stakeholders to develop the first Waterloo Region Emergency Shelter Guidelines (ES Guidelines). ES Guidelines were released in June 2004 and updated in November 2007. The 2007 ES Guidelines⁷ provided a common service framework for the ES Program grounded in twenty guiding principles related to access and operations.

As further discussed in section 2.4 below, CHPI changed the way that shelters were defined and funded by the Province. Previous to CHPI, the provincial definition of emergency shelter was: “the provision of board, lodging, and essential services to meet the personal needs of people experiencing homelessness on a short-term, infrequent basis”. Locally, the definition and description of the ES Program was last revised in 2012⁸. At that time, the ES Program was defined as providing not only temporary shelter, meals, and essential services (the basic mandate defined by the Province) but also access to various levels of staff support.

Before CHPI, ES Program providers were funded through a per diem set by the Province, which was cost-shared 80/20 between the Province and the Region. Payment for each bed night was

contingent on eligibility for Ontario Works. In situations where OW eligibility was not secured for a person or family (e.g., because they did not apply or were denied), the cost of their bed nights was paid through other sources (e.g., fundraising) at the discretion of the ES Program provider. Locally, it was recognized that the per diem funding level set by the Province was not enough to cover all of the operational costs of the ES Program. As such, ES Program providers secured other funding through United Way, grants, fundraising events, and charitable donations.

Until CHPI came into effect, there was no provincial policy that outlined how shelters should respond to the various needs of participants identified earlier in section 2.1. As such, ES Program providers sought to address these needs through a similarly broad range of services. The summary outlined in the 2006 inventory helps to illustrate the scope of direct service. In addition to the basic necessities of shelter and food, local ES Program providers self-identified that they also provided: counselling; information about and referrals to various community services and government agencies; basic toiletries; used clothing; laundry; showers; chapel services; housing support and assistance with accessing financial resources; crisis support and intervention; job training; health and medical care; support to access identification; literacy and tutoring; foot care; advocacy with landlords, lawyers, probation and parole; social support and recreational groups; life skills training; individual plans of care; internet and computer access; some transitional support; interpreters; bus tickets; and referrals to drug and alcohol treatment centres.

2.4 ES Program Evolution 2013 to 2016

The introduction of CHPI on January 1, 2013 had a significant and immediate impact on emergency shelters. For example, stays are no longer tied to Ontario Works eligibility and funding is no longer tied to occupancy. Instead, funding is available under the “Emergency Shelter Solutions” CHPI service category and annual reporting on outcomes is required through a set of performance indicators. There are two CHPI outcomes:

1. People experiencing homelessness obtain and retain housing and/or
2. People at-risk of housing loss remain housed.

Locally, the Region began to grant fund the ES Program in January 2013⁹. To support the transition to CHPI, the Region led a number of pilots between 2013 and 2016. These pilots helped service providers and the Region to learn more about being housing-focused and adopting a Housing First approach across the housing stability system where people are supported to access permanent housing as a first step¹⁰ instead of waiting for other conditions to be met (like sobriety or treatment compliance). More specifically, these pilots shifted service delivery by practicing progressive engagement, shelter diversion, coordinated access, common

assessment, and service prioritization. By the end of 2016, there was new learning about how to align resources for a better service experience and stronger housing outcomes, at less cost. This learning heavily influenced the ES Program policy direction (see section 2.5 below); the progressive engagement model (see section 3); and the ES Program definition, purpose, service objectives, scope of activities (see section 4). Section 5 outlines where pilots and projects are ongoing as of March 2017, and how they will be supported through next steps.

Changes in the local community also had a significant impact on ES Program evolution during this time. The largest was the closure of the volunteer-based Kitchener-Waterloo Out of the Cold Program (OOTC), a seasonal overnight sheltering option that started in 1999 and ended in the winter of 2014/15. The Region supported the OOTC transition with a plan that included a temporary Transitional Shelter for the winter of 2014/15. Activities included in the transition plan helped ES Program providers and other local service providers to better serve people who had previously used the OOTC program¹¹. For further details about changes influencing the ES Program over this period, see **Appendix D**.

Finally, in January 2016, the Province updated the CHPI definition of shelter. The new CHPI definition of shelter is: “A facility designed to meet the immediate needs of people who are homeless. Emergency shelters may target specific sub-populations, including women, families, youth or Indigenous persons. These shelters typically have minimal eligibility criteria, may offer shared sleeping facilities and amenities, and may expect clients to leave in the morning. They may offer food, clothing or other services. This would include hotel and motel stays, where no emergency shelters exist or in overflow situations. This does not include extreme weather shelters, such as Out of the Cold programs and crash beds.”

2.5 ES Program Redesign and New Policy Direction 2017 – The ABCs of Shelter Policy

The Province’s introduction of CHPI afforded the opportunity for the Region to review and redesign the ES Program. The new policies and practices outlined in this ES Framework align with the new provincial guidelines and local 10 Year Plan, and will inform the next phase of local shelter evolution.

The new policy direction is identified as the “ABCs of Shelter Policy”. There are three main parts:

- “A” is what needs to happen so that shelter stays can be avoided, wherever possible;
- “B” is what the ES Program is about – bringing together quality shelter services for people and the community; and
- “C” is how the community and shelters work together to solve complex housing issues.

Each part – A, B and C – has one or more policy categories. For each category, there are one or more policy statements. **Table 1** organizes all of the ABCs, followed by a more detailed description of each category and policy statement below.

Table 1. The ABCs of Shelter Policy in Waterloo Region

3 Parts	5 Policy Categories	15 Policy Statements
"A" AVOID A SHELTER STAY WHEREVER POSSIBLE	(1) Align policies and practices to prevent homelessness.	<ul style="list-style-type: none"> Explore diversion to other safe and appropriate options before offering shelter. Don't create incentives to access shelter. Engage other systems in homelessness prevention.
		(2) Be housing-focused.
"B" BRING TOGETHER QUALITY SHELTER SERVICES	(3) Be accessible, safe, and strengths-based.	<ul style="list-style-type: none"> Never turn people away because the shelter system is "full". Practice harm reduction and prioritize safety. Coach participants through the next steps in their Housing Plan.
	(4) Balance shelter demand with limited shelter resources.	<ul style="list-style-type: none"> Maximize use of existing shelter resources. Invest in the ES Program as part of a plan to prevent and end homelessness.
"C" COMMUNITY RESOLVES COMPLEX HOUSING ISSUES	(5) Collaborate to address unmet housing stability needs.	<ul style="list-style-type: none"> Engage in service resolution when all shelter options have been exhausted. When coordinating access to more support, prioritize participants who need it the most.

PART A: AVOID A SHELTER STAY WHENEVER POSSIBLE

In the first part of the ABCs, the goal is to avoid a shelter stay whenever possible. There is one policy category under Part "A", as described below.

Policy Category #1: Align policies and practices to prevent homelessness.

In each of the three policy statements in this category, the focus is on aligning policies and practices to strengthen homelessness prevention. Policies and practices should never directly or indirectly make it harder to support people to stay housed or find another safe and appropriate place to stay (besides shelter). Because the ES Program is not responsible for

solving all of the systemic issues that lead to homelessness, this work extends beyond the housing stability system into all community systems that serve people with housing issues.

- **Explore diversion to other safe and appropriate options before offering shelter.** Offering intentional shelter diversion at coordinated access points to the housing stability system is an effective way to prevent homelessness. Shelter diversion ensures that access to the ES Program is the end result of specialized problem-solving. It is a collaborative effort between the individuals and families facing the housing issue, their informal/natural supports, and any other community systems that have mandates to serve them. There are many ways that diversion can help people to avoid a shelter stay. For example, through a diversion conversation, people may learn that they still have the legal right to stay in their current housing and receive a more appropriate referral for landlord mediation instead of a shelter stay. Others may be supported to stay temporarily with friends or extended family while they engage in a self-directed housing search.
- **Don't create incentives to access shelter.** Generally, policies and practices are created with good intentions. However, if shelter is positioned as the gateway to additional resources, it creates an incentive for people to leave their housing, become homeless, and access shelter so they can meet eligibility criteria. If people can get their housing needs met without a shelter stay, they should be supported to do so. To support these efforts, qualifying for non-shelter resources (those not directly related to shelter, like specialized support or subsidies) should never **require** a shelter stay.
- **Engage other systems in homelessness prevention.** Community partners need to share accountability for preventing homelessness when serving people with housing issues in their programs. They need to strengthen their role in housing stability by recognizing when people are at-risk of housing loss and supporting them to stay housed. For example, community partners can do their part by:
 - **Supporting Diversion Plans related to shelter:** If the people they are supporting are at imminent risk of losing their housing, intensify the support. Prioritize them for any resources they qualify for that can help them to meet their immediate housing needs (e.g., disability-specific support or subsidies).
 - **Supporting Housing Plans:** When people need to move, support housing searches and help them to access new housing without an experience of homelessness. Connect people with appropriate community resources like the Region's on-line Renter's Toolkit. Refer them to Housing Resource Centres if they need more support.
 - **Not discharging to homelessness:** If people are transitioning out of residential care or an institutional stay, do not discharge them to the ES Program. Instead,

support their housing plans and confirm they have enough support to stay housed before discharge.

- **Supporting Service Resolution Plans:** If people have more complex housing issues, engage in problem-solving to explore options and prioritize them for additional resources so they can avoid experiencing homelessness.

PART B: BRING TOGETHER QUALITY SHELTER SERVICES

When preventing a shelter stay is no longer possible, people need access to quality shelter services. This is the focus of the three policy categories and ten policy statements in part “B”, as described below.

Policy Category #2: Be housing-focused.

The five policy statements in this category strengthen a Housing First approach in shelter. Participants work on their Housing Plan as the first step, not things like employment, mental health, or quality of life more generally. Stays align with Housing Plans, which are individualized. Housing Plans identify next steps and appropriate referrals related to finding housing. If participants need more support to move forward, ES Program staff engages with them to problem-solve and connect them with additional resources.

- **Reinforce the purpose of shelter as a process to find housing.** The ES Program offers services that help people find housing as quickly as possible. Participants receive consistent messages about this purpose. They understand that while shelter is not housing, it is a safe place where they can stay while they work to find housing. Likewise, ES Program providers understand the limits of their role. They work to support Housing Plans, not end people’s poverty or meet longer term support needs.
- **Tailor length of stay and services to strengths, depth of need, and barriers related to housing.** Length of stay guidelines are not “one size fits all” where participants can stay only up to a certain number of nights before they are discharged. Instead, length of stay is guided by an individualized Housing Plan or extreme weather event. Participants are supported to follow through with their Housing Plan to the best of their ability. For many shelter participants, securing housing quickly is possible and stays are very short. For others, the process of regaining enough stability to find housing may include a period of engagement with more frequent and longer shelter stays.
- **Expect and support active engagement in the housing search process.** Because shelter is a place where people can stay while they work to find housing, participants can stay as long as they are actively engaged in their Housing Plan. They can’t stay long term, even if there isn’t enough affordable housing, there are waiting lists for support programs, or they will have less disposable income after being housed compared to staying in shelter¹². Being actively engaged in the housing search process means that all

sustainable¹³ housing options must be considered. For some people¹⁴, these options may not be ideal given their current income and the current cost of housing (that meets their needs and preferences). Compromises may need to be made. In these situations, moves from shelter may need to be framed in the context of a longer term housing journey. People can be encouraged to explore different housing in the future, should their options change.

- **Connect to other community resources.** A key activity for ES Program staff is identifying the community resources that can help participants to move forward with the next steps in their Housing Plan. This includes making appropriate referrals and also following up with them through daily intentional housing conversations and in Housing Plan Reviews. Common referrals include Housing Resource Centres, Street Outreach, the Community Housing Access Centre, and social assistance offices (Ontario Works and Ontario Disability Support Program). In some situations, participants are referred to another shelter as part of their Housing Plan (e.g., to access a different housing market, to be closer to other services or social support, or for a change in environment if the current shelter environment is making it hard to focus on housing goals).
- **If there is limited progress with a Housing Plan, explore need for more housing support.** ES Program staff deepens their engagement with participants only when current strengths, depth of need, and barriers related to housing suggest that more housing support may be necessary. This work includes problem-solving and assessment. The goal is to identify the appropriate resources that can help participants with more complex housing issues to move forward with their Housing Plan.

Policy Category #3: Be accessible, safe, and strengths-based.

There are three policy statements in this category, each supporting quality service in the ES Program. While people may not be able to access shelter because of service restrictions, they won't be turned away because of capacity. Also, while supporting the housing process, ES Program staff focus on reducing harms, keeping shelter safe for everyone, and fostering resilience and ability despite any challenges or barriers participants may be facing.

- **Never turn people away because the shelter system is “full”.** The ES Program, as a whole, has the ability to flex its capacity by referring between providers and overflowing into motels when needed. This means that people will always be offered a shelter space in the region if they can't be diverted. However, to meet the overall demand for shelter in the community, participants may not be able to sleep in the same space night-to-night during their stay. They may be asked to sleep in a different part of the shelter, at an off-site location (e.g., motel), or referred to a different shelter.
- **Practice harm reduction and prioritize safety.** Because the ES Program is for people who have no other place to stay that is safe and appropriate, it is highly accessible.

Participants are not expected to change who they are or their lifestyle choices, to get what they need to stay safe during the housing process. Regardless of engagement in higher risk activities, people are welcomed, supported to make safer choices, and helped to find the housing that best meets their needs and preferences – all without judgement. At the same time, keeping shelter safe for everyone is a priority.

Expectations about safety are communicated consistently to participants, staff, volunteers, and visitors. If participants are unable to maintain a safe shelter stay on-site and/or they are service restricted, they may be offered another option (e.g., another shelter, motel or Bunkie).

- **Coach participants through the next steps in their Housing Plan.** ES Program staff focuses on what participants can do on their own to find housing, rather than doing the work for them. They use a coaching style of support and reinforce a culture of learning where people are encouraged to try new things, adapt with new information, and build greater skill along the way.

Policy Category #4: Balance shelter demand with limited shelter resources.

The final policy category under quality shelter services has two policy statements. Both support strategic use of ES Program investments to meet shelter demand, but not at the expense of longer term housing solutions.

- **Maximize use of existing shelter resources.** ES Program providers work to use every on-site space within the shelter system **before** referring participants to motels at additional cost to the Region. When participants are offered a space that is not their preferred option, ES Program staff explains the reasoning for the decision. Participants may choose to accept the shelter option that is offered to them or look for another option outside the shelter system.
- **Invest in the ES Program as part of an overall strategy to prevent and end homelessness.** Local investments in housing stability need to align with the 10 Year Plan and its goals to prevent and end homelessness. Reaching these goals requires additional investments in affordable housing, and in programs that help people to find and keep their housing. The Region’s priority with respect to funding the ES Program is to build on existing investments with current providers and reduce the need for shelters over time, not build new shelters.

PART C: COMMUNITY RESOLVES COMPLEX HOUSING ISSUES

The focus in part “C” is on working together to resolve complex housing issues. While much has been accomplished over the years, there is more work to do to meet unmet housing stability needs in Waterloo Region. Similar to part “A”, this work extends beyond the ES Program. The ES Program is not responsible for the problems that are created when people live without permanent housing. Likewise, on its own, the ES Program is not able to address all of the challenges that get in the way of people finding housing. Other housing stability programs and community systems have a role to play.

Policy Category #5: Collaborate to address unmet housing stability needs.

At times, options for participants in shelter will become exhausted. They may require more or different resources than the ES Program has the capacity or mandate to offer. Meeting these unmet needs requires working with other partners to engage in service resolution and prioritize access to resources. The final two policy statements focus on these activities.

- **Engage in service resolution when all shelter options have been exhausted.** Sometimes participants need more intensive support to remain in shelter or move forward with their Housing Plan. For example, they may have no immediate shelter options available to them because of service restrictions or complex health issues that cannot be met in shelter. Or they may have long shelter stays because they are waiting for a housing and/or support option that doesn’t exist or is very specialized with few vacancies.

Collaborative problem-solving and referrals to other partners are required in these types of situations. Processes may be guided by a Critical Safety Plan where there is perceived heightened risk. Or a Service Resolution Plan can help coordinate next steps.

- **When coordinating access to resources that can end homelessness, prioritize participants who need it the most.** Housing subsidies and support programs often have waiting lists. For example, there are currently more people who qualify for subsidies and support coordinated through the Region than there are spaces available to serve them. This can make it more difficult for participants in shelter to move forward with a Housing Plan. The ES Program operates in the context of these challenges, which are intensified for participants with very few housing options (e.g., people with specific housing needs and preferences, and very low income). Wherever possible, people experiencing homelessness with complex housing issues should be **prioritized** for resources coordinated through community systems that have mandates to serve them.

As described throughout this section, emergency shelter service in Waterloo Region has evolved over the years. The ES Framework represents another significant milestone in this process. **Appendix E** provides an overview of some of the changes that can be expected with full implementation of the ES Framework. For example, there will be more consistent housing-focused policies and practices across ES Program providers. There will also be improved practices when serving people who need more or different support through coordinated access, enhanced referral protocols, and stronger connections to other systems. Specific implementation activities to support this service delivery shift are discussed in more detail in section 5.

SECTION 3: PROGRESSIVE ENGAGEMENT IN THE HOUSING STABILITY SYSTEM

As identified in section 2, the goals of the local 10 Year Plan include both preventing and ending homelessness, as well as increasing affordable housing. This section provides context for how the ES Program fits within a system designed to achieve these overarching goals, using a progressive engagement approach. See **Figure 1** for an illustration of the model (as part of section 3.3 below), **Appendix F** for an overview chart, and **Appendix G** for a detailed flow chart. For more detail related to the ES Program, see section 4.

Note: System evolution activities are ongoing. Information in this section is current as of March 2017 and is subject to change with new learning.

3.1 What is Progressive Engagement?

Progressive engagement is a service delivery approach where more extensive services (like a shelter stay) are offered only after attempts to resolve an issue with more limited services (like diversion) have been unsuccessful. Progressive engagement is not about saying “no” to offering more service. Rather, it is about starting with a more limited level of service and offering more service over time, based on demonstrated need.

In longer term programs, services may also lessen over time (again, based on need). At this point, people may be encouraged to move-on from the program, which ensures that limited housing stability resources remain available to people who truly need them to stay housed.

The goal of progressive engagement is to offer just enough of the right kind of service, no more and no less. In doing so, risks of either over-serving or under-serving people are reduced. As further described below, three key indicators are used to inform this process: strengths, depth of need, and barriers related housing.

3.2 Why Use Progressive Engagement?

Adopting a progressive engagement approach offers three main benefits, as outlined below.

1. **Equity-based, not “one size fits all”.** People with housing issues are not all the same. Within this group, there is a broad range of strengths, depth of need, and barriers related to finding and keeping housing. As a result, people require access to different kinds of resources to resolve their housing issues. For example, while some people may need a relatively small amount of support over a short period of time (less engagement) to prevent homelessness, others may need a more intensive and longer term intervention (more engagement) to achieve the same outcome. The progressive engagement model at the level of the system helps to match people with appropriate resources. For example, some resources in the housing stability system are for people

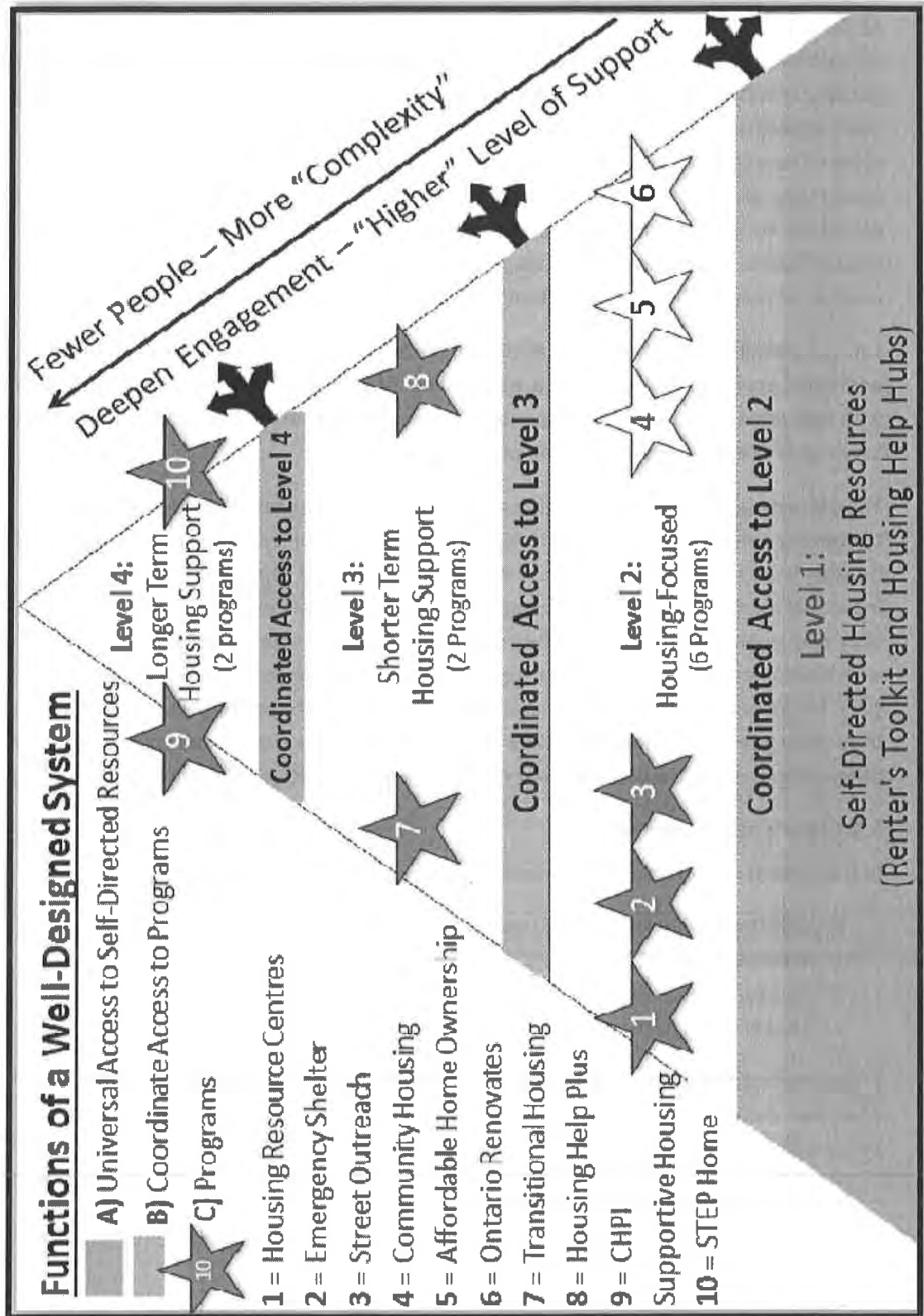
who can self-direct their housing search (Level 1 Renter's Toolkit and Housing Help Hubs). Others are meant for people who have a greater depth of need, such as offering longer term support to stay housed (Level 4 Supportive Housing Programs).

2. **Strengths-based.** Progressive engagement is based on the belief that **most** people with housing issues have the ability to either self-resolve them or at least actively participate in the process. The model creates an environment where people are supported to demonstrate or leverage their strengths and abilities before more extensive service is offered. It also nurtures a culture where people are encouraged to try new things and learn from the process. For example, during diversion conversations, people are invited to explore other resources and problem-solve as a first step. Then, if shelter is needed, first-time participants are given time to try and self-resolve their homelessness before they are offered increasing amounts of support to find housing.
3. **Consistent service.** Progressive engagement supports greater consistency in service by streamlining access to resources using common assessment, and by aligning levels of support offered within programs through standardized staff roles and service plans. As described more fully in section 3.4 below, a common assessment tool informs the process of matching people with the most appropriate type of housing intervention for their needs at key points in the system. Also, while providers may vary in some ways (e.g., serve different household types – youth, single adults and/or families), their work to help people find and keep their housing remains consistent because it is led by staff that play a defined role in the system, guided by standardized service plans that focus on key service objectives.

3.3 Overview of the Model

This section provides a detailed overview of the progressive engagement model under development in Waterloo Region. **Figure 1, Appendix F and Appendix G** offer additional information in various formats. After a general description, the three system functions (see section 3.3.1) and four levels of engagement (see section 3.3.2) are described. When the progressive engagement model is fully implemented, there will be two main ways that people can access housing resources. One option is universal access to self-directed housing resources through an on-line Renter's Toolkit and Housing Help Hubs. These resources will be widely available with no eligibility requirements. In the second option, people may qualify for one or more housing stability programs. Access to these programs will be fully coordinated across the system, informed by common assessment and individualized service plans (see **Appendix H** for a description of the seven types of housing support plans).

Figure 1. The Progressive Engagement Pyramid



All services **begin** with diversion and referrals, where possible (see **Figure 1** arrows indicating redirection at each level of coordinated access). With intentional diversion services across the housing stability system, people don't need to stay in shelter or join a waiting list for service if a more appropriate option is available that can meet their housing needs. People who are referred to a specific type of resource may or may not choose to access it. If they choose not to follow through with a referral, and do not return for further services, they will have essentially exited the housing stability system. There are many reasons why people may choose not to engage further. For example, they may access other community or informal/natural supports instead, or resolve their housing situation on their own with no need for further assistance.

Safety screening plays an important role during this process. If a safety concern is raised, additional protocols are followed to ensure that the person or family is immediately connected with appropriate crisis or "first responder" community resources (e.g., 911, Women's Crisis Services of Waterloo Region, suicide prevention).

The ultimate goal for all service pathways is to **end** with long term housing stability. The work is to connect people with available housing and other community resources that address their housing issue as quickly as possible, while balancing current capacity and demand with individual needs and preferences along the way. After people exit the housing stability system, they may re-engage at any time. They will be supported to access available services that align with their strengths, depth of need, and barriers related to housing that are relevant at that time. When people return for services, they are supported to explore what happened last time they were served, learning about their housing situation since then, and what can be done differently to provide a better service experience and/or better outcomes this time around.

3.3.1 Levels of Engagement

In the current model under development, there are four levels of engagement:

1. Self-Directed Housing Resources
2. Housing-Focused Programs
3. Shorter-Term Housing Support Programs
4. Longer-Term Housing Support Programs

Programs that fall within each level of engagement share some features and differ on others. As described more fully in **Appendix F**, to determine where programs fit in the system, three primary factors are considered:

- How people access the program;
- If housing support is offered and the focus of that support; and
- Where or how programs are delivered.

People with service pathways at “less engagement” levels may access any or all of the resources in Levels 1 or 2 as identified in **Figure 1** and **Appendix G**. Any support at these lower levels of engagement is generally provided on-site or over the phone with no accompaniment or follow-out into the community. Where indicators suggest more that people may need more or a different kind of support, engagement **deepens** (“more engagement”). Here the focus shifts to understanding what might be making it hard for the person or family to resolve their housing issue. Following assessment, qualified applicants are matched with appropriate housing support and/or subsidies. For example, people with a moderate depth of need may need shorter term housing support to help them find and keep their housing (Level 3). Alternatively, people with a high depth of need may need the “most” or highest engagement possible – longer term housing support (Level 4) – to achieve the same housing outcomes.

3.3.2 System Functions

Promising practices suggest that well-designed systems have three primary functions or ways of delivering service:

- **Provide universal access to self-directed housing resources.** Locally, self-directed housing resources (e.g., information about community resources that can help with finding and keeping housing) are offered through the Region’s Renter’s Toolkit. The Renter’s Toolkit is available on-line (see: regionofwaterloo.ca/RentersToolkit) and will be featured at Housing Help Hubs co-located with fixed-site programs, once the model is fully implemented. Level 1: Self-Directed Resources through the Renter’s Toolkit or Hubs is one point of access to the housing stability system.
- **Coordinate access to housing stability programs.** Coordinated access includes support related to system navigation and referrals to appropriate services in the community. Where people must apply for housing resources and/or waiting lists are in effect, coordinated access may also include support related to applications, administering waiting lists, prioritization/matching, and/or offers. Currently, both centralized and decentralized models are used across the housing stability system. Level 2: Housing-Focused Programs is the second possible point of referral to the housing stability system. From there, referrals to other housing stability programs may be made either within Level 2 or through Prioritized Access to Housing Stability (PATHS) for Level 3 or Level 4 programs.
- **Provide housing stability programs.** The local housing stability system includes ten programs, each fulfilling a specific role within one of four levels of engagement. Programs offer one or more of the following types of housing resources:
 - i) Housing (or temporary shelter);
 - ii) Subsidies specific to housing affordability; and/or
 - iii) Support (housing-focused or Housing Support Coordination).

Wherever possible, participants that qualify for a program are supported to choose which service provider(s) they wish to accept service from based on a list of options. Choice is particularly important when it comes to moving into permanent housing. To be positioned to offer choice in this way, the housing stability system needs diversity in the mix of housing and support options that are available.

Note that, as described in section 4, **the ES Program is a Level 2 housing stability program.**

3.4 Being Data-Informed through HIFIS and SPDAT

An integrated data management system and common assessment tools are essential for system-level progressive engagement to work well. The Homeless Individuals and Families Information System (or HIFIS 4) is the integrated database currently being implemented in the housing stability system in Waterloo Region. HIFIS 4 will address the need for consistent, timely, and effective communication related to referrals, intake and discharge messaging, and support coordination from system entry to exit for participants. For example, participants will not need to answer questions more than once and relevant information gathered from earlier points in their service pathway will be used to support the development and implementation of plans that follow. This will strengthen mutually-reinforcing practice. HIFIS 4 will also meet the need for shared measurement (data collection and reporting), a critical component of collective impact related to strengthening a learning culture (e.g., monitoring progress across the system to promote service excellence).

Locally, the Service Prioritization and Decision Assistance Tool or SPDAT¹⁵ is the common assessment tool used to inform progressive engagement. People are supported to complete either the Vulnerability Index-SPDAT pre-screen or the Full SPDAT assessment when it seems like more support may be needed to prevent or end their homelessness. Each SPDAT tool (pre-screen or full assessment) has a version specific to youth, single adults, and families.¹⁶ Results for the VI-SPDAT pre-screen can be used as a guide to completing the Full SPDAT assessment. These tools support an evidence-informed approach to assessing strengths and vulnerabilities in five specific areas of life that impact housing stability. These are outlined in the tools as:

- **History of Homelessness and Housing;**
- **Wellness:** Abuse or trauma; mental health and wellness; substance use, physical health and wellness; cognitive functioning; medication;
- **Risks:** Harm, interaction with emergency services; managing tenancy; high risk and exploitative situations; legal;
- **Socialization and Daily Functions:** Meaningful daily activities; administration and money management; social relations and networks; self-care and daily living skills; and
- **Family Dynamics** (if applicable).¹⁷

Results for the VI-SPDAT pre-screen or Full SPDAT assessment inform next steps in several housing support plans, as described in **Appendix H**. These results may or may not change the type of service or level of engagement offered. See **Appendix I** for more detail about the current approach for using SPDAT to inform progressive engagement in the local housing stability system.

SECTION 4: ES PROGRAM OVERVIEW

This section begins with the definition of the ES Program, followed by its purpose and the scope of activities that align with a set of four service objectives. The section then provides more detail about how the ES Program works to prevent and end homelessness, organized by ten core elements.

4.1 Definition

The ES Program provides a safe, temporary place where people can stay while they work to find housing. It offers immediate access when people have no other safe and appropriate place to stay. Participants receive services to meet basic needs and help them move forward with the next steps in their individualized Housing Plan. Stays are tailored to a Housing Plan or extreme weather event.

4.2 Purpose and Scope of Activities

The purpose of the ES Program is to support the process of finding housing. In this role, the ES Program works to meet four service objectives:

1. Offer immediate access to people with no other safe and appropriate options.
2. Provide temporary stays.
3. Meet basic needs.
4. Support the next steps in a Housing Plan.

Table 2 on the next page describes the scope of activities for each of these service objectives.

Table 2. Four Service Objectives with Scope of Activities

Service Objectives	Scope of Activities
1. Offer immediate access to people with no other safe and appropriate options	<ul style="list-style-type: none"> • Individuals and families admitted to the ES Program will have exhausted their options for other safe and appropriate places to stay through shelter diversion (i.e., Diversion Plan not possible). • Refer to appropriate shelter option for immediate intake. • If there is a system-wide service restriction in effect, consider a Service Resolution Plan; collaborate with community partners. • If there is perceived heightened risk, support a Critical Safety Plan; explore all options to increase access where possible.
2. Provide temporary shelter stays	<ul style="list-style-type: none"> • Stays are always time-limited – participants can stay while they are actively engaged in the next steps in their Housing Plan as much as their current personal ability allows. • Use consistent messaging about purpose and limits of shelter. • Discharge from the shelter system where participants no longer qualify for a continued stay.
3. Meet basic needs	<ul style="list-style-type: none"> • Basic needs include feeling safe, a place to sleep, food, and personal need items (e.g., toiletries, used clothing). • Refer to community resources to meet other needs. • Some participants will need more engagement in shelter to maintain a safe stay; practice harm reduction.
4. Support the next steps in a Housing Plan	<ul style="list-style-type: none"> • Offer on-site Housing Help Hub resources to support a self-directed housing search. • Support participants to develop and implement a Housing Plan. Coach the process: help to identify strengths, need for referrals, and next steps; follow-up on next steps through daily intentional housing conversations and Housing Plan Reviews. • Support to complete Community Housing applications. • Support varies in intensity during a stay (e.g., depending on the housing issue and resources available). This results in more or less hours and contacts at different times. • If participants qualify for more housing support, refer to PATHS. Continue to support the next steps in their Housing Plan. • If participants have more complex housing issues, consider a Service Resolution Plan; collaborate with community partners.

For a step-by-step summary of shelter service, see **Appendix J**. For key messages related to information referenced throughout section 4, see **Appendix K**.

4.3 Core Elements of the ES Program

The ES Program has ten core elements that build on the definition, purpose, and scope of activities identified above by explaining how the ES Program works to prevent and end homelessness. They are:

1. **Unified Shelter Service:** Seamless and consistent service delivery.
2. **Access:** Coordinated access with intake following shelter diversion.
3. **Referrals:** Connections to other shelter options, programs, and systems.
4. **Shelter Stay Types:** Individualized services by type of shelter stay.
5. **Housing Search Support and Housing Help Hubs:** Support for Housing Plans.
6. **Stay-Related Services:** Quality services during a stay.
7. **Shelter Site Features:** Quality in location, layout, and on-site amenities.
8. **Integrated Database:** Use of HIFIS for daily operations, data collection, and reporting.
9. **Service Excellence:** Quality assurance through ES Standards.
10. **Investments:** Funding and backbone support through the Region.

4.3.1 Unified Shelter Service

The ES Program operates in the context of a housing stability system that has many moving parts. As described in section 3, the local housing stability system has a set of ten housing stability programs. Several programs – including the ES Program – are offered through more than one service provider. There are benefits to this diversity of providers, including having more options (e.g., greater flexibility and choice for participants). But it is also challenging to implement a consistent region-wide program in this context (e.g., different agency cultures and competing priorities).

It is expected that ES Program providers will work together to offer a seamless service experience for participants. Consistent service delivery can be accomplished, in part, by offering services that align with the ES Program policy direction outlined in section 2.5. That is, the ES Program should be accessible and safe for people who could not be diverted; provide support that is housing-focused and strengths-based; and work in collaboration with the broader community to address unmet needs. Sharing common practices also strengthens consistent service delivery. Across the system, this is reinforced through seven common housing support plans as described in **Appendix H**. Within the ES Program specifically, a unified approach to service delivery will be strengthened through the use of common intake, within-stay, and discharge materials. This shift in the ES Program is supported through the step-by-step summary referenced earlier (**Appendix J**).

Although ES Program provider policies and practices need to align with the broader ES Framework, the specifics about how ES Program staff engage in their work should be

individualized. For example, daily intentional housing conversations shouldn't look the same for everyone. They should reflect what participants need and want based on their personal experiences with housing, and where they are at with their Housing Plan. They should also reflect the individual working styles of different ES Program staff, and build on their personal capacities and professional skill.

4.3.2 Access

This section explains who can qualify for shelter, how people access shelter and when access may be denied. It is organized into five parts:

- A) Who can qualify;
- B) Diversion;
- C) Coordinated access;
- D) Intake (regular or planned); and
- E) Discharge (voluntary, planned or service Restriction).

Each part is described below.

A) Who can qualify: The purpose of the ES Program is to support the process of finding housing. The ES Program can serve unaccompanied children between the ages of 12 and 15 years, unaccompanied youth between the ages of 16 and 24 years, single adults, and families. Services and spaces are welcoming. People are not denied access based on their cultural, political, or religious beliefs or practices; marital status; race or ethno-cultural background; or sexual orientation. ES Program providers will offer appropriate referrals based on age, household composition, and self-identified gender identity. All sites serve people who identify as transgender and all accommodate service animals (as defined through the *Accessibility for Ontarians with Disabilities Act, 2005*).

People may qualify for a shelter stay if they:

- Have no other safe and appropriate place to stay while they work to secure housing;
- Can manage activities of daily living independently (e.g. rising, bathing, grooming, feeding, retiring) and administer their own medication independently (if applicable) or have pre-arranged support to meet these needs during their stay¹⁸; and
- Meet all of the conditions outlined in a planned intake (if applicable).

Residency requirements for local housing stability programs are under development and being piloted. When completed, this policy will clarify access to shelter when people are new to Waterloo Region. The intention for this policy is to support access to shelter while also reinforcing new expectations that people should not move to Waterloo Region with the plan to stay in shelter as their first settling point in the community. Instead, they should

plan to stay with friends or family, or find housing before their arrival. Housing stability program eligibility exemption requests are also being piloted which will complement the new residency requirements approach.

Implementation activities will further clarify access to shelter including guidelines for processing intakes 24/7, ES Program staff daytime activities (e.g., diversion, housing search support, Housing Plan Reviews, SPDATs), and coordinating when there is a drop-in on-site. Through consultations, it was identified that special daytime access or accommodations should be made for people who are ill, work overnight shifts, and families with young children.

B) Diversion: Shelter diversion forms part of pre-intake activities for everyone except when:

- Shelter engagement has been identified as part of a Critical Safety Plan; and/or
- There is extreme weather (as determined through the Region's "Extreme Heat and Cold Weather Procedures: Emergency Shelters and Street Outreach Programs"). At these times, services and stays should be more flexible where possible (e.g., diversion conversations may be postponed, Short Term Contracts may be used to increase immediate access if a planned intake would require more time to complete).

C) Coordinated access: In Waterloo Region, people access the ES Program through both centralized and decentralized coordinated access models. In both models, workers share the same approach to shelter diversion (see above) and intake (see below). How people are supported varies by household type and time/day of the week.

Centralized Coordinated Access – For Families During Business Hours: When families are within a week of needing access to housing (i.e., imminent need), referrals are directed to a Housing Resource Centre for family-specific services through Families to Homes. These can come from the families themselves or a service provider who is making a referral on their behalf. A worker will help the family with a Diversion Plan. Together, they work to prevent eviction and/or explore the family's options for safe and appropriate options (even a temporary place to stay while the family continues to look for housing). If a shelter stay is required, the worker fully coordinates the referral on behalf of the family. They contact the appropriate ES Program provider and do part of the intake process (e.g., complete some of the intake questions, develop a Housing Plan). Note: If families are **not** within a week of needing housing, a worker (not dedicated to families) will help them with either a Prevention Plan (if they can retain their tenancy) or a Housing Plan (if they need to move). If a family is more street-involved, Street Outreach workers can also help them with these plans.

Decentralized Coordinated Access – For Individuals 24/7 and Families Outside Business Hours: When individuals are within a few days of needing access to housing (i.e., imminent need), they can contact a Street Outreach provider, a Housing Resource Centre, or any ES Program provider for support with a Diversion Plan. All workers should use the same approach. If a shelter stay is required, there are two ways this can happen. If the individual was first supported through Street Outreach or a Housing Resource Centre, they are referred to an appropriate shelter provider who completes the intake process. If the individual was first supported by an ES Program provider, they are admitted at that site or referred to a more appropriate shelter option. Note: Families admitted to shelter outside business hours are connected with a Housing Resource Centre on the next business day to explore next steps, including eligibility for a continued shelter stay.

D) Intake (regular or planned): There are two main intake types. The most common type is a regular intake. This means the person or family has no conditions attached to a stay that need to be discussed first – they can be admitted right away.

The other type of intake is a planned intake. A planned intake means that a meeting is required before an individual or family can be admitted because of an active service restriction or need for a conditional intake based on a previous stay. This meeting takes place with the restricted individual or family and ES Program staff (typically management or designated staff). Given that people being referred for intake are in immediate need of shelter, the response time between the referral and the planned intake must be short. This will be further defined through implementation activities.

During the planned intake meeting, the ES Program provider explains the conditions that must be met in order to be granted access to services and/or qualify for a continued stay. Conditions related to planned intakes must be specific actions related to the reasons why the individual or family was asked to leave the previous stay through a service restriction or planned discharge. For example, people may need to agree not to repeat certain unsafe behaviours, they may need to agree to move forward with the next step in their Housing Plan within a certain timeframe, or they may need to repay costs for damages. Planned intakes should also include discussions about what the ES Program provider will do to accommodate specific sheltering needs during the next stay. When the individual or family and ES Program provider reach an agreement about the conditions, shelter admission follows. If there are conditions attached to a continued stay, the individual or family is admitted under a Short Term Contract stay (see section 4.3.4 for more information). Implementation activities will further clarify the conditions that are appropriate for planned intakes, guidelines for supporting them including maximum turnaround times

between the request for an intake and the planned intake meeting, who should attend the meeting, and how long the need for a planned intake can be in effect.

Once an individual or family has been offered a stay, there are three main steps:

1. Welcome the person or family and complete an intake.
2. Meet immediate basic needs.
3. Tailor services to type of shelter stay.

Intakes in the ES Program will be guided by common intake packages tailored to youth, single adults, and families. These packages will outline key messages that cover things like:

- The purpose of shelter;
- Keeping the shelter safer for everyone;
- Housing Plans and daily intentional housing conversations;
- Checking-in about the need for more support; and
- Leaving shelter.

Appendix K includes intake key messages.

E) Discharge (voluntary, planned or service restriction): There are three main types of discharges¹⁹. The most common type of discharge is voluntary and it can happen at any time. A voluntary discharge means that participants decide to leave the ES Program on their own. There are a number of reasons why people leave the program. For example, they may leave shelter to move into permanent housing, they may find other temporary accommodation, or they may go into hospital.

The second type of discharge is when participants are asked to leave the ES Program because they no longer qualify for a continued stay. This can happen for different reasons, depending on type of shelter stay (see section 4.3.4). Informing people why they might be asked to leave forms part of the intake process and is reinforced at specific milestones during a stay (e.g., during Housing Plan Reviews). The most common reason why participants may no longer qualify for a continued stay is because they are not moving forward with the next steps in their individualized Housing Plan. This includes refusing sustainable housing options in the private market or support offers that can help them find housing. Given the limits of shelter, it is not possible for participants to stay long term. Stays are always temporary and next steps along a longer term housing journey sometimes reflect compromises participants may have to make.

Another reason why participants may be asked to leave is because they were admitted to shelter with specific conditions attached to their stay, and these conditions were not met.

Under these circumstances, people are given information at intake that explains why they have been given a conditional stay and what this means for them in terms of next steps.

Regardless of the reason for the planned discharge, information is shared with participants in advance of the discharge date in the form of a “discharge notice”, followed by a formal discharge letter. A common discharge notice is being piloted. It includes the following kinds of information:

- Summary of the Waterloo Region shelter services used over the last 12 months to support their Housing Plan;
- Summary of any sustainable housing options and/or support offers they refused;
- Required next steps in their Housing Plan, with timelines;
- A copy of their Housing Plan;
- Who else can help them with their Housing Plan and how to access this support;
- Date they must leave if they take no further action to find housing; and
- After they leave, what they need to do before they can access another shelter stay.

The discharge notice pilot includes steps related to discharging participants waiting on PATHS. In these situations, a notice is given only when shelter options have been completely exhausted (confirmed through consultation with providers of other services the participant has accessed in the last year).

The third type of discharge is when participants are asked to leave by the ES Program because they have been service restricted. A service restriction related to shelter means that participants cannot access overnight service. There are six reasons why participants may be service restricted from the ES Program:

1. Damage to the shelter;
2. Theft;
3. Weapons on-site;
4. Drug dealing on-site;
5. Harassment, bullying, threats, or violence; and
6. Substance use on-site.

Service restrictions should not be longer than 14 days and the time limit on accessing overnight shelter begins immediately. Most are much shorter than two weeks, typically one night to a week. Work is underway to understand the reasons why participants may be restricted for more than two weeks. Implementation activities will further define each service restriction category above and set a number/range of days for each.

Implementation activities will also identify how exceptional circumstances are managed (e.g., service restrictions beyond two weeks).

Before participants are service restricted, ES Program staff try to de-escalate the situation where possible. For example, participants may be asked to go for a walk for a short time and then return. If participants are service restricted, they will be referred to another ES Program provider for a continued stay, where possible. Participants with a Critical Safety Plan who are service restricted may be offered more flexible options like a motel option or Bunkie. If there are active service restrictions for all shelter sites, motels and Bunkies, it means there are no Region-funded sheltering options left for the person until at least one ES Program provider service restriction is lifted. This is called a “shelter system-wide” service restriction. Safety then becomes a priority and a Critical Safety Plan and/or Service Resolution Plan may be put into effect and/or revisited. Implementation activities will include a protocol to clarify next steps under these circumstances.

There are currently few options for meeting the immediate need for shelter during a shelter system-wide service restriction. One option that exists is emergency lodging through Waterloo Region Police Services. Emergency lodging is completely voluntary. When available, it may be offered as a last-resort option in situations where people would otherwise have no safe place to sleep at night without it. For more information about the different sheltering options that exist and how referrals between them are processed, see section 4.3.3.

Note: After any discharge, people can reconnect with a housing stability program at any time. They will be served by the appropriate provider(s) based on what they need to resolve their housing issue, with consideration for their strengths, depth of need, and barriers related to housing.

Appendix K includes discharge key messages.

4.3.3 Referrals

This section explains how people are referred to different service providers at intake or during their stay. The ES Program uses referral protocols to identify when referrals can happen and how they can be supported. The purpose of these protocols is to support more seamless service delivery by improving communication. They help people to get connected with the resources that best meet their needs and preferences, as quickly as possible. And they support problem-solving when people are not able to access what they need to move forward with their Housing Plan.

There are three kinds of referral processes, each at varying stages of development:

- A) Between shelter options – these protocols exist currently;
- B) To other housing stability programs – protocols are in-progress; and

C) To programs in other community systems – protocols not yet developed.

Each referral process is described below.

A) Referrals Between Shelter Options. Referrals within the ES Program and to other shelter options are guided by an existing protocol. It outlines the roles and responsibilities of the ES Program and the Region with respect to supporting referrals between ES Program providers and other sheltering options in the region. The protocol includes not only current ES Program providers (as identified in **Appendix A**) and Women’s Crisis Services of Waterloo Region, but also those typically reserved for people requiring greater flexibility as outlined in Critical Safety Plans, for example (e.g., motels, Bunkie, emergency lodging). Referral practices are illustrated in the flowchart included in **Appendix L**.

The existing protocol will be revised as part of implementation plans for the ES Framework (e.g., to include police lodging and new Families to Homes processes). When updated, it will include a daily operational guide with the following kinds of information specific to each ES Program provider:

- What time participants must indicate they plan to return at night (i.e., bed on-site is temporarily "held" until "check-in" – linens not changed);
- What time referrals are processed when on-site capacity has been reached (i.e., before motels/overflow options are reserved for the night);
- Use of ES Program Referral Form (currently being piloted);
- How referrals are sent and received;
- Expected response time after receiving referral;
- What time participants must "check-in" before their linens are changed and bed is offered to another participant;
- Curfews (note: staggered across sites if possible, to reduce the time pressures on evening referrals);
- Service expectations after curfew; and
- Allowable circumstances for "holding beds" after "check-in" (if any);

There are five main reasons why participants may be referred to a different shelter option at intake or at some point during their stay:

1. **Capacity Pressures.** At times when on-site shelter capacity has been reached and the referral will help to avoid or reduce motel overflow costs.
2. **Accessibility, Health or Safety Issues.** If participants have accessibility, health, or safety issues that need to be accommodated.
3. **Change in Circumstances.** If circumstances change such that the current shelter option is no longer appropriate and/or participants are no longer able or willing to

stay there. For example, they may reunite with family and wish to stay with them on-site at another location or they may disclose abuse and qualify for Women's Crisis Services.

4. **Next Step in their Housing Plan.** Participants may be referred to one other on-site shelter option during each intake, but only if this has been identified as an intentional next step in their Housing Plan. For example, they may seek a change in their environment or wish to find housing closer to another ES Program site in the region.
5. **Service Restrictions.** Shelter participants who are service restricted are offered another shelter option, so they know where they can go if they have no other safe and appropriate place to stay. See section 4.3.2 for information about shelter system-wide service restrictions (when people are unable to access any Region-funded shelter option in the region).

When considering referrals to other shelter options, five things are explored:

1. **Mandates to Serve:** Consider safety needs – is the person or family fleeing abuse? Also consider age, gender-identity (self-identified), household type, and level of physical ability (e.g., need for physically accessible site).
2. **Supportive Connections:** Are there specific community-based connections that need to be maintained? Where are they located? Connections can include things like other community services that help with housing stability (e.g., health services) or family and friends. Keeping children closer to their current schools is a priority. If people have regular appointments with specialized supports, this should also be taken into consideration.
3. **Employment:** If the person has a job, where is it located? Keeping people closer to work is a priority.
4. **Transportation:** Does the person or family have specific transportation needs? Can they take a bus to another shelter option or is a taxi required at higher cost to the referral?
5. **Community of Choice:** Where does the person or family want to settle? Keeping people closer to where they want to find housing is a priority. When people want to settle in another community, they may be referred to appropriate shelter options as part of their Diversion Plan (pre-intake) or Housing Plan (post-intake).

B) Referrals to Other Housing Stability Programs. As illustrated in **Appendix G**, the ES Program is well-connected to other housing stability programs. Participants may be referred to any of the following:

- **Housing Resource Centres:** Housing support from Housing Resource Centres for Diversion Plans and Housing Plans.

- **Street Outreach:** Engagement and linking support from Street Outreach for people who are street-involved.
- **Community Housing:** Participants should apply to the Community Housing waiting list during their stay, if they wish to access affordable housing in the future.
- **Transitional Housing:** Participants may qualify for Transitional Housing. These programs offer on-site support tailored to specific transitional circumstances with lengths of stay less than a year. Currently the only Region-funded option is Marillac Place, a service for young mothers.
- **PATHS:**
 - **Level 3: Shorter Term Housing Support (Rapid Re-Housing services):**
Participants with medium acuity may qualify for mobile Housing Support Coordination through Housing Help Plus. Housing Help Plus offers accompaniment and a few months of follow-out support once housed. Referrals for individuals are processed through each provider. For families, they are processed through Families to Homes.
 - **Level 4: Longer Term Housing Support (Supportive Housing services):**
Participants with high acuity may qualify for Housing Support Coordination through STEP Home or CHPI Supportive Housing. STEP Home offers mobile support, including accompaniment as well as follow-out support for at least a year once housed. CHPI Supportive Housing includes on-site Housing Support Coordination with permanent housing. Referrals for individuals are processed through the PATHS Coordinating Group. For families, they are processed through Families to Homes.

C) Referrals to Programs in Other Community Systems. Supporting the next steps in their Housing Plan requires referrals to community resources. Existing referral protocols will be enhanced to support greater consistency in referral processes between programs not funded by the Region. The purpose of these protocols is to identify how people can access resources and, if access is restricted, what other options can be considered.

4.3.4 Shelter Stay Types

The ES Program does not have a “one size fits all” approach to services and length of stay because they are linked to four different types of stays.

- A) Regular;
- B) PATHS (stay transitions to **Housing Help Plus** or **STEP Home** if participants are receiving support, but not yet housed);
- C) Short Term Contract; and
- D) Critical Safety.

Each type of stay is described in detail after **Table 3**, which provides an overview of the information. Key messages related to each type of stay are outlined in **Appendix K**.

Note: Implementation activities will further clarify the conditions that are appropriate for Short Term Contract stays, guidelines for supporting them, and how long they can be in effect.

Table 3. Types of ES Program Stays

Type	Purpose and Scope of Activities
<p>Regular</p>	<p>Purpose: Supports the next steps in a Housing Plan when:</p> <ul style="list-style-type: none"> • Depth of need is unknown (e.g., first week of first stay) OR • Depth of need is low (i.e., does not qualify for PATHS) <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Access to on-site Housing Help Hub resources to support a self-directed housing search. • On-site support to develop and implement a Housing Plan – identify next steps, refer to community resources, follow-up through daily intentional housing conversations and Housing Plan Reviews. • Support to complete Community Housing applications. • If participants need more housing support, refer to PATHS. • Participants can stay while actively engaged in the next steps in their Housing Plan as much as current personal ability allows. • Participants with more complex housing issues may require problem-solving as part of the next steps in their Housing Plan; a Service Resolution Plan can help to coordinated next steps (more common for PATHS stays).
<p>PATHS</p>	<p>Purpose: Supports the next steps in a Housing Plan when:</p> <ul style="list-style-type: none"> • Depth of need is moderate or high (i.e., qualifies for PATHS) <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Same activities as Regular stay except participants are on PATHS. • More flexibility (e.g., more time to engage in a housing search, more than one shelter referral as part of Housing Plan, consult with other ES Program providers and community partners before discharge to consider all options). • Stays over 30 days may require financial contribution. <p>Note: PATHS stays are not permanent housing. Participants are supported to access housing as options become available (e.g., private market, CHPI Supportive Housing, or any other appropriate and desirable housing option – supported through a self-directed search or with support from ES Program, Housing Help Plus or STEP Home). Stays will transition in HIFIS 4 to Housing Help Plus or STEP Home if participants are receiving support, but not yet housed.</p>

Table 3. Types of ES Program stays (continued)

Type	Purpose and Scope of Activities
<p>Short Term Contract</p>	<p>Purpose: Supports the next steps in their Housing Plan when:</p> <ul style="list-style-type: none"> • Participants have no other safe and appropriate place to stay, but they do not qualify for a Regular stay. • Stay has conditions attached to it and is time-limited. May transition to Regular stay once conditions are met or an eligibility exemption has been granted for a Regular stay. <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Same activities as Regular stay, but more time-limited with specific conditions. • Conditions are set at intake based on a diversion conversation or the need for a planned intake. <p>Note: Being piloted. The intention is to be accessible while also reinforcing expectations related to the purpose of shelter (e.g., shelter is for people that have no other safe and appropriate options, participants must work on a Housing Plan), the limits of shelter (e.g., people must commit to keeping shelter safe), and residency requirements (e.g., people should not move to Waterloo Region with a plan to stay in shelter).</p> <p>Examples of appropriate use:</p> <ul style="list-style-type: none"> • Stay is part of Diversion Plan – can stay with friends in two days, needs a short stay until then • Stay is part of Diversion Plan – can access shelter where they came from, but needs time to arrange transportation • Stay is part of planning intake into more appropriate services – being supported to access more appropriate services like Women’s Crisis Services (fleeing abuse) or a settlement agencies (refugee claimants or no legal status in Canada) • Did not engage in housing search in previous stay – need to complete next step in their Housing Plan within a short period of time to be eligible for a continued stay (would then transition to Regular stay) • Service restricted in previous stay – need to demonstrate commitment to safe behaviours to be eligible for a continued stay (would then transition to Regular stay)

Table 3. Types of ES Program stays (continued)

Type	Purpose and Scope of Activities
Critical Safety	<p>Purpose: Supports safe shelter stay and next steps in their Housing Plan when:</p> <ul style="list-style-type: none"> • There is a need for exceptional flexibility due to perceived heightened risk. <p>Scope of Activities:</p> <ul style="list-style-type: none"> • No diversion attempts. • Same activities as Regular stay, but informed by a Critical Safety Plan that identifies the need for shelter. • Most flexibility (e.g., only discharge after consulted with Service Resolution and/or Connectivity Tables). • Stays over 30 days may require financial contribution. • Stays may be longer and/or more frequent than average; they are considered in the context of a “longer term Housing Plan”. <p>Note: Critical Safety stays are not permanent housing. Participants are supported to access housing as options become available.</p>

4.3.5 Housing Search Support and Housing Help Hubs

An essential part of the ES Program is housing-focused support linked to a Housing Plan. Housing search support is defined as on-site planning and problem-solving related to the next steps in their Housing Plan. It includes preparing for a housing search, searching for housing, securing housing, and preparing to move out of the shelter. Support for Housing Plans includes specific activities like identifying strengths, the need for referrals, and next steps. Progress with Housing Plans is supported by following up on next steps through daily intentional housing conversations and Housing Plan Reviews. **Appendix M** provides a guide to daily housing intentional conversations and includes examples of things ES Program staff can help participants with.

ES Program staff should be trained to deliver housing search support in the context of a shelter environment. They should be able to skillfully coach the next steps in a Housing Plan with participants, not just direct it or do it for them. This requires a focus on building knowledge, skills, and confidence so that participants learn how to work through the next steps in their Housing Plan on their own as much as their personal ability allows. Participants should gain greater awareness of the community resources that can help them to stay housed and the steps they can take to avoid a shelter stay in the future if their housing becomes unstable again. In this way, a shelter stay supports homelessness prevention efforts.

Housing Help Hubs that feature the Region's Renter's Toolkit information should be accessible to participants on-site. Hubs should include housing search resources like a computer with internet and a free telephone line for participants' use. They could also feature housing tools like vacancy listings and a bulletin board with information about housing options.

Where housing search support is being provided by more than one housing stability service provider (e.g., ES Program plus Housing Resource Centres, Housing Help Plus or STEP Home), updates to Housing Plans are coordinated such that information remains current and accessible to all direct support staff (HIFIS 4 will automate this process; see section 5 for more information).

4.3.6 Stay-Related Services

Stay-related services help participants to maintain a safe stay and meet basic needs for a place to sleep, food, and personal need items. Basic needs include safety (defined broadly to include activities like conflict mediation/de-escalation and security), as well as keeping the living environment clean (e.g., housekeeping, laundry) and well-maintained (e.g., repairing or replacing furniture, fixing damage to property).

Stay-related services are essential and help participants to take the necessary next steps in their Housing Plan. Experiencing homelessness and having to negotiate a new shared living

environment with other people who have also experienced trauma can be very stressful. Maintaining neutral to positive experiences in day-to-day routines and helping people to cope with their reality promotes the stability necessary to focus on housing-related tasks. To do this well, ES Program staff need specific training (e.g., trauma-informed care, harm reduction, stages of change, motivational interviewing).

The items listed below were discussed during the development of the ES Framework. It is not an exhaustive list. More detail about stay-related services will be included in the ES Standards.

Belongings and Storage. Participants should have access to secure storage for some belongings. The amount of belongings that can be stored will vary by ES Program provider. ES Standards will further clarify local policies and practices related to belongings and storage. For example, new guidelines will inform what people can bring with them to shelter (on-site, to their room/bed), how and where belongings are stored, access to belongings during a stay and how this is managed, and what happens to unclaimed belongings after discharge. Guidelines will also outline policies and practices related to preventing and treating bed bugs. Participants should be informed about policies and practices related to belongings and storage during intake and discharge processes.

Harm Reduction. Some participants may need more intensive shelter services to maintain a safe stay (e.g., participants with acute mental health issues or who are very active in their substance use). These needs should be accommodated while also recognizing the purpose and limits of the ES Program. If participants have specific health needs or disabilities that are making it hard to move forward with a Housing Plan, they should be connected to community systems that have mandates to serve them as part of next steps. A Service Resolution Plan can help to coordinate this work. Participants with PATHS stays must continue to receive support for their Housing Plan while they wait for a support offer. Shelter is a temporary resource that can help people get connected to resources they qualify for – it does not offer permanent housing, even if there are waiting lists for these resources.

Personal Need Items. Participants should be able to access personal need items during their stay on an as-needed basis (e.g., toiletries, used clothing, personal hygiene products). Where possible, they should be able to select their own personal care items from the options that are available.

Services for Children. Where shelters serve families, services for children can include supporting age-appropriate and safe opportunities for play (particularly during the busier summer months), helping to connect families with area schools, and following through with duties to report (e.g., school absences to Family and Children’s Services, weekly child well-being

and nutritional checks). Where shelters serve unaccompanied children over the age of 12 (e.g., Safe Haven), Family and Children's Services is engaged in the Housing Plan.

Socio-Recreational Activities. There may be times during a stay when socio-recreational activities take place, either intentionally (e.g., organized by staff) or informally (e.g., with friends/ family staying on-site). These activities should complement the purpose of the ES Program and not take away from efforts to move forward with a Housing Plan or build connections with people and activities in the broader community.

Other stay-related services identified through consultation included the following, for consideration during the development of ES Standards:

- Accommodating different languages of service (e.g., translators) and levels of literacy (e.g., plain language reviews);
- Accommodating pets (e.g., accessing an emergency fostering program);
- Assessing for risk and making referrals to appropriate first responders (e.g., 911, crisis/suicide supports, incident reporting to the Region);
- Belongings and storage (e.g., limits on-site/in a room/on a bed, access during a stay, disposal after discharge);
- Participants' contributions to stays (e.g., longer PATHS and Critical Safety);
- Practicing harm reduction (e.g., minimum on-site expectations, resources available to support/promote harm reduction through Region – Public Health);
- Serving children (e.g., "well-being checks", supervised activities during summer); and
- Smoking.

4.3.7 Shelter Site Features

This section outlines the preferences and requirements for the ES Program related to where shelters are located (the property), the layout of the buildings (physical infrastructure), and on-site amenities.

There is a **preference** in the ES Program for the following:

- A geographic distribution of buildings across Waterloo Region to increase accessibility.
- Security and privacy features (e.g., staff name tags, cameras, and secured entry).
- Private or semi-private bathrooms.
- Accessibility features (e.g., minimal barriers for people with physical disabilities).
- Air-conditioned common and sleeping spaces (central system or window units).
- Energy efficiency.
- Space for participants to visit with service providers, friends, and family.
- Sheltered outdoor space.

There is a **requirement** in the ES Program for the following:

- Located near a Grand River Transit route and in close proximity to community service providers.
- Secured space to store valuables and belongings (e.g., safe or locker).
- Fans in common and sleeping spaces, where there is no air-conditioning.
- Consideration for privacy if offering congregate or semi-private bedrooms.
- Consideration for privacy and security features in shared bathrooms (e.g., locks or latches on doors, separated spaces, or shower schedule).

4.3.8 Integrated Database

All ES Program providers currently use the Homeless Individuals and Families Information System (HIFIS) to support daily operations, manage their shelter information, collect data, and access reports. More specifically, they use HIFIS 3, a database that runs on individual, agency-hosted servers (not connected to each other).

As described earlier in this section, ES Program providers are funded by the Region to deliver consistent shelter service in the local community. Fulfilling this expectation will be easier when the ES Program moves to the web-based, integrated system called HIFIS 4 (as referenced in section 3). With this change, each agency-hosted shelter database will be merged into a common, shared database for the ES Program that is hosted by the Region. Providers will access their data based on the rights they have been assigned. Rights will be standardized through specific ES Program staff roles. HIFIS 4 will be tailored by the Region to align with the ES Framework, which will make it easier to integrate new policies and practices across all shelter sites.

The transition from HIFIS 3 to HIFIS 4 will start in 2017, beginning with service providers located in Cambridge. See section 5 for more information about next steps.

4.3.9 Service Excellence

ES Standards will be developed following release of the ES Framework. When completed, the ES Standards will replace the existing ES Guidelines and complement the ES Framework by outlining expectations related to service excellence. In addition, the ES Standards will identify specific operational policies that must be developed by ES Program providers.

The goal of the ES Standards is not to make all services exactly the same but to create common expectations related to consistent, quality service across the ES Program as a whole, based on current promising practices. The review of shelter-specific guiding documents from other communities will help to inform this process. Several government agencies in Canada have

produced emergency shelter operational guides, such as the City of Toronto²⁰ and BC Housing²¹.

The ES Program Standards for Waterloo Region will be drafted with input from local service providers and other stakeholders, and submitted to Regional Council for approval. They will form the foundation for new quality assurance processes.

4.3.10 Investments

The local ES Program is funded, in part, through CHPI as administered by the Region. The ES Program also relies on a significant amount of funding through donations, fundraising, and the United Way to cover the various operational costs reflected in each ES Program provider budget.

In April 2016, the ES Program began the process of transitioning from a grant based on the previous per diem occupancy-based model to a new funding model. The new model allocates funding equitably to ES Program providers based on bed capacity. In addition, ES Program providers have access to a shared motel fund where invoices are paid by the Region (the full cost of the motel invoice, including funds for food and transportation). Most often motels are accessed during times of capacity pressures, but they may also be used when participants are not able to stay on-site for accessibility, health, or safety reasons. For more information about the ES Program funding model and processes underway to support the transition, see **Appendix N**.

Allowable expenses are related to services for participants (e.g., ES Program staff salaries and benefits), organizational or administrative expenses (e.g., management, office supplies), and regular property or annual operating expenses (e.g., building maintenance). Capital expenditures are not able to be funded, including:

- New construction and/or conversion of buildings;
- Major repairs and renovations;
- Retrofits;
- Buying land; and
- Purchasing buildings.

ES Program providers must sign a service Agreement with the Region. Currently, Agreements are issued annually based on an April 1 – March 31 fiscal year. ES Program providers must submit required materials and be in compliance with quality assurance processes to be eligible for an Agreement. Required materials for Agreements may include, but are not limited to the following:

- Program description that aligns with the ES Framework (template);
- Program budget (template);
- Public Health inspection (both residential and food safety as required);
- Municipal Fire inspection (as required);
- Insurance Certificate (e.g., Business Insurance, Vehicle Insurance as required);
- Business license;
- Any relevant provincial or municipal licensing requirements;
- Articles of incorporation (if any changes);
- A copy of the municipal zoning (if any changes);
- Copy of the mortgage lender agreement or copy of the Deed or Rental/Lease Agreement (if any changes);
- Building Condition Audits (to include roof and chimney inspection and heating and cooling system inspection – frequency to be determined); and
- Proof of the ability to cover costs associated with repairs and operations for at least 3 months.

While under Agreement with the Region, ES Program providers must submit a written request for approval of any significant changes to their program description (e.g., where changes are expected to impact service delivery to participants or community partners) or budget (e.g., more than ten percent of any budget line). Requests must include the following information: reason(s) for the changes, outline of expected impact on participants and community partners (if any), how any potential negative impacts will be mitigated (if any), and the communication plan for messaging the changes (if needed).

SECTION 5: NEXT STEPS

This section explains what's next. The first step is to communicate the release of the ES Framework. Then work begins to implement it.

5.1 Communicate Release of the ES Framework

To support the roll-out of the ES Framework, people who participated in the consultations will be informed about its release and next steps. Presentations by Region staff will be offered to groups that participated in the consultation process. In addition, a summary will be circulated widely in the community. This document and its summary will be posted on-line and submitted to the Homeless Hub, a national clearinghouse. Finally, the Region will update existing brochures and other materials for service providers so that the information aligns with the ES Framework (e.g., to explain the purpose of the ES Program and how to access service).

5.2 Implementation Plan

The ES Framework represents a significant shift in service delivery. As referenced earlier, **Appendix E** summarizes the past, current, and future state of the ES Program. It outlines some of the expected changes in the areas of funding, communication with interested parties and participants, the participant experience, outcomes, and quality assurance.

Given the extent of the change, the Region has established an implementation period to March 31, 2019. During this time, the Region will work closely with local ES Program providers to further develop ES Program core elements and engage in additional community consultation where appropriate. Potential next steps are organized under six implementation categories:

1. Pilots and time-limited projects;
2. Emergency Shelter Access Protocol;
3. ES Standards;
4. HIFIS 4;
5. Training; and
6. 10 Year Plan.

Specific activities are further outlined under each implementation category below.

1. Pilots and time-limited projects

There are several areas of the ES Framework that remain under development. Some of these are specific to the ES Program, while others have a broader impact on the system. Completing these pilots and projects will support further evolution of the ES Program.

The four program elements currently under development within the ES Program are outlined below, with next steps that will directly support implementation activities of the ES Framework.

Bunkies

- Strengthen eligibility and coordinated access processes; and
- Evaluate local need for this type of sheltering option in the region and next steps.

Short Term Contract stays

- Confirm who qualifies and by what criteria;
- Identify conditions that can be assigned to a stay; and
- Create a tool (job aide) to support consistent practice.

ES Program staff capacity

- Explore the ES Program staffing model and training required to fully implement the ES Framework – learning from the Intensive Shelter Worker project (January to June 2017) should inform this process (a project that supported participants with longer stays/greater depth of need with their Housing Plans, including connecting with PATHS, service resolution, and system navigation); and
- Address any staffing gaps.

Funding for ES Program providers and overflow

- Evaluate new funding model over 2017/17;
- Adjust capacity-based model for 2018/19 as needed; and
- Explore options to further reduce overflow costs and administrative burden (e.g., motel and taxi contracts).

There are also areas of learning that, although noted in the ES Framework, actually impact other housing stability programs in the system, too. Some examples are outlined below, with next steps. Moving forward with these policies and practices will indirectly support implementation activities of the ES Framework.

Critical Safety Plans

- Confirm who qualifies and why;
- Confirm processes for developing the plan, maintaining it, and sharing the list; and
- Create a tool (job aide) to support consistent practice.

Diversion Plans

- Finalize diversion script and key questions to ask, adapted for different needs;
- Finalize template; and
- Create a tool (job aide) to support consistent practice.

Eligibility Exemption Form

- Confirm the purpose of the form, how it is processed; and
- Create a tool (job aide) to support consistent practice.

Housing Help Hubs

- Explore where they should be hosted (on-site of Region-funded programs, other options in the community);
- Confirm mandatory and optional features for each site; and
- Determine resources required to set-up and maintain hubs across the region, and next steps to secure this investment.

Housing Plans

- Create a tool (job aide) to support consistent practice.

Residency Requirements

- Confirm the purpose of residency requirements; and
- Create a tool (job aide) to support key messages.

Service Resolution Plans

- Develop template; and
- Create a tool (job aide) to support consistent practice.

2. Emergency Shelter Access and Referral Protocol

As identified in section 4.3.3, the ES Program has an existing protocol that guides referral processes between shelter options. This protocol should be revised with current information about referral practices (e.g., common Referral Form, Bunkies, Families to Homes, and expectations related to shelter system-wide restrictions). It should also be expanded to include information related to access more generally, as outlined in section 4.3.2 (eligibility, diversion, coordinated access, intake, and discharge). To complement this work, common intake and discharge packages (with information and materials tailored to youth, single adults, and families) and consistent service restriction and planned intake operational policies should be developed.

To further streamline communication between programs and systems that intersect with the ES Program, referral protocols with the following agencies, options or systems should be developed and referenced in the new, expanded protocol with:

- Women's Crisis Services;
- options to support participants with greater depth of need related to disabilities (e.g., Here 24/7, Developmental Services of Ontario);

- options to support Service Resolution Plans and Critical Safety Plans (e.g., Connectivity Tables, Service Resolution);
- systems that discharge and/or refer to the ES Program (e.g., hospitals, Crown parole/bail officers);
- options for participants without legal status in Canada; and
- emergency shelters in other municipalities.

3. ES Standards

As discussed in section 4.3.9, ES Standards will replace the existing ES Guidelines and complement the ES Framework by outlining expectations related to service excellence. In addition, the ES Standards will identify specific operational policies that must be developed by ES Program providers. The ES Program Standards will be drafted with input from service providers, other stakeholders and submitted to Regional Council for approval. They will form the foundation for new quality assurance processes.

4. HIFIS 4

As discussed in section 3 and 4.3.8, all ES Program providers currently use HIFIS to support daily operations, manage their shelter information, collect data, and access reports. More specifically, they use HIFIS 3, a database that runs on individual, agency-hosted servers (not connected to each other).

Beginning in 2017, the ES Program will transition to a new web-based, integrated system called HIFIS 4. With this change, each agency-hosted shelter database will be merged into a common, shared database for the ES Program that is hosted by the Region. Specific next steps led by the Region to support this change include:

- Identifying mandatory and optional data collection fields, including stay types defined through HIFIS Programs;
- Standardizing access rights for defined ES Program staff roles;
- Incorporating common housing stability plans into the software;
- Integrating all coordinated access processes (e.g., how ES Program connects to PATHS);
- Developing reports to support operations and quality assurance; and
- Updating all HIFIS materials (e.g., Data Guide and data collection forms related to consent, intake and discharge).

5. Training

Through the development of the ES Framework, the need for training was identified as a priority for ES Program providers. Training opportunities will form part of implementation activities. Topics for consideration include the following:

- Housing search support and referrals (e.g., accessing common resources, working through applications, building a network of contacts in the community).
- Coaching through the next steps in their Housing Plan and recognizing indicators that more support is needed (i.e., deepening engagement when participants in shelter have greater depth of need/more barriers, adapting approach when people return for services); use of motivational interviewing and assertive engagement strategies, as appropriate.
- Supporting Housing Plans when participants qualify for more support and other specialized resources, but are waiting for offers (e.g., on PATHS).
- Assessing “personal ability” to self-direct a housing search and understanding connection to assessment of depth of need/SPDAT (e.g., identifying and building on housing strengths, identifying and mediating housing barriers, being trauma-informed).
- De-escalation (e.g., Non-Violent Crisis Intervention or other safety strategies that don’t require physical contact) and harm reduction strategies in a shelter context

6. 10 Year Plan

A core component of the 10 Year Plan is reporting on progress with preventing and ending homelessness, and increasing affordable housing. To support this process, new performance indicators and targets specific to the ES Program will be developed and implemented alongside efforts to move forward with HIFIS 4 implementation activities.

Appendix A: ES Program Overview (January 2017)

ES Program capacity is currently 245 spaces with the ability to overflow into motels (off-site shelter coordinated by ES Program providers).

PROVIDER	POPULATION SERVED ²²	CAPACITY
Argus Residence for Young Men & Young Women	Youth 16-24	21 spaces (females = 10; males = 11)
Cambridge Shelter	Males & Females 16+; Families ²³	78 spaces (incl. 3 self-contained rooms) + motels
Charles Street Men's Shelter	Males 16+	51 spaces + motels
oneROOF	Youth 16-25	17 spaces
Safe Haven	Youth 12-17	10 spaces
The Working Centre (Bunkies Pilot)	Males & Females 16+	2 spaces (pilot offers a less conventional sheltering option)
YWCA Emergency Shelter	Females 16+; Families ²³ (incl. father-led)	66 spaces (in 20 self-contained rooms) + motels
7 Providers		245 spaces

Highlights of ES Program shelter options:

- 99 spaces (40 percent) located in Cambridge (2 providers); 146 spaces (60 percent) located in Kitchener (5 providers)
- 3 providers offer youth-specific services (20 percent of total bed capacity or 48 spaces)
- 2 providers can serve families (female and male-led)

Other sheltering options in Waterloo Region currently include:

- Women's Crisis Services of Waterloo Region (if fleeing abuse);
- Emergency lodging through Waterloo Region Police Services (voluntary option); and
- Emergency shelter in other communities (referrals informed by next steps in a Diversion Plan or Housing Plan).

Appendix B: CHPI Roles and Responsibilities

Roles related to CHPI for the Emergency Shelter Solutions category are held at the provincial, Service Manager (Region), and ES Program provider level as summarized in the table below.

Province	Region	Program Provider
Establish CHPI Program Guidelines.	Develop, implement, and update the ES Framework to align service delivery with the CHPI Guidelines.	Participate in activities related to developing, implementing, and updating the ES Framework.
Administer CHPI funding with Service Managers.	Administer CHPI funding with ES Program providers. Role includes system planning, service delivery, accountability/quality assurance, resource allocation, and change management.	Enter into a service Agreement with the Region, and deliver the ES Program as per the service Agreement.
Enter into service Agreements with 47 Service Managers.	Create, enter into, and monitor service Agreements with ES Program providers.	
N/A	Develop, implement, and update ES Standards, and other related policies and procedures.	Participate in activities related to developing, implementing ES Standards, and other related policies and procedures.
Monitor Service Managers for compliance with the service Agreement and Program Guidelines including outcomes and performance indicators.	Collect CHPI financial and program data and report to Ministry of Municipal Affairs and Housing on outcomes and performance indicators for ES Program.	Report to the Region on financial and program data for services delivered.

Appendix C: Overview of ES Program Timeline

Timeline:

- YWCA Residence for Women: 1915 residence for women; 1970s became a shelter; 2001 began serving families with men
- House of Friendship Shelter: 1954
- Salvation Army: 1955-2003
- Argus Residence for Young People (Young Women): 1986
- Safe Haven: 1996
- Argus Residence for Young People (Young Men): 1998
- Out of the Cold: 1999-2015; for information, see the report "[Hearing the Voices: Learnings from Kitchener-Waterloo Out of the Cold](#)" (June 2011)
- Cambridge Shelter: 2005
- oneROOF (Providing a ROOF): 2010
- Transitional Shelter: winter 2014/15; for more information, see the report, "[Out of the Cold \(OOTC\) Transition: Final 2014/2015 Evaluation Report](#)" (August 2015)
- Bunkies: January 2017

Notes:

- Funding through Agreements with the Region began in the early 1970s.²⁴
- See the Emergency Shelter chapter of the report, "[Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region's Urban Areas](#)" (April, 2007) for detailed information about the evolution of shelter in Waterloo Region.
- See the "[Inventory of Housing Stability Programs in Waterloo Region](#)" (December, 2011) for more historical information about ES Program providers.

Appendix D: ES Program Evolution Highlights

Emergency Shelter Evolution Highlights 2000 to 2012

Emergency Shelter:

- Cold Weather Protocol in 2002
- First Emergency Shelter brochure 2003
- Overflow into motels for families coordinated by the Region in 2003 (few families accessed motels up to 2011)
- First implemented HIFIS in 2003 (data available beginning 2006)
- Emergency Shelter Guidelines in 2004; updated in 2007
- Emergency Shelter Referral Protocol developed (last updated in 2014)
- Motel overflow through shelters for all households in 2011

January 2013 to March 2014

Emergency Shelter:

- Increased funding flexibility through provincial policy under Community Homelessness Prevention Initiative (CHPI) January 2013
- Transition from per diem to grant funding (pilot to April 1, 2016) and from Personal Needs Allowance to Basic Needs Allowance as part of transfer of funding from under OW legislation to CHPI
- Under 18 trusteeship pilot within youth-specific emergency shelters
- Discussions about role, purpose, and contributions to stay
- Implemented shared consent form

Families:

- Transitioned funding from Families in Transition time-limited residence program to Family Shelter Diversion pilot, which began October 2013 (Lutherwood with Cambridge Shelter) – included coordinated access to emergency shelter

Other Impacts:

- Transition to CHPI included change in discretionary benefits
- Transitioned from calendar to fiscal year funding cycles
- Developed budget template for housing stability service providers funded by Region Housing Services; piloted to April 1, 2016
- Introduction and training related to the Service Prioritization and Decision Assistance Tools (SPDAT)

April 2014 to March 2015

Emergency Shelter:

- Emergency shelters shifting service delivery to align with Housing First (e.g., piloting diversion and “follow-out” support)
- OOTC Phase 1 Transition Plan: “Transitional Shelter” Nov-May, increased flexibility of intake, referral, and discharge policies

Families:

- Family Shelter Diversion pilot expanded region-wide (Lutherwood with Cambridge Shelter and YWCA Kitchener-Waterloo) with coordinated access to shelter and Community Housing Urgent Status (an additional pilot component)

Other Impacts:

- Local SPDAT pilot March to May 2014 and new SPDAT Network of local agencies to support further implementation
- Full SPDAT “Train the Trainer” training; local trainers offered first VI-SPDAT training in November 2014
- 20,000 Homes Campaign/Registry Week piloted in Waterloo Region

April 2015 to December 2016

Emergency Shelter (not including ES Framework pilot and other activities):

- Completed OOTC 2014/15 Phase 1 Transition; continue to pilot and evaluate longer-term interventions as part of Phase 2
- New funding model effective April 1, 2016
- “Bunkies” pilot as a less conventional shelter option – “soft launch” early 2017

Families:

- Completed final evaluation report on Family Shelter Diversion pilot (2013/14 and 2014/15)
- Coordinating “family service pathways” through new Families to Homes (F2H) – developing a Guide to support implementation

Other Impacts:

- Completing final evaluation report on redesigned Rent Fund (rent arrears/deposits) with expanded Housing Resource Centres
- Planning for local implementation of HIFIS 4 beginning in 2017 through new Technical & Training Working Group
- Additional SPDAT training opportunities
- Coordinated access to Level 3 and 4 support programs through PATHS

Appendix E: Past State, Current State, and Activities to Strengthen Future State

Policy or Practice Area	Past State (Pre-CHPI)	Current State (April 2017 and Beyond)	Implementation Activity Examples to Strengthen Future State
<p>Funding (Context & Model)</p>	<ul style="list-style-type: none"> Funding linked to <i>Ontario Works Act</i> and Ontario Works Directives Occupancy-based: per diem cost-shared 80/20 between Province and the Region 	<ul style="list-style-type: none"> Funding linked to <i>Housing Services Act</i>, Long Term Affordable Housing Strategy, and CHPI Guidelines Local capacity-based funding model: grant funded with 100% provincial CHPI funding for beds year-round 	<ul style="list-style-type: none"> Evaluate capacity-based funding model and confirm processes Develop consistent expectations related to funding contributions to shelters from other sources (e.g., minimum percentage funded by non-Region sources) Explore options to further reduce motel overflow expenses and administrative burden Develop common approach to participants' financial contribution to stays (e.g., option for longer PATHS and/or Critical Safety stays)
<p>Communication With Interested Parties</p>	<ul style="list-style-type: none"> No single source of information about ES Program Inconsistent messages – myths about how ES Program works 	<ul style="list-style-type: none"> ES Framework provides common reference point for the purpose, description, and policy direction for the ES Program 	<ul style="list-style-type: none"> Complete communication plan, including sharing ES Framework broadly with summary document Update brochures and materials about housing stability programs for service providers (e.g., to include purpose of ES Program and how to access service)

Policy or Practice Area	Past State (Pre-CHIP)	Current State (April 2017 and Beyond)	Implementation Activity Examples to Strengthen Future State
<p>Communication With Participants</p>	<ul style="list-style-type: none"> Materials and messaging for participants largely developed by individual ES Program providers 	<ul style="list-style-type: none"> Consistent messages at inquiry; focus on diversion Common Diversion Plan and Housing Plan Consistent intake and discharge messaging practices, including common discharge notices 	<ul style="list-style-type: none"> Updated shelter diversion script tailored to different referral sources Develop common intake and discharge packages with information and materials tailored for youth, single adults, and families
<p>Service delivery experience</p>	<ul style="list-style-type: none"> ES Program providers are connected, but service is largely uncoordinated Inconsistent approaches and levels of support Participants must tell their story more than once if they access different providers Information does not follow referrals – people “bounced between shelters” after reaching the “maximum stay” and sometimes “fell through the cracks” People felt they needed to access shelter for non-shelter services 	<ul style="list-style-type: none"> ES Program fully coordinated Common assessment to inform depth of need and eligibility for more housing support Length of stay and services tailored to individualized Housing Plan Housing search support promotes access, safety, and strengths Information and Housing Plan follow referrals between providers Non-shelter services are not tied to a shelter stay for families 	<ul style="list-style-type: none"> Evaluate Intensive Shelter Worker project Complete Bunkies pilot Improved practices when serving people who need more or different support (e.g., further evolution of PATHS process, referral protocols, and Service Resolution Plan template/tools) Region-funded housing stability programs fully coordinated, offering seamless service System is supported by an integrated database Pilot new housing strengths and housing barriers tools Housing Help Hubs on-site Non-shelter services not tied to a stay for all household types

Policy or Practice Area	Past State (Pre-CHPI)	Current State (April 2017 and Beyond)	Implementation Activity Examples to Strengthen Future State
Outcomes	<ul style="list-style-type: none"> • No specific outcomes • Mix of employment and housing-focused activities 	<ul style="list-style-type: none"> • CHPI outcomes focused on preventing and ending homelessness 	<ul style="list-style-type: none"> • Quality Initiatives Guide to further inform what to measure and use results to improve policies and practices related to preventing and ending homelessness
Quality Assurance	<ul style="list-style-type: none"> • Local ES Guidelines 	<ul style="list-style-type: none"> • Policy direction outlining service excellence expectations • CHPI performance indicators 	<ul style="list-style-type: none"> • Develop ES Standards • Develop local performance indicators for the 10 Year Plan

Appendix F: Overview of Levels of Engagement and Housing Stability Programs

Programs are aligned with a specific level of engagement based on a number of factors, as described below. Also see the progressive engagement flowchart in **Appendix G**.

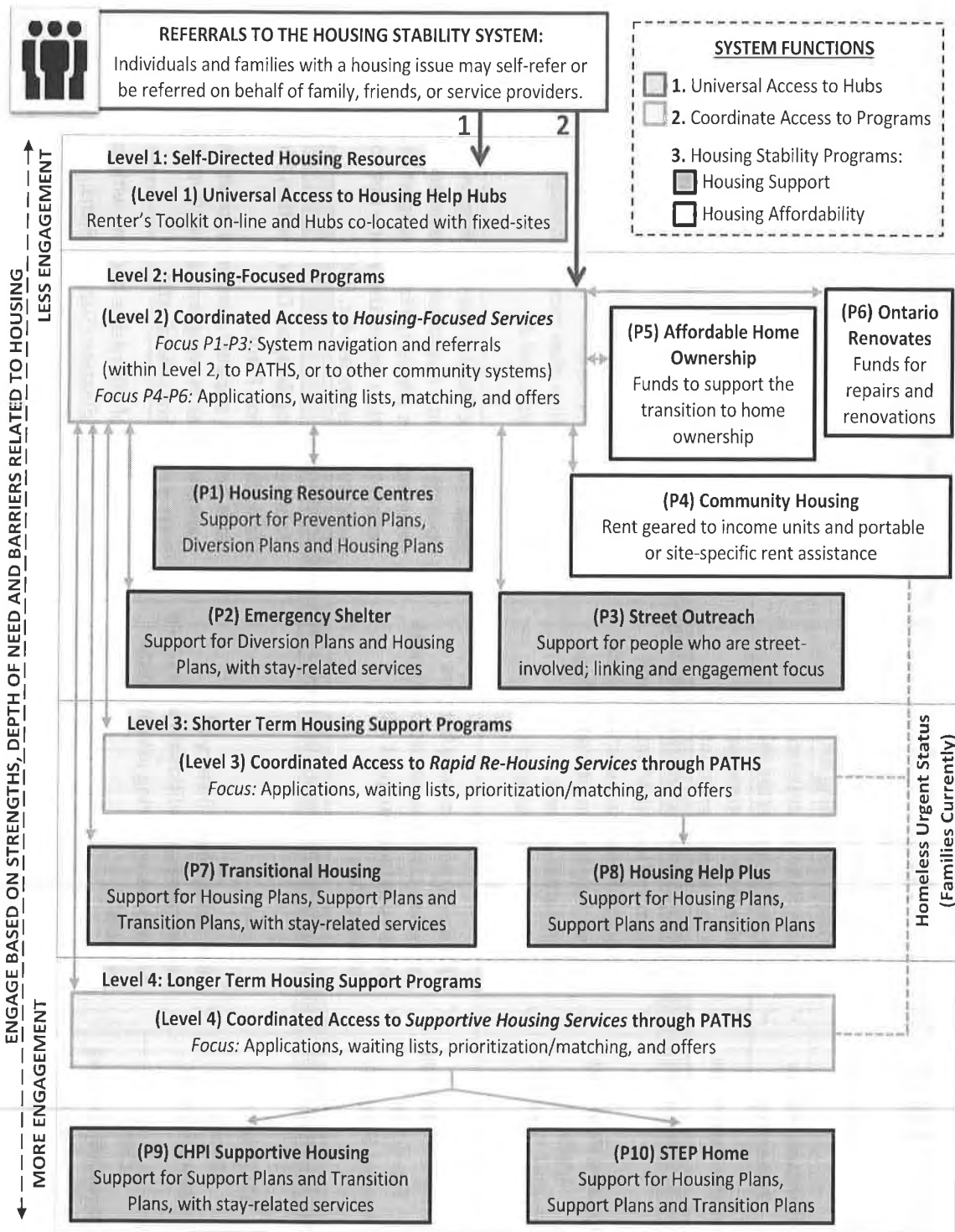
1. **Access:** How are housing resources offered?
 - Are they available on a drop-in or “first come, first served” basis? (Housing Support Programs in Level 2)
 - Or is there a waiting list? (Community Housing in Level 2, and Housing Support Programs in Levels 3 and 4)
 - If so, are resources offered based on:
 - When people apply? (Community Housing in Level 2)
 - Other factors like depth of need? (Housing Support Programs in Levels 3 and 4)
2. **Type of Support:** Are resources primarily...
 - Self-directed? (Level 1 Renter’s Toolkit and Housing Help Hubs)
 - Offered through some staff support? (Housing Support Programs in Levels 2, 3 and 4)
 - Housing support focused primarily on a Prevention Plan, Diversion Plan, or Housing Plan? (Housing Support Programs in Level 2)
 - Housing Support Coordination that facilitates increased housing stability through a Support Plan? (Housing Support Programs in Levels 3 and 4)
3. **Location:** Are resources primarily...
 - Offered on-line? (Level 1 Renter’s Toolkit)
 - Designated support to the individual or family and “mobile” so that it can follow people out in the community? (Street Outreach in Level 2; Housing Help Plus in Level 3; STEP Home in Level 4)
 - Designated support to a unit, building, or neighbourhood and/or available at fixed sites? (Housing Resource Centres and Emergency Shelters in Level 2; Transitional Housing in Level 3 – Marillac Place; CHPI Supportive Housing in Level 4)
4. **Intensity of Support:** Are there limits to the support in terms of number of hours, frequency or number of contacts, or length of time that it is available? (Varies by housing support program, with limits informed by service plan.)

The chart on the next page outlines primary reasons for service and resources offered through Housing Help Hubs and each housing stability program.

Primary Reasons for Service		Resources Available
Level 1: Self-Directed Housing Resources		
Housing Help Hubs On-Line & Drop-In Access	<ul style="list-style-type: none"> ✓ Need housing information ✓ Able, willing and/or prefer to self-resolve issue(s) 	<ul style="list-style-type: none"> ✓ Universal access to consistent and current housing information on-line 24/7 ✓ Co-located with drop-ins or other services in the community; access will vary by site ✓ Organized by Renter's Toolkit
Level 2: Housing-Focused Programs (Housing-Focused Services)		
Housing Resource Centres Drop-In & Phone Access	<ul style="list-style-type: none"> ✓ Need or prefer to receive support ✓ Safe and unlikely to need a place to stay in the next few days: need support to stay housed or find new housing ✓ Experiencing homelessness or engaged in eviction process or other housing situation where move-out is imminent: need support to avoid shelter stay 	<ul style="list-style-type: none"> ✓ On-site and phone support to develop and implement plans (Prevention Plans, Housing Plans, Diversion Plans), including referrals to other housing stability programs or community systems ✓ Intensity of support varies (hours, contacts, duration) ✓ Access to limited grants or loans through Rent Fund ✓ Families: Access to flex funds to support diversion and rapid re-housing and "Homeless Urgent Status"
Emergency Shelter Fixed-Site Housing-Focused Services	<ul style="list-style-type: none"> ✓ No other safe and appropriate place to stay ✓ Engaged in Housing Plan or Critical Safety Plan 	<ul style="list-style-type: none"> ✓ At point of inquiry, support people with diversion (Diversion Plans) ✓ Safe, temporary place to stay during housing search ✓ Resources to meet basic needs (stay-related services) ✓ On-site housing search support during stay to develop and implement a Housing Plan; daily intentional housing conversations and Housing Plan Reviews
Street Outreach Mobile & Drop-In Housing-Focused Support (Linking and Engagement)	<ul style="list-style-type: none"> ✓ Street-involved ✓ Need greater flexibility in the way services are delivered ✓ May be unhoused and more vulnerable (greater depth of need and housing barriers) 	<ul style="list-style-type: none"> ✓ Mobile service not tied to a location or time; contact takes place in community (e.g., public spaces, outdoors, places where people gather). Some flexibility to respond to emerging needs (e.g., crisis support, accompaniment). ✓ Drop-ins located at physical sites in the community at certain times. Access to a variety of resources (e.g., washrooms, showers, laundry facilities), with some providers focusing on specific services (e.g., ID).

Primary Reasons for Service		Resources Available
Community Housing	<ul style="list-style-type: none"> ✓ Date of application informs when housing is offered (modified chronological waiting list) 	<ul style="list-style-type: none"> ✓ Rent-geared-to-income units and portable or site-specific rent assistance
Affordable Home Ownership	<ul style="list-style-type: none"> ✓ Require financial assistance ✓ Have low to moderate income 	<ul style="list-style-type: none"> ✓ Funds to support the transition to home ownership
Ontario Renovates	<ul style="list-style-type: none"> ✓ Require financial assistance ✓ Have low to moderate income 	<ul style="list-style-type: none"> ✓ Funds for repairs and renovations
Level 3: Shorter Term Housing Support Programs (Rapid Re-Housing Services)		
Housing Help Plus Mobile Housing Support	<ul style="list-style-type: none"> ✓ Medium to “low-high” acuity and a history of homelessness; additional factors may be considered during prioritization process ✓ Need additional support with Housing Plan 	<ul style="list-style-type: none"> ✓ Up to three months of mobile Housing Support Coordination (Housing Plans, Support Plans, Transition Plans) ✓ People transition after moving through all five stages, with a focus on stages 1 and 2
Transitional Housing Fixed-Site Housing Support	<ul style="list-style-type: none"> ✓ TBD acuity with housing barriers related to transitional circumstances ✓ Need additional support with Housing Plan 	<ul style="list-style-type: none"> ✓ Note: Marillac Place is the only Region-funded program ✓ Housing Support Coordination tailored to specific transitional circumstances (Housing Plans, Support Plans, Transition Plans) ✓ People transition within the year – not covered under <i>Residential Tenancies Act, 2006</i>
Level 4: Longer Term Housing Support Programs (Supportive Housing Services)		
STEP Home Mobile Housing Support	<ul style="list-style-type: none"> ✓ High acuity and a history of homelessness; additional factors may be considered during prioritization process 	<ul style="list-style-type: none"> ✓ Mobile Housing Support Coordination (Housing Plans, Support Plans, Transition Plans) ✓ Once housed, support continues for at least one year – people transition after moving through all five stages ✓ 1:10 staff to household ratio
CHPI Supportive Housing Fixed-Site Housing Support		<ul style="list-style-type: none"> ✓ 11 buildings of affordable housing with on-site Housing Support Coordination (Support Plans, Transition Plans) ✓ 1:20 staff to household ratio

Appendix G: Progressive Engagement Housing Stability System Flowchart



Appendix H: Common Housing Support Plans

The local model of progressive engagement includes seven kinds of housing support plans. See below for a brief description of each plan and where they apply; also see **Appendix G** where plans are identified for each program.

As noted below and in **Appendix G**, the ES Program supports the development and/or implementation of four of these plans: Diversion Plans, Housing Plans, Service Resolution Plans, and Critical Safety Plans.

1. **Prevention Plans:** For people whose current housing is at-risk, but they have some time before they actually lose their housing (more than a few days). With a Prevention Plan, people are supported to maintain their current tenancy or to transition to a new one by addressing the issues that are creating housing instability without an experience of homelessness or a shelter stay. Applicable to: Housing Resource Centres.
2. **Diversion Plans:** Diversion Plans specific to shelter are for people whose current housing is at imminent risk – they may need to access a shelter within the next few days if they have no other safe and appropriate place to stay. With a Diversion Plan, people are supported to stay where they are or to find somewhere else to stay that is safe and appropriate – even temporarily – until permanent housing can be secured. Support includes specialized problem-solving for time-sensitive issues (e.g., system navigation and eviction prevention strategies, including warm referrals to other community services). Applicable to: Housing Resource Centres and **the ES Program**.
3. **Housing Plans:** For people who need to move. They may have housing but it is inadequate for a variety of reasons – it may be unsafe, unaffordable, inaccessible, undesirable, overcrowded, not well maintained, or not covered under the *Residential Tenancies Act*. Or people may be unhoused and living outdoors, couch surfing with friends or family, or staying at a shelter or another temporary housing option. With a Housing Plan, people are supported to prepare for a housing search, engage in a housing search, secure housing, and make it a home. Applicable to: Housing Resource Centres, **the ES Program**, Housing Help Plus, Transitional Housing, and STEP Home.
4. **Support Plans:** For people with greater depth of need and barriers who are being supported with Housing Support Coordination services. Applicable to: Housing Help Plus, Transitional Housing, CHPI Supportive Housing, and STEP Home.
5. **Transition Plans:** For people who are ready to be discharged from Housing Support Coordination services, either to transition to another program in the system or exit the system altogether and end their service pathway. Applicable to: Housing Help Plus, Transitional Housing, CHPI Supportive Housing, and STEP Home.

- 6. Service Resolution Plans:** For people who have more complex housing issues where service providers are working together to secure other support options, including more specialized or disability-specific resources (e.g., through Service Resolution, Connectivity Tables).
Applicable to: All programs, including **the ES Program**.
- 7. Critical Safety Plans:** These plans outline the shelter options that are available and how they can be made more accessible (e.g., private space on-site, only motel, more or less contact during a stay, and/or specific harm reduction needs). Used only when there is a perceived, heightened level of risk to the participant. Service Resolution Plan may also be in effect. **Note:** Critical Safety Plans are more typical for individuals, as Family and Children's Services are called if children are at-risk. Critical Safety Plans are applicable to: **the ES Program** and Street Outreach. Examples of appropriate use include the following:
- Individual is highly vulnerable. Vulnerability often linked to high risk of harm and disabilities (e.g., mental health issues, cognitive disabilities and/or active substance use).
 - May be unable to access services due to restrictions or, if accessing services, may be underserved in current programs.
 - May be on several waiting lists for more specialized housing and/or support, including PATHS.
 - May be living outdoors, couch surfing, or staying in shelter.

Appendix I: How SPDAT Informs Progressive Engagement

Level of Engagement	VI-SPDAT Pre-Screen		Full SPDAT Assessment	
	When and Why	Program	When and Why	Program
Level 2: Housing-Focused Programs	<ul style="list-style-type: none"> ✓ At intake, if household returns (within timeframe TBD²⁵) or intensive diversion effort suggests more support is needed ✓ Informs Diversion Plan ✓ Assess for PATHS 	Housing Resource Centres; Emergency Shelter	<ul style="list-style-type: none"> ✓ At intake, if returning with VI-SPDAT score; confirms and/or deepens understanding of acuity ✓ Informs Diversion Plan ✓ Assess for PATHS 	Housing Resource Centres; Emergency Shelter
	<ul style="list-style-type: none"> ✓ In shelter, if not able or willing to move forward with Housing Plan (after first week or during any Housing Plan Review) ✓ Informs Housing Plan ✓ Assess for PATHS 	Emergency Shelter	<ul style="list-style-type: none"> ✓ In shelter, if not able or willing to move forward with Housing Plan (after first week or during any Housing Plan Review) and has VI-SPDAT score; confirms and/or deepens understanding of acuity ✓ Informs Housing Plan ✓ Assess for PATHS 	Emergency Shelter
Level 3: Shorter Term Housing Support Programs	<ul style="list-style-type: none"> ✓ Informs access to Level 3 PATHS 	Housing Help Plus	<ul style="list-style-type: none"> ✓ At intake, if needed, to confirm and/or deepen understanding of VI-SPDAT score ✓ Informs Support Plan at intake/move-in and discharge to inform Transition Plan 	Housing Help Plus
Level 4: Longer Term Housing Support Programs	<ul style="list-style-type: none"> ✓ Informs access to Level 4 PATHS 	N/A	<ul style="list-style-type: none"> ✓ Same as Level 3, but at move-in and months 1, 3, 6, 9, 12; then every 6 months thereafter 	CHPI Supportive Housing; STEP Home

Appendix J: ES Program – Seven Steps of Shelter Service

1. **Explore where else people can stay that is safe and appropriate** through diversion conversations when people have an imminent need for shelter (within the next few days). Prevent homelessness wherever possible.
2. **If people have no other options, offer shelter** and provide information about what the Emergency Shelter Program is all about. Refer to other sites or motels, as needed due to capacity, service restrictions, or planned intakes.
At intake, begin to tailor services to individualized shelter stays:
 - **Regular:** Tailor service to a Housing Plan.
 - **Short Term Contract:** Tailor service to conditions outlined in a Contract signed at intake.
 - **PATHS:** Person or family qualifies for more housing support because of greater depth of need – continue to support Housing Plan next steps.
 - **Critical Safety:** Tailor service to unique sheltering needs outlined in a Critical Safety Plan designed to maximize service flexibility.
3. **Within 48 hours, develop or update Housing Plans in a meeting.** If participants already have support workers from other programs, engage these workers in the housing process. If need for more housing support is identified during an intensive diversion effort or if it is a repeat intake, assess eligibility for more support during this meeting.
4. **Have daily intentional housing conversations** that help to identify and implement Housing Plan next steps. Refer to the on-line Renter's Toolkit, on-site Housing Help Hub, and Housing Resource Centres for information, tip sheets, and work sheets. Tailor housing search approach by type of shelter stay. If participants are more street-involved, refer to Street Outreach.
5. **Monitor Housing Plan progress** and keep Housing Plans current:
 - After the first week of a first stay, shelter workers and participants review the Housing Plan and adjust next steps in a meeting. Need for more housing support is assessed or confirmed during that meeting.
 - If participants qualify for more housing support, shelter workers help with the application process (transition stay to PATHS).
 - Continue to review Short Term Contracts and Critical Safety Plans, where applicable.
 - Where appropriate and as part of a Housing Plan, manage any financial contributions to stays (e.g., longer PATHS or Critical Safety stays where participants are accessing social assistance or another source of regular income).
6. **As needed, engage circles of support for finding housing.** If participants are offered more housing support during their stay, transition the lead for housing search support activities from the shelter to the new housing support worker. For example, if

participants accept support through PATHS, stays transition to Housing Help Plus or STEP Home as of the date of intake into that program. Shelter workers stay connected as part of the circle of support. Refer to other community resources that can help participants to find housing, including those that help with addressing more complex issues (e.g., Connectivity Tables in situations where there is heightened risk, Service Resolution for mental health/addictions, or other disability-specific resources).

- 7. Support discharges (voluntary, planned or service restriction).** Some participants will leave shelter on their own when they transition to housing or other accommodation (a voluntary discharge). Others will leave when they are no longer eligible for a continued stay because of a planned discharge or service restriction. To support planned discharges, give a discharge notice and support next steps. The discharge date outlined in the notice may be extended under two conditions: to align with move-in date to an address or if active housing search is sustained. Before discharge, update the Housing Plan.

Appendix K: Key Messages

This appendix is organized into five sections:

- A. Shelter Stays.** The purpose of this information is to help determine which type of stay to offer, and how the type informs services and length of stay. It includes seven Q&As.
- B. Inquiries from Outside Waterloo Region.** This section includes two key messages.
- C. Intakes.** This section includes six key messages.
- D. Housing Plan Reviews.** This section includes three key messages.
- E. Discharges.** This section includes three key messages.

Note: This information will be revised as part of implementation activities related to developing consistent intake and discharge packages.

SECTION A: Shelter Stays

1. Is this the first stay?

- People accessing the ES Program for the first time qualify for a Regular stay unless they are already on PATHS. If they are on PATHS, they qualify for a PATHS stay at intake.
- Housing search support is focused on developing and implementing an individualized Housing Plan. For individuals, this work starts within the first 48 hours of the stay. Families start their Housing Plan with a Housing Resource Centre through Families to Homes; it follows them with their referral to shelter.
- Daily intentional housing conversations support next steps in the Housing Plan and Housing Plan Reviews take place during the stay as needed, beginning generally after the first week.

2. Is the individual or family returning?

- Work should continue to build on the Housing Plan from the last stay.
- Engagement deepens within 48 hours by seeking to understand current strengths, depth of need, and barriers related to housing. Complete VI-SPDAT pre-screen or Full SPDAT assessment if there isn't one on file. This helps to further tailor next steps.

3. Are there conditions attached to the stay?

- With these stays, people have no other safe and appropriate place to stay, but there are time-limited conditions attached to their stay that are outlined in a Short Term Contract. The Contract is agreed-upon at intake and is based either on a diversion conversation or the need for a planned intake.
- Once the conditions have been met or an eligibility exemption has been granted, the stay may transition to a Regular stay.

4. Are they moving forward with the next steps in their Housing Plan?

- After about a week, participants should complete the VI-SPDAT to see if they qualify for more support. If the results of the VI-SPDAT need to be confirmed, participants should complete a Full SPDAT.
- Continue to offer service through daily intentional housing conversations and follow up on progress with the Housing Plan.
- Participants with low acuity who are not actively engaging with their Housing Plan receive a discharge notice that sets a move-out date. The move-out date can be extended with active engagement on the Housing Plan.

5. Do they have greater depth of need and/or more barriers?

- Participants with greater depth of need may be assessed for more support through PATHS. If they qualify, their stay transitions to a PATHS stay.
- Qualifying for more support does not mean that people can stay in shelter indefinitely. However, it is a consideration when determining length of stay. Participants with greater depth of need and/or more barriers may have longer lengths of stay if there are no appropriate housing and/or support options available to them at this time.
- Participants with longer PATHS stays may contribute financially after 30 days.
- Stays are not permanent – people will stay on PATHS and be supported to access housing and support options as they become available, either in the private market with support through Housing Help Plus or STEP Home, through CHPI Supportive Housing, or another appropriate and desirable housing option.

6. If the participant is on PATHS, what resources are available?

- Participants on PATHS will continue to receive housing search support through the ES Program, as well as any other resources in the system as capacity allows (e.g., Street Outreach, Housing Resource Centres) until they move-out, are discharged by the ES Program, or receive additional support (whichever comes first).
- Given that stays are not permanent, participants should be supported to access sustainable housing and support options as they become available. For example, when a housing option becomes available, it should be fully explored by the participant and flexible transition planning should be offered (e.g., visits, stays at shelter and new housing for some time).
- Participants may be referred to Service Resolution or the Connectivity Tables and/or further collaboration may be explored with other community partners. A Service Resolution Plan can help to coordinated next steps.
- When all options have been exhausted, a discharge date may need to be set.

7. Is there a Critical Safety Plan in place?

- These plans identify the specific shelter options that are available.
- If a participant has a Critical Safety Plan, their stay transitions to a Critical Safety stay.
- In general, support for these participants is framed in the context of prioritizing safety rather than emphasizing the more conventional housing search process.

SECTION B: Key messages Related to Inquires from Outside Waterloo Region

1. If people are planning to move here, they are encouraged to plan ahead to:
 - **Secure income.** Find employment or become “document-ready” if they need social assistance.
 - **Secure support.** Transfer support and services that are helping them to stay housed, so that care remains seamless and these workers can assist with the housing process.
 - **Secure housing.** Find housing in the private market and secure it with the necessary deposits, or arrange to stay with family/friends while they look for housing locally.
2. To support the settling process, people can access the following housing resources:
 - **Community Housing:** People may apply for Community Housing through the chronological waiting list at any time. People can’t stay in shelter until they receive an offer. Immediate access to affordable housing is not available and the waiting period is generally several years long.
 - **Renter’s Toolkit:** People can access self-directed housing resources through the Renter’s Toolkit any time.
 - **Housing Resource Centres:** During business hours, people can access housing search support (not necessarily the Rent Fund) from a Housing Advisor at local Housing Resource Centre.

SECTION C: Key messages Related to Intakes

There are six key messages:

1. Keeping the shelter safer for everyone (for all intakes/types of stays)
2. Checking-in (for all intakes/types of stays)
3. Purpose of Shelter (for all intakes/types of stays)
4. Repeat Stay (for repeat intakes only)
5. Common Assessment (as needed during a stay)
6. Critical Safety Stay (for Critical Safety stays only)

Each key message is further described below, with additional key intake activities outlined where applicable.

1. Keeping the Shelter Safer for Everyone:

People who stay here and the staff who work here have a right to feel a sense of safety. All of us have a responsibility to keep it safe here. The other people – shelter participants and staff – that you will be sharing this space with have agreed to some basic guidelines and we expect you to do the same. When these guidelines are not followed, we may have to call the police or ask you to leave. We don't want to have to do that. Here are the basic guidelines:

- **No damage to the shelter.** If you damage the shelter, you may be responsible for fixing what was damaged, we may ask you to leave the shelter and/or we may call the police.
- **No theft.** We call the police when we see theft. This includes stealing things that belong to other shelter participants and to staff. It also includes things that belong to the shelter. If you need something, please ask us about it and we will do our best to help.
- **No weapons on-site.** If we see a weapon, we will either keep it safe for you until you leave or – if it is illegal – we will call the police.
- **No drug dealing on-site.** If we see any drug dealing, we will ask you to leave the shelter and we may call the police.
- **No harassment, bullying, threats, or violence.** Please be respectful in the way that you talk to others while you are here – this includes no racist, sexist, homophobic, or transphobic language. If you harass or bully anyone, we will ask you to stop. If you continue, we may ask you to leave the shelter. Also, if you threaten someone else or are violent in any way, we will ask you to leave the shelter. We may also call the police. If you feel unsafe at any time because of something that another resident or staff has said or done, please tell us about it right away so that we can help.
- **No substance use on-site.** If we observe substance use, we may ask you to leave the shelter. If you are bothered by someone else's substance use, please speak with that person directly or to shelter staff. Also, if substance use is something that you are concerned about or if you have questions about how you can be safer with your use, please talk to shelter staff. We can help you to explore your options and also connect you with additional support for this. Please just ask.
- **Staff may call 911:** If we think that someone is unsafe – it could be your safety they are concerned about, or the safety of other shelter participants, or of staff – we will call 911. We will call 911 even if you or another person does not want them to. Safety comes first.

2. Checking-In:

- Do you have any questions about what I've shared?
- What concerns do you have about being able to maintain a safe stay here at the shelter?
- What options do you have for managing that issue?
- How can we be helpful with supporting you?

3. Purpose of Shelter:

In Waterloo Region, shelters give people a safe, temporary place to stay so they can find housing as quickly as possible.

There are few things about this that you need to know:

- We are here to support you with developing and following through with your own Housing Plan. We will start this within the next day or two.
- As we develop your Housing Plan, we will look at the housing strengths you have – the steps or strategies that you have used in the past to find housing that have worked well. We will also start to identify the areas that you need to focus on and steps you need to take to prepare for your housing search, search for housing, secure your housing, and then make it a home.
- We can help you problem-solve anything that comes up for you as you look for housing. For example, we may connect you with other community resources that can help you, too. Please let us know how we can support you best.
- We will check-in with you each day that you are here to see how you are doing with the steps that you identified in your Housing Plan.
- Then, in about a week from now, we will review your Housing Plan progress. You can accomplish a lot in a week and we look forward to helping you along the way.
- Everyone here has a Housing Plan of some sort and they are all a bit different because we don't believe in a "one size fits all" approach to supporting people. Your Housing Plan is all that matters. It is created by you and reflects what you need to do right now to find housing. Please keep your focus on you, not what is happening with others and their Housing Plan.

4. Repeat Stay:

- I understand that you've stayed here before. What happened last time you stayed here?
- What can we do differently to make this stay as safe and supportive as possible?
- What have you learned about housing since you were here last? How can you build on that?
- What can you do differently this time? How can we support you in your housing search?

Other Key Intake Activities:

- Complete/update²⁶ the VI-SPDAT pre-screen or Full SPDAT assessment. If there are concerns about accuracy with the VI-SPDAT pre-screen or to confirm and/or deepen understanding of results, do a Full SPDAT assessment instead.

5. Common Assessment:

- I'm curious about what might be making it hard for you to secure the kind of housing that will work best for you or what might be making it hard to connect with other resources that could help you do that.
- Can we work through some questions together to get a better understanding of your housing needs?

6. Critical Safety Stay:

- Welcome. We are glad you are here.

Other Key Intake Activities:

- Review and update Critical Safety Plan.
- Complete/update VI-SPDAT pre-screen or Full SPDAT assessment and support PATHS application, if appropriate.

SECTION D: Key messages Related to Housing Plan Reviews**1. If there is progress with Housing Plan:**

- Continue daily intentional housing conversations.
- Consistent and reasonable progress extends length of stay.

2. If housing has been secured:

- Align discharge date with housing move-in date.
- If housing move-in date is more than a month away, consider financial contribution to stay.
- Explore options for an earlier housing move-in date or to stay somewhere else safe and appropriate until the housing move-in date.
- Continue daily intentional housing conversations to support move-in planning.

3. If participants are not able to willing to move forward with next steps:

- Acknowledge staff time and other resources that have been provided to support the Housing Plan.
- Complete the VI-SPDAT (for first intakes). For repeat intakes or if there are concerns about accuracy with the VI-SPDAT pre-screen or to confirm and/or deepen understanding of results, do a Full SPDAT assessment instead. If SPDAT is refused, shelter staff may informally assess acuity as an interim measure.

SECTION E: Key messages Related to Discharges

1. Declines Daily Intentional Housing Conversations and Engagement with Housing Plan

- Review Purpose of Shelter (see section C3 above).
- Explore options for accessing housing search support in the community that may be more desirable.
- Set discharge date and provide discharge notice.
- Day before discharge date:
 - Confirm move-out the next day.
 - Acknowledge staff time and other resources that have been provided to support the Housing Plan.
 - Explore options for accessing additional support in the community.

2. Low Acuity

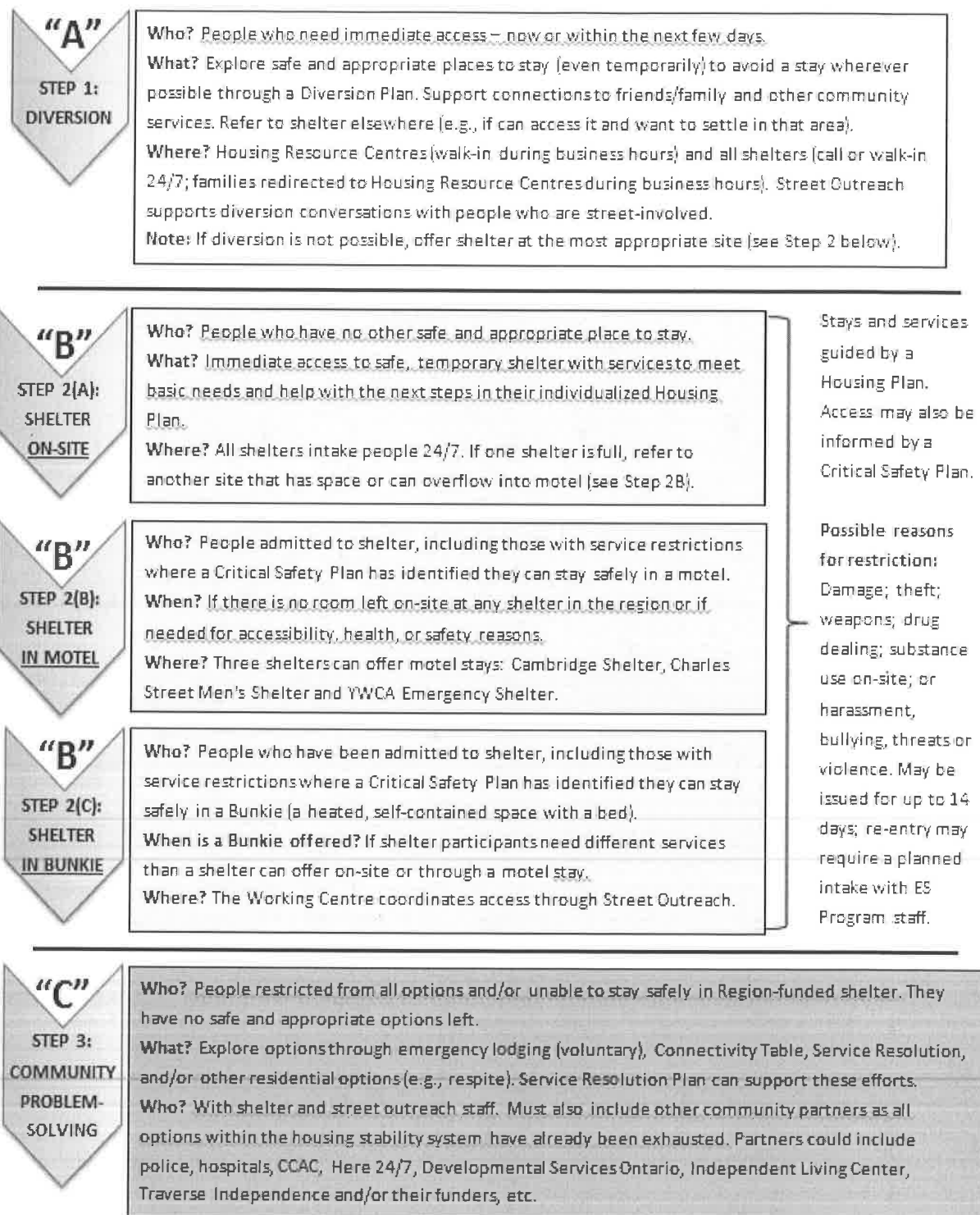
- Acknowledge staff time/resources that have been provided to support the Housing Plan.
- Request feedback about the process to date:
 - How has it been going with the Housing Plan?
 - What's worked well? What needs to be better?
- Identify next steps in the Housing Plan, including the progress that needs to happen in order to stay and the housing search support that will be available to help along the way.
- Set discharge date and provide discharge notice. Date may be extended if housing is secured or there is consistent and reasonable progress with Housing Plan over the next few days.
- Continue daily intentional housing conversations. Remind them of the discharge date.
- Day before discharge date:
 - Confirm move-out the next day.
 - Acknowledge staff time and other resources that have been provided to support the Housing Plan.
 - Explore options for accessing additional support in the community.

3. Medium or High Acuity

- Continue to support Housing Plan. Encourage acceptance of all sustainable housing options.
- Refer to other community resources that can help participants to find housing, including those that help with addressing more complex issues (e.g., Connectivity Tables in situations where there is heightened risk, Service Resolution for mental health/additions, or other disability-specific resources).
- If the person has few housing options and a longer shelter stay makes sense as part of their Housing Plan, request a financial contribution to stay beginning on the 1st of the month.
- After 30 days in shelter, complete a Full SPDAT assessment.

- Follow regular discharge processes if there is no sustained engagement in a Housing Plan.
- **Note:** Refer to PATHS Process Guide for information about how to advocate that the participant be prioritized for upcoming support offers.

Appendix L: Referral Flowchart Using the ABCs of Shelter Policy



Appendix M: Guidelines for Daily Intentional Housing Conversations

- **Connect with participants about their Housing Plan regularly.** Housing conversations should form part of the day-to-day routines so that they shape the norms about the purpose of the ES Program and how the system as a whole is working to prevent and end homelessness. The expectation is that staff will have some form of housing-based interaction with each participant, every day (or most days) of their stay. The interaction should be tailored. It should follow-up on the specific next steps in the individualized Housing Plan for that person or family.
- **Coach the housing process, don't direct or lead it.** Participants are supported to focus on building knowledge, skills, and confidence so they learn how to work through the next steps in their Housing Plan on their own as much as their personal ability allows. Examples of things ES Program staff can help participants with:
 - Reflecting on strategies that have worked well in the past when looking for housing.
 - Listing the things they can do comfortably on their own (e.g., searching for vacancies on the internet, attending viewings of units).
 - Talking about what kind of housing they need and want.
 - Developing a budget so they know how much rent they can afford.
 - Identifying community resources that can support the next steps in their Housing Plan, including referrals to Housing Resource Centres.
 - Mapping routes via public transportation to social assistance offices and housing viewings.
 - Supporting applications for Community Housing.
 - Trouble-shooting problems that come up during the next steps in their Housing Plan.
 - Supporting participants who qualify for PATHS to complete the application process. While participants are waiting on PATHS, ES Program staff continue to support the next steps in their Housing Plan. If participants have more complex housing issues, Housing Plans can be complemented with a Service Resolution Plan to help coordinate services with other community partners.
- **A role for everyone.** Day and night staff are accountable for having these conversations. There should be consistency in how updates to Housing Plan progress are shared/recorded.
- **Connecting to Housing Help Hubs.** The Renter's Toolkit includes key resources like the Housing Plan, plus tip sheets and work sheets to support implementing each step. These resources should be readily accessible to all staff and participants (e.g., a dedicated bulletin board).
- **An individualized Housing Plan.** Emphasize that participants should stay focused on them and what they need. Their Housing Plan is unique to them and the steps they take to implement their Housing Plan might look a bit different and take longer or shorter, than it

might for others. For example, participants with longer term housing instability may need to start with engaging in conversations about what “housing” looks like to them and need some time to identify the specific things they need and prefer.

- **Not a “one size fits all” approach.** The level of housing search support ES Program staff provide varies depending on participants’ individual circumstances (e.g., accessing shelter for the first time versus a long history of homelessness) and factors which may be beyond the control of the ES program (e.g., capacity pressures). In general, the conversations shouldn’t look the same for everyone, every time. Sometimes, a quick “touch base” is fine. At other times, participants should have a dedicated Housing Plan Reviews to explore next steps and problem-solve.
- **Qualifying for more support doesn’t always mean it is available right away.** Where possible, participants will get the support they need, when they need it. Ideally, they will not have to wait very long to receive any additional support they qualify for (e.g., coordinated through PATHS). However, this is not guaranteed and is dependent on factors beyond the control of the ES Program (e.g., capacity pressures in other programs).
- **The key message:** Encourage participants to focus on themselves, not what support or length of stay others may or may not be getting. For example: “We approach everyone’s needs differently. Everyone is unique and their Housing Plan reflects that. This is your Plan. What do you need to do to move forward with your Housing Plan today and how can I help with that?”

Appendix N: Development and Implementation of New Funding Model

As identified in section 2, while the previous funding envelope for the ES Program was tied to residential occupancy (i.e., a per diem rate was paid for each bed night), funds are now available to support any activities that support CHPI objectives through a grant-based model. This increased flexibility afforded the opportunity to revisit how the ES Program is funded in Waterloo Region, and initiated a number of funding-specific discussions with ES Program providers (as summarized on the next page).

Through the process of developing the new funding model for the ES Program, four Region priorities emerged. They were for the new ES Program funding model to:

1. **Be easy to understand.** This was defined as being transparent and straight forward (no “hidden math”).
2. **Support stability and sustainability.** This was further described as being predictable and in alignment with a fixed funding environment.
3. **Be equitable.** This was defined as having funding levels similar across ES Program providers of similar size, while recognizing the unique challenges with operating smaller programs.
4. **Maintain current investments:**
 - In recognition that the ES Program plays a key role in the housing stability system, continuing to invest in shelters was confirmed as a priority.
 - Staff positions funded through the previous (2015/16) ES Program provider budgets that were not directly supporting ES Program-specific activities (e.g., rapid re-housing or supportive housing services) were to be maintained. The Region confirmed the direction to align these staff positions with their respective program budgets within the agency.
 - Motel overflow was identified to be a separate part of the overall ES Program budget, in recognition of its value as a flexible response to capacity pressures and shelter option in the region for people who are unable or unwilling to access a fixed-site. Opportunities to minimize use of motels through strengthening the referral processes were identified as part of next steps.

Overall, these priorities supported the Region’s intention to develop a funding model that strengthens the role of shelter in a system that is designed to prevent and end homelessness.

Highlights of the Process

In addition to the activities identified earlier to develop the ES Framework in section 1, the Region facilitated a number of activities between 2012 and 2016 to support the development of the new ES Program funding model more specifically, with most taking place in 2015. All ES

Program providers were engaged in these processes, either as a group or during individual meetings with the Region.

Activities to support development of the ES Program funding model included the following:

- Research on different ES Program funding model options (a separate report was commissioned for Waterloo Region in 2012).
- Environmental scan of other Ontario municipalities' approaches to funding shelters.
- Principles and approaches to guide the process and a list of the pros and cons of different funding models generated from ES Program providers.
- Data and financial summaries for each ES Program provider and the ES Program (for 2012, 2013/14, and 2014/15). Information was related to capacity, demand for service (bed nights, households), occupancy rates, allocations, various cost analyses (overall cost, per bed, per household, per bed night), and contributions from other funders.
- Review of 2015/16 ES Program provider budgets to identify and separate ES Program activities and related expenses (e.g., staffing costs) from other housing stability program activities (e.g., rapid re-housing or supportive housing services).
- Three ES Program provider meetings in 2015.
- Individual ES Program provider meetings with the Region (at least one per agency), with presentations to Boards of Directors where requested. Discussions were related to funding model principles, overall approach for developing the new model, trends related to the ES Program, and potential impacts that the new funding model might have on each provider's budget.

More specifically, the ES Program funding model was developed through these six steps:

1. It was decided that funding will be provided as a grant distributed on a monthly basis.
2. The overall ES Program CHPI budget available for allocation to ES Program providers was determined to be about 3.5 million currently, less \$175K budgeted for motel overflow.
3. The budget was allocated equitably to each ES Program provider based on total bed capacity (regular beds and internal overflow spaces).
4. It was decided that ES Program providers with less than 25 beds will receive a ten percent top-up.
5. It was decided that half of the beds at Safe Haven will be funded based on the capacity model, in recognition of service trends that showed only half of the youth they serve are ages 16 and up (the primary mandate of the housing stability system).
6. A three-year transition period was developed and shared with each ES Program provider, allowing time to adjust funding strategies accordingly.

The new funding model will be evaluated over 2017/18. Information to inform the evaluation will include ES Program provider feedback, and a review of annual budgets and program data. Results will help to confirm the final funding model, in part by addressing the following:

1. Level of investment required to fully implement the ES Framework and gaps in current ES Program capacity (e.g., related to staffing model or motel overflow).
2. How changes in capacity at each site impact the capacity-based funding approach.
3. Eligible central administration costs.
4. Minimum percentage of funding that must complement the Region's investments through other funding sources (e.g., donations, fundraising, United Way). **Note:** This work will be complemented with quality assurance measures.
5. Referral processes to minimize motel overflow costs and administrative burden:
 - a) Direction to transfer between ES Program providers at times of overflow before a motel is utilized. Also, participants should transfer from the shelter to a motel rather than accessing motels at intake.
 - b) Process for converting the self-contained units at the Cambridge Shelter from a singles to family set-up (e.g., when to switch from one set-up to another and how this is requested/communicated).
 - c) When participants should be prioritized for accessing motels in their "home city" in the region during times of overflow at a ES Program provider site (e.g., to keep children with their home schools, due to employment, or if they have proof of an appointment or treatments related to their Housing Plan, such as requirements through Family and Children's Services).
 - d) Processes for reducing the cost of taxis and motels (e.g., flat rates, pre-paid motel rooms per month).

END NOTES

¹ The housing stability system is a network of organizations, groups, and individuals that support people with housing issues in Waterloo Region. It includes service providers where at least 50 percent of the activities are dedicated to finding and keeping housing.

² See the on-line ES Program catalogue for more information:

<https://housingcatalogue.regionofwaterloo.ca/>

³ Local data was captured through the Homeless Individuals and Families Information System (HIFIS) and summarized in the 2006 version of the “Inventory of Services for the Housing Stability System in Waterloo Region”. These results, while dated, are similar to the “top five” reasons for housing loss cited in the 2016 PiT count, as illustrated in the report, “Homelessness Partnering Strategy: Highlights – 2016 Coordinated Point-in-Time Count of Homelessness in Canadian Communities” available on-line: <http://publications.gc.ca/site/eng/9.827546/publication.html>

⁴ The Region of Waterloo’s 10 Year Plan includes the 2012 Homelessness to Housing Stability Strategy (with its primary goal to end homelessness) and the 2014 Housing Action Plan (with its focus on addressing a wide range of housing needs for low to moderate income households). The local 10 Year Plan is available on-line:

<https://tinyurl.com/2014-10-Year-Housing-Plan>

⁵ Collective impact requires a separate organization with staff and a specific set of skills to serve as the “backbone” to the initiative. Backbone organizations play five key roles: guiding vision and strategy; supporting aligned activities; establishing shared measurement practices; building public will, advancing policy, and mobilizing funding.

⁶ For further information related to CHPI, refer to the provincial Community Homelessness Prevention Initiative Program Guidelines (2017).

⁷ The 2007 ES Guidelines are available on-line:

<http://communityservices.regionofwaterloo.ca/en/communityProgramsSupports/resources/emergencyshelterguidelines.pdf>

⁸ For more information, see the 2012 Homelessness to Housing Stability Strategy. The report is available on-line at: <https://tinyurl.com/2012-Homelessness-Stability>

⁹ ES Program providers still secure a significant amount of funding (approximately 20 to 40 percent) from other sources (such as the United Way, grants, fundraising, and charitable donations) to cover operational costs.

¹⁰ Housing First is not housing **only**. When needed and desired, people are connected with community resources to support longer term housing stability.

¹¹ For more information, see the report, "Out of the Cold (OOTC) Transition: Final 2014/2015 Evaluation Report"

¹² Social assistance includes two parts: a Basic Need Allowance (for expenses like food, toiletries, transportation, and phone) and a Shelter Allowance (the part that covers rent, utilities, and tenant insurance). Social assistance recipients living in private market housing often need to use some of their Basic Needs Allowance to cover the cost of rent and utilities because the Shelter Allowance is not enough. While recipients staying in shelter are only eligible for the Basic Need Allowance part, they can often keep more of it because the costs of rent, utilities, and food are included as part of their stay.

¹³ While not ideal, people may need to pay significantly more of their income than what is generally considered "affordable" (e.g., 30 percent). In these situations, housing is sustained through budgeting and leveraging other community resources (e.g., food banks, meal programs).

¹⁴ While housing affordability impacts all people experiencing poverty, it is more challenging for some groups than others. For example, the social assistance Shelter Allowance for singles is much lower than average rent for bachelor and one-bedroom units, resulting in fewer affordable housing options.

¹⁵ For more information about SPDAT, see: www.orgcode.com

¹⁶ To access copies of SPDAT materials used locally, see: <http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/HHSU.asp>

¹⁷ For more information about SPDAT, see: www.orgcode.com

¹⁸ Participants who are ill or recovering from an illness, injury or surgery must be able to care for themselves independently. If they need support, they must arrange for sufficient personal/attendant support in advance of their stay.

¹⁹ Participants may also be asked to leave by the police (e.g., with "no trespass order").

²⁰ Toronto shelter standards were approved by City Council in 2015. They are available on-line: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=e10c8aa342132510VgnVCM10000071d60f89RCRD>

²¹ BC Housing released sample policies and procedures for emergency shelters in 2013. They are available on-line: <https://www.bchousing.org/home>

²² Gender identity: Self-defined; all providers serve people who identify as transgender.

²³ Definition of Family: Commonly refers to parent(s) or guardian(s) with one or more children (0-15 years of age) and/or youth (16 and 17 years of age) dependent on the parent(s) or guardian(s) for care. May be headed by one or two parents or guardians of opposite or same gender identity. Families may also include: youth up to age 24 (where the intention is to continue to live together as an intact household unit); adult dependents; parents with custody

arrangements and/or visitation rights; and/or parents that have been separated from their children and are actively seeking reunification.

²⁴ Region has held Agreements and provided funding for emergency shelters since 1973 when the Region came into existence. Prior to this, an Agreement was held between the City of Kitchener and House of Friendship, dating back to January 13, 1971. The earliest reference to a purchase of service Agreement between the Region and YWCA is from 1975.

²⁵ Protocol for when a second intake should be considered a first intake because of an extended time lapse in-between stays is TBD.

²⁶ Protocol for when to update the VI-SPDAT pre-screen or Full SPDAT assessment is TBD.

THE REGIONAL MUNICIPALITY OF
WATERLOO and
Applicants

PERSONS UNKNOWN AND TO BE
ASCERTAINED
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

AFFIDAVIT OF SARAH ESCOBAR

(AFFIRMED AUGUST 29, 2022)

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Lawyers for the Respondents

Court File No. CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

AFFIDAVIT OF LESLEY CROMPTON

(AFFIRMED AUGUST 31, 2022)

I, LESLEY CROMPTON, of the City of Kitchener, in the Province of Ontario, AFFIRM AS FOLLOWS:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I have been employed with the Social Development Centre of Waterloo Region ("Social Development Centre") since 2019 as a Financial and Low Income Support Coordinator. Part of the role of the Social Development Centre is to engage with the community and bring

forward the voices of those with lived experience to decision making tables. This role includes sitting on Regional Committees on housing and homelessness and raising issues and problems within the existing housing systems and processes.

3. I am a founding member of the Unsheltered Campaign, an organization that was initiated to support and advocate for people experiencing homelessness during the pandemic. The Unsheltered Campaign provides direct services to people experiencing homelessness in Waterloo Region including food, tents, sleeping bags, tarps and winter clothing. We provide these services through donations and cash donations from the community.

4. On Friday, November 26, at around 1:00 p.m., I was notified by Aleks Petrovic, the Executive Director of the Social Development Centre, that the Region of Waterloo was conducting an eviction of the Encampment at Charles Street East and Stirling Avenue South (the “Stirling Street Encampment”). I attended there promptly along with Charlene Lee, Unsheltered Campaign member and volunteer of the Social Development Centre. There were approximately 10 people present, including four police officers (two patrol officers and two Community Engagement Officers), two Region of Waterloo By-law officers, a heavy equipment operator, a dump truck operator. Nadine Green, Site Supervisor of A Better Tent City (“ABTC”) was there as well as a staff member from Ray of Hope.

5. On the date of the eviction there were four tenants present when I arrived. A man named Shannon, another gentleman, and a couple. I was told by Bylaw and the Police Officers that


they had advised the tenants to gather their belongings and that the Region would not be leaving until they were gone.

6. The Region staff were eager to clear this site. I observed the Bylaw officers frequently asking the tenants if they were ready to move yet. Shannon was struggling with packing and leaving. With the heavy equipment and all the staff waiting around, it felt as if there was a lot of pressure to move quickly, although this was never explicitly stated.
7. The couple staying at the Encampment told me they would go and find another spot outside to camp. They had gathered what they could carry and left. Nadine Green, Site Supervisor from ABTC advised me that both Shannon and the other gentlemen had been restricted from the shelter system and from ABTC, but she would make an exception for Shannon. Nadine and Shannon left together. The other gentleman gathered what he could carry and left, I do not know where he went.
8. These tenants were under extreme distress trying to gather their belongings and figure out where they could go. They were clearly cold, it was a very cold day. And they were clearly disorientated by this process. One tenant was visibly angry while trying to gather his belongings and I observed him telling the police officer “not to even look at him”, to which the police officer responded “come on, we have stuff to do, we can’t stay here all day”.


9. Char and I proceeded to watch as the Region completely demolished these peoples' homes using heavy machinery. Three tents were destroyed, along with all the remaining belongings within the tents.

10. I swear this affidavit in support of the Notice of Constitutional Question and for no other or improper purpose.

AFFIRMED BEFORE ME by videoconference)
From the City of Halifax, in the Province)
of Nova Scotia)
Location of the Deponent)
To the City of Kitchener, in the Regional Municipality)
of Waterloo (Location of Commissioner))
In accordance with O Reg 431/20.)
This 31st day of August 2022)


A Commissioner, etc.

ASHLEY ELIZABETH SCHUITEMA
A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

DocuSigned by:

785B90D171B34AF...

LESLEY CROMPTON

THE REGIONAL MUNICIPALITY OF
WATERLOO and PERSONS UNKNOWN AND TO BE
Applicants ASCERTAINED
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

**AFFIDAVIT OF LESLEY CROMPTON
(AFFIRMED AUGUST 31, 2022)**

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Lawyers for the Respondents

Court File No: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 440 of the *Municipal Act, 2001*, S.O. 2001, c. 25 as amended

AFFIDAVIT OF NANCY ROSE SINGER

I, Nancy Rose Singer, of the City of Kitchener, in the Province of Ontario, SOLEMNLY AFFIRM
AS FOLLOWS:

1. I am a Social Worker registered to practice social work in the Province of Ontario. I have a both Bachelor and Master degrees of Social Work and I am registered with the Ontario College of Social Workers and Social Service Workers. In my current role as senior social worker at Waterloo Region Community Legal Services (the "Legal Clinic"), I have met frequently with the residents living in the encampment municipally known as 100 Victoria Street North, Kitchener (the "Encampment"). As such, I have knowledge of the matters described in this affidavit.

2. I have observed many examples of barriers that the residents of the Encampment experience in accessing services. With few exceptions, the barriers are erected by the Region of Waterloo's processes which do not consider the individual exceptionalities of the people they are meant to effectively support.
3. I first visited the Encampment on Wednesday, May 18, 2022 to determine what unmet legal needs were being experienced by the residents living there. I met with residents of the Encampment who expressed that their most pressing needs were access to water, washrooms and better garbage management. I observed bagged garbage piled up near the centre of the lot, and evidence of rodent activity.
4. On Thursday, May 19, 2022 I learned that there is a team of four Region staff assigned to provide income (Ontario Works) and housing stability services to people experiencing homelessness in the Region of Waterloo. I emailed Region staff and I described my observations about the garbage situation, asked if there was a response plan in place to manage waste, and failing that, asked if they could advocate with the Region's Waste Management Division to provide a solution. Further, I asked to be included as a contributor to any coordinated community response to assist the residents at the Encampment. Attached herein as **Exhibit 'A'** is a copy of that email.
5. From May 18, 2022 to current date I have often visited the Encampment, usually 2-3 times a week for a few hours on each visit. I have provided referrals and assistance to clients in

a variety of matters including referrals to other Legal Aid services and assistance with social assistance applications and appeals.

6. To date, I have opened more than 30 social work client files for residents of the Encampment. I regularly speak with a number of other residents at the Encampment on my frequent visits to inquire after their well-being, give them information about community services, make phone calls for them, connect them with emergency health services, etc. I deliver basic items needed by the residents: garbage bags, bug repellent, tents, blankets, food, water, and clothing. I help residents of the encampment to erect tents, make repairs to tents, clean up their tents and the areas around them, wash laundry, sort donations of food, clothing and bedding from members of the community, and other tasks as necessary. I share information, local news, and health teaching about, for example, the importance of handwashing, adequate fluid intake during hot weather, and the dangers of exposure to rats and rat urine/feces. My overall goal of these activities is to provide comfort where possible, promote health and safety, and to facilitate access to legal services at the Legal Clinic and build a trusted working relationship with the residents of the Encampment.

7. When visiting the Encampment, I often observe other social service agency staff attending the Encampment including the Housing Stability/Ontario Works Team, which are comprised of Ontario Works caseworkers from the Region of Waterloo. It has been my observation that the Region Staff do not directly interact with the residents of the Encampment. For the months of May, June and July – when I attended, the workers parked their cars in the centre of the lot and stood in a small group for the time they were there. I

- asked Region staff why they did not interact with the residents and was advised that they were not permitted to go up to the tents. They attended in the afternoon from about 1:30 PM to 2:30 PM.
8. On or about August 3, 2022, I was interviewing a resident L.M. who told me that the Region staff had never consulted with them about any housing options or unmet needs. She advised me of her Ontario Works caseworker's name and it was one of the Region staff members who was a member of the OW/Housing Stability Team which visited three times weekly. L.M. said she had never met her caseworker, despite living at the Encampment for approximately two months. I called her worker over to where we were chatting, and introduced her to her client.
 9. The last time I saw the Region of Waterloo Housing Stability/Ontario Works Team workers on site was Wednesday, August 10, 2022. I was advised by a member of Region staff that they will not be attending the Encampment any longer due to health and safety issues.
 10. During the first week of August 2022, I observed that two portable toilets had been delivered to the Encampment. By August 9, 2022, I saw that the toilets had not been serviced, despite at least four days of 24 hour/day use by approximately 50 people. I called the phone number on the portable toilets to inquire regarding service. I was advised by the service representative that the Region of Waterloo had indicated that they were not to

service the toilets unless Security Staff were onsite. I assured the representative that there was Security Staff on this location 24 hours a day, seven days a week.

11. On Wednesday, August 10, 2022 a resident of the Encampment (M.W.) told me that the toilets had been serviced early in the morning, at approximately 5:30 AM. On the same morning, I was present at the Encampment during a visit by four Regional staff. One was Thomas Hudacin, manager of licensing and enforcement services, and another was Rebecca Piovesan, public health inspector. They took photos of the interiors of the toilets, and Ms. Piovesan advised me that there was no soap, no paper towels, and no toilet paper available in the toilets. I discussed with the Region staff my concerns about the following health and safety issues: serious rat infestation, particularly near the north and north-west areas of the Encampment, lack of adequate garbage receptacles, poor service of the toilets, and lack of accessible water. I further explained that I would appreciate knowing what the plan was to remedy these issues. I followed up with an email on August 12, 2022 to inquire about what plan there was to address my concerns and I have attached the email along with the response from Ms. Piovesan as **Exhibit 'B'** to my affidavit.

12. I attended the Encampment twice on Monday, August 15, 2022, from 10 AM to 11:30 AM, and again at 1 PM to 2 PM, hoping to connect with the Region's Housing Stability Team in the afternoon however they did not attend the Encampment on that date. I was advised by residents of the Encampment that the toilets had been serviced very early that morning. When I took a look in the portable toilet, there was no toilet paper or paper towels.

13. On that same date, I observed the dumpster at the entrance to the Encampment was overflowing with garbage, and had not been emptied for several days.

14. On Tuesday, August 16, 2022, I spent most of the day at the Encampment, and noted that there was no water for handwashing in the toilets.

15. On Monday, August 22, 2022, I was at the Encampment from approximately 9:30 AM to 1:00 PM. The toilets had been serviced in the early hours of the morning, but the conditions were deplorable. I took a photo of the toilets on my cell phone. The next day, I sent an email to Peter Phillips, Region of Waterloo Public Health, and Region of Waterloo Facilities staff stating that the conditions of the toilets were unacceptable and I provided a photograph attached to my email. The email and attached photograph are attached as **Exhibit 'C'** to this my affidavit.

16. Since that date there has been no changes in the number of toilets provided, nor the frequency of service, and not the quality of service. On Wednesday, August, 24, 2022 the toilets were serviced in the early morning, and I observed that there was a lingering smell.

17. On Thursday August 18, 2022, I had a very long email chain discussion with the Region of Waterloo Housing Stability Team and manager Peter Phillips about an Encampment resident that I was assisting. I was trying to have my client's Ontario Works file transferred from Hamilton to the Region of Waterloo. My client needed his file transferred because

his file had been suspended as a result of the fact that he no longer resided in Hamilton after moving to the Encampment. I was aware that this resident had been at the encampment since at least May, but was unknown to the Housing Stability Team. In my email I explained to the Team and Peter Phillips that this person was suffering from severe symptoms of mental health condition and required accommodation for his disabilities. Nonetheless, I was advised that there was no alternative but for this person to attend the Regional offices. No one from the Region offered direct assistance in getting this client his Ontario Works benefits by attending the Encampment, or arranging for him to be taken to the Region of Waterloo Ontario Works offices. I agreed to try to take him to the offices myself. Attached herein as **Exhibit 'D'** is a copy of that email chain.

18. Although I was successful in helping my client to have his file transferred and reinstated, it was quite a traumatic and emotionally charged experience for him. It was deeply troubling to learn from Region staff at the office that the client actually did not have to attend in person, and she merely made the requested changes electronically from her end.

19. I have an open social work case file for Encampment resident L.F., who has signed written consent to give and receive information about him with the Region of Waterloo, Employment & Income Supports (Ontario Works). After approximately a week of not seeing L.F. at the Encampment, I emailed a caseworker at the Region to inquire if L.F. was accessing shelter. The reply email stated, that despite the written consent on file, “[t]hat isn’t information that can be shared.” I was not able to help my client if I could not locate him.

20. On August 8, 2022 I submitted individual requests to the Region of Waterloo, Employment & Income Supports (Ontario Works) for three residents of the Encampment, and another person experiencing homelessness for their “shelter allowance” to be issued for them for the purposes of purchasing new tents. Three of these clients had tents in very poor repair, and not fit for human habitation. The fourth client had no tent at all as it had been vandalized. I explained that her tent was burned to the ground in my request. This request was not approved.

21. I make this Affidavit in support of the response to the Application and for no other improper purpose.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 31st day of)
 August, 2022)
 In the Regional Municipality of Waterloo)

ASHLEY ELIZABETH SCHUITEMA
 A Commissioner, etc.,
 Province of Ontario,
 While a Barrister and Solicitor.
 LSO # 68257G

NANCY ROSE SINGER

THIS IS **EXHIBIT "A"** REFERRED TO
IN THE AFFIDAVIT OF NANCY ROSE SINGER
AFFIRMED THIS 31ST DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUIITEMA

A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Nancy Singer (WRCLS)

From: Nancy Singer (WRCLS)
Sent: May-19-22 8:23 AM
To: 'Peter Phillips'; 'Nelson Costa (EIS)'
Subject: Victoria/Weber garbage issue

Good morning Peter & Nelson –

When talking to the residents at Victoria/Weber yesterday, one of the big challenges they identified is dealing with garbage. I took photos of the current set up yesterday, and bagged garbage is being piled up in the centre of the lot, near the table where food and other donations are left. There is evidence of rodent activity, and I expect flies and vermin infestation will only increase as the temperatures continue to warm up. It is my understanding that there is no curbside garbage pick-up at that location.

I understand that large Grey and Blue Carts are available for multi-residential premises from the Region's Waste Management Division. This would be a far better solution.

I'm reaching out to you to ask if there is already a response planned, or if you have any connections with the Waste Management folks and can advocate for a solution to this concern.

Please let me know if there is anything WRCLS can do to contribute to the community's co-ordinated response to assist the residents at Victoria/Weber.

ALERT: Email addresses at Waterloo Region Community Legal Services have recently changed. Please update your address book and use my new email address nancy.singer@wrcls.clcj.ca. Other contact information remains unchanged.

Nancy Singer, BSW, MSW, RSW

Senior Social Worker

Waterloo Region Community Legal Services

450 Frederick Street, Unit 101

Kitchener, ON N2H 2P5

tel: (519) 743-0254

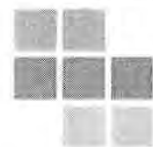
fax (519) 743-1588



[Waterloo Region Community Legal Services](#)



[Waterloo Region Community Legal Services](#)



Waterloo Region
Community Legal Services

THIS IS **EXHIBIT "B"** REFERRED TO
IN THE AFFIDAVIT OF NANCY ROSE SINGER
AFFIRMED THIS 31ST DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUITEMA

A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Nancy Singer (WRCLS)

From: Rebecca Piovesan <RPiovesan@regionofwaterloo.ca>
Sent: August-12-22 1:59 PM
To: Nancy Singer (WRCLS)
Subject: RE: 100 Vic

This message was sent from outside of Legal Aid Ontario. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Hi Nancy,

Thanks for your email to follow-up on a few of the items that we discussed on Wednesday.

I've already created and submitted a report to the other Regional departments regarding the health-related concerns on-site. I have yet to hear back – and I'm currently looking for some input on who the best contacts are to forward your email to.

There is one particular item that warrants some action from the residents on the encampment, and that is the presence of the rats. Unfortunately, the condition of the north rock wall is a perfect environment for the harbouring of rodents as a result of the crowded tents, the piles of garbage/clutter/debris and the presence of a food source from discarded food items. It's next to impossible for a pest control company to eliminate or even reduce a rodent population when the conditions are ideal for a rodent colony. If the residents could work on organizing and discarding items along the back wall, the pest control company could be more successful in their efforts. It's very similar to a rodent infestation in a restaurant – until the restaurant operators are able to maintain a sanitary environment, pest control efforts are a losing battle.

I'm not sure I'll have much influence over anything regarding the release of funds, however, I'm hoping to share your email with our Housing department for their thoughts and input.

Thanks again for all your efforts. Have a wonderful weekend!

Kind regards,

Rebecca Piovesan BSc, CPHI (C)
 Public Health Inspector | Health Protection & Investigation
 Region of Waterloo Public Health & Emergency Services

From: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>
Sent: August 12, 2022 8:47 AM
To: Rebecca Piovesan <RPiovesan@regionofwaterloo.ca>
Subject: 100 Vic

Good morning Rebecca –

I'm emailing to follow up on our conversation on Wednesday regarding residents' concerns at 100 Vic.

Are you able to provide any updates regarding:
 - Abell's services regarding rats?

- adequate Toilet facilities service from Pelican?
- Adequate Garbage pick-up, including onsite barrels?
- Water availability?

Also, I have emailed Norm Hann from Facilities and Fleet management to ask if it would be possible to put together a small clean-up team next week in order to deal with the abandoned property on site. I would very much like to co-ordinate that between the Region and the Residents.

Lastly, I wanted to give you an update on my request for Ontario Works recipients at 100 Vic to be issues "shelter amount" in order to purchase tents to replace tents that have been torn and damaged. I have been informed verbally and by email from Peter Phillips that the Employment & Income Support department would not be issuing the requested funds. I have advised him that I will require that decision in writing, and that I intend to request a review, and if necessary, appeal to the Tribunal. I am wondering if you are able to exercise any influence on this terrible decision. These ragged tents do nothing to keep out rats and insects. Flies and bees have become an increasing issue with toilet facilities onsite and hot weather rotting donated food.

Thank you for your time and concern. Have a great weekend.

ALERT: Email addresses at Waterloo Region Community Legal Services have recently changed. Please update your address book and use my new email address nancy.singer@wrcls.clcj.ca. Other contact information remains unchanged.

Nancy Singer, BSW, MSW, RSW

Senior Social Worker

Waterloo Region Community Legal Services

450 Frederick Street, Unit 101

Kitchener, ON N2H 2P5

tel: (519) 743-0254

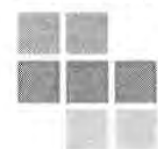
fax (519) 743-1588



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Waterloo Region
Community Legal Services

THIS IS **EXHIBIT "C"** REFERRED TO
IN THE AFFIDAVIT OF NANCY ROSE SINGER
AFFIRMED THIS 31ST DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUITEMA

A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Nancy Singer (WRCLS)

From: Nancy Singer (WRCLS)
Sent: August-23-22 9:25 AM
To: 'Peter Phillips'; 'nhann@regionofwaterloo.ca'; 'rpiovesan@regionofwaterloo.ca'
Subject: FW: Photo
Attachments: 20220822_100117.jpg

Good morning Peter, Norm, and Rebecca:

I took the attached photo of the "facilities" at 100 Vic at 10 am yesterday, just a few hours after Pelican "serviced" it. I wish I could have captured the smell.

I dragged a piece of wood over to put in front of the doors so people wouldn't have to walk in raw sewage to use the toilets.

I also raked up human excrement. There is evidence that people are urinating into containers rather than subject themselves to the degrading conditions.

Clearly Pelican is not providing adequate services to these people who have no options. Clearly 2 toilets are not adequate for the numbers of people who are using them - - particularly on the weekends, when 72 hours passes between service.

This is unacceptable in a first world country. Please tell me to whom I may submit my complaint. I have called Pelican to request additional service, and they have advised me that service only occurs on Mon, Wed, and Fri - - and this photo indicates the quality of the service.

Nancy Singer

ALERT: Email addresses at Waterloo Region Community Legal Services have recently changed. Please update your address book and use my new email address nancy.singer@wrcls.clcj.ca. Other contact information remains unchanged.

Nancy Singer, BSW, MSW, RSW

Senior Social Worker

Waterloo Region Community Legal Services

450 Frederick Street, Unit 101

Kitchener, ON N2H 2P5

tel: (519) 743-0254

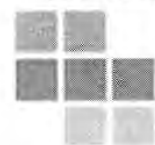
fax (519) 743-1588



[Waterloo Region Community Legal Services](#)



[Waterloo Region Community Legal Services](#)



Waterloo Region
Community Legal Services



Waterloo Region
Community Legal Services

Kitchener - Main Office
430 Frederick Street, Unit 101
Kitchener, Ontario N2H 3P5

Phone: 519-743-0254
Fax: 519-743-1588



WOLLS.ca

THIS IS **EXHIBIT "D"** REFERRED TO
IN THE AFFIDAVIT OF NANCY ROSE SINGER
AFFIRMED THIS 31ST DAY OF AUGUST, 2022



ASHLEY ELIZABETH SCHUIITEMA

A Commissioner, etc.,
Province of Ontario,
While a Barrister and Solicitor.
LSO # 68257G

Nancy Singer (WRCLS)

From: Nancy Singer (WRCLS)
Sent: August-19-22 9:41 AM
To: 'Peter Phillips'; Renee Pearce
Cc: Cheryl Ertel; Melissa Doerr; Nataly Batinic; Nelson Costa (EIS)
Subject: RE: B.K

Peter! That's exactly what I needed! I just got off the phone with Renee, and I'm going to do my best to get him there today.

Thanks so much for helping us work through this challenge – I was feeling overwhelmed by the all the unknowns and tricky knots.

I feel confident that I will be starting off the weekend with a huge win in the wrestling match that is my to-do list!

Nancy

From: Peter Phillips [mailto:PPhillips@regionofwaterloo.ca]
Sent: August-18-22 4:32 PM
To: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>; Renee Pearce <RPearce@regionofwaterloo.ca>
Cc: Cheryl Ertel <CErtel@regionofwaterloo.ca>; Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>
Subject: FW: B.K

This message was sent from outside of Legal Aid Ontario. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Hi Nancy

I spoke with Renee who is the Intake Supervisor at 99 Regina which is our quietest office. She is there tomorrow and then back on Tuesday. However I spoke with Renee and she is open to try to coordinate a time with our in office staff.

You can talk with Renee 519-749-5920 cell if easier.

Peter

From: Peter Phillips
Sent: August 18, 2022 3:56 PM
To: 'Nancy Singer (WRCLS)' <nancy.singer@wrcls.clcj.ca>; Cheryl Ertel <CErtel@regionofwaterloo.ca>; Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>; Joanna Kuczynska <JKuczynska@regionofwaterloo.ca>
Subject: RE: B.K

Hey thanks for looping me in.

Cheryl gave a great overview of our intake options. As much as we want to be nimble, the provincial system is what we have to work with and Intake as a role to perform to get the file here that this group can't do.

That said, I can connect with the Welcome Space/Intake supervisor and hopefully set a time for the walk in so that the in office Intake staff can be available to do the transfer without having a longer wait. By your description, waiting sounds problematic.

Nancy would you be able to join him in the interview being as he knows you and might help to navigate getting here and getting it done?

From: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>
Sent: August 18, 2022 12:21 PM
To: Cheryl Ertel <CErtel@regionofwaterloo.ca>; Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>; Joanna Kuczynska <JKuczynska@regionofwaterloo.ca>
Cc: Peter Phillips <PPhillips@regionofwaterloo.ca>
Subject: RE: B.K

Is one office less busy than the other two? I'm just discussing this with our ED, and she says we can send him to an office via taxi (provided he consents to leaving 100 Vic) but I don't want him to have to wait terribly long.

Nancy

From: Cheryl Ertel [<mailto:CErtel@regionofwaterloo.ca>]
Sent: August-18-22 12:06 PM
To: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>; Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>; Joanna Kuczynska <JKuczynska@regionofwaterloo.ca>
Cc: Peter Phillips <PPhillips@regionofwaterloo.ca>
Subject: RE: B.K

This message was sent from outside of Legal Aid Ontario. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Hi Nancy,

Because the file belongs to a different region he does need to connect with our intake department to have that process taken care of. There is the option of walk in available through the OW welcome spaces if you thought this would be better and he is welcome to have someone accompany him as well.

The walk in hours are Monday – Friday 9am-3pm at 235 King street east, Kitchener / 99 Regina st Waterloo or 150 Main st, Cambridge.

There will likely still be a wait time however if the need was communicated to welcome space staff they could try to prioritize.

Thanks

Cheryl

Cheryl Ertel

Caseworker, OW Housing Stability Team
 Community Services, Regional Municipality of Waterloo
 99 Regina St S, Waterloo, ON N2J4V6
 T: 519-883-2107 | F: 519-883-2331 Cell : 519-501-3604
certel@regionofwaterloo.ca

*** Access information about your cheque, report income, and changes online?
Register now at <https://mybenefits.mcass.gov.on.ca/auth/login>*

*** View our job board at <https://jobboard.regionofwaterloo.ca> ***

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From: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>
Sent: August 18, 2022 11:43 AM
To: Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Cheryl Ertel <CErtel@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>; Joanna Kuczynska <JKuczynska@regionofwaterloo.ca>
Subject: RE: B.K

That's better – but still not possible.

He doesn't have a phone, and if he did, he wouldn't be capable of staying on hold for the minimum 30+ minutes before getting a live person on the phone.

From: Melissa Doerr [<mailto:MDoerr@regionofwaterloo.ca>]
Sent: August-18-22 11:41 AM
To: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Cheryl Ertel <CErtel@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>
Subject: RE: B.K

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Sorry Nancy , my mistake – he can just call our intake and they can request the file be transferred from wherever it currently is to our office

Melissa Doerr

Melissa Doerr
 Caseworker, OW Housing Stability Team
 Community Services, Region of Waterloo
 235 King St, Kitchener
 519-740-5768 (office)
 226-753-2773 (cell)



Did you know you can access information about your Ontario Works cheque, report income, and change your address online? Register now at Ontario.ca/MyBenefits

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From: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>

Sent: August 18, 2022 11:30 AM

To: Melissa Doerr <MDoerr@regionofwaterloo.ca>; Nelson Costa (EIS) <NeCosta@regionofwaterloo.ca>; Cheryl Ertel <CErtel@regionofwaterloo.ca>; Nataly Batinic <NBatinic@regionofwaterloo.ca>

Subject: RE: B.K

██████████ I haven't heard back from anyone of you yet - - just wondered if his file can be transferred to Waterloo Region. I would hate for him to not have any funds come the end of August.

I can assist if you just tell me what to do. Brian has been here for months; the first time I went to 100 Vic he was screaming in the middle of Weber Street. I tried talking to him, but he is extremely unwell/symptomatic.

I'm hoping for a response by tomorrow please.

Nancy

From: Nancy Singer (WRCLS)

Sent: August-15-22 7:20 AM

To: 'Nataly Batinic' <NBatinic@regionofwaterloo.ca>; 'Nelson Costa (EIS)' <NeCosta@regionofwaterloo.ca>; 'Melissa Doerr' <MDoerr@regionofwaterloo.ca>; 'Cheryl Ertel' <CErtel@regionofwaterloo.ca>

Subject: FW: B.K

From: DiPrata, Anna [<mailto:Anna.DiPrata@hamilton.ca>]

Sent: August-12-22 12:16 PM

To: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>

Subject: RE: B.K

This message was sent from outside of Legal Aid Ontario. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Good Morning Nancy

First of all why is ██████████ in the Waterloo/Kitchener area? If he is living in that area he needs to transfer his file to that municipality and they can issue what they allow in that area. But in the City of Hamilton we do not release shelter funds to purchase a tent it is not an approved criteria for shelter funds. He can hand in a written request for the funds and we can send him a denial letter with the appeal process attached but I will not release shelter costs for a tent.

As for odsp I gave him the package 01/08/2021 he never handed it in, it looks like in 03/2018 he was to have a medical review to stay on odsp but he was incarcerated and when released he never followed up with it so he has to reapply. Nancy if he is living in the Waterloo area please have his file transferred to your local office I do not want to create any overpayments on his file for not reporting he was living out of the Hamilton area. His file will be suspended until I hear from him that he is living in Hamilton.

Thanks
Anna

From: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>
Sent: August 12, 2022 10:40 AM
To: Woodall, Natalia <Natalia.Woodall@hamilton.ca>
Cc: DiPrata, Anna <Anna.DiPrata@hamilton.ca>
Subject: RE: B.K

Good morning Natalia and Anna –


No sooner do I close his file, and he pops back up! I had him sign a new consent.


I am requesting that ██████████ shelter allowance be issued to him so that he may purchase a tent. When the funds are issued, please let me know so I can make myself available to help him purchase a good quality tent.


██████████ is quite unwell, and I asked him about ODSP. He states he had been on ODSP in the past, but this was stopped at some point. Could you please provide me with any details about that? Perhaps I can help him to restart the ODSP benefits.

ALERT: Email addresses at Waterloo Region Community Legal Services have recently changed. Please update your address book and use my new email address nancy.singer@wrcls.clcj.ca. Other contact information remains unchanged.

Nancy Singer, BSW, MSW, RSW
Senior Social Worker
Waterloo Region Community Legal Services
450 Frederick Street, Unit 101
Kitchener, ON N2H 2P5
tel: (519) 743-0254
fax (519) 743-1588

 [Waterloo Region Community Legal Services](#)

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 **Waterloo Region**
Community Legal Services

From: Woodall, Natalia [<mailto:Natalia.Woodall@hamilton.ca>]
Sent: August-05-22 10:51 AM
To: Nancy Singer (WRCLS) <nancy.singer@wrcls.clcj.ca>
Cc: DiPrata, Anna <Anna.DiPrata@hamilton.ca>
Subject: B.K

This message was sent from outside of Legal Aid Ontario. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Hello Nancy,

I received the voicemail that you left for Anna. I am covering for her this week while she is out of the office.

If you could please email over the consent you have from [REDACTED], and then I would be happy to answer any questions you have.

I have included Anna on this email as she will return next week.

Thank you,

Natalia Woodall (she/her)
Emergency Shelters Case Manager
RCF Subsidy Program and Emergency Shelter Services
Housing Services Division, Healthy & Safe Communities Department
City of Hamilton. 350 King St E, Suite 110
Ph: 905-546-2424 Ext 2364
Email: natalia.woodall@hamilton.ca



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THE REGIONAL MUNICIPALITY OF
WATERLOO Applicants and ASCERTAINED
Respondents

Court File No.: CV-22-00000717-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced at KITCHENER

AFFIDAVIT OF NANCY SINGER
(AFFIRMED AUGUST 31, 2022)

WATERLOO REGION COMMUNITY LEGAL
SERVICES
450 Frederick Street, Unit 101
Kitchener, Ontario N2H 2P5

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Ashley Schuitema LSO #68257G
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Email: ashley.schuitema@wrcls.clci.ca

Lawyers for the Respondents

**THE REGIONAL MUNICIPALITY OF
WATERLOO**
Applicants

and

**PERSONS UNKNOWN AND TO BE
ASCERTAINED**
Respondents

Court File No.: CV-22-00000717-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

Proceeding commenced at KITCHENER

RESPONDING RECORD- VOL 2

WATERLOO REGION COMMUNITY LEGAL SERVICES
450 Frederick Street, Unit 101
Kitchener, Ontario N2H 2P5

Shannon K. Down LSO#43894D
Tel: 519.743.0254 x 20
Fax: 519.743.1588
Email: shannon.down@wrcls.clcj.ca

Lawyers for the Respondents Jennifer Draper,
Sandra Hayward, Caleb Watson, Drew Zekai,
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John Slade, Andrew Entwistle, Sean King and
Andrew Mandic, Kathryn Bulgin, Lee-Anne
Mason, Liam Flanagan, Jordan Aylott and Sean
Simpell