Laying a Foundation:
A Housing and Homelessness Research Report for Scarborough
At a Glance

Laying a Foundation: A Housing and Homelessness Research Report for Scarborough examines the needs, strengths and gaps related to homelessness and housing security in Scarborough. It also identifies the priority actions for the community to address existing homelessness and housing security issues. At a glance, here are the key issues and priority actions identified.

Issues

The key issues in Scarborough related to homelessness and housing instability are:

- Lack of Affordable Housing
- Discrimination and Unfair Rental Practices
- Inadequate Building Conditions
- Overcrowding
- Insufficient Availability of Services
- Negative Client Experience with Services
- Inadequate Coordination Among Service Providers
- Lack of Awareness of Services
- Issues with the Social Assistance System
- Barriers Created by Social Housing Policies

Actions

The community's priority actions are to:

- Strengthen Partnerships and Service Collaboration
- Work Towards Closing the Service Gaps with Available Resources
- Improve Service Quality
- Build Capacity of the Homeless Service System
- Advocate and Work with Government /Other Systems
Executive Summary

As part of the Scarborough Housing Stabilization Planning Network’s (SHSPN) goal of improving the programs and opportunities that its agencies provide, the Network initiated this research project to explore homelessness and housing security in Scarborough. Drawing upon a review of existing literature and on community consultations, the study examines:

- The services offered by organizations working with homeless and at risk individuals and families in Scarborough, service use patterns, networks and partnerships between services providers
- The demographic make-up of Scarborough and policies that impact housing issues in Scarborough, including issues of illegal rooming houses, couch-surfing and multi-generational overcrowding
- The nature of Scarborough’s homeless and at-risk populations, their experiences of homeless and housing insecurity, the barriers they face in finding and maintaining housing, as well as service gaps and needs.

In addition to examining the needs, strengths and gaps in service in general for those who experience homelessness, are marginally housed, and/or at risk of homelessness in Scarborough, the study also explores the needs, strengths and gaps in services for various priority populations. These include LGBTQ2S adults and youth, women, individuals exiting incarceration, newcomers, Aboriginal people, seniors, and individuals experiencing addictions and mental health issues.

Further, the study examines how stakeholders can work better together to improve service access for clients and improve service efficiencies, and identifies priority actions for the community to address homelessness and housing security issues in Scarborough.

Community consultations included: surveys, short-interviews, and focus groups with individuals with a lived experience of homelessness or housing instability; a survey of service providers; a focus group with SHSPN members; and a community workshop. Some 213 individuals with lived experience and staff from 55 community organizations participated in the consultations.

Issues

The study identified a number of key issues related to homelessness and housing instability in Scarborough. Many of these issues are common across the city, and in some cases the province and county. However, the research also points to issues that are specific to Scarborough or more pronounced in Scarborough than other areas. Many of these issues have been identified in existing reports on housing and homelessness in Scarborough and the community has confirmed through this research that these issues continue to exist in Scarborough.

Scarborough’s demographic make-up suggests that more Scarborough residents may be at risk of homelessness or experiencing marginal housing than in the rest of Toronto. Scarborough has more lone-parent families, and a larger population of immigrants, racialized groups, and Aboriginal people than Toronto as a whole. One in five Scarborough residents have low incomes, and more of its residents rely on government transfer payments than in other parts of the city.
Housing Market Issues

Lower rents in aging housing stock in comparison to the inner-city area has resulted in increasing poverty in Scarborough. Still, rents in the community are high, and lower income households in particular face significant affordability gaps. This results in many households living in insecure housing, as well as many households facing evictions due to rental arrears. In the competitive rental market that exists in Scarborough, a history of eviction or other barriers to housing can make it almost impossible for residents to find adequate new housing.

Aging high-rise towers, many of which have inadequate building conditions, contribute to much of the existing built form of rental housing in Scarborough. This further contributes to the challenges low income households face in finding adequate housing. Households who cannot afford adequate housing, who have a history of an eviction, or other barriers to housing, are often forced to live in poor-quality buildings and/or in overcrowded conditions. It may also mean having to rely on the secondary rental market, including rooming houses, where issues such as discrimination, unfair rental practices, and inadequate conditions are particularly common.

Scarborough faces particular challenges in ensuring rooming houses provide an adequate form of rental housing in comparison to some other parts of the city. Rooming houses in the community are operating in the absence of adequate regulation and enforcement because they are effectively prohibited by the existing zoning by-laws in Scarborough.

Summary of Housing Market Issues

- **Lack of Affordable Housing** — There is a lack of affordable, adequate and appropriately-sized housing and an insufficient availability of housing subsidies
- **Discrimination and Unfair Rental Practices** — Discrimination, disadvantage and unfair rental practices result in the exclusion of many individuals from the market of safe and appropriate housing and forces them to live in substandard, unsafe, unhealthy or overcrowded housing
- **Inadequate Building Conditions** — Existing funding, regulations and enforcement do not adequately support the provision of safe healthy building conditions
- **Overcrowding** — Many households are forced to live in overcrowded conditions to cope with the high housing costs

Service Shortcomings

Scarborough faces its own unique issues when it comes to services. The community identified a number of areas where residents service needs are going unmet. Some of these service areas are in fact gaps. Homelessness services have predominately been located in the inner-city for many years, but, as mentioned, changing demographics in the inner-suburbs has meant that larger segments of Scarborough's residents are experiencing marginal housing or at risk of homelessness than elsewhere in Toronto. Scarborough is still ‘playing catch-up’ in its efforts to establish a full range of homelessness services in the community. Scarborough's vast geography also creates challenges with awareness among homelessness system service providers of available services and challenges with service coordination.

Among the priority service gaps identified by the community were housing follow-up support, case management services, and mental health and addiction services. These areas require additional exploration to identify and develop a shared understanding and agreement on the specific issues, what interventions are required, and what collaborative structures could be put in place to address these issues.
The community also identified that some clients are experiencing unmet service needs in the areas of: health services, including family physicians and dentistry; counselling, including for domestic violence and trauma; and food security services. The specific issue with these services is not that they are not available in the community, but rather that they are not adequately integrated with other services. Further, clients are not necessarily being connected to these services.

Other areas of unmet service needs identified through the study include: housing help and other services in shelters to support successful transitions to housing; referral/navigation services; housing services for women exiting incarceration; employment supports; culturally and language appropriate services for ethnic groups, Aboriginal people and individuals who identify as LGBTQ2S; and shelter beds for specific population groups, including youth, single men and women and specialized services for transgendered individuals.

Summary of Service Shortcomings

- **Insufficient Availability and Inadequacy of Services** — Scarborough residents, and priority population groups in particular, have service needs that are being unmet
- **Negative Client Experience with Services** — Interaction of individuals experiencing homelessness with service providers sometimes centres around bureaucracy and expedience, rather than respect and dignity, which can create a demeaning experience for the service user
- **Inadequate Coordination Between Service Providers** — Individuals face barriers to accessing needed services because of inadequate coordination and information sharing among homelessness system service providers in Scarborough and with other key public systems and services
- **Lack of Awareness of Services** — Lack of awareness of services is a barrier for some residents in accessing services and obtaining and maintaining housing

Policy Barriers

Like their counterparts elsewhere in Toronto, Scarborough residents in receipt of social assistance face significant affordability issues. In addition to the inadequacy of benefit rates, many people face challenges in accessing social assistance, and in particular assistance through the Ontario Disability Support Program and income supports to prevent homelessness (Housing Stabilization Fund). Many specific population groups, such as women fleeing violence, incarcerated individuals, and the sheltered-homeless, also face challenges in accessing and maintaining subsidized housing as a result of existing social housing policies.

Summary of Policy Barriers

- **Issues with Social Assistance System** — Significant barriers to obtaining and maintaining housing are created as a result of issues with the social assistance system. These include: inadequacy of benefit rates to afford housing; barriers to accessing assistance and secondary income supports to prevent homelessness; and concerns about the quality of services provided
- **Barriers Created by Social Housing Policies** — Social housing policies are creating barriers for certain priority population groups in accessing and maintaining subsidized housing
Actions

To work towards addressing these issues, community stakeholders identified five priority action areas:

**Action 1: Pursue opportunities to improve the coordination, collaboration and partnerships between service providers:**

- Collaborative homelessness community planning, including: ongoing strategy development; strategy review; and implementation strategies to move priority community actions forward
- Establishing intentional practices to promote formalized service-delivery coordination, such as: coordinated access and assessment processes; prioritization processes; and collaboratively defined eligibility and referral processes across the homeless-serving system
- Identifying and pursuing opportunities for greater resource sharing, including: submitting joint funding applications; and collaborative advertising and outreach
- Establishing partnerships, identifying opportunities and starting dialogues with other systems including: justice; health; immigration/settlement; v and child welfare to coordinate referrals and support transition planning strategies

**Action 2: Work towards increasing and improving access to services in the following areas using existing resources or other resources that may be available to the community:**

- Housing follow-up support and case management services
- Mental health and addiction services, including: mental health crisis services; proactive and outreach non-crisis mental health services; psychiatry services in languages other than English; and psychiatry services, such as assessments to support applications for disability benefits
- Housing help and other services in shelters to support successful transitions to housing
- Referral/navigation services
- Health services, including family physicians and dentistry
- Counselling, including for domestic violence and trauma
- Housing services for women exiting incarceration
- Culturally and language appropriate services for ethnic groups, Aboriginal people and individuals who identify as LGBTQ2S
- Food security services
- Employment supports
- Shelter beds for specific population groups, including youth, single men and women and specialized services for transgendered individuals.

In working towards increasing and improving services, community agencies will prioritize homelessness prevention within service planning. The community also recognizes that it is not enough for the service to exist, and as such, will work to ensure that the services are well coordinated with other services to meet each client’s unique needs.

**Action 3: Develop and implement strategies to support the delivery of high quality services**

The community will work towards ensuring that services are delivered in ways that are client-centred and respect client diversity. As a network of service providers, and in collaboration with the City, this would include developing and implementing standards/guidelines where they do not already exist, or strengthening standards/guidelines where they are already in place, and conducting service evaluations to measure service quality. This would also include improving the collection, access to, and sharing of information through integrated information management.
Action 4: Continue to develop and implement education and training strategies for service providers to increase knowledge of services and policies and improve service provision

This would include education and training related to providing trauma-informed services, respecting client diversity, as well as education about existing supports and resources, such as discretionary benefits available through social assistance, approaches to requesting assistance, and how to appeal decisions.

Action 5: Together as a community, and with partners across the City, province and country, advocate and work with government for:

- Additional investment in strategies that increase the supply of affordable housing
- Additional investment in strategies to improve housing affordability, such as housing allowances
- Development of strategies to work with landlords to make affordable housing available and create new points of entry to housing for individuals experiencing homelessness and housing instability
- Improvements to building and unit condition inspections and opportunities for additional enforcement of regulations and penalization for non-compliance
- Legalization of rooming houses and the development of appropriate policies and standards to support safe healthy building conditions in rooming houses
- Development of strategies to combat discrimination and prohibited practices by landlords
- Funding to reduce service gaps discussed under Action 2 that are determined to require additional funding, as well as reduced Metropass rates for individuals with low incomes and additional tokens provided to service users to access services
- Improved standards for various services, evaluations of those services, and additional funding to support and ensure quality service delivery
- Integrated information management among the homeless service system
- Additional requirements or encouragement by funders of collaboration and partnerships between homelessness system service providers, and funding to support this
- Improvements to the social assistance system to increase assistance, improve access, and ensure quality of services provided
- Improvements to social housing system policies and processes to better support individuals experiencing homelessness and housing instability in accessing and maintaining social housing
- Dialogue with other key systems including justice, health, immigration/settlement, and child welfare, to coordinate referrals and partnerships and support transition planning strategies to prevent people from being discharged from other service systems into homelessness.

It should be noted that the City of Toronto also recognizes the need for actions in these areas. The community will dialogue and work with the City towards the realization of the actions and initiatives it has planned or are underway in these areas.
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Durham Mental Health Services
East Metro Youth Services
East Scarborough Storefront
Elizabeth Fry Toronto
Family Residence
Family Service Toronto
Fred Victor
Homes First-Scarborough
Hong Fook
Housing Help Centre
John Howard Society of Toronto
Julliettes Place
Kennedy Employment and Social Services
Kennedy House Youth Shelter
La Maison
Malvern Family Resource Centre
Melville Presbyterian Church
Polycultural Immigrant & Community Services
Red Cross
Rosalie Hall
Scarborough Centre for Healthy Communities
Scarborough Community Legal Services
SDFA, City of Toronto
Settlement Assistance and Family Support Services
Springboard
St. Ninian’s Food Bank- A member agency of Daily Bread
St. Stephen’s Presbyterian Church Food Bank
The Access Point
The Canadian Mental Health Association - Toronto Branch
The Career Foundation
The Caring Alliance
The Governing Council of The Salvation Army in Canada
The Salvation Army Scarborough Citadel Community & Family Services
The Salvation Army Toronto Correctional & Justice Services
Toronto Community Housing
Toronto Harbour Light Ministries & Homestead Addiction Services, Salvation Army
Toronto Mental Health Services, Booth Supportive Services of The Salvation Army
Toronto Public Library
Tropicana Community Services
Vasantha- A Tamil wellness Centre for Seniors and their Families
Warden Woods Community Centre
YouthLink

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# Part 1: Literature and Community Consultations

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## Literature Review

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Introduction

Background

Scarborough Housing Stabilization Planning Network

More and more families on low incomes are living in Scarborough neighbourhoods and are struggling to meet their needs and pay their rent. Recognizing the increasing needs related to housing, and that no one agency can meet these needs alone, community agencies in Scarborough who are dedicated to working toward sustainable, affordable housing for all, came together in 2013 to form the Scarborough Housing Stabilization Planning Network (SHSPN). The SHSPN, which is chaired by the Scarborough Centre for Healthy Communities, is a multi-agency planning table that seeks to build and support a coordinated and integrated system of services for homeless, at risk of homelessness, and under-housed populations in Scarborough. The Network works to promote partnerships and collaborations across Scarborough, to support service sector knowledge and skills development, improve service access for clients, and improve service efficiencies. The SHSPN includes:

- Aboriginal Housing Support Centre
- Agincourt Community Services Association
- Canadian Red Cross – Toronto Region
- City of Toronto Birkdale Residence
- City of Toronto Family Residence
- Durham Mental Health Services
- Elizabeth Fry Toronto
- Fred Victor
- The Housing Help Centre
- John Howard Society Toronto
- Malvern Family Resource Centre
- Salvation Army
- Scarborough Centre for Healthy Communities
- Scarborough Community Legal Services
- Tropicana Community Association
- Warden Woods Community Centre

As part of the Network’s goal of improving the programs and opportunities that its agencies provide, the SHSPN initiated this research project.
The Laying a Foundation Research Project

The purpose of this research project was to gain a greater understanding of homelessness and housing security in Scarborough. The project was aimed at examining the general needs, strengths and gaps in service, and for various priority populations (i.e. LGBTQ2S adults and youth, women, individuals exiting incarceration, newcomers, Aboriginal people, seniors and individuals experiencing addictions and mental health issues) in Scarborough who experience homelessness, are marginally housed, and/or at risk of homelessness.

To inform an understanding of service strengths, gaps, and needs, a desired outcome of the project was an increased knowledge of:

- The services offered by organizations working with homeless and at risk individuals and families in Scarborough, service use patterns, networks and partnerships between services providers
- The demographic make-up of Scarborough and policies that impact housing issues in Scarborough, including issues of illegal rooming houses, couch-surfing and multi-generational overcrowding
- The nature of Scarborough’s homeless and at-risk populations, their experiences of homeless and housing insecurity, barriers they face in finding and maintaining housing, as well as service gaps and needs.

The project was also aimed at examining how stakeholders can work better together to improve service access for clients and improve service efficiencies and identifies priority actions needed for the community to address homelessness and housing security issues in Scarborough.

Methodology

The Laying a Foundation research report series was informed by a literature review and original research. The project involved the following key components:

**Literature Review**

The objectives of the literature review were twofold. The first was to examine the demographic information, service use patterns, and policies that impact housing issues in Scarborough, including issues of illegal rooming houses, couch-surfing and multi-generational overcrowding. The second focused on various priority population groups and was conducted to inform the demographic profile of individuals experiencing homelessness and housing instability from each of the priority population groups; their experiences of homelessness; barriers they face in finding and maintaining housing; service gaps and needs for addressing their housing issues. The literature review included documents produced by all levels of government, academics, and community organizations that were available in electronic format.

**Service Provider Survey**

The purpose of the survey of service providers was to conduct an assessment of: services offered by organizations working with homeless and at risk individuals and families in Scarborough; service use patterns; networks and partnerships between service providers; service providers’ perceptions of factors that contribute to their clients’ homelessness; barriers clients face in finding and maintaining housing and accessing needed services; service gaps and needs; and major solutions for addressing the homelessness and housing issues of their clients. The service provider survey had two components: one that was aimed at administration level staff who could provide information about services offered, service use patterns, and networks and partnerships between services; and another aimed at front-line staff who could provide their perspectives on the contributing factors to their clients’ homelessness, barriers to finding and maintaining housing and accessing services, service needs and solutions. The administration component of the survey received responses from 35 organizations and the component aimed at front-line staff received 46 responses.
Surveys and Short Interviews with Individuals with Lived Experience

The surveys of, and interviews with, individuals with a lived experience with homelessness and housing instability were conducted to gather information about: the demographic profile and health conditions of individuals and families experiencing homelessness as well as those at-risk of homelessness in Scarborough; factors contributing to their homelessness; their experiences of homelessness/housing instability; key barriers in trying to find and maintain housing; service gaps and service needs. The survey of individuals with a lived experience with homelessness and housing instability was conducted both online and in paper format. Posters advertising the online survey were posted at service providers’ locations as well as other locations in the community. Service providers also made paper copies of the survey available to their clients. The online and paper survey had 46 respondents. Surveys and short interviews were also conducted in-person by the consultant at various agency locations with 43 individuals.

Focus Groups with Individuals with Lived Experience

Focus groups with individuals with a lived experience with homelessness and housing instability were conducted to learn more about the factors contributing to their homelessness; their experiences of homelessness/housing instability; key barriers in trying to find and maintain housing; and their service gaps and service needs. Thirteen focus groups were conducted as part of the study, involving 126 participants. Some focus groups targeted a specific population group, while others represented a mix of individuals experiencing homelessness and housing challenges. Focus groups conducted with specific population groups included: women (4), families (2), individuals exiting incarceration (2), and transgendered individuals (1). Four of the 13 focus groups were conducted specifically with shelter users. In total, 40% of the focus group participants were currently staying in the shelter and the other 60% were living in the community. The number of participants who self-identified as being part of the following priority population groups was as follows:

- LGBTQ2S – 20 (16%)
- Women – 91 (72%)
- Individuals Exiting Incarceration – 28 (22%)
- Newcomers – 13 (10%)
- Aboriginal People – 12 (10%)
- Seniors (age 60+) – 10 (8%)
- Individuals with Addictions and Mental Health Issues – 25 (20%)

Focus Group with SHSPN Members

This focus group was conducted to validate and expand on the research findings, including: identification of key factors contributing to homelessness and housing instability; identifying barriers to finding and maintaining housing among various population groups in Scarborough; and to identify service gaps and service needs.

Community Workshop

A full-day community workshop was conducted with service providers and individuals with lived experience. The purpose of the workshop was to build on the results of the previous consultations and identify: key issues and gaps related to homelessness and housing instability in Scarborough; solutions or other opportunities for intervention; and identify actions at the community level to move forward with addressing the homelessness and housing issues identified. Fifty-five individuals participated in the community workshop.
Definition of Homelessness

The Canadian Observatory on Homelessness describes homelessness as “the situation of an individual or family without stable, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it. ... [It includes a] range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other” (COH, 2012).

This report uses the following terms to describe the range of accommodations that people without appropriate, stable, and permanent housing may experience.

Absolute Homelessness

This group includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions (COH, 2012). In most cases, people are staying in places that are not designed for, or fit for, human habitation. This groups is sometimes referred to in this report as the outdoor homeless population or people who are sleeping rough. Absolute homelessness also includes people who are accessing the emergency shelter system because they cannot secure permanent housing. This includes both people staying in shelters for people who are homeless and people staying in shelters for individuals/families impacted by family violence.

Hidden Homelessness

This group of people living in the conditions of hidden homelessness includes people who are homeless and without permanent shelter, but access accommodation that offers no prospect of permanence (COH, 2012). This group is often referred to as ‘couch surfers’, and includes people staying with friends, family or even strangers, but without a guarantee of continued residency or immediate prospects for accessing permanent housing, and their stay is unsustainable in the long term. Hidden homelessness also includes people who are homeless but make temporary rental arrangements, such as staying in motels, hostels, and rooming houses that do not offer the possibility of permanency. This group also includes people in institutional care, such as correctional facilities, medical/mental health institutions, residential treatment programs, and children’s institutions/group homes, where there are no arrangements in place to ensure they move into safe, permanent housing upon release from institutional care. This includes individuals who were homeless prior to admittance and have no plan for permanent accommodation after release, or had housing prior to admittance, but lost their housing while in institutional care.

At Risk of Homelessness

While not technically homeless, individuals are considered to be at risk of homelessness if their current housing situation is dangerously lacking security or stability (COH, 2012). They are living in housing, but as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity or tenure, and/or the inappropriateness of their current housing (which may be overcrowded or in poor condition and unsafe) they may be at risk of homelessness. Individuals categorized as at risk of homelessness have a shared vulnerability; a single event, unexpected expense, crisis, or trigger may be all it takes to lose their housing. Within the category of individuals considered to be at risk of homelessness there are individuals at imminent risk for whom a number of factors may be contributing to their risk of homelessness such as facing eviction, violence, unstable unemployment, division of a household, or severe and persistent mental illness, active addictions, substance use and/or behavioural issues. Also within the category of individuals considered to be at risk of homelessness are those who have inadequate housing (meaning that it requires major repairs), unaffordable housing (meaning that it costs less than 30% of total before-tax household income), and unsuitable housing (meaning that it does not have enough bedrooms for the size and composition of the household).
Laying a Foundation Research Report

The Laying a Foundation research report includes three parts.

Part 1: Literature Review and Community Consultations
In this section you will find an examination of existing literature on the demographic information, service use patterns, and policies that impact housing issues in Scarborough, including issues of illegal rooming houses, couch-surfing and multi-generational overcrowding. You will also find the general results of the original research conducted as part of the project. The first component of the original research was aimed at assessing the services offered by organizations working with homeless and at risk individuals and families in Scarborough; service use patterns; and networks and partnerships between service providers. The second component was aimed at examining the nature of Scarborough's homeless and at-risk populations; experiences of homeless and at-risk populations; barriers they face in finding and maintaining housing; service gaps and needs; solutions and community actions for addressing the homelessness and housing issues.

Part 2: Priority Populations
In this section you will find the results of the literature review and original research specific to each of the priority populations, namely LGBTQ2S adults and youth, women, individuals exiting incarceration, newcomers, Aboriginal people, seniors and individuals experiencing addictions and mental health issues. This research was aimed at examining the demographic profile of those experiencing homelessness and housing instability among these population groups; their experiences of homeless; barriers they face in finding and maintaining housing; service gaps and needs for addressing their housing issues.

Part 3: Issues Solutions and Actions
In this section you will find an overview of the key issues related to homelessness and housing instability in Scarborough that were identified through the research; solutions proposed by the community; and priority community actions to work towards realizing the solutions that have been identified.
Literature Review

The following section provides the results of the literature review aimed at examining the demographic information, service use patterns, and policies that impact housing issues in Scarborough, including issues of illegal rooming houses, couch-surfing and multi-generational overcrowding.

The literature review was based on documents produced by all levels of government, academics, and community organizations that were available in electronic format.
Demographics

Many aspects of Scarborough’s demographic make-up mean a larger segment of its residents may be experiencing marginal housing or are at risk of homelessness than the rest of Toronto.

Scarborough has large household sizes

Household sizes of four, five, and six or more persons are significantly more common in Scarborough than the city of Toronto as a whole. Households with six or more persons account for 6.6% of Scarborough’s households, compared to 3.7% across the city (Toronto, 2014a). Another 26.6% of households have four to five persons, compared to 19.3% for Toronto. Scarborough’s average household size is 2.92 persons per household, compared to 2.46 across the city. A component of the larger household sizes is immigrant families living in multi-family households in order to cope with barriers to obtaining adequate housing on their own. Multiple-family households (5.7%) are more common in Scarborough than in the city as a whole (3.0%) (Toronto, 2014a). Larger household sizes can be a barrier to finding adequate housing (Wayland, 2007). A greater number of large household sizes also places pressure on the demand for larger units, and with limited availability and high housing costs, this can sometimes result in overcrowded housing.

Scarborough has more lone-parent families

At 23%, the proportion of families in Scarborough who are led by lone-parents is slightly higher than in Toronto as a whole (21%) (Toronto, 2014a). Paradis’ research on families in Toronto’s aging rental buildings found that the housing experience of lone-parent households is more likely to mean that they are at severe risk of homelessness (Paradis, 2014).

Scarborough has a high immigrant population

Scarborough has a very high number of immigrants. In 2011, 59% of residents were immigrants, and one in six (15.4%) arrived in Canada between 2006 and 2011 (Toronto, 2014a). While the economic trajectories of immigrants varies, immigrants are much more likely to be at risk of homelessness than individuals who are Canadian born (CSPCT, 2004). Newcomer families are also much more likely to use the City’s shelter system, with 30% of family shelter clients surveyed as part of the 2013 Street Needs Assessment indicating recent arrival from another country (Toronto, 2013b). From an affordability perspective, the economic outcomes of newcomers have declined in recent years, resulting in an increasing number of newcomers with severe affordability issues (Murdie et al. 2006). More than half of Toronto’s homeowners and renters spending more than 50% of their income on housing are newcomers (Preston et al. 2006). However, many long-term immigrants still struggle with affordability, and in fact, Paradis found that long-term immigrants in Toronto where much more likely than newcomers to be at risk of eviction as a result of overdue rent (Paradis, 2014). From a housing quality perspective, Paradis found that newcomers are particularly more likely to live in overcrowded conditions, while long-term immigrants were much more likely to live in buildings in poor condition.

1 defined as spending more than 50% of income on housing
Racialized groups represent the majority of Scarborough’s population

Scarborough has a population from varying ethno-racial backgrounds (Toronto, 2014a). Over 70% of Scarborough’s population is a visible minority, compared to 49% of Toronto. The top visible minorities include South Asian, Chinese, Black, and Filipino. Only slightly more than half (55.9%) of Scarborough’s residents speak English as their main language at home (compared to 64.0% across the City). One in 14 (7.2%) of Scarborough’s residents have no knowledge of English or French. People from racialized groups face a number of problems in their adjustment, including securing adequate housing. In Toronto, people from racialized groups are more likely to live in buildings and neighbourhoods that have a very high prevalence of inadequate housing, and to be at risk of homelessness (Paradis, 2014).

Scarborough has a large Aboriginal population

Some 9% of Scarborough’s population identifies as First Nations, Metis, or Aboriginal; the highest in the Greater Toronto Area (SCHC, n.d.). Scarborough’s Aboriginal population is growing, with inflows from across Canada (Inside Toronto, 2009). Individuals of Aboriginal decent are over-represented among the homeless population. Wente states that 15-25% of Toronto’s homeless are of Aboriginal descent, despite the fact that they represent less than 2% of the city’s population (Wente, 2000).

Scarborough has a slightly higher rate of people who have lower educations

Scarborough has a slightly higher percentage of its population 15 years of age and older who have not completed high school (20%), or not completed post-secondary education (another 28.6%) than other parts of Toronto (Toronto, 2014a). Paradis’ research on families in Toronto’s aging rental buildings found that individuals in families at severe risk of homelessness were more likely not to have completed high school, and were less likely to have postsecondary education (Paradis, 2014).

Scarborough has many residents with low incomes

One in five (20.5%) Scarborough residents has low income, or 126,680 people (a similar proportion to Toronto at 19.3%) (Toronto, 2014a). The number of children in low-income families in Toronto is even more staggering, with one in three children ages 14 and under in low-income families (Toronto, 2013a). Low-income people in Toronto are most likely to be visible minorities, recent immigrants, and single parents. United Way Toronto’s report on Vertical poverty highlights a strong connection between poverty and poor housing conditions and Paradis found that severity of homelessness risk is strongly related to poverty (UWT, 2011 and Paradis, 2014). Paradis’ research found that low-income families often move between different points on this continuum, and homelessness among families is more likely to be hidden than visible (Paradis, 2014).

Scarborough has more residents who rely on government transfer payments

More Scarborough residents (17.6%) rely on government transfer payments (such as the Canada Pension Plan, Old Age Security and GIS, EI benefits, child benefits, and social assistance) for their income than for Toronto as a whole (11.5%) (Toronto, 2014a). Income assistance rates frequently fall well below the poverty line and are not indexed to the cost of living in Toronto (Toronto, 2014b). Paradis’ research on families in Toronto’s aging rental buildings found that those at risk of homelessness are more likely to live on government assistance (Paradis, 2014).
Poverty has become increasingly concentrated in several Scarborough
neighbourhoods

Toronto’s poverty has become increasingly concentrated in the city’s inner suburban communities, especially in Scarborough (Paradis, 2014). Scarborough has eight of Toronto’s 31 neighbourhoods which fall below the Neighbourhood Equity Score and are designated as Neighbourhood Improvement Areas (Toronto, 2014c). The equity score captures unnecessary, unfair and unjust differences faced by neighbourhood residents in five key areas: economic opportunities, social development, healthy lives, participation in decision-making and physical surroundings. These neighbourhoods have higher than average concentrations of low income earners (SCHC, n.d). United Way Toronto’s Vertical Poverty report found that “tenants in high-poverty neighbourhoods are somewhat more likely to be: female; single parents; families with children living at home; have very low incomes; rely on social assistance as their main source of income; be older immigrants; racialized communities; and have less than high school education” (UWT, 2011). The concentration of poverty in several Scarborough neighbourhoods provides evidence that Scarborough and other “inner suburbs” of Toronto need focused attention from policy makers and more services (CSPCT, 2004). While in many parts of the city poverty is heavily concentrated in high-rise apartments, in Scarborough, low-income is more widespread across different housing forms. Still, almost half of all tenants in high-rise buildings in Scarborough have low incomes; the highest concentration of poverty in the city (UWT, 2011).
Housing

Housing inadequacy, which is associated with high rates of housing loss, is common in Scarborough

Issues of housing inadequacy, including unaffordable housing, overcrowding, unsafe housing, insecure tenure, bad unit conditions, and bad building conditions are common in Scarborough (Paradis, 2014 and UWT, 2011). Research has found that housing loss is a common experience among low-income families living in inadequate housing (Paradis, 2014 and UWT, 2011).

Housing Affordability

Housing affordability is an issue for many Scarborough residents, an experience that is strongly connected with homelessness

Many Scarborough residents struggle to pay the rent

Paying 30% or more of one’s income on rent or shelter costs (including mortgage payments, taxes, and repairs, etc.) is widely used as a measure of housing unaffordability. Paying 50% or more is considered severely unaffordable and presents a high risk of homelessness. In Scarborough, 42.1% of renter households (30,091) are spending 30% or more of their income on rent (a similar proportion to Toronto at 43.5%) (Toronto, 2014a). Research has found that the share of tenants’ income going to rent has been increasing; and many low income earners spend almost 50% of their income on housing (TD Economics, 2015). One in three families with children living in rental high-rises in inner-suburban neighbourhoods of Toronto, surveyed by Paradis, pays more than half of its monthly income on rent and other housing costs (Paradis, 2014). Two in ten are spending more than 70 percent of their income on rent.

Lower income households face significant affordability gaps because of the high rents in Scarborough

Rents in Scarborough continue to increase, placing further pressures on affordability, particularly for lower income households. The average rent for a bachelor unit was $819 per month in 2014, while a one bedroom unit was $931 per month (CMHS, 2014). A household with a full-time employee making minimum wage would have to spend 50% of their gross monthly income on rent for a bachelor unit, and 57% for a one bedroom unit. The monthly shelter allowance for a single person receiving Ontario Works is $376, less than half the amount needed for a bachelor apartment (MCSS, 2013). The Ontario Disability Support Program (ODSP) pays a housing allowance of $479 a month for a single person, less than 60% of the cost of a bachelor apartment.
The high cost of housing means that many households are at risk of eviction as a result of rental arrears

There is a strong connection between a lack of affordable housing and increasing homelessness (Gaetz, 2004). The high cost of housing and lack of affordable options means many households are at risk of eviction as a result of rental arrears – a factor that is strongly correlated with a critical risk of homelessness (TCLHIN, 2015). In Paradis’ study, more than one in five families living in rental high-rises in inner-suburban neighbourhoods of Toronto had insecure housing and were at risk of eviction due to rental arrears in the year preceding the study (Paradis, 2014). Service providers consulted in Paradis’ study noted that in a competitive rental market, a history of eviction can make it almost impossible for families to find new housing. Shelter workers are often forced to re-house families in poor-quality buildings because they are the only places that will accept tenants with a history of an eviction.

The high cost of housing also means many households are going without basic necessities

Almost two-thirds of families in Paradis’ study said they have sacrificed basic necessities such as food, clothing, childcare, and transport to pay rent, and almost one-third do so every month (Paradis, 2014). In the United Way’s Vertical Poverty study, close to half of the tenants interviewed said they worry about paying the rent each month (UWT, 2011). One-quarter said they do without things they need every month in order to pay the rent. Another third said they and their families do without other necessities some months of the year. The lack of affordable housing also forces people with lower incomes into substandard housing, unsafe neighbourhoods, and communities with high rates of poverty and few resources (TCLHIN, 2015).

Rental housing losses and minimal development of new affordable housing have contributed to an inadequate supply of affordable housing

There has been a significant loss of rental housing units in recent years, especially at the lower, more affordable end of the market (UWT, 2011). At the same time, there has only been a limited amount of new affordable housing built. The vast majority of new private-sector housing construction is targeted at households with mid-to-upper incomes. From 2011-2014, 2,432 new affordable rental units were developed in Toronto through Federal, Provincial and Municipal investments, including the Canada-Ontario Affordable Housing Program (AHP) and Investment in Affordable Housing (IAH) program (TCLHIN, 2015). While this new supply is helpful, it falls short of the 1000 new units/year that are needed in Toronto (HOT, 2009), and because rent for most of the units is not geared to income, they are still unaffordable to the lowest earners (ONPHA, 2013).

Low vacancy rates make affordable housing increasingly difficult to find

Finding appropriate and affordable housing options is a challenge that is made worse by a low vacancy rate (1.4% in 2014) (CMHC, 2014). Toronto has one of the lowest rental vacancy rates among major Canadian centres and has experienced very low rates for most of the past 40 years (Toronto, 2006). The limited supply of affordable housing has been identified by the City as the most significant pressure on the homelessness service system (Toronto, 2015).

1 This is well below the 3% that is widely considered to be a healthy vacancy rate
Lack of affordable housing has resulted in high demand and long wait for social housing

The lack of affordable housing has created increasing demand for social housing. With essentially no increases to the overall number of rent-governed-to-income (RGI) housing units in Toronto over the past decade, there is now a long wait list for RGI housing. In 2014, there were over 78,000 households on the waiting list for RGI housing in Toronto, a 2% increase from 2013 (ONPHA, 2015). Low turnover rates in RGI units as a result of a lack of affordable options have meant that only 4% of households on the list were housed in 2014. Those who were housed on a chronological basis waited an average of seven years.

Overcrowding

Overcrowding is common in high-risk apartment buildings in Scarborough, although this issue is less strongly associated with a severe risk of homelessness

Many Scarborough families living in high-rise apartment buildings are experiencing overcrowded conditions

A common strategy for coping with high housing costs is to rent housing that is smaller than the appropriate size for the household (Paradis, 2014). Overcrowding is common in high-rise apartment buildings in Scarborough. As of 2006, 20% of units (6,055 units) in high-rise apartment buildings in Scarborough had more than one person per room (UWT, 2011). Overcrowding is even more common among families with children. Half of all families with children living in rental high-rises, in inner-suburban neighbourhoods of Toronto surveyed by Paradis reported living in overcrowded conditions (Paradis, 2014). One in ten families reported that their households included three or more people per bedroom. Service providers consulted as part of Paradis’ research suggested that this number may be under-reported, and that in many neighbourhoods the extent of severe over-crowding is even greater. Focus group participants noted an increasing trend of multiple families sharing homes.

Recent immigrants and racialized tenants are much more likely to be living in overcrowded conditions

Recent immigrants and racialized tenants are much more likely to live in overcrowded conditions (Paradis, 2014). While a small portion of families choose to live in multi-generational households, a substantial portion of multi-generational households are a result of financial necessity (Basavarajappa, 1998). While newcomers may double up on arrival, they often find it difficult to move into a place of their own due to discrimination and barriers in employment and in the rental market such as credit history, employment letters, or guarantors that most landlords require (Paradis, 2014).

Paradis’ research found that overcrowding, though very common, is less strongly associated with the severe risk of homelessness than rental arrears or poor building or unit conditions (Paradis, 2014). Nevertheless, overcrowding was found to contribute to homelessness in the longer term. Some service providers noted a trend of youth leaving overcrowded homes early, sometimes becoming homeless themselves.
Inadequate Conditions

Many Scarborough tenants live in housing that is in poor condition; another experience that is strongly associated with risk of homelessness.

Poor conditions are common in Scarborough’s affordable rental stock

In Toronto, much of the existing affordable and subsidized housing stock is aging and in a state of disrepair (TCLHIN, 2015). Three-quarters of tenants living in high-rise buildings in Toronto’s inner suburbs interviewed for the United Way’s Vertical Poverty report had at least one major repair problem in their unit in the twelve months prior to the interview, and over one-third had three or more major repair issues (UWT, 2011). Over half of the tenants reported that pest and vermin infestations were common, and half of these tenants said there were persistent problems. The report found that the conditions in high-rise buildings located in areas of high poverty were worse than those in areas where poverty rates are low. Paradis’s research found similarly poor housing conditions (Paradis, 2014). Close to half of all families with children in her study reported living in buildings with persistent pests, frequent elevator breakdowns, and/or broken door locks. Often, repairs were not completed after repeated requests and even formal complaints by tenants. Approximately one in four families lived in a unit in disrepair, or in a building that feels unsafe. Paradis found that increased risk of homelessness was correlated with an increase in the number of repairs needed to housing, and the likelihood that landlords had neglected to complete all necessary repairs.

Tenants in non-profit buildings are more likely to report poor conditions

Conditions in non-profit buildings were reported in both United Way Toronto’s and Paradis’ studies to have higher levels of elevator breakdown and higher incidence of disrepair in common areas of the building; more likely to have persistent problems of pests and vermin; tenants were more likely to consider their buildings unsafe; and report a much higher incidence of certain types of social disorder, such as drug use and drug dealing, vandalism and trespassing (UWT, 2011 and Paradis, 2014). Paradis found that three out of four families in Toronto Community Housing Corporation properties reported bad building conditions. These conditions highlight the fact that some subsidized housing providers do not have enough funds in their capital budget or in their capital reserves to make necessary repairs, retrofits and renovations (OANHSS, 2014).

Racialized, immigrant and lone-parent families are over-represented in housing that is in poor condition

Racialized, immigrant, and lone-parent families led by mothers are over-represented in deteriorating apartment buildings (Paradis, 2014). United Way Toronto found that families with children were more likely than single people and couples without children to report poorer housing conditions (UWT, 2011). For some aspects of poor housing conditions, single parents were experiencing the greatest problems (Paradis, 2014).
Rooming Houses

Rooming houses often have poor conditions

Rooming houses do provide an affordable housing option to Scarborough residents

Rooming houses provide an affordable housing option to people who are single with low incomes, and have few housing options available to them, including a viable housing option for people who have been homeless (Oriole, 2008). Public Interest’s consultations with rooming house tenants conducted in the Spring of 2015 as part of the City’s Rooming House Review found that almost all tenants reported rooming houses to be the only housing that is accessible to them (Public Interest, 2015). For most tenants, affordability was a large factor, but the absence of a credit check, or the acceptance of people with mental illness, criminal records, and addictions was important for some. Besides cost, tenants also reported that rooming houses provide convenient access to amenities and some tenants noted that they value the association with other tenants in the house.

Rooming houses often have serious issues related to the maintenance and management, placing many at risk of homelessness

While rooming houses provide an important housing option to single individuals with low incomes, there are often serious issues related to the maintenance and management of rooming houses (Public Interest, 2015). Public Interest reported that “most [consultation participants] felt that the issues with rooming houses were exacerbated, if not caused, by the severe shortage of affordable units, which left tenants in desperate situations that made them more likely to accept substandard accommodations.”

Public Interest’s consultations in Scarborough identified the following key issues related to how rooming houses are managed and maintained:

- Many rooming houses do not meet appropriate physical standards. Tenants and other stakeholders frequently identified issues related to: pests; locks; basic repairs; deficiencies in building standards; and safety issues, including compliance with fire regulations.
- There are concerns related to the inadequacy and inappropriate management of rooming houses. Some tenants experienced incidents of economic exploitation, abuse, threats, theft, and disruptive behavior by landlords.
- Problems with maintenance and management impact the community. Concerns were raised about garbage, noise, and parking, and, sometimes, crime and disruptive behaviors (Public Interest, 2015).

Most rooming houses in Scarborough are illegal, creating challenges with the enforcement of housing quality

The majority of rooming houses in Scarborough are illegal, which creates challenges with the enforcement of housing quality. Almost all stakeholders consulted by Public Interest agreed that the housing quality, management, and safety issues in rooming houses require better enforcement (Public Interest, 2015). Licensing, proactive inspections, an improved complaints process, and penalties for non-compliance were seen by some as necessary components of an effective enforcement process. Stakeholders largely agreed that improved access to information is needed for tenants, advocates, neighbours, and owners/operators.
Although most agree about the need for better enforcement, some participants in the Scarborough neighbourhood consultations (who were largely neighbours of rooming houses) expressed strong levels of concern about rooming houses, with a number of participants calling for an outright ban on rooming houses.

Aside from common characteristics of being single and of low income, the characteristics of rooming house tenants are diverse

Research on rooming house tenants in Toronto provides the following profile of tenants:

- A defining characteristic of individuals living in rooming houses is their low income. Besides this common characteristic, rooming house residents are diverse
- A majority of rooming house tenants are men
- A majority of rooming house tenants are Caucasian or identify as being from British or Anglo ancestry
- Recent and long-term immigrants, and Canadian born individuals from racialized groups are among the population of single adults living in unlicensed rooming houses.
- There is a broad range of ages among rooming house tenants, although a majority appear to be middle aged
- Rooming house tenants largely identify as single, separated, or divorced, with few identifying that they are in a long term relationship
- Rooming house tenants vary greatly in their level of education. Many have postsecondary training (Oriole, 2008).

A study by Stephen Hwang found that one-third of rooming house residents had been homeless within the previous five years (Hwang et al, 2003). About 30% of those who had been homeless reported that they had been homeless for more than a year. He argued that loss of their room could easily send them back into homelessness.

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2 Although it should be noted that the majority of this research is now over ten years old
Homelessness

Hidden Homelessness or “Couch-Surfing”

About 2,600 people may be experiencing hidden homelessness on any given night in Scarborough

The vast majority of individuals who become homeless are “hidden”, also known as couch-surfing or doubling up. These people are staying temporarily with friends or families or in unhealthy and volatile relationships because they have no other option; often living in overcrowded conditions. There are many reasons for their homelessness being hidden, including weather, a lack of services nearby, inappropriateness or inaccessibility of services (for cultural reasons), or shame at “being a burden on the system” (Gaetz, 2004 and Greenberg, 2009). While hidden homelessness is by far the most common form of homelessness, there is limited information about those experiencing hidden homelessness as they are not necessarily using emergency homelessness services. There is no reliable data on the number of individuals experiencing hidden homelessness. Gaetz et al. applied an estimate of three people who were considered to be hidden homeless for every one person who was experiencing absolute homelessness to provide a conservative national estimate of hidden homelessness on any given night (Gaetz, 2013). Using this ratio, 2,600 people could be estimated to be hidden homeless on any given night in Scarborough. However, the number may widely differ from this due to the fact that the number used as the basis of the ratio may over or under represent Scarborough’s absolute homeless population because some shelter clients use shelter beds in Scarborough as a result of limited spaces elsewhere and Scarborough residents may have to travel to other parts of the City to access shelter. Also, Scarborough’s demographic make-up and lack of affordable housing suggests that a high proportion of the population may be experiencing hidden homelessness.

Women and families may be more likely to keep their homelessness hidden

Research has found that women and families are more likely to keep their homelessness hidden. Paradis found that the vast majority of families who lose their housing do not use the shelter system, but rather double-up with other families, often in very overcrowded conditions (Paradis, 2014). Gaetz et al. also suggest that because of the increased risk of violence and assault, sexual exploitation and abuse, more women may keep their homelessness hidden, and go to lengths to avoid the shelter system (Gaetz, 2013). Violence and poverty are the main causes of homelessness for women and families.

Immigrants and refugees are overrepresented among those living in conditions of hidden homelessness

Research has also found that immigrant, refugee, refugee claimant, and non-status persons are overrepresented among those living in conditions of hidden homelessness (Murdie and Logan, 2010). The vast majority of immigrants who experience homelessness are hidden because they stay with family members, friends or other members of their cultural or faith community. For most, living in overcrowded conditions is seen as a temporary, and thus tolerable, measure. Shame and fears that the housing issue will ‘make the community look bad’ also contribute to the hidden nature of homelessness among immigrants (Gopikrishna as cited in Greenberg, 2009). The primary driver of homelessness among recent immigrants is related to economics, not being able to find employment or earn enough to support themselves (Hwang, 2013).
Absolute Homelessness

On any given night about 950 people may be experiencing absolute homelessness in Scarborough

On the average day it is estimated that there are 717 people staying in city administered shelter beds in Scarborough and 45 people who are homeless and sleeping outdoors\(^1\). This is in addition to Scarborough's share of 356 individuals in Toronto staying in Violence Against Women (VAW) shelters, 236 people in health and treatment facilities, and 244 people who are incarcerated in Toronto-area detention centres (Toronto, 2013b). These numbers, however, do not necessarily represent individuals who are “of Scarborough” because many may be accessing shelter beds in Scarborough because beds are full or are not available elsewhere. Conversely, these numbers do not necessarily represent the full extent of homelessness among Scarborough residents, as some may find they have to travel to other parts of the City of access necessary services.

While this number reflects one day, many more people experience absolute homelessness each year, even if only for a short time. It is estimated that over 180 individuals experienced outdoor homelessness over a six-month period\(^2\). Over the course of a year it is estimated that over 3,100 unique individuals access city administered shelter beds in Scarborough\(^3\).

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1 Consultant’s calculations based on City of Toronto’s Infrastructure and Service Improvement Plan for the Emergency Shelter System staff report, 2015 which stated that: there are 498 shelter beds in Scarborough shelters and the average occupancy across the shelter system is 97%; there are 350 shelter beds in Scarborough motels with an average occupancy of 67%; and based on the City of Toronto’s Street Needs Assessment 2015 Report which estimated that there were 45 people in Scarborough experiencing homelessness and sleeping outdoors.

2 Consultant’s estimates based on Street Needs Assessment information about movement between indoor and outdoor sites, which implied that the point-in-time outdoor homeless estimate captures, at most, a quarter of the total number of individuals that experienced outdoor homelessness over a six-month period.

3 Consultant’s estimates based on the City of Toronto’s Infrastructure and Service Improvement Plan for the Emergency Shelter System staff report, 2015 which stated that there are 848 shelter beds in Scarborough and each shelter bed in the City was used by an average of 3.7 different people.

The homeless population is quite diverse

The City of Toronto’s Street Needs Assessment 2013 Report and Infrastructure and Service Improvement Plan for the Emergency Shelter System staff report provide a profile of the absolute homeless population in Toronto:

- **Gender** - Almost two-thirds of individuals experiencing absolute homelessness in Toronto identify as male. Females represent a third and transgender and transsexual identifying individuals represent 1% of the homeless population (Toronto, 2013b and Toronto, 2015).

- **Age** - In total, 69% of those who use the shelter system are adults, 19% are youth (aged 16 to 24) and 12% are children under 16 (Toronto, 2015). The average age of all shelter users is 35, and the average age of adult shelter users (those 25 and older) is 44. Respondents of the Street Needs Assessment report an average age of 42 years (Toronto, 2013b). The 2013 Street Needs assessment found that seniors represent an increasing share of Toronto’s homeless population; in 2013 10% of respondents indicated they were aged 61 and older and 29% reported being aged 51 and above.

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4 Shelter users have a similar gender breakdown to the overall absolute homeless population because of the predominance of shelter users among the absolute homeless population.
• **Family Status** - There were 3,501 individuals in 1,163 family households with dependent children who used the shelter system in 2014 (Toronto, 2014). Of those, 23% were two-parent households and 77% were single parent households. The average number of dependents per family was 1.9. Almost half (48%) of families had one child, 31% had two children, and 21% had three or more children.

• **Identify as Aboriginal** - Aboriginal people are over-represented among those experiencing absolute homelessness. People identifying as Aboriginal represented 16% of those surveyed as being part of the 2013 Street Needs Assessment, and one-third of those sleeping rough (compared to 1% of residents in Toronto) (Toronto, 2013b).

• **Identify as LGBTQ** - Almost one in ten (9%) Street Needs Assessment respondents identified as part of the Lesbian, Gay, Bisexual, Transgendered, Transsexual, Two-spirited, Queer (LGBTQ) community (Toronto, 2013b). The rate of identification with the LGBTQ community is particularly high among youth, with one in five youth identifying as LGBTQ.

• **Length of Homelessness** – For the majority of individuals who become homeless, the situation is short-term. Based on shelter use data, the average length of shelter stays in Toronto is 122 days (Toronto, 2015). About 10% of shelter clients had been homeless for over a year. Those living outdoors tend to have been homeless for longer periods of time. The 2013 Street Needs Assessment found outdoor respondents reported an average period of homelessness of almost eight years, including one third of those sleeping outdoors who indicated that they had been homeless for at least 10 years (Toronto, 2013b).

• **Mental and physical health and substance use** – Many people in the emergency shelter system deal with significant mental health, physical health and substance use issues (Toronto, 2015).

There is a small group of clients using Toronto shelters who have been experiencing homelessness over a longer term

About 10% of shelter clients in 2014 had been homeless for over a year (Toronto, 2015). Among shelter users who had been homeless for more than a year:

- Two-thirds were male, one-third were female and 0.5% identified as transgendered.
- The majority (79%) were single adults, while 13% were families and 8% were youth.
- 47% were over the age of 50, compared to just 20% of those who were homeless less than one year.

The 402 people who had been homeless for three years or more were almost entirely single adults, and 71% were over the age of 50.
Service Use Patterns

The literature review identified some information on patterns of service usage in Toronto, but none specific to Scarborough since the Scarborough Homeless Committee’s report in 2003. Information exists on service usage patterns in Toronto by individuals experiencing absolute homelessness, but little information is available about the service use patterns of individuals experiencing hidden homelessness or housing instability.

We also lack a solid understanding of factors that encourage service use or barriers that prevent or discourage people from accessing services (Gaetz, 2004). Anecdotal evidence suggests that many homeless people avoid services because of fear, intimidation, perceived discrimination (homophobia, racism), relationship status (e.g. people who are partnered often avoid shelters that don’t allow couples) and people with pets, for instance.

We do know that housing and homelessness services in Toronto can be confusing and difficult to navigate. There is insufficient integration of services, and a lack of coordination among different service systems such as the health care, child welfare, criminal justice and immigration systems (Action Consulting, 2009). Many people with multiple barriers such as literacy issues, language barriers, or substance use problems rely on individual services rather than leveraging a system for promoting housing because the system appears hostile and impenetrable. Individuals also experience challenges in securing ongoing supports.

A small number of long-term homeless individuals use a disproportionate amount of shelter resources

As mentioned, in 2014, the majority of people using the shelter system stayed for a short period of time (Toronto, 2015). The average length of homelessness in emergency shelters administered by the City was 122 days, or approximately four months, where an episode of homelessness is defined as a group of admissions with a break of not more than 30 days in between. Half of all shelter users stayed for 54 days or less. Ten percent of shelter users had been homeless for more than a year and 2% had been homeless more than 3 years. Shelter clients who had been homeless for more than a year used 32% of all shelter bednights available in 2014.

Of those who had been homeless for a year or more, the majority (64%) had used three or fewer different shelter programs during their current episode of homelessness and about one-quarter used only one program (Toronto, 2015). The other about one-third of those who had been homeless for a year or more had used four or more programs, and 8% used 10 or more programs in their current episode of homelessness.

Individuals with significant mental health, physical health and substance use issues are often relying on emergency shelters as a result of inadequate primary health, mental health or substance use service systems

The City’s Infrastructure and Service Improvement Plan for the Emergency Shelter System staff report states the following about emergency shelter use patterns among individuals with significant mental health, physical health and substance use issues:
“Many ... individuals [with significant mental health, physical health and substance use issues] are not being adequately served by the primary health, mental health or substance use service systems. This is in part due to a high demand and limited capacity in those systems. The result is that many people end up in the emergency shelter system, often for long periods of time, without getting the level of support they require. In addition, growing pressures on hospitals to free up inpatient beds, and inadequate convalescent care options for vulnerable populations, means that some patients are discharged directly to shelters. Often they arrive with significant ongoing health care needs that shelters are not equipped or mandated to accommodate.” (Toronto, 2015)

People experiencing absolute homelessness access a variety of services besides emergency shelter services, with health and treatment services being the most common

Although it was not a statistically significant sample, Action Consulting’s research (conducted on behalf of the Wellesley Institute) with a convenience sample of 101 individuals in Toronto who were currently homeless, or currently housed, but had been homeless and housed more than twice within the past three years in 2007 found that on average, participants reported accessing more than four different services (Action Consulting, 2009). There was no difference in services accessed by those who were homeless and those who were currently housed. Over half (58%) of those currently housed used an agency to find and secure housing. The other half relied on other means to find housing, such as informal networks, posted ads, and word-of-mouth. Six out of 10 individuals in the study had used or were currently using the services of a housing support worker.

Aside from emergency shelter services, health and treatment services are the most commonly used services by people experiencing absolute homelessness in Toronto, with 69% of respondents to the 2013 Street Needs Assessment reporting that they had accessed health and treatment services during the six months prior to the survey (Toronto, 2013b). Almost half (46%) reported that they had visited a hospital/emergency room and about a quarter (26%) indicated that they had contact with an ambulance. This shows both negative health effects of homelessness and represents a much higher cost than providing housing responses versus emergency health responses.

The majority (64%) of people experiencing absolute homelessness in Toronto reported some use of housing and homelessness services (Toronto, 2013b). Almost half (46%) used drop-ins, and about one-quarter (26%) used the Streets to Homes Assessment and Referral Centre, Out of the Cold meals (25%), a housing help centre (24%), and street outreach/Streets to Homes (20%).

Two-thirds of people experiencing absolute homelessness in Toronto reported using non-housing specific services, including over a third who used services to help get ID (38%), a third who used a food bank or community kitchen (33%), a quarter who accessed job training/job supports (23%), and one in five who used legal clinics (20%) (Toronto, 2013b).
Service Needs

The majority of people experiencing absolute homelessness report, directly or indirectly, that access to affordable housing is the most important service that would help them find housing.

The majority of respondents (74%) to the Street Needs Assessment indicated that above all else, a lack of affordable housing was the more important thing that stands in their way of getting housing (Toronto 2013b). This includes responses mentioning the need for more money from OW/ODSP (29%), subsidized housing or a housing allowance (20%), help finding an affordable place (15%), and help finding employment or job training to increase their income earning potential (10%).

Few respondents to the Street Needs Assessment indicated that health and treatment services, other housing and homelessness services, and non-housing services were most important to getting housing, but many indicated that these would help (Toronto, 2013b). Almost two-thirds indicated that having help to keep their housing once they have it (e.g. housing supports/housing worker) would be helpful, a similar number (68%) indicated that transportation to see apartments would be helpful, and 58% reported that assistance with housing applications would be helpful.

Over half (54%) of respondents to the Street Needs Assessment indicated that help finding employment or job training was important (Toronto, 2013b). Help getting ID was also important, with 40% of respondents indicating that this would help them secure housing.

About 43% of respondents to the Street Needs Assessment indicated that assistance addressing health needs would help with getting housing, including about one-third (32%) who indicated mental health services would be helpful (2013b). The 2007 Street Health Survey, which surveyed homeless adults at meal programs and shelters in downtown Toronto, found that many people experiencing homelessness cannot access the health care they urgently need. The Street Health Survey report found that more than half do not have a family doctor; more than a quarter were refused health care in the past year because they did not have a health card; and more than a third felt they had been judged unfairly or treated with disrespect by a health care provider in the past year.

Family shelter clients were more likely to report that cultural supports and services in languages other than English were important, with one third indicating this would help them find housing. Many (40%) Aboriginal respondents also identified the importance of cultural supports.
Policy Issues

There are many policy issues that have an impact on homelessness in Scarborough

Policy issues identified in the literature have been highlighted below.

Policy issues related to rooming houses:

- The complex regulatory environment surrounding rooming houses creates confusion about rules among owners/operators and reluctance among many investors to become involved in the creation and operation of rooming houses (Khandor, 2007)
- Zoning regulations differ between former municipalities of Toronto, and in Scarborough rooming houses effectively are prohibited. While this does not mean that rooming houses do not exist or are not being created in Scarborough, it can add cost and “red tape” to operating a rooming house. For example, it can create financial barriers for operators as a result of reluctance of lenders to approve mortgage financing for the housing (SHS Consulting, 2004)
- As part of the prohibition of rooming houses in Scarborough, there is no licencing for rooming houses in Scarborough, which is seen as an important and effective way of enforcing regulations in rooming houses (Khandor, 2007 and SHS Consulting, 2004)
- No requirement for developers to provide funding to local housing and support providers to assist in the re-housing of vulnerable tenants when rooming houses are taken over by developers (TCLHIN, 2015)
- Limited increases in social assistance rates makes it difficult for tenants to pay additional rent to keep pace with increases in operating costs, which plays an important role constraining the revenue potential of rooming houses (SHS Consulting, 2004)
- There is a need for additional government funding to provide financial assistance to support the retention, maintenance and expansion of rooming house stock (Oriole, 2008 and SHS Consulting, 2004)
- There is a need for additional public education about the importance of rooming houses in meeting affordable housing needs and building public support for rooming houses (Oriole, 2008 and SHS Consulting, 2004)
- There is a need for training and education of owners and tenants to enhance the capability of rooming house operators, which would help improve tenants’ ability to maintain their tenancies, and resolving conflict between operators and tenants (Oriole, 2008 and SHS Consulting, 2004)

Policy issues related to multi-generational over-crowding (and policies related to immigrants and refugees):

- Insufficient education and enforcement to address discrimination in the labour and housing markets based on gender, race, and immigration (Paradis, 2014)
- There is a 10 year residence requirement in order to qualify for Old Age Security (OAS) and therefore also Guaranteed Income Supplement (GIS), and seniors are only eligible for the full amount after having lived in Canada for 40 years, forcing the senior to depend on their relatives for support, sometimes requiring them to live with them, and sometimes resulting in overcrowded housing when the family cannot afford a unit of an appropriate size (Basavarajappa, 1998)
• Income supports, social housing, and health care are not available to persons without status and these individuals have no ability to access legal employment (Toronto, 2013c)
• Temporary Foreign Workers have severely limited access to social benefits, workplace protections, or income replacement programs (Paradis, 2014)
• There is a need for additional housing support and other kinds of settlement services (Paradis, 2014)
• Failure of governments to cope with the challenge of credential recognition (WEC, 2011).

Policy issues related to barriers to income:
• Social assistance rates and federal and provincial child benefit and minimum wage levels are inadequate to afford the high cost of housing (UWT, 2011 and Paradis, 2014).
• Income loss policies do not address precarious employment (UWT, 2011)
• Limited availability and sufficiency of affordability assistance, such as rent supplements, housing allowances, OW and ODSP shelter allowances or another form of housing benefit to address the affordability gap between rents and incomes (TCLHIN, 2015, UWT, 2011, and Paradis, 2014)

Policy issues related to housing and shelter:
• No requirement for a portion of units in new residential developments to be affordable to those with low incomes (UWT, 2011, and Paradis, 2014)
• Insufficient funding for housing and homelessness services, withdrawal of funding for social housing, limited funding and incentives for new affordable and supportive housing, insufficient funding and incentives to maintain the supply and condition of existing affordable rental and social housing (CSPCT, 2004, Shapcott, 2003, Gaetz, 2004)
• There is no rent control for rental housing build after 1991 (TCLHIN, 2015)
• Fragmented system of housing and homelessness services, and services that do not necessarily move with the individual when they transition from one type of housing to another (Action Consulting, 2009)
• Insufficient policies to avoid discharge from healthcare, child welfare and the criminal justice systems into homelessness (TCLHIN, 2015)
• No protection orders for women experiencing abuse by their partners to remain in the family home while the abuser is forced to leave (Paradis, 2014)
• Complex procedures for priority status for social housing access (Paradis, 2014)

Policy issues related to landlord-tenant relations and building conditions:
• There is a need for regular, thorough, mandatory inspections of building and unit conditions through municipal licensing and stronger enforcement and penalization for non-compliance with by-laws and standards (Paradis, 2014, UWT, 2011, Oriole, 2008)
• No legislation to freeze rents in buildings with outstanding repair orders (Toronto, 2013c)

Policy issues related to services and access:
• Insufficient education about tenants’ rights, including tenant awareness of their rights to request in-unit inspections (Oriole, 2008, SHS Consulting, 2004, Paradis, 2014, UWT, 2011)
• Insufficient strategies related to pest management (Paradis, 2014, UWT, 2011)
Laying A Foundation
Housing and Homelessness Research Report for Scarborough

Vink Consulting

- A need for improvements in services by the primary health, mental health and substance use service systems (Toronto, 2013c)
- A need for more services and support for families, particularly children’s services (Paradis, 2014)
- A need for better access to services among individuals living in conditions of hidden homelessness (Paradis, 2014)

Policy issues related to the shelter system and transitional housing:
- Lack of widespread adoption of harm reduction practices to respond to the needs of people who use substances (Action Consulting, 2009)
- Residential Tenancies Act requirement that precludes transitional housing tenants from the choice of staying longer than one year until they are ready and able to find permanent housing (TCLHIN, 2015)
Community Consultations

The following section provides the results of the community consultations conducted as part of the research. The community consultations were aimed at developing an assessment of services offered by organizations working with homeless and at risk individuals and families in Scarborough. The goal was to provide insights into homelessness and housing instability in Scarborough, and identifying potential actions for the community to address identified issues and gaps.

This section incorporates the results of the following consultation activities:

- Surveys and short interviews with individuals with lived experience
- Focus groups with individuals with lived experience
- A survey of service providers
- A focus group with SHSPN members
- A community workshop.
Service Assessment

Service Assets in Scarborough

The service assessment revealed numerous service assets in the community of Scarborough that should be preserved and enhanced. These assets provide the foundation from which to build on in the future. Details of these service assets can be found in Table A-1 in Appendix A. Table A-1 includes information on the service providers serving Scarborough, population groups served, services provided, and geographical areas of facilities or outreach services. The data is based on responses from the thirty-five service providers who responded to the survey as well as information gathered from the websites of other agencies in the community who did not respond to the survey.

Based on the survey responses, the most commonly provided services are counselling and referral or crisis intervention, followed by life skills and support services, and case management (see Table 1 to the right). At least one third of the agencies also reported providing food, housing search services, outreach, and employment services.

Geographical Area of Services

There is considerable variation in the catchment areas of agencies serving Scarborough. Approximately 20% of agencies who responded to the survey serve a portion of Scarborough, 23% serve the community of Scarborough as a whole, 29% serve the City of Toronto, and another 29% serve the Greater Toronto Area and beyond.

Many of the service providers serving Scarborough have facilities or outreach services in only a specific part of Scarborough. A few of the survey respondents have facility locations or outreach services across Scarborough. Many also have service locations elsewhere in Toronto or elsewhere in the Greater Toronto Area. More respondents have facilities or outreach services in South-West Scarborough than the other three quadrants of Scarborough.

Table 1: Services Provided by Agencies Serving Scarborough

<table>
<thead>
<tr>
<th>Service</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling &amp; Referral/Crisis Intervention</td>
<td>54</td>
</tr>
<tr>
<td>Life Skills and Support Services</td>
<td>46</td>
</tr>
<tr>
<td>Case Management</td>
<td>34</td>
</tr>
<tr>
<td>Food</td>
<td>31</td>
</tr>
<tr>
<td>Housing Search Services</td>
<td>30</td>
</tr>
<tr>
<td>Outreach</td>
<td>29</td>
</tr>
<tr>
<td>Employment Services</td>
<td>28</td>
</tr>
<tr>
<td>Housing Supports/Case Management</td>
<td>25</td>
</tr>
<tr>
<td>Recreation Programs</td>
<td>24</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>21</td>
</tr>
<tr>
<td>Housing</td>
<td>20</td>
</tr>
<tr>
<td>Assessments</td>
<td>19</td>
</tr>
<tr>
<td>Community Support</td>
<td>19</td>
</tr>
<tr>
<td>Clothing/Furniture</td>
<td>17</td>
</tr>
<tr>
<td>Addiction Services</td>
<td>17</td>
</tr>
<tr>
<td>Identification Assistance</td>
<td>14</td>
</tr>
<tr>
<td>Parenting Assistance</td>
<td>12</td>
</tr>
<tr>
<td>Harm Reduction Supports</td>
<td>12</td>
</tr>
<tr>
<td>Child Care</td>
<td>12</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>12</td>
</tr>
<tr>
<td>Financial Support</td>
<td>10</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>9</td>
</tr>
<tr>
<td>Court and Jail Visitation</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Emergency and Transitional Housing for Homeless or At-Risk

Among the community’s service assets are approximately 1,000 shelter beds, including 350 beds in motels. There is also an Out of the Cold program site in Scarborough which provides temporary winter shelter one day a week.

The Second Base shelter which had 56 permanent and four flex beds for youth closed in the fall of 2015.

Mental Health Housing with Supports

The community also has beds/units that serve individuals with mental health and/ or addiction issues. See Table 3 for further details.

---

### Table 2: Emergency and Transitional Housing in Scarborough

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Sector</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Residence</td>
<td>Adult Co-ed</td>
<td>150</td>
</tr>
<tr>
<td>Homes First - Scarborough Shelter</td>
<td>Adult Co-ed</td>
<td>67</td>
</tr>
<tr>
<td>Birkdale Residence</td>
<td>Family Sector</td>
<td>160</td>
</tr>
<tr>
<td>Family Residence</td>
<td>Family Sector</td>
<td>150</td>
</tr>
<tr>
<td>Birchmount</td>
<td>Men 55+</td>
<td>60</td>
</tr>
<tr>
<td>Juliette’s Place</td>
<td>Victims of Domestic Violence</td>
<td>35</td>
</tr>
<tr>
<td>Dr. Roz’s Healing Place</td>
<td>Victims of Domestic Violence</td>
<td>Not Available</td>
</tr>
<tr>
<td>Maison d’hébergement pour femmes francophones</td>
<td>Francophone Women Victims of Domestic Violence</td>
<td>20</td>
</tr>
<tr>
<td>Motels</td>
<td>Family Sector</td>
<td>350</td>
</tr>
<tr>
<td>Dixon Hall Neighbourhood Services, Out of the Cold, Knox United Church</td>
<td>Adult Co-Ed (Nov - Mar.)</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Data on City funded shelters was provided by the City and is based on the number of beds in 2014. Data for Second Base has been removed as it has since closed. Data for the other shelters is based on responses to the Service Provider Survey as well as agency websites for non-respondents.

### Table 3: Mental Health and Addictions Beds and Units in Scarborough

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Total Beds</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>COTA Health</td>
<td>13</td>
<td>135</td>
</tr>
<tr>
<td>YouthLink</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Booth Supportive Services of The Salvation Army</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>CMHA - Toronto Branch</td>
<td></td>
<td>154</td>
</tr>
<tr>
<td>Homestead Addiction Services Supportive Housing Program in Toronto</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Harbour Light Ministries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Fook Mental Health Association</td>
<td></td>
<td>64 (throughout the GTA)</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Linkages Between Service Providers

The results of the service provider survey indicated that there is a moderate degree of collaboration between service providers. Almost all respondents stated that they are linked up with other services in some way. Most commonly, agencies are sharing resources (66%) or working jointly to provide a service (57%) (see Table 4). Both formal and informal partnerships between service providers are common, with over half of the respondents reporting a formal partnership with another service provider (54%) and over half reporting an informal agreement for services (51%). Almost half of the respondents report participating on a joint committee with other service providers. Refer to Appendix A for further information on linkages reported by each survey respondent, including lists of formal partners and informal partners.

Table 4: Linkages between Service Providers

<table>
<thead>
<tr>
<th>Service</th>
<th>Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing Resources</td>
<td>66%</td>
</tr>
<tr>
<td>Working Jointly to Provide a Service</td>
<td>57%</td>
</tr>
<tr>
<td>Partnership</td>
<td>54%</td>
</tr>
<tr>
<td>Informal Agreement for Services</td>
<td>51%</td>
</tr>
<tr>
<td>Participant on Joint Committees</td>
<td>49%</td>
</tr>
<tr>
<td>Formal Agreement for Coordination of Services</td>
<td>31%</td>
</tr>
<tr>
<td>Providing Joint Assessments and Treatments</td>
<td>20%</td>
</tr>
<tr>
<td>Board Membership</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey

Survey respondents reported being part of 55 committees, coalitions, networks or planning groups. Sixteen of the 55 groups were reported by more than one survey respondent. This suggests that many of the linkages are not necessarily community based. They are focused more around specific types of services and are beyond the community of Scarborough. Refer to Appendix A for a list of committees, coalitions, networks or planning groups and the agencies reporting participation in these groups.

Funding Relationships

Service providers serving the community of Scarborough are funded by eight main funders in addition to the private sector and donations/fundraising. Most service providers reported receiving funding from more than one funder. The City of Toronto funds 71% of the survey respondents. Other common funders include the United Way, the Ontario Ministry of Community and Social Services, and the Trillium Foundation. Refer to Appendix A for information on funders by agency.
Referrals to Services

The responses to the service provider survey suggest varying levels of referrals among different agencies participating in the survey. Of the 20 service areas identified, survey respondents indicated that they frequently refer to an average of 11 service areas. Approximately 10% of respondents indicated that they frequently refer to five or fewer of the identified service areas and another 37% frequently refer to between six and 10 of the service areas.

The vast majority of survey respondents reported frequently referring to housing support, income support, basic needs services, employment support and mental health services. Over half of the survey respondents reported frequent referrals to identification assistance, counselling and case management, education support, legal aid, life skills training, and substance abuse services. Service providers were less likely to refer to child care services, community support services for seniors and adults with disabilities, domestic violence counselling, or disability pension assistance, with one third or less of survey respondents reporting frequent referrals to these services.

Referrals from Services

The most common service referrals received by service providers was for housing support services, with 78% of respondents reporting receiving frequent referrals for housing support. Over half of the respondents also reported receiving frequent referrals for counselling and case management, basic needs and mental health services. Between one third and half of respondents reported receiving frequent referrals for income support, identification assistance, substance abuse, employment support, life skills training, harm reduction supports and community support services for seniors. Over one quarter of respondents reported receiving frequent referrals for legal aid, domestic violence counselling, transportation, education support, medical and dental care, and parenting assistance. Service providers were less likely to report receiving frequent referrals for child care, self-help groups, and disability pension assistance.

Table 5: Frequent Referrals to Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Agencies who Refer Very Often or Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing support</td>
<td>87%</td>
</tr>
<tr>
<td>Income support</td>
<td>80%</td>
</tr>
<tr>
<td>Basic needs (e.g. food/clothing)</td>
<td>78%</td>
</tr>
<tr>
<td>Employment support</td>
<td>78%</td>
</tr>
<tr>
<td>Mental health</td>
<td>76%</td>
</tr>
<tr>
<td>Identification assistance</td>
<td>67%</td>
</tr>
<tr>
<td>Counselling and case management</td>
<td>63%</td>
</tr>
<tr>
<td>Education support</td>
<td>63%</td>
</tr>
<tr>
<td>Legal aid</td>
<td>63%</td>
</tr>
<tr>
<td>Life skills training</td>
<td>59%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>57%</td>
</tr>
<tr>
<td>Medical and dental care</td>
<td>50%</td>
</tr>
<tr>
<td>Transportation</td>
<td>48%</td>
</tr>
<tr>
<td>Harm reduction supports</td>
<td>46%</td>
</tr>
<tr>
<td>Parenting assistance</td>
<td>41%</td>
</tr>
<tr>
<td>Self-help group</td>
<td>39%</td>
</tr>
<tr>
<td>Disability pension assistance</td>
<td>33%</td>
</tr>
<tr>
<td>Domestic violence counselling</td>
<td>33%</td>
</tr>
<tr>
<td>Community support services for seniors and adults with disabilities</td>
<td>33%</td>
</tr>
<tr>
<td>Child care</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Service Use Patterns

Data provided by service providers on the number of clients served for each type of service can be found in the following tables. The totals are approximate and only based on the data available. However, the data does not represent the complete picture of service use across Scarborough because several survey respondents, as well as non-respondents, were unable to provide data on clients served, it does provide one indicator of service use.

Table 6a: Services Provided and Number of Clients Served by Agency in 2014

<table>
<thead>
<tr>
<th>Agency</th>
<th>Housing</th>
<th>Housing Search</th>
<th>Food</th>
<th>Clothing/Furniture</th>
<th>Identification</th>
<th>Financial Support</th>
<th>Legal Aid</th>
<th>Court/Jail Visitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Access Point</td>
<td>400*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian Red Cross***</td>
<td>211</td>
<td>211</td>
<td>18,249</td>
<td>1,255</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dixon Hall Neighbourhood Services</td>
<td>620</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>753</td>
</tr>
<tr>
<td>East Scarborough Storefront*</td>
<td>692</td>
<td>706</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>726</td>
</tr>
<tr>
<td>Homes First</td>
<td>260</td>
<td>260</td>
<td>180</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Howard Society of Toronto</td>
<td>100+</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>La Maison</td>
<td>32</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malvern Family Resource Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66</td>
</tr>
<tr>
<td>Rosalie Hall</td>
<td>39</td>
<td>300</td>
<td>370</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Salvation Army-Agincourt Community Church</td>
<td></td>
<td></td>
<td>832</td>
<td>107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army Scarborough Citadel Community &amp; Family Services</td>
<td>25</td>
<td>1849</td>
<td>215</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army Correctional &amp; Justice Services</td>
<td>70</td>
<td>2,000</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvation Army Homestead Addiction Services</td>
<td>25</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarborough Centre for Healthy Communities</td>
<td>238</td>
<td>1,700</td>
<td>600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarborough Community Legal Services*^^^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3364</td>
</tr>
<tr>
<td>St. Stephen’s Presbyterian Church Food Bank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,300</td>
</tr>
<tr>
<td>Tropicana Community Services</td>
<td>188</td>
<td>53</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasantham</td>
<td>25</td>
<td>50</td>
<td>30</td>
<td>25</td>
<td>20</td>
<td>15</td>
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<tr>
<td>TOTAL</td>
<td>1,973</td>
<td>1,984</td>
<td>26,650</td>
<td>2,938</td>
<td>143</td>
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<td>4,176</td>
<td>868</td>
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</table>

*Also received 6,300 new applications

See Table 6c for additional footnotes
### Table 6b: Services Provided and Number of Clients Served by Agency in 2014

<table>
<thead>
<tr>
<th>Agency</th>
<th>Outreach</th>
<th>Counselling &amp; Referral/Crisis Intervention</th>
<th>Case Management</th>
<th>Assessments</th>
<th>Mental Health</th>
<th>Addiction</th>
<th>Harm Reduction</th>
<th>Court/Jail Visitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Access Point</td>
<td></td>
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</tr>
<tr>
<td>Canadian Red Cross***</td>
<td></td>
<td>835</td>
<td></td>
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</tr>
<tr>
<td>Dixon Hall Neighbourhood Services</td>
<td></td>
<td>60</td>
<td>920</td>
<td>2,000*</td>
<td>3,993</td>
<td></td>
<td>753</td>
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<td>Fred Victor</td>
<td></td>
<td>40</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Homes First</td>
<td></td>
<td>260</td>
<td>260</td>
<td>260</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Fook Mental Health Association**</td>
<td></td>
<td></td>
<td>1,918</td>
<td>1,918</td>
<td>1,918</td>
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<tr>
<td>John Howard Society of Toronto</td>
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<td>80</td>
<td>200*</td>
<td>60</td>
<td>200</td>
<td>X</td>
<td>100</td>
<td>20</td>
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<tr>
<td>La Maison</td>
<td></td>
<td>100</td>
<td>32</td>
<td>32</td>
<td>32</td>
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<td></td>
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<tr>
<td>Malvern Family Resource Centre</td>
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<td>24,962</td>
<td>1,785</td>
<td>80</td>
<td>10</td>
<td>48</td>
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<td>Rosalie Hall</td>
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<td>812</td>
<td>358</td>
<td>625</td>
<td>397</td>
<td>625</td>
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<tr>
<td>Salvation Army Scarborough Citadel Community &amp; Family Services</td>
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<td>30</td>
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<td>Salvation Army Correctional &amp; Justice Services</td>
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</tr>
<tr>
<td>Toronto Mental Health Services, Booth Supportive Services of the Salvation Army****</td>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
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<tr>
<td>Tropicana Community Services</td>
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<tr>
<td>Vasantham</td>
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<td>48</td>
<td>15</td>
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<td>200</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td>26,214</td>
<td>17,762</td>
<td>4,943</td>
<td>2,977</td>
<td>6,779</td>
<td>592</td>
<td>829</td>
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See Table 6c for footnotes
Table 6c: Services Provided and Number of Clients Served by Agency in 2014

<table>
<thead>
<tr>
<th>Agency</th>
<th>Life Skills</th>
<th>Parenting Assistance</th>
<th>Child Care</th>
<th>Employment</th>
<th>Recreation Programs</th>
<th>Primary Health Care</th>
<th>Community Support for Seniors/Adults with Disabilities</th>
<th>Court/Jail Visitations</th>
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</thead>
<tbody>
<tr>
<td>Canadian Red Cross***</td>
<td>78</td>
<td></td>
<td>121</td>
<td>112</td>
<td></td>
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<tr>
<td>East Scarborough Storefront^</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fred Victor</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>753</td>
</tr>
<tr>
<td>Homes First</td>
<td>260</td>
<td></td>
<td>150</td>
<td>260</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>John Howard Society of Toronto</td>
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<td></td>
<td>100</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Maison</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Malvern Family Resource Centre</td>
<td>41</td>
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<td></td>
<td></td>
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<td>17,205</td>
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<tr>
<td>The Salvation Army-Agincourt Community Church</td>
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<tr>
<td>Salvation Army Scarborough Citadel Community &amp; Family Services</td>
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<td></td>
<td>60</td>
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<tr>
<td>Salvation Army Correctional &amp; Justice Services</td>
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<td></td>
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<td>100</td>
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<tr>
<td>Scarborough Centre for Healthy Communities</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>112</td>
</tr>
<tr>
<td>Toronto Mental Health Services, Booth Supportive Services of the Salvation Army</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Tropicana Community Services</td>
<td>97</td>
<td></td>
<td>346</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vasantham</td>
<td>50</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>400</td>
<td>25</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>846</td>
<td>585</td>
<td>270</td>
<td>1,358</td>
<td>18,781</td>
<td>6,100</td>
<td>32</td>
<td>868</td>
</tr>
</tbody>
</table>

Notes:

** Hung Fook - provides a number of the services identified in the context of case management, and does not keep track of the number of services provided for each of the items, e.g. counselling and life skills.

***Canadian Red Cross - Data is from 2014 and its Housing Worker commenced in December 2014 and data reflects work done by the Drop In Team.

****Toronto Mental Health Services, Booth Supportive Services of the Salvation Army statistics are for the GTA, including clients in Scarborough.

^East Scarborough Storefront - Due to the nature of the work of the Storefront and the anonymity of information collected from visitors, East Scarborough Storefront cannot determine the proportion of unique visitors included in its statistics. Some numbers are approximations based on total number of visitors seen.

^^^Scarborough Community Legal Aid Services - Statistics are not based on calendar year. The data represents figures for the last 12 months.

Source: Service Provider Survey
Data provided by the City shows that in 2014 City funded shelters in Scarborough had a capacity of 847 beds. The average overall occupancy rate was 82%. Occupancy rates were lower in motels, at 70%. Excluding motels the average occupancy rate was 90%. A total of 3,343 unique individuals stayed in City funded shelters in Scarborough in 2014.

Table 7: Shelter Use Patterns in City Funded Shelters, 2014

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Sector</th>
<th>Total Beds</th>
<th>Average Occupied beds</th>
<th>Average Occupancy Rate</th>
<th>Unique Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Residence</td>
<td>Adult Co-ed</td>
<td>150</td>
<td>137</td>
<td>91%</td>
<td>524</td>
</tr>
<tr>
<td>Homes First Scarborough Shelter</td>
<td>Adult Co-ed</td>
<td>67</td>
<td>60</td>
<td>90%</td>
<td>260</td>
</tr>
<tr>
<td>Birkdale Residence</td>
<td>Family Sector</td>
<td>160</td>
<td>155</td>
<td>97%</td>
<td>682</td>
</tr>
<tr>
<td>Family Residence</td>
<td>Family Sector</td>
<td>150</td>
<td>137</td>
<td>91%</td>
<td>524</td>
</tr>
<tr>
<td>Motels</td>
<td>Family Sector</td>
<td>350</td>
<td>244</td>
<td>70%</td>
<td>1,241</td>
</tr>
<tr>
<td>Birchmount</td>
<td>Men 55+</td>
<td>60</td>
<td>54</td>
<td>90%</td>
<td>97</td>
</tr>
<tr>
<td>Second Base (now closed)</td>
<td>Youth</td>
<td>60</td>
<td>42</td>
<td>70%</td>
<td>539</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>847</td>
<td>692</td>
<td>82%</td>
<td>3,343</td>
</tr>
</tbody>
</table>

Source: Data provided by the City

Service Use Patterns Reported by Individuals with Lived Experience Who Participated in the Surveys and Short-Interviews

Survey and short-interview participants with a lived experience of homelessness or housing instability reported a variety of service use in the past year. Foodbank use, or no- or low-cost meal use, was very common (71%). Over half (52%) reported receiving income support, although the number is likely much higher as many may not consider this as a “service”. In terms of services directly related to housing, over one third (37%) reported using housing search services, and over one in five (22%) reported receiving housing support. Participants also reported use of a range of other services that support housing stability including: accessing a clothing or furniture bank or free clothing (35%); mental health services (24%); receiving counselling, referral or case management services (23%); employment support (16%); legal aid services (16%); addictions services (14%); identification assistance (12%); educational support (11%); and community support services for seniors and adults with disabilities, such as home care assistance with activities of daily living (11%).
Homelessness and Housing Instability in Scarborough

Demographic Profile and Health Conditions of Individuals Experiencing Homelessness and Housing Instability in Scarborough

Limited demographic information was available on individuals experiencing homelessness and housing instability in Scarborough besides the information collected by the shelters. Gender and age information was available for individuals who accessed City funded shelters in Scarborough in 2014. The gender split of shelter users was relatively equal between male and female. Less than 1% identified as Transgendered. Over one third of the individuals served were children and youth less than 16 years of age, approximately one quarter were youth ages 16 to 24, 35% were adults age 25 to 64 and 3% were 65%. The distribution of individuals served by gender and age is highly influenced by the supply of beds for each population group.

<table>
<thead>
<tr>
<th>Shelter</th>
<th>Sector</th>
<th>Male</th>
<th>Female</th>
<th>Trans</th>
<th>Male</th>
<th>Female</th>
<th>Trans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Residence</td>
<td>Adult Co-ed</td>
<td>238</td>
<td>286</td>
<td>0</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>Homes First - Scarborough Shelter</td>
<td>Adult Co-ed</td>
<td>211</td>
<td>48</td>
<td>1</td>
<td>81%</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Birkdale Residence</td>
<td>Family Sector</td>
<td>209</td>
<td>473</td>
<td>0</td>
<td>31%</td>
<td>69%</td>
<td>0%</td>
</tr>
<tr>
<td>Family Residence</td>
<td>Family Sector</td>
<td>238</td>
<td>286</td>
<td>0</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>Motels</td>
<td>Family Sector</td>
<td>593</td>
<td>648</td>
<td>0</td>
<td>48%</td>
<td>52%</td>
<td>0%</td>
</tr>
<tr>
<td>Birchmount</td>
<td>Men 55+</td>
<td>97</td>
<td>0</td>
<td>0</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Second Base (now closed)</td>
<td>Youth</td>
<td>341</td>
<td>191</td>
<td>7</td>
<td>63%</td>
<td>35%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>1,689</td>
<td>1,646</td>
<td>8</td>
<td>51%</td>
<td>49%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Data provided by the City
Demographic and health condition information was collected from individuals with a lived experience of homelessness or housing instability who participated in the study. This information provides some insights into the demographics and health conditions of individuals experiencing homelessness in Scarborough, although because a convenience sampling method was used to recruit participants for the study, and the study was particularly interested in specific population groups, study participants are not a representative sample of Scarborough’s homeless population.

Survey and Short-Interview Participants

The gender breakdown of survey and short-interview participants was as follows: male 55%; female 29%; transgendered 14%. The majority (56%) of participants were adults between the ages of 26 and 49. Older adults age 50 and over accounted for 38% of participants – including 29% age 50 to 64 and 8% age 65 and over. Youth ages 18 to 25 represented only 2% of the participants.

Participants were most likely to live alone (51%). Another 11% lived with unrelated adults, 8% lived as a couple without children, 8% were living in lone-parent led households, 6% reported living with relatives or their adult children, and 3% were living in a two-parent family, 3% declined to report their household composition.

Some 16% of participants reported being part of the Gay, Lesbian, Bisexual, Transgender, Questioning/Queer, Two-Spirited (LGBTQ2S) community; 11% reported Aboriginal identities; and 4% were new immigrants.

In terms of health conditions, approximately one third (34%) reported mental health issues, 25% reported substance use issues, 26% identified having a medical condition, 16% reported having a physical disability and 2% reported a developmental disability.
Focus Group Participants

The gender breakdown of focus group participants was as follows: female 79%; male 11%; transgendered 9.5%. The majority (68%) of focus group participants were adults between the ages of 26 and 49, 19% were age 50 to 64, and 2% were 65 and over. Youth ages 18 to 25 represented 11% of the participants.

Focus group participants were most likely to live as part of a lone-parent family (48%). Almost one quarter (23%) reported living alone, 11% live as part of a two-parent family, 7% live with unrelated adults, 6% live as a couple without children, and 5% reported living with relatives or their adult children.

Some 16% of participants reported being part of the Gay, Lesbian, Bisexual, Transgender, Questioning/Queer, Two-Spirited (LGBTQ2S) community; 10% reported Aboriginal identities; and 10% were new immigrants.

In terms of health conditions, 17% of focus group participants reported mental health issues, 8% reported substance use issues, 33% identified having a medical condition, 20% reported having a physical disability and 2% reported a developmental disability.
Factors Contributing to Homelessness

As part of the surveys, short-interviews and focus groups, individuals with lived experience were asked about the factors that they believe contributed to their homelessness or housing instability.

Survey and Short-Interview Participants
Most of the survey and short interview participants reported multiple factors contributing to their homelessness or housing instability. The most common factors reported were the inadequacy of their income to afford housing (28%) and a lack of affordable housing (22%). Another commonly reported factor was lack of support from family or friends (22%). One in five (20%) reported mental health issues as a contributing factor and an equal number reported abuse in their past. Other common contributors reported were a family change such as a divorce, separation or break-up (19%); reduction of loss of income from employment (18%); poor credit (16%); discrimination or racism in the housing market (15%); poor or sub-standard housing (15%); and physical health issues (14%). The participants who reported mental health issues (20%) or alcohol or drug use (9%) as contributing factors to their housing challenges were much lower than the overall number of participants identifying mental health or substance use issues.

Focus Group Participants
The major factors reported by focus group participants as contributing to their experience of homelessness or housing instability can be grouped into four areas: financial or affordability challenges; landlord-tenant issues; relationship or family changes; and health issues.

Financial or Affordability Challenges
Financial or affordability challenges were the most commonly identified causes of focus group participants’ housing instability or homelessness (reported in seven of the 13 focus groups). Some participants identified that they had insufficient income to afford housing as a result of not being able to obtain full-time work, being in school, or not receiving assistance from their children’s other parent. Some participants spoke about challenges related to changes in income such as a job loss, transition to retirement, or reduction in government transfer payment when their child turned 18. Others identified rent increases as challenges or spoke about changes meeting other basic needs such as food, transportation and children’s expenses. Some participants also noted that poor credit contributed to their homelessness.

Landlord-tenant Issues
Many participants reported landlord-tenant issues as a cause of their housing loss (reported in seven of the 13 focus groups). While some participants reported an eviction or sale of the property, the majority of participants who reported landlord-tenant issues referred to situations of being kicked out or losing their housing for reasons that are not grounds for eviction under the Landlord Tenant Act, such as above guideline rent increases, having a pet, landlord trying to control visitors, being accused of smoking, or an assault by the landlord.
Relationship or Family Change

Relationship or family changes were also commonly reported as contributors to homelessness (reported in six of the 13 focus groups). Participants in four focus groups reported domestic violence as the cause of their housing instability, a break up with a partner was reported in three focus groups. Others mentioned a death or move of a family member or friend they were living with. Women were more likely to report a relationship or family change as a cause of their homelessness.

Health Issues

Health issues, including mental health and substance use issues, medical conditions or lack of health benefits were reported as contributors to housing instability or homelessness in five of the focus groups. Many participants who were currently housed but in unstable housing situations reported health issues as contributing to their housing instability.

Other Factors

Other contributing factors to housing instability or homelessness reported by focus group participants included unhealthy building conditions, safety and security issues, issues with other tenants, incarceration, migration to Canada, lack of money management skills, and withheld social assistance.
Service Providers

Service provider survey respondents identified a number of factors among their client groups that they perceive to be contributing to homelessness. Major factors perceived to contribute to homelessness by more than 70% of respondents were overcrowding, lack of social support, unemployment, mental health, education and work experience history, and divorce or separation. Other common factors were recent evictions, out of home placement as a child – such as in foster care or residential schools, recently having doubled-up with another household, and dependence on social assistance, which were all reported by more than half of service providers as contributing factors to their clients’ homelessness.

Table 10: Perceived factors related to homelessness among Scarborough Service Providers’ Client Groups

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowding</td>
<td>40</td>
<td>87%</td>
</tr>
<tr>
<td>Lack of social support</td>
<td>39</td>
<td>85%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>36</td>
<td>78%</td>
</tr>
<tr>
<td>Mental health</td>
<td>34</td>
<td>74%</td>
</tr>
<tr>
<td>Education and work experience history</td>
<td>33</td>
<td>72%</td>
</tr>
<tr>
<td>Divorce or separation</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Recent eviction</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Out of home placement as a child</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Recently doubled-up with another household</td>
<td>23</td>
<td>50%</td>
</tr>
<tr>
<td>Dependence on social assistance</td>
<td>23</td>
<td>50%</td>
</tr>
<tr>
<td>Low income</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Migration and transience</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Discrimination and prejudice in the housing market or racism</td>
<td>18</td>
<td>39%</td>
</tr>
<tr>
<td>Trauma history or history of abuse</td>
<td>16</td>
<td>35%</td>
</tr>
<tr>
<td>Recent exit from incarceration</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Conflict with the law</td>
<td>14</td>
<td>30%</td>
</tr>
<tr>
<td>Recent mental health hospitalization</td>
<td>14</td>
<td>30%</td>
</tr>
<tr>
<td>Poor or substandard housing</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Alcohol or drug abuse in the household</td>
<td>12</td>
<td>26%</td>
</tr>
<tr>
<td>Physical health</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of affordable housing/affordability of housing</td>
<td>5</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Service providers indicated that the following factors were putting their clients at risk of homelessness or housing instability (see Table 11). Many of the major factors perceived as contributing to risk were structural, including low income, unemployment, dependence on social assistance, and lack of affordable housing. Mental health, lack of social support, and alcohol or substance use in the household, were also perceived to be major factors. More than half of service providers reported that a pending eviction, trauma history or history of abuse, substandard housing, or divorce or separation were contributing to a risk of homelessness among their clients. Conflict with the law was reported as one of the factors contributing to risk of homelessness by 46% of service providers.

Table 11: Perceived factors related to being at risk of homelessness or experiencing housing instability among Scarborough Service Providers’ Client Groups

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income</td>
<td>42</td>
<td>91%</td>
</tr>
<tr>
<td>Mental health</td>
<td>41</td>
<td>89%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>40</td>
<td>87%</td>
</tr>
<tr>
<td>Dependence on social assistance</td>
<td>36</td>
<td>78%</td>
</tr>
<tr>
<td>Lack of affordable housing/affordability of housing</td>
<td>35</td>
<td>76%</td>
</tr>
<tr>
<td>Lack of social support</td>
<td>34</td>
<td>74%</td>
</tr>
<tr>
<td>Alcohol or drug abuse in the household</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Pending eviction</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Trauma history or history of abuse</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Poor or substandard housing</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Divorce or separation</td>
<td>24</td>
<td>52%</td>
</tr>
<tr>
<td>Conflict with the law</td>
<td>21</td>
<td>46%</td>
</tr>
<tr>
<td>Migration and transience</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Discrimination and prejudice in the housing market or racism</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Education and work experience history</td>
<td>17</td>
<td>37%</td>
</tr>
<tr>
<td>Physical health</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Crowding</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td>Out of home placement as a child</td>
<td>9</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
SHSPN Members

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified the following factors as key contributing factors to homelessness in Scarborough in general. They also identified other factors that contribute to the experience of homelessness for specific population groups. These are discussed further in Part 3 of this report.
Experiences of Homelessness and Housing Instability

Survey and Short-Interview Participants

Survey and short-interview participants were asked whether their current experience of homelessness or housing stability was their first episode or they had had previous episodes and how long their current episode has been. Some 72% reported their current episode as their first experience of housing instability. Just over half (54%) had been homeless for less than one year, including 5% who had been homeless less than one month, and 46% who had been homeless for a year or more.

The majority (53%) of survey and short-interview participants were currently renting their housing; almost one quarter were staying in a shelter (24%); 6% were staying in a place that was not intended for human habitation; 6% were renting a room; 3% were staying with relatives or friends temporarily; and 2% owned their own housing.

Inadequacy of housing conditions was common among survey participants. Among those living in housing, 24% reported living in over-crowding, 53% reported poor housing conditions, and two thirds reported that their housing was unaffordable.
Barriers to Finding and Maintaining Housing and Accessing Needed Services

**Individuals with Lived Experience**

Survey and Short-Interview Participants

Most survey and short-interview participants reported multiple barriers to accessing needed services. Service system barriers or failures were commonly identified by participants as being among the barriers. The lack of awareness of services and programs was the most common (27%), followed by shame in accessing services (21%) and lengthy application or approval processes or wait times (21%). Other service system barriers or failures include: unfair service rules (17%); lack of required services (16%); discrimination or racism (13%) difficulty following through with referrals to services (12%); burden of travel time (12%); ineligibility for services (11%); lack of public transportation (11%); requirements to provide documentation (8%); lack of child care (7%); inaccessible location of services (5%); and lack of culturally or language appropriate services (3%). Personal challenges were reported by some participants as barriers to accessing needed services, including: mental health issues (17%); physical health issues (12%); and alcohol or drug use (5%).

Focus Group Participants

When asked about the barriers that are keeping them, or have kept them, from finding and maintaining housing, major barriers identified by focus group participants were either financial or service system barriers.

**Financial Barriers**

Participants in virtually all focus groups identified that they had financial barriers to accessing stable suitable housing. The most common financial barrier reported was having poor credit. Participants in several focus groups also reported the insufficiency of social assistance as one of the key barriers to stable housing. Ontario Works, Employment Insurance, and the availability of financial assistance after aging out of the child welfare system, were all reported has being inadequate to support stable and sufficient housing. Speaking about her frustrations about the inadequate assistance, including a lack of availability of subsidies for post-secondary students who were crown wards, one participant stated: “It becomes more of a trauma the more you become homeless”.

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“If you want us to stay there (in housing) and not end up back here (in shelter) give us more”

- Individual with lived experience
Precarious employment was also raised as an issue. One participant discussed the schooling she had done to try to provide for her family that but that her efforts had only resulted in precarious employment opportunities and inadequacy of her income. Referring to the employment income and currently the Employment Insurance she receives and its the inadequacy to support reunification of her family she stated: "$600 every two weeks; that is nothing. For four years I have been battling to try to have my daughter and they (the courts) keep saying no, because I don’t have a big enough place”.

Some participants also spoke about the challenges in moving from Ontario Works to a more positive economic position. One participant stated that “assistance is designed so that you stay on it. Why would you want to keep the family in a poverty position. It is pointless to be working, you can’t get ahead”.

“If you want us to stay there (in housing) and not end up back here (in shelter) give us more”
- Individual with lived experience

Many shelter users reported that the cost of transportation to view apartments was a barrier to accessing housing. Some participants reported that sometimes they are able to receive assistance for one token, but other times do not receive any assistance, and that there is limited time to walk to all necessary places to view apartments.

Inadequate access to food due to financial constraints was a serious issue for a number of the focus groups participants staying in couple and family shelters. Their experience of food insecurity included going hungry, missing meals, and in extreme cases, not eating for a whole day because of a lack of food and money for food. One participant reported that lack of economic and physical access to food drove them to steal food to avoid their family going hungry. Another participant shared her heartbreaking story about inadequate access to food when staying at the shelter. After making the decision to leave was told to leave immediately and bring very few things with her:

“They gave me $60 when I entered the shelter. They said I was not qualified for any more money after that (because I was on Employment Insurance). Basically my kids and I starved for a week, that is just wrong. I had to listen to my little babies scream for food, because I didn’t have anything. Everyone should be qualified. If anything I could pay it back when I get it, but in the meantime is when I need help”.
- Individual with lived experience (in reference to inability to access adequate food while staying at the shelter)

There are disparities in the food services provided in different shelters, and while shelters for singles often provide clients with food, in the family shelters the current policy is that clients that do not have an income when coming into the shelter are provided with a food allowance pending their assessment by shelter staff and/or Ontario Works staff. The allowance bridges the client from the day of admission to their first interview with a counsellor when their income is assessed. At that time the client may continue to receive Shelter Food Allowance, be referred to Ontario Works for Basic Needs Allowance, or be required to use their own income, including Child Tax Benefit, for
food if it exceeds the Basic Needs Allowance. A number of participants reported that their financial constraints were such that besides not being able to purchase food, they did not have the financial resources to cover the cost of transit to access foodbanks. Although the Toronto Transit Commission has instructed transit operators not to dispute fare payments, a number of focus groups reported being denied access to the bus when they did not have the full fare. Some participants reported that food money goes to pay for storage because social assistance does not want to pay for it. What’s more is that unfortunately in Scarborough foodbanks may not provide food bank users with enough food to last the full period until they are eligible to receive food again due to significant demand for food and limited donations. A number of participants spoke about this challenge, and some also spoke about issues with the quality of food at food banks and perceived disparities in the amount of food provided to different food bank users. Many participants discussed the significant amount of time they spend and stress it creates trying to obtain enough food for their family, limiting the time they are able to devote to, or the energy they have for, their housing search.

There were also a range of other financial challenges reported by focus group participants: These included: not having the financial resources to cover first and last month’s rent; having rental arrears; reduction in benefits when a dependent child turned 18; and not receiving benefits to which they should be entitled for reasons such as lack of identification. The potentially high cost of living in insecure housing situations for various reasons, such as the cost of eating out, storage costs, transportation costs, or the costs of financially assisting those they are staying with, was also raised as a challenge in saving enough money to move to a more secure situation.

Service System Barriers

Many focus group participants identified service system barriers to housing. A number of individuals expressed concern about the negative client experience they have had with some services. The most commonly reported negative experiences a lack of timely responses to service requests from the social assistance system. Several participants also reported concerns about interactions with shelter staff. A number of participants also spoke about the inadequacy of housing help and other services in shelters to support successful transitions to housing. Participants in several groups discussed some of the challenges of using the housing vacancy lists that are available through service providers to find housing, including that it is the same as what can be found on online rental listings.

“Discharge planning is a technical process of checking off check boxes, and does not involve helping find housing. There are no referrals to E. Fry when in jail.”

- Individual with lived experience

everyone receives the same list, and there is very quick turnover of the listings. Many individuals with experience with incarceration discussed the challenges of accessing housing while incarcerated when no housing help is provided as part of the discharge planning process. One participant reported that:

Participants identified a range of policies that they recognized as barriers to housing. The two main areas where policy challenges were common were social assistance and social housing. Several participants raised concerns about policies related to the Housing Stabilization Fund, which provides social assistance recipients with income supports to prevent homelessness, such as first and last month’s rent. The fund requires individuals seeking assistance with first and last month’s rent to have the landlord complete a “promise to rent” form prior to being able to receive assistance. Several participants reported being screened out of the application process because landlords request a deposit for first and last month’s rent along with the application. If the prospective tenant is able to provide first and last month’s rent upfront at the time of application, it will not be reimbursed. Several participants also identified that their ineligibility for assistance because of receipt of previous assistance within the eligibility period presented a major barrier to them acquiring first and last month’s rent and obtaining housing. A
few participants also raised concerns about the insufficiency of the start-up assistance and being denied assistance for moving costs or storage. In one group a concern was raised that households living in rent-geared-to-income housing do not qualify for start-up assistance through the Housing Stabilization Fund. The participant spoke about being on an internal transfer list for social housing and having a “safety at-risk” priority status, and fearing for their safety enough that they were seriously considering leaving social housing for private market housing because of the length of time it was going to take to obtain an internal transfer. However, they did not qualify for start-up assistance.

Individuals who had been incarcerated reported a number of social assistance policies that present significant barriers to them in accessing housing. For example, having Ontario Works benefits cut-off when they are incarcerated results in them having to reapply upon release. Disability benefits may be put on hold during incarceration, depending on the situation. In both cases, there can be delays in receipt of assistance which leads to unstable housing situations. Some participants reported that this contributed to them falling back into previous negative situations.

Other policy challenges related to Ontario Works that focus group participants identified were that they were not qualified for assistance for a child because of joint custody and that Ontario Works would not flow the shelter portion of their assistance directly to the landlord even if they felt this was what was needed to allow them to ensure their rent was paid and maintain stable housing. In addition, several participants perceived inconsistencies in discretionary benefits provided or unfair denials for discretionary benefits.

A number of participants reported challenges accessing disability benefits. Issues include: a long wait time for processing of the application, and denial for assistance and not knowing how to strengthen their applications. With some housing situations only being relatively short term, or shared accommodation, and a lack of a private mail box, a couple participants reported not receiving notice of decisions of denial of their ODSP applications, which then resulted in missed opportunities to appeal because the deadline for appeal had passed by the time they found out a decision had been made.

Focus group participants identified a number of challenges accessing and maintaining social housing due to policies related to social housing. Policy issues raised by participants include:

- Complex procedures for applications for priority status for social housing, resulting in many women not being able to obtain priority status.
- Individuals who are incarcerated face barriers to maintaining their application status as a result of requirements to maintain regular contact about their application.
- The City’s Absence From Unit policy results in incarcerated individuals losing their subsidy if they are serving a sentence that leads to an absence of more than 90 or if they are being held in jail while awaiting trial and do not provide proof of the reason for absence and rent while they are away, which is very difficult to do.
- The process of accessing social housing, including the communication process with social housing applicants who move frequently, have unstable housing or who become incarcerated.

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1 This policy is of concern for incarcerated individuals. It is, however, important to note the City’s rationale for the policy. The Absence From Unit policy is in place to ensure units are being used by households in need and not sitting vacant for long periods of time. The current rule allows for leeway in extenuating circumstances (such as incarceration) but proof of reason for absence is required. Otherwise the provider has no way of determining if the unit has been abandoned if it has been vacant for more than three months. Given the long waiting list, it is important to balance the needs to existing households with the need to make efficient use of available resources to assist as many people as possible.
• Toronto Community Housing's Internal Transfer Policy limits the ability of households requiring transfers for medical or safety reasons to transfer to suitable housing in a timely manner.

• Policies related to the size of unit a household qualifies for as well as internal transfer policies can create significant barriers to families seeking child/family reunification.

There were also misconceptions about policies. For example, participants raised concerns that the homeless priority category for social housing no longer includes sheltered-homeless which disadvantages these individuals from accessing social housing. However, the homeless priority does in fact include people who are staying in emergency shelters. Likewise, participants raised concerns that incarcerated individuals who were homeless lose their homeless priority status when incarcerated. However, people who are incarcerated do not automatically lose their status as a disadvantaged household. Applicants are required to reconfirm their disadvantaged household status (i.e. homeless) every two years. If they are unable to do so for some reason because of their incarceration, they would be eligible to be reinstated upon release (as long as it is within five years of the last update) if they continue to be homeless.

Other policy concerns raised by participants included shelter policies, (or threats), to transfer clients to another shelter if they do not find housing in reasonable time. Concerns also included building condition policies that have particularly high thresholds in order for mould issues to be declared unsafe. Eligibility criteria for criminal and mental health housing that restricts eligibility to those on parole was also raised as a concern.

Structural Barriers

Focus group participants frequently raised issues related to the practices of landlords as barriers to housing. Many participants reported discrimination by landlords for any number of reasons, the most common being that they are in receipt of social assistance. One participant reported that “landlords don’t want to rent to people on welfare. They’ll tell me on the phone before I even look at a place that they won’t take me.” Other reasons include: having poor credit; their ethnic or racial identity; language; gender; gender identity; family composition; household size; the presence of pets; not having a letter of employment; not being able to provide references; currently experiencing homelessness; having a criminal record; and/or not having a guarantor. A number of focus group participants also reported landlord actions that are prohibited by the Landlord and Tenant Act, including the use of prohibited grounds for eviction.

“Most people get broken down after a couple months of people in here (a shelter), rejection after rejection, I don’t care how bold you are. I have been here for four months, I am literally breaking down because I cannot find a place and the next rejection is going to take me into the next zone of my credit score that I don’t ever want to be in.” - Individual with lived experience

There was strong agreement among focus group participants that the lack of appropriate and affordable housing and long waiting lists for social housing were key barriers to finding and maintaining housing. Many participants reported that there are no affordable units available to people on fixed incomes. Participants in some groups also spoke about a lack of affordable housing options in decent neighbourhoods.

“It is hard especially if you’re an addict to get away from that lifestyle and move on if it is all around you”

- Individual with lived experience (in reference to the negative environments in some social housing buildings)
Barriers to employment and lack of child care were identified by some focus group participants as barriers to finding and maintaining housing. Specific barriers to employment included discrimination due to transphobia or criminal records as well as language barriers, and the need for child care or a license. Some participants noted challenges obtaining childcare subsidies without full-time work.

Barriers to Accessing Other Needed Services

In addition to barriers that specifically related to finding and maintaining housing, focus group participants were also asked what barriers they were experiencing to access any other needed services. A lack of availability of the needed services was reported most often by focus group participants as the key barrier to accessing other needed services. Service gaps identified by focus groups participants included: housing help and other services in shelters to support successful transitions to housing; referral/navigation services; housing follow-up supports; case management services; employment supports; health services, including family physicians, dentistry, psychiatry and other mental health and addictions services, as well as wrap-around services (i.e. services that are comprehensive and address multiple life domains) for individuals with addictions and mental health issues; food security services; childcare or subsidized childcare as well as other programs for children; and shelter beds for specific population groups, including single men and women and specialized services for transgendered individuals. Wait times for psychiatrists was also identified as an issue by a few participants. A number of participants identified the need for specific services that they thought were not available, but in fact are available in the community. Some participants identified that one of the barriers to accessing services was not having the money to pay for transportation to services.

A few participants cited certain policies as being among the barriers to accessing needed services. Some referred to “catch 22” circumstances. For example, participants spoke about Ontario Works not approving assistance for childcare until they are in an employment program, but not being able to get into an employment program until they have childcare. Likewise, if childcare has not been prearranged when a subsidy comes up, they go back to the bottom of the list, but childcare providers will not hold a space, making it difficult to have prearranged childcare. One participant reported not qualifying for legal aid because they have employment, but they are on stress-leave and do not have the financial resources to afford legal services.

“Help should be standard”

- Individual with lived experience (in reference to the eligibility criteria that creates barriers to accessing needed services)

Besides assistance with housing, focus group participants identified a number of other service needs that were currently unmet. Financial and social assistance services were identified most often, but several participants also identified the need for employment services, health related services, services to meet basic needs, and services for children. Other unmet service needs included education services, counselling, assistance completing forms, and social and recreational services.
Service Providers

Service providers who responded to the survey identified a range of barriers faced by individuals and families who are experiencing homelessness or are at-risk/marginally housed in accessing services at their agency. The major structural barriers, identified by more than 50% of service providers, were lack of appropriately-sized housing units, lack of program funds for transportation, lengthy application or approval processes, stigma attached to programs and services and requirements for clients to provide documentation. Almost half (48%) of respondents reported lack of shelters for their client group, and complexity of the service system as barriers to receiving services. Over one third of service providers reported a lack of culturally sensitive services (39%) and lack of child care (35%) as barriers to accessing services.

At the agency level, almost half reported wait times or delays in service delivery (48%) and inadequate financial and logistic resources (46%) as barriers to their clients in accessing needed services. The perceived major barriers at the client level were lack of awareness about services and programs (59%) and being under the influence of substances (41%).

<table>
<thead>
<tr>
<th>Table 12: Perceived Barriers to Accessing Needed Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barrier</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Structural Level</strong></td>
</tr>
<tr>
<td>Lack of appropriately-sized housing units</td>
</tr>
<tr>
<td>Lack of program funds for transportation</td>
</tr>
<tr>
<td>Lengthy application or approval process</td>
</tr>
<tr>
<td>Stigma attached to programs/services</td>
</tr>
<tr>
<td>Requirements for clients to provide documentation</td>
</tr>
<tr>
<td>Lack of shelters for client group</td>
</tr>
<tr>
<td>Complexity of service system</td>
</tr>
<tr>
<td>Lack of linkages among agencies</td>
</tr>
<tr>
<td>Lack of culturally sensitive services</td>
</tr>
<tr>
<td>Lack of child care</td>
</tr>
<tr>
<td>Stringent eligibility criteria</td>
</tr>
<tr>
<td>Burden of travel time</td>
</tr>
<tr>
<td>Lack of public transportation</td>
</tr>
<tr>
<td>Family composition (e.g., adolescent dependent children)</td>
</tr>
<tr>
<td>Inaccessible location of services</td>
</tr>
<tr>
<td><strong>Agency Level</strong></td>
</tr>
<tr>
<td>Wait times or delays in service delivery</td>
</tr>
<tr>
<td>Inadequate financial and logistic resources</td>
</tr>
<tr>
<td>Insufficient staffing</td>
</tr>
<tr>
<td><strong>Client Level</strong></td>
</tr>
<tr>
<td>Lack of awareness about services/programs</td>
</tr>
<tr>
<td>Under the influence of alcohol/drugs</td>
</tr>
<tr>
<td>Transience/Migration</td>
</tr>
<tr>
<td>Lack of compliance with service rules</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Notwithstanding the above, the majority of service providers surveyed believed their clients were well served or moderately well served. Over half (57%) of service providers believed that the vast majority of time their agency is able to meet the needs of individuals and families experiencing homelessness who visit their agency. Another 30% believe that they are able to meet the needs of clients more than half the time, and 14% reported that they were frequently not able to meet the needs of individuals and families experiencing homelessness or housing instability.

The most commonly perceived reason for challenges in serving homeless and at-risk individuals and families was a lack of community resources, services or programs. Over one third of service providers believe language barriers were one of the challenges in serving homeless and at-risk individuals and families. Almost one-quarter of service providers reported that one of the challenges in serving homeless and at-risk clients was that their agency had exhausted its resources but could not meet the demand for services.

Table 13 Perceived reasons for challenges in serving homeless and at-risk individuals and families

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of community resources, services or programs</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Refused referral or available services</td>
<td>24</td>
<td>52%</td>
</tr>
<tr>
<td>Challenging behaviour</td>
<td>22</td>
<td>48%</td>
</tr>
<tr>
<td>Under the influence of alcohol or other substances</td>
<td>17</td>
<td>37%</td>
</tr>
<tr>
<td>Language barriers</td>
<td>16</td>
<td>35%</td>
</tr>
<tr>
<td>Did not meet the program criteria</td>
<td>14</td>
<td>30%</td>
</tr>
<tr>
<td>Agency exhausted its resources/could not meet demand</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td>Lack of funds for staff</td>
<td>10</td>
<td>22%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
SHSPN Focus Group Participants

SHSPN Members identified the following factors as key barriers to finding and maintaining housing in Scarborough in general. They also identified other barriers to finding and maintaining housing for specific population groups. These are discussed further in Part 3 of this report.

General Barriers to Finding and Maintaining Housing in Scarborough

Other notable service system barriers identified by SHSPN members include:

- Some individuals do not have a phone, which creates challenges to respond to offers for subsidized housing within 48 hours
- Ontario Works may refuse to release assistance if they believe the rent is not affordable
- Individuals experience challenges accessing employment assistance through Ontario Works prior to having employment arranged, but face challenges obtaining employment without assistance
- There is perceived to be a lack of standardization in the assistance provided by different Ontario Works staff
- Service providers have some uncertainty about the eligibility requirements for some programs (e.g. eligibility period for the Housing Stabilization Fund) and perceive there to be a lack of communication about changes to City programs
- Bed bug infestations and the stigma associated with bed bugs can sometimes result in clients being unfairly denied service
- There are safety concerns in some TCH buildings creating instability for some tenants
- Many affordable housing locations do not have adequate community infrastructure around it, and the affordability of transportation can be a barrier to accessing services
- There are no lists of resources that are available within various social housing buildings
Service Gaps, Service Needs and Other Interventions

Individuals with Lived Experience

Survey and Short-Interview Participants

The majority of survey and short-interview participants reported unmet service needs. The most common was with housing support (31%), followed by basic needs such as food and clothing (29%), income support (26%), employment support (24%), mental health services (19%), educational support (17%), life skills and support services (15%), and counselling referral or case management services (11%).

Participants were also asked what else would be helpful to find and maintain suitable stable housing. The top responses were all related to help with the affordability of housing, either directly or indirectly, such as lower rent costs, subsidized housing, and more social assistance. Many participants also identified the need for some form or assistance with accessing or maintaining housing, including help finding an affordable place, transportation to see apartments, ongoing housing supports, or help with housing applications. Responses related to the availability of appropriate housing were also common, including better maintained housing (24%) and more appropriately-sized housing units (21%). One in five respondents reported the need for better awareness of available services.

Focus Group Participants

Focus group participants suggested a wide range of major solutions to address their homelessness and/or housing instability.

Additional Services

Almost all of the groups had suggestions related to housing services or other support services that would help in finding and maintaining housing. The most commonly suggested services were directly or indirectly related to improving the affordability of housing, such as subsidized housing, improvements to social assistance rates, and employment supports (in particular connections to employers willing to hire individuals with barriers to employment). Other commonly suggested services included increased and improved housing help/search services; additional shelter beds, in particular for single men and women and specialized shelter services for transgendered individuals; additional information and housing assistance for criminalized individuals while incarcerated and post-incarceration; and counselling. Other suggested services included: system navigation; financial literacy skills services; additional outreach in shelters; wrap-around services for individuals with addiction and mental health issues; financial assistance to cover the cost of food in shelters where food is not provided; financial assistance for transportation; and improved financial assistance for youth transitioning out of government care pursuing education – including covering the full cost of housing.

“People with addictions need other supports along with housing; support networks, groups, choices, empowerment, harm reduction, life skills, anger management, tools to live life. It is important to be provided with choices. You can’t just build a roof, you need to build a foundation”

- Individual with lived experience
Increased and Improved Housing Services

In terms of housing help/search services, several participants suggested the need for more thorough housing search services that go beyond providing a housing list and facilitating applications to social housing. This was a particularly common suggestion among participants staying in shelters where some housing help services were available. When talking about the usefulness of existing housing lists, one participant stated that "you can't have people just simply go on the same sites that I go on and write down numbers". Several participants suggested that having a list or connections to landlords that would accept individuals with barriers to housing such as being on social assistance, poor or lack of credit, lack of references, having children, etc. would be helpful. Another suggestion was having a housing advocate that would support participants' applications for housing and communications with landlords.

Better Information and Awareness

A few groups identified the need for increased awareness, education, and information among clients and service providers. Participants identified the need for increased awareness among clients of tenant rights and responsibilities or better information about available services in the community, including services that give priority to individuals experiencing homelessness. One suggestion was for an online search tool where individuals could identify their issues and resources would be suggested to address the specific issue. Participants also identified the need for better awareness among service providers of policy and program changes. Another suggestion was for additional education to various groups including service providers and major rental companies, about positive services for LGBTQ2S individuals, and in particular to increase expertise around issues of transgendered individuals and strategies to reduce service barriers for these individuals.

More Effective Housing Market

Several groups had suggestions related to housing supply and the housing market. Among the most common suggestions were an increased supply of appropriate and affordable housing and lower rents. Several groups also suggested the need for improvements to building conditions and better enforcement of regulations in this area. It was also suggested that better security in subsidized housing and shelters would help address issues related to safety and insecurity. Another suggestion was for better enforcement the Landlord and Tenant Act and Ontario Human Rights Code and penalization for landlords' non-compliance.

Policy Changes

Over half of the groups identified policy changes that they believed would assist them in finding and maintaining housing. Policy changes were suggested in two areas, social assistance and social housing.

Almost half of the groups saw increased and improved financial and social assistance as among the services that would help with accessing stable housing. The most commonly suggested policy changes included increases to social assistance rates, improved access to assistance, and reduced disincentives/better incentives for social assistance recipients to work. Several groups suggested improvements to income supports to prevent homelessness, namely the Housing Stabilization Fund. The most common suggestion was to provide assistance upfront so that individuals applying for housing can provide a deposit at the time of application. Suggestions also included more frequent eligibility for assistance or discretion to provide assistance more than once within the eligibility period when the client is without housing or it is in the best interest of the client to move.

Almost half of the groups also suggested changes to social housing policies to better support individuals experiencing homelessness and housing instability in finding and maintaining housing. Suggestions included: reduced complexities in applications for priority status for social housing; changes to the City's homeless priority category for social housing so that it includes sheltered-homeless; improvements to Toronto Community Housing's Internal Transfer Policy to facilitate quicker transfers for safety reasons; and changes to the rent-geared-to-income policies in the Housing Services Act to reduce disincentives for social assistance recipients to work while they are social housing tenants.
Service Providers

Service providers who responded to the service provider survey reported the following services as being required by individuals and families experiencing homelessness or housing instability who visit their agency (see Table 14). Over 70% of service providers believed their clients to be in need of housing support, services to help address basic needs such as food and clothing, counselling or case management services, income support, mental health services, life skills and support services, and employment support. More than half of respondents indicated that their clients were in need of legal aid services, identification assistance, domestic violence counselling, addictions services, culturally appropriate services for ethnic groups, educational support, and counselling or case management services for children. More than one third of service providers believe their clients were in need of parenting assistance, community support services for seniors and adults with disabilities, harm reduction supports, culturally specific services for LGBTQ2S populations and school support services for children. Some 30% of service providers suggested that their clients were in need of culturally appropriate services for Aboriginal people.

Table 14: Perceived Service Needs

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing support</td>
<td>43</td>
<td>93%</td>
</tr>
<tr>
<td>Basic needs (e.g., food and clothing)</td>
<td>39</td>
<td>85%</td>
</tr>
<tr>
<td>Counselling or case management services</td>
<td>39</td>
<td>85%</td>
</tr>
<tr>
<td>Income support</td>
<td>38</td>
<td>83%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>36</td>
<td>78%</td>
</tr>
<tr>
<td>Life skills and support services</td>
<td>34</td>
<td>74%</td>
</tr>
<tr>
<td>Employment support</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Legal aid services</td>
<td>30</td>
<td>65%</td>
</tr>
<tr>
<td>Identification assistance</td>
<td>30</td>
<td>65%</td>
</tr>
<tr>
<td>Domestic violence counselling</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Addictions services</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Culturally appropriate services for ethnic groups</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Educational support</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Counselling or case management services for dependent child/children</td>
<td>23</td>
<td>50%</td>
</tr>
<tr>
<td>Parenting assistance</td>
<td>21</td>
<td>46%</td>
</tr>
<tr>
<td>Community support services for seniors and adults with disabilities</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Harm reduction supports (e.g., methadone, safer crack kit, needle exchange)</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Culturally appropriate services for social groups (e.g. LGBTQ2S)</td>
<td>17</td>
<td>37%</td>
</tr>
<tr>
<td>School support services for dependent child/children</td>
<td>16</td>
<td>35%</td>
</tr>
<tr>
<td>Culturally appropriate services for Aboriginal people</td>
<td>14</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Service Providers

Service providers perceived their clients to have a number of remaining unmet service needs after visiting their agency. The major unmet service needs were in mental health and/or addictions services and income support. Approximately one third of respondents reported that their clients’ needs for culturally appropriate services for LGBTQ2S populations or ethnic groups were unmet. One third of respondents perceived their clients to have outstanding service needs in the areas of basic needs, housing support, employment services and legal aid services.

Table 15: Unmet Service Needs

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health services</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Income support</td>
<td>22</td>
<td>48%</td>
</tr>
<tr>
<td>Addictions services</td>
<td>17</td>
<td>37%</td>
</tr>
<tr>
<td>Culturally appropriate services for social groups (e.g. LGBTQ2S)</td>
<td>16</td>
<td>35%</td>
</tr>
<tr>
<td>Basic needs (e.g., food and clothing)</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Housing support</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Employment services (e.g. job readiness, training, or job search, or employment supports)</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Legal aid services</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Culturally appropriate services for ethnic groups</td>
<td>14</td>
<td>30%</td>
</tr>
<tr>
<td>Domestic violence counselling</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Culturally appropriate services for Indigenous people</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Harm reduction supports (e.g. methadone, safer crack kit, needle exchange)</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Counselling or case management services</td>
<td>12</td>
<td>26%</td>
</tr>
<tr>
<td>Community support services for seniors and adults with disabilities (such as home care assistance with activities of daily living)</td>
<td>12</td>
<td>26%</td>
</tr>
<tr>
<td>Life skills and support services</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>Identification assistance</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>Educational support</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>School support services for dependent child/children</td>
<td>7</td>
<td>15%</td>
</tr>
<tr>
<td>Parenting assistance</td>
<td>7</td>
<td>15%</td>
</tr>
<tr>
<td>Counselling or case management services for dependent child/children</td>
<td>6</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Service Providers

A number of service providers perceived their clients to have service needs that they neither provide nor regularly refer to. There may be a variety of reasons for lack of referrals to needed services such as gaps in the availability of services or lack of linkages between service providers. Over one third of service providers believe their clients were in need of counselling or case management services but they do not provide, nor regularly refer to, these services, including 13% who perceived their clients to be in need of counselling related to domestic violence. Some 22% of respondents perceived their clients to be in need of employment supports but do not refer to such services. Mental health and addictions services were another common service need that respondents believed their clients had but that they did not provide or refer to.

Table 16: Service Needs That Are Not Provided Nor Referred To

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling or case management services</td>
<td>16</td>
<td>35%</td>
</tr>
<tr>
<td>Employment support</td>
<td>10</td>
<td>22%</td>
</tr>
<tr>
<td>Addictions services</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Domestic violence counselling</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Legal aid services</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Basic needs (e.g., food and clothing)</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Income support</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Culturally appropriate services for Indigenous people</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Housing support</td>
<td>2</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Service Providers

Major solutions to address homelessness and housing instability suggested by service provider survey respondents largely related to housing supply. These included: more subsidized or affordable housing, lower rent, better maintained housing, and adequately sized housing. Other major solutions included mental health services and landlord support. Approximately two thirds of service providers identified solutions in the areas of awareness of services, provision of shelter beds for certain groups, programs and services specifically designed for their target group, better social assistance, improved regulations to support rooming houses, and providing better incomes. At least half of service providers suggested addictions services, culturally sensitive services, employment services, counselling or case management services, better linkages among services, better discharge planning when leaving institutions, changing public attitudes, better access to information about rights, and health services as solutions to homelessness.

Table 17: Service Providers’ Suggested Solutions to Address Homelessness

<table>
<thead>
<tr>
<th>Solution</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of more subsidized or affordable housing</td>
<td>45</td>
<td>98%</td>
</tr>
<tr>
<td>Lowering rent costs</td>
<td>43</td>
<td>93%</td>
</tr>
<tr>
<td>Provision of better maintained housing</td>
<td>38</td>
<td>83%</td>
</tr>
<tr>
<td>Provision of adequately sized housing</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Landlord support</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Increased awareness of services</td>
<td>31</td>
<td>67%</td>
</tr>
<tr>
<td>Provision of shelters for certain groups</td>
<td>30</td>
<td>65%</td>
</tr>
<tr>
<td>Programs and services specifically designed for target group</td>
<td>30</td>
<td>65%</td>
</tr>
<tr>
<td>Better social assistance</td>
<td>30</td>
<td>65%</td>
</tr>
<tr>
<td>Improved regulations to support rooming houses</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Providing better incomes</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Addictions services</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Culturally sensitive services</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Employment services (e.g. job readiness, training, or job search, or employment supports)</td>
<td>27</td>
<td>59%</td>
</tr>
<tr>
<td>Counselling or case management services</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Better linkages among services</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Better discharge planning when leaving institutions</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Changing public attitudes</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Better access to information about rights</td>
<td>25</td>
<td>54%</td>
</tr>
<tr>
<td>Health services</td>
<td>23</td>
<td>50%</td>
</tr>
<tr>
<td>Education supports</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Provision of domestic violence related services</td>
<td>18</td>
<td>39%</td>
</tr>
<tr>
<td>Child care and parenting services</td>
<td>18</td>
<td>39%</td>
</tr>
<tr>
<td>Child protection services reform</td>
<td>13</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
Community Workshop Participants

Issues and Gaps

Community workshop participants were split into small groups to discuss key issues and gaps in Scarborough related to homelessness and housing instability. Once they had identified key issues and gaps, each group was asked to identify their group’s top five issues and gaps. The top issues and gaps identified by workshop participants fell into four key areas: housing; services; policy; and coordination. The following is an overview of the top issues and gaps identified in the small groups.

Housing

The four top issues and gaps were housing related. Three of these issues were related to the housing stock: a lack of affordable permanent housing; insufficient supply and long waiting lists for social and supportive housing; and unregulated rooming houses and insufficient policies and standards related to rooming houses. The forth issue was related to barriers to accessing housing. A number of groups reported that discrimination was one of the top issues. One group also noted that stigma related to certain personal characteristics, experiences such as mental health and addictions, and inequities in the availability of services for different population groups, such as that more services are provided to women and children versus men, are significant barriers to accessing housing.

Services

Several service gaps were identified as among the top issues. These included: challenges related to the processing time to access the Housing Stabilization Fund for assistance with first and last month’s rent; challenges and barriers to accessing ODSP; lack of collaborative case management between social assistance case workers and other support workers to adequately meet the needs of many at risk clients or those currently experiencing homelessness; insufficient availability of counselling services, including domestic violence counselling; a gap in the availability of navigational services for both clients and service providers; lack of, or insufficient availability of, shelters for single women and safe beds for individuals with mental health and/or addictions issues; gaps in cultural and language appropriate services for immigrants and challenges accessing cultural and language appropriate services that are available.

Policy

One of the groups identified that organizational policy, procedure and practices can be key barriers to finding and maintaining housing. Another group suggested that the eligibility criteria for some services can be a barrier to accessing service.

Coordination

One of the groups identified insufficient coordination of centralized client record management and information sharing as a key barrier to helping clients get the services they need and access and maintain housing. For individuals existing incarceration, one of the groups suggested that one of the major issues is that while release orders from custody demand an address, there is insufficient connections to agencies to support individuals existing incarceration in maintaining or pre-arranging housing.
Priority Opportunities for Intervention

Community workshop participants were asked to discuss, in small groups, opportunities for intervention to address the key issues and gaps they identified. From the opportunities they identified, each group was asked to identify their top five opportunities for intervention. These opportunities were posted and shared with all participants. Next, considering all of the top opportunities for intervention identified by the various groups, participants were asked to individually identify the three opportunities they saw as the highest priorities. The following is an overview of the top opportunities for intervention as rated by all workshop participants.

Financial Assistance

A number of the top opportunities for intervention were related to financial assistance. Improvements to social assistance policy and services, including increases to social assistance rates, improving access to the Housing Stabilization Fund (HSF) (such as having HSF issued by shelters and having a deposit readily available), reviewing eligibility criteria for access to HSF, and improving the services provided by case workers to individuals experiencing homelessness or addictions and mental health issues were identified as among the top opportunities. One of the suggestions was for additional rent supplements, particularly for individuals with addictions and mental health issues. Also among the top opportunities for intervention were reduced bus pass rates for individuals with low incomes and additional tokens provided to service users to access services.

Housing

Strategies to increase the availability of affordable housing to low income households – both existing housing and the creation of new housing – were among the top opportunities for intervention identified by participants. This includes incentives for landlords to make affordable housing available to households with barriers to housing as well as tax and other financial incentives and flexible development standards to support the creation of more affordable housing. Another housing related opportunity for intervention was better enforcement of the Landlord and Tenant Act to reduce the use of prohibited practices by landlords.

Services

A number of the top interventions were service related strategies. These include investment in additional services, namely: case management services for individuals at-risk of homelessness, experiencing homelessness, and who have been homeless; long-term support that follows the clients when they transition; criminal justice and release planning; and increased outreach to inform more tenants about their rights and the rights of landlords. Another opportunity to improve services was for increased referrals to legal aid, even when eviction is imminent. Finally, in order to support high quality service, it was suggested that service accountability reviews be conducted.

Collaboration

Several of the top opportunities for intervention were aimed at increasing service provider collaboration. These included:

- Increased coordinated service delivery to extend reach, reduce overlap, and meet the needs of a specific population group or households in a particular geographic area
- Developing better relationships and rapport between homelessness system service providers
- Greater information and resource sharing
- Joint funding applications
- Increased collaborative advertising and outreach, including developing collaborative information and communication materials so that service providers are communicating consistent messages.
Education and Training

Improving the education and training of homeless-serving system staff and clients was also among the top interventions identified. There were two specific suggestions: first, education and training for service providers related to providing trauma-informed services; and second, education of service provider staff and clients about existing supports and resources, including social assistance, requesting discretionary assistance, and appealing decisions.

Top Opportunities for Intervention

In order of participants’ rankings, the top rated opportunities for intervention were:

1. Raising social assistance rates
2. Additional rent supplements, particularly for individuals with addictions and mental health issues
3. Incentives for landlords to make affordable housing available to households with barriers to housing
4. Collaboration among service providers to extend reach and reduce overlap, including: multiple service providers providing coordinated, but different services to meet the needs of a population group and households in a particular geographic area; greater information and resource sharing between service providers; and joint funding applications
5. Creation of more affordable housing, including tax incentives and increased flexibility in regulations for building affordable housing
6. Educating and empowering clients and agencies to access required supports and resources, including understanding of assistance available through OW/ODSP, empowerment to ask for the assistance, and empowerment and support to appeal decisions when denied assistance
7. Service accountability reviews
8. Advertising and outreach as a means of improving the awareness (both of individuals and agencies) of the range of existing programs, services as well as supports and communicating the same messages
9. Assign one staff person per agency to oversee a major task e.g. updating the housing connection application, housing search, apartment listings
10. Reduced bus pass rates and providing service users with more tokens to access services
11. Improving access to the Housing Stabilization Fund (HSF) (such as having HSF issued by shelters and having a deposit readily available), reviewing eligibility criteria for access to HSF, and improving the services provided by case workers to individuals experiencing homelessness or addictions and mental health issues
12. Increase efforts to build relationships and “therapeutic rapport” with clients
13. Increase efforts to explore and better utilize a client’s existing social supports as well as other possible informal supports provided by volunteers and faith groups
14. Case management services for individuals at-risk of homelessness, experiencing homelessness, and who have been homeless
15. Better enforcement of the Landlord and Tenant Act
16. Criminal justice and release planning
17. Education and training for front-line workers related to providing trauma-informed services (empathy, sensitivity and compassion through a social justice lens)
18. Additional long-term support that follows the clients when they transition
Opportunities for Community Action

Community Workshop participants provided suggestions on how the community can work towards the identified priority opportunities for intervention. Participants had the following suggestions for actions at various levels.

Individuals

Planning
Discuss the community's priorities within their organization
Be reflective in their practice
Set goals

Collaboration
Front-line workers can collaborate with OW/ODSP social workers to support clients
Make new connections

Provide High Quality Service
Empower service users
Be accessible
Offer support
Advocate on behalf of themselves or clients
Be supportive of client's rights to choose

Training and Knowledge Development
Have a strong awareness of their/client rights
Keep themselves updated on policy, program and resources, and self-development opportunities
Organizations

Collaboration
Be involved in collaborative practice and networks
Participate in outreach and build partnerships with agencies, and focus on these partnerships
Disseminate information

Planning
Add "homelessness" in organizational plans
Participate in research
Make evidence based decisions
Implement efficiency strategies

Provide High Quality Service
Provide good access to services
Offer case management services and integrated care teams where appropriate
Take care of the organization’s staff

Training and Knowledge Development
Train staff on relevant policy, programs and resources

Communication
Utilize social media platforms

Partnerships Between Organizations

Collaboration
Establish partnerships to provide wrap-around services and case management / care teams
Evaluate collaboration
Look at roles/responsibilities of different agencies to ensure no duplication of services
Share innovative ideas with other agencies
Establish a higher level collaboration framework/structure similar to “AODA” compliance or "Accreditation"
Provide proposals and statistics
Share resources, capital, etc.

Training and Knowledge Development
Know the services that are offered, conduct tours, contact/liaise with other organizations to learn about who to go to/who to refer to in order to improve collaboration

Quality Service Provision
Utilize technology
Establish more hubs
Solicit resources
Scarborough Housing Stabilization Planning Network

The goal of the SHSPN is to provide the organizational infrastructure to move the community priorities forward. Elements of its role, and initial actions, would be to:

**Lead collaborative homelessness planning and strategy development and review, including:**
- Developing and supporting implementation strategies to move priority community actions forward

**Facilitate coordinated service delivery**
- Developing key points of contact and building partnerships with other stakeholders in the homeless-serving system, other key public systems and services, and private entities such as landlords
- Creating a service provider collaboration framework (the framework should identify opportunities for resource sharing)
- Facilitating collaboration in applications for funding to various levels of government

**Act as the coordinating body for efforts to influence external stakeholders, including:**
- Advocacy efforts to influence policy and investment in the community
- Communication efforts to increase awareness of community priorities, including through traditional and social media

**Support the capacity building of the homeless service system**
Initial actions could include:
- Facilitating training of homeless-serving system staff, volunteers and clients
- Establishing volunteer peer support networks to facilitate client empowerment and increase service capacity

**Support and facilitate integrated information management**
Initial actions could include:
- Utilizing the information gathered through the system mapping conducted as part of the housing and homelessness research project to create an inventory of services and resources for use by homeless-serving system staff and clients. This should include creating and maintaining a database for service provider staff to link to each other
Part 2: Priority Populations

Priority Populations

LGBTQ2S Adults and Youth
Women
Individuals Exiting Incarceration
Newcomers
Aboriginal People
Seniors
Individuals Experiencing Addictions and Mental Health Issues
Priority Populations

This section includes the results of the literature review and community consultations specific to each of the priority populations, namely LGBTQ2S adults and youth, women, individuals exiting incarceration, newcomers, Aboriginal people, seniors, and individuals experiencing addictions and mental health issues. This research was aimed at examining the demographic profile of those experiencing homelessness and housing instability among these population groups; contributing factors to their homelessness; their experiences of homelessness; barriers they face in finding and maintaining housing and accessing services; as well as service gaps and needs for addressing their housing issues.

The literature review endeavoured to discuss Scarborough research where available. Where local information was not available, the results include literature for the City of Toronto as a whole, the province, country, or international literature. The review included documents produced by all levels of government, academics, service providers and others available in electronic format.

The consultation methods used to gain insights from individuals with lived experience varied between population groups, often depending on the method service providers and/or their clients believed would work best for the individuals being consulted. For some of the priority population groups, surveys and short-interviews were the primary methods used to gain insights from the group; for others, focus groups were the primary method; and for some, it was a combination of these methods. Likewise some of the focus groups recruited general participants, so the feedback from individuals identifying as being part of a specific group were not able to be separated from the other respondents, and thus not reported as being specific to that group. The results of the consultations for any given priority population group discussed in this section may include the results of the surveys and short-interviews only, or all methods. Where the number of survey and interview participants identifying as being part of a particular population group was small, information about their demographic profile and current living situations has not been reported.
LGBTQ2S Adults and Youth

Demographic Profile and Health Conditions

**Literature Review**

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Two-Spirited (LGBTQ2S) individuals are disproportionately experiencing homelessness in Toronto. Two studies estimate the LGBTQ2S street youth population in Toronto at approximately 32% of street-involved youth. Gaetz found that 29.4% of street youth identified as “non-straight” and 2.7% as Transgendered (Gaetz, 2004). In a sample of 150 street youth, Wong-Chong found 31.4% identified as other than heterosexual or straight, with 26.7% of males and 36% of females reporting a “non-straight” sexual orientation (Wong-Chong, 2007). Research has found that youth homelessness in Toronto is on the rise (Yonge Street Mission, 2009 as cited in Abramovich, 2013). Similar studies and estimates were not found for the adult population experiencing homelessness.

Toronto’s reputation for acceptance of LGBTQ people attracts thousands of people to Toronto (Abramovich, 2013). US research has found that the few studies that have explored racial diversity of LGBTQ2S homeless youth have found that LGBTQ2S homeless youth are disproportionately people of colour (Cray, Miller, & Durso, 2013). Among transgendered individuals specifically, Duchesne found that many trans people in Toronto migrate from more rural areas or smaller communities in search of: opportunity, a fresh start, services and community (Duchesne, 2013). People also come from other countries: South East Asia, Latin America and Brazil, and the Middle East in particular. Duchesne’s research found that trans people may not know about shelters when they arrive, and it can be the first time they find themselves without a place to sleep.

Toronto’s LGBTQ2S youth population experiencing homelessness experience poorer health than their non-LGBTQ2S peers (Wong-Chong, 2007). This includes higher rates of mental health issues, self-harm behaviour, suicide ideation, substance use, and recent experiences of physical and sexual assault. Highlights of Wong-Chong’s findings related to health among Toronto’s LGBTQ2S street-involved youth include:

- 57.4% of LGBTQ2S youth have received a mental health diagnosis compared to 35% of heterosexual street-involved youth, and significantly more LGBTQ2S youth perceive themselves as having a mental illness (44% vs. 27.2% respectively)
- 55.3% of LGBTQ2S youth reported self-harm behaviour compared to 39.4% of heterosexual street youth
- 70.2% of LGBTQ2S youth have contemplated suicide at some point in their lives (48.5% of heterosexual youth) and 87.5% LGBTQ2S youth reported a suicide attempt in the past 12 months that resulted in harm (such as an injury, poisoning, or overdose) requiring medical treatment compared to 25.0% of their heterosexual peers
- LGBTQ2S youth have higher rates of use of, as well as greater rates of dependency on, nearly all substances when compared to heterosexual youth, and 80% of LGBTQ2S youth reported a dependence on three or more drugs versus 56.3% of heterosexual youth
- 17.8% of LGBTQ2S youth reported an incident of sexual assault in the past year, compared to 5.8% of heterosexual youth
- LGBTQ2S female youth were more likely to report an incident of physical assault (40.7%)
compared to heterosexual females (18.8%), while LGBTQ2S male youth were less likely to report such an incident compared to their heterosexual peers (17.8% vs. 5.8% respectively).

Studies of transgender individuals experiencing homelessness in Toronto have also identified a range of health related conditions and particular health needs (Duchesne, 2013). For example, there have been reported incidents of being denied sex reassignment surgery because of not having a place to recover from the surgery. A US study also found that “some transgender adolescents and young adults may need access to hormone therapies or surgical treatment as a medically necessary aspect of their transition. ...many providers are not culturally or clinically competent to provide the care that transgender homeless youth desperately need” (Cray, Miller, & Durso, 2013).
Factors Contributing to Homelessness

**Literature Review**

There are often multiple factors contributing to LGBTQ2S individuals becoming homeless. Homophobia and/or transphobia, discrimination, and prejudice play a central role in LGBTQ2S over-representation among homeless youth (Wong-Chong, 2007). Many studies have found that family conflict over sexual orientation or gender identity is a significant driver behind LGBTQ2S youth homelessness (Cray, Miller, & Durso, 2013 and Abramovich, 2013). One US study found that although LGBTQ2S youth were less likely to report being “thrown out” as a result of their sexual orientation or gender identity than heterosexual youth experiencing homelessness, many believed they had little option to remain in their homes when there was family tension (Cray, Miller, & Durso, 2013). Research has also suggested that some LGBTQ2S youth choose the streets over their homes because life on the street (especially in large urban centers like Toronto) may provide them with a sense of acceptance and support that is missing in their home and community environments (Kruks, 1991 as cited in Wong-Chong, 2007).

Although family conflict over sexual orientation and/or gender identity is clearly a contributing factor to homelessness, some studies have found that it is not the primary cause of homelessness for the majority of LGBTQ2S youth. US studies have found that for both heterosexual and LGBTQ2S youth, severe family conflict, physical abuse, sexual abuse, neglect, substance abuse, mental health disabilities, and abandonment are all common contributing factors (National Alliance to End Homelessness, 2008). Similarly, research on Female-to-Male (FTM) transgender people who are homeless in Toronto found that factors contributing to homelessness include: loss of family at a young age; histories of abuse and violence; mental health issues; discrimination, marginalization, and transphobia” (The Homeless Hub, 2012). Data from the US also suggests that “approximately one-third of LGBT homeless youth clients have been in foster care, and the same number have had contact with the juvenile justice system” (Durso and Gates as cited in Cray, Miller, & Durso, 2013).

**Survey and Short-Interview Participants**

The most common factors contributing to homelessness and housing instability reported by survey and short-interview participants in this study who identify as LGBTQ2S were the lack of affordable housing, a lack of support from family or friends, discrimination in the housing market, a history of abuse, and living in poor or substandard housing. Other factors reported by at least a quarter of participants included mental health issues, insufficient income to afford housing, and not having enough supports with daily living. Factors reported by at least 10% of participants included credit issues, alcohol or substance use, physical health issues, change in employment income, relationship change, abuse, and moving to another community.

**Focus Group Participants**

As part of the study, a focus group was conducted specifically with transgendered people. Participants of this focus group also completed a survey, so factors contributing to homelessness among these participant are included in the discussion above. During the focus group, participants highlighted how discrimination, marginalization, and transphobia contributed to their housing challenges. They spoke about their vulnerability and the risk of being re-victimized or sexually exploited by landlords or other tenants. They also identified a lack of education among policy makers, service providers, and private sector actors such as landlords, superintendents and realtors about trans-appropriate environments and transphobic behaviours.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among LGBTQ2S individuals in Scarborough. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among LGBTQ2S Adults and Youth in Scarborough
Experience of Homelessness and Housing Instability

**Literature Review**

Because of homophobia, transphobia, discrimination, or fear of violence, LGBTQ2S individuals experiencing homelessness may be more likely to keep their homelessness hidden. Canadian research has found that LGBTQ youth often feel safer on the streets than in shelters due to homophobic and transphobic violence in the shelter system (Denomme-Welch et al., 2008; Ray, 2006 as cited in Abramovich, 2013). US research has also found that “LGBT persons often have great difficulty finding shelters that accept and respect them. Transgender people are often forced to classify themselves as a gender with which they do not identify. These individuals are particularly at physical risk in shelters” (National Coalition for the Homeless, 2009). The majority of FTM transgender people who participated in a research study in Toronto stated that they avoid the shelter system and choose to sleep outside, couch surf, or use drop-ins” (The Homeless Hub, 2012). “FTMs expressed fears of violence when staying in men’s shelters and fears that their male identity and personal dignity would be judged and ridiculed in women’s shelters” (The Homeless Hub, 2012).

LGBTQ2S individuals experiencing homelessness are also more likely to turn to particularly high-risk activity in order to survive. “Surveys have found that LGBT youth are more than three times as likely to have engaged in survival sex (i.e. trading sex for food, a place to sleep, or other basic needs because of their extreme need)” (Hyatt as cited in Cray, Miller, & Durso, 2013).

Most heterosexual and LGBTQ2S youth do not experience long-term homelessness (National Alliance to End Homelessness, 2008). However, LGBTQ2S youth experience longer periods of separation from their families, and possibly longer periods of homelessness, than their heterosexual peers (Cray, Miller, & Durso, 2013). “Data from New York City show that the average period of time away from family among homeless youth is 26 months, but among lesbian, gay, and bisexual homeless youth, the average is slightly longer—29 months—although the median time away from home of one year is in line with the general population. For transgender youth, the duration of familial separation jumps significantly. Transgender homeless youth reported an average period of separation from their parents or guardians of 52 months, with a median duration of 30 months” (Freeman and Hamilton as cited in Cray, Miller, & Durso, 2013).

**Survey and Short-Interview Participants**

The majority of the survey and short-interview participants identifying as LGBTQ2S in this study were currently renting their own unit, while a small number were staying in a rooming house, or sleeping rough. Two thirds of participants reported their housing to be unaffordable to them and one third reported poor housing conditions. The majority of participants reported multiple instances of housing instability in their past.
Barriers to Finding and Maintaining Housing and Accessing Services

Literature Review

Abramovich reports that there are few specialized support services for LGBTQ street-involved youth in Canada, though there are several specialized evening/drop-in programs for this group in Toronto (Abramovich, 2013). We can also gain some relevant insights from US based research by Cray, Miller, & Durso: Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth. This research found that because LGBTQ2S youth experiencing homelessness are less likely to have familial support, they are less likely to turn to family for assistance with meeting basic needs that also support them in getting housed (such as food, hygiene items, clothing, and economic security), and are much more likely to be self-reliant for meeting their needs (Cray, Miller, & Durso, 2013). However, "entanglement with the justice system may... harm the ability of LGBT youth to find housing when they attempt to live on their own". Among youth who report being in need of assistance with obtaining long term housing, a disproportionate number of LGBTQ2S youth have trouble accessing needed assistance; 16% of LGBT youth are unable to access such services, double the rate of heterosexual homeless youth (Rabinovitz et al. as cited in Cray, Miller, & Durso, 2013). Cray, Miller, & Durso also reported that “LGBT homeless youth also report finding greater difficulty than the general homeless population in accessing services related to education and employment”. They referred to a study that found that 15% of homeless youth reported needing assistance to go back to school but not being able to get it, compared to 30% among LGBT youth.

Survey and Short-Interview Participants

The most common barriers to accessing services reported by survey and short-interview participants in this study who identify as LGBTQ2S were unfair service rules, lack of awareness about services/programs, and shame in accessing services. Over one third of participants reported barriers related to lengthy application or approval processes or wait times and discrimination. Over one quarter reported a lack of required services and difficulty in finding their way to services they have been referred to. Other factors reported by at least 10% of participants included mental health issues, not qualifying for needed services, requirements to provide documentation, and burdens of travel time.

Focus Group Participants

One of the major barriers to finding and maintaining housing identified by transgender focus group participants was the discrimination they experience due to their gender identity. Participants identified this as an issue both in the employment and housing market.

Regarding barriers to accessing services, one of the major concerns was related to access to shelter services. Participants expressed concerns about the negative client experience they have had with some shelter staff and their lack of trans-appropriate behaviours. In keeping with the literature, a number of participants expressed fears of violence when staying in men’s shelters and some participants admitted that they felt safer staying outside than in the existing shelters. A concern was also raised about the lack of support for the enforcement of trans-appropriate environments in subsidized housing. For example, one participant reported that housing provider staff did nothing to supporting the creation of a safe environment and address transphobic behaviours of other residents after they raised concerns. Transgender focus group participants perceived there to be a greater availability of services for youth and seniors, but a gap in services for adults. Participants also identified challenges in accessing quality legal aid if the client is believed to be “capable”.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified key factors that create barriers to finding and maintaining housing among LGBTQ2S individuals in Scarborough. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among LBGTQ2S Individuals in Scarborough

**Individual Barriers**
- Mental health
- Addictions
- Physical health
- Entanglement with justice system
- Difficulty accessing education and employment services
- Inadequate income / poverty
- Discrimination as a result of homophobia and transphobia
- Inability to turn to family for basic needs
- Lack of affordable housing
- Lack of LGBTQ2S, and in particular, trans-friendly services

**Service System Barriers**
- Difficulty accessing education and employment services
- Inability to turn to family for basic needs
- Lack of affordable housing
- Lack of LGBTQ2S, and in particular, trans-friendly services

**Structural Barriers**
- Mental health
- Addictions
- Physical health
- Entanglement with justice system
- Difficulty accessing education and employment services
- Inadequate income / poverty
- Discrimination as a result of homophobia and transphobia
- Inability to turn to family for basic needs
- Lack of affordable housing
- Lack of LGBTQ2S, and in particular, trans-friendly services

Service Gaps and Service Needs

**Literature Review**

Abramovich's research on LGBTQ homelessness in Toronto has identified that "LGBTQ youth have a greater need for acceptance in the form of safe spaces where youth are able to identify themselves freely, as well as specialized programs that address and acknowledge the impacts that homophobia and transphobia have on this population's wellbeing and mental health" (Abramovich, 2013). This research has also identified the need for changes to Toronto's shelter system to become safer, more accessible, and more supportive of LGBTQ youth who are homeless. These include the need for training for shelter staff to deal with situations of homophobia and transphobia; the need to revise the City of Toronto's shelter complaints procedure; the need to
revise shelter policies to allow youth to identify their sexuality, gender, preferred names, and pronouns and strict anti-homophobic and transphobic language policies; the need for shelters to provide appropriate resources for youth; and the need to create specialized services for LGBTQ homeless youth. Abramovich reports that “several youth shelters in Toronto allocate 1-2 beds to transgender youth, which is problematic because it segregates youth in a way that forces them to out themselves as transgender to everyone else in the shelter” (Abramovich, 2013). The Wellesley Institute conducted a study on FTM shelter needs and gaps in 2008, and trans access to shelters was revisited in 2013 by Duchesne. The research identified a lack of trans-appropriate shelter services and transphobic behaviours among non-trans residents and staff. The Wellesley Institute’s recommendations included that:

- The City of Toronto must develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk of violence in order to meet their shelter and housing support needs
- The City must undertake an anti-violence campaign in all shelters with a specific focus on men’s shelters
- Shelter providers must immediately stop transphobia from occurring in the shelter system
- Ontario must implement strategies for reducing service barriers for transgender/transsexual people.

Survey and Short-Interview Participants

The most common unmet service need reported by survey and short-interview participants who identify as LGBTQ2S was basic needs, such as food and clothing, with over half of the participants reporting this as an unmet need. At least one third of participants reported unmet needs related to income support, life skills and support services, and identification assistance. Over one quarter reported having unmet needs in the areas of housing support, employment support, educational support, and counselling, referral or case management services.

The most common suggestions offered by LGBTQ2S participants to help them find and maintain suitable stable housing were support to address housing affordability, either directly or indirectly, including lower rent costs, subsidized housing or a housing allowance, more social assistance, and help finding an affordable place. Other common suggestions included better maintained housing, different public attitudes, and transportation to see apartments. Over one quarter of participants suggested that assistance with housing applications and better access to information about their rights would be helpful. Other suggestions made by at least 10% of participants included assistance with repaying arrears and community support services for seniors and adults with disabilities.

Focus Group Participants

Transgender focus group participants identified unmet service needs in the following areas: trans-appropriate shelter services, transgender adult social and recreational groups, and somewhere to turn when they are victimized on the street, because they are not comfortable calling the police. Participants suggested that the following steps would help them access needed services and find and maintain housing: transgender education and training for shelter staff and residents, service providers, and major rental companies; policy and practices in support of trans-appropriate services in shelters and the homelessness service system more generally; greater employment of trans folk within the homelessness service system; transgender specific shelter services and/or housing; and strategies to ensure safety and security in shelters and subsidized housing.

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1 It should be noted that the City has initiated work in this area, including the creation of two new LGBTQ2S youth shelters that are opening in Toronto.
Women

Demographic Profile and Health Conditions

**Literature Review**

Homelessness affects women of all backgrounds, although single unattached women, women raising families on their own, women who are racialized, Aboriginal, immigrants, or have a disability or mental health and addiction issues are at a greater risk of homelessness (Community Social Planning Council of Toronto, 2006; CERA, 2002 as cited in FORWARD, 2006; and YWCA Canada, 2012). Many female-led lone parent families are at risk of homelessness. “Just over half – 51.6% – of single parent families headed by women (in Canada) are poor, and more than half of single mothers rely on welfare at some point” (YWCA Canada, 2012).

Mental health issues are common among women experiencing homelessness (Community Social Planning Council of Toronto, 2006). YWCA Canada reports that “One study showed 55% of homeless women in Toronto have a mental health diagnosis, double the rate of homeless men” (YWCA Canada, 2012). Ham-Rowbottom and colleagues found that “Women who have experienced violence by their intimate male partners are at an increased risk for serious mental health problems such as post-traumatic stress disorder (PTSD) and major depression” (Ham-Rowbottom, et al., 2005 as cited in Community Social Planning Council of Toronto, 2006).

**Survey and Short-Interview Participants**

Women who participated in the surveys and short interviews for this study live in a range of household compositions: 34% live alone, 19% live as part of a lone-parent family, 13% live as part of a couple without children, 9% live with unrelated adults, 6% live with relatives or their adult children and their family, and 3% live as part of a two-parent family. The remaining did not share information about their household composition.

One third of women who participated in the surveys and short interviews identified having a mental health or addictions issue, while 13% reported having a medical condition and 9% reported a physical disability.
Factors Contributing to Homelessness

**Literature Review**

The factors that contribute to homelessness among women are diverse. They include personal issues and experiences such as substance misuse, mental health issues, parenthood, divorce, and bereavement as well as structural forces such as poverty, the housing market, the labour market, and institutional factors such as housing legislation, service provision and organizational rules (Crisis, 2007). A Toronto based study identified key contributing factors to homelessness for women as: poverty; barriers to economic self-sufficiency; lack of affordable, appropriate and safe housing; isolation; and family violence” (Kappel Ramji Consulting Group 2002 as cited in Sherkin, 2004). Among families, one Scarborough based study found the top reasons for seeking shelter as fleeing abuse (52%) and inability to pay rent (35%). “Additional reasons include altercations with former landlords, ‘family issues’ and disability” (Community Social Planning Council of Toronto, 2006). A Canada-wide study by Bontoft in 1999, stated the following as causes of family homelessness:

> “Primary reasons include the lack of affordable housing, poverty, inability to pay rent, family violence and inadequate funding for social programs. Additional causes comprise discrimination, mental health issues, addictions, physical health problems, settlement issues surrounding migration and immigration, breakdown in family support structures, unemployment, lack of education and employment skills, as well as adverse childhood experiences such as homelessness. Much of the literature has denounced the shortage of affordable housing as the most significant cause of homelessness” (Bontoft, 1999 as cited in Community Social Planning Council of Toronto, 2006).

Several studies call out the link between poverty and women’s homelessness (FORWARD, 2006; Shapcott, 2013; and YWCA Canada, 2012). This includes issues related to women often having precarious employment, resulting in low wages, which forces them to seek housing in inappropriate places and leaving them vulnerable to exploitation by landlords, as well as an inability to qualify for Employment Insurance (FORWARD, 2006). Women are also more likely to live on social assistance, which is widely considered to be inadequate for covering the cost of basic needs (FORWARD, 2006; YWCA Canada, 2012).

**Survey and Short-Interview Participants**

The most common factors contributing to homelessness reported by the women who participated in the surveys and short-interviews in this study were insufficient income to afford housing, lack of support from family and friends, and lack of affordable housing, with over one third of women reporting these as contributing factors. Over one quarter reported mental health issues and histories of abuse as factors contributing to their experience of homelessness. Other factors reported by at least 10% of participants included credit issues, reduction in employment income, relationship breakdown, discrimination in the housing market, a move to a new community, physical health issues, reduction in income assistance, and alcohol or substance use by another member of their household.

**Focus Group Participants**

The major factors contributing to women’s homelessness reported by focus group participants included financial and affordability challenges, relationship breakdowns, domestic violence, landlord-tenant issues, and health issues. Other contributing factors identified by the women included unhealthy building conditions or pest issues, security concerns, incarceration, recent moves to Canada, and lack of money management skills.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among women in Scarborough. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among Women in Scarborough

Individual and Relational Factors
- Addictions
- Mental health
- History of abuse
- Relationship breakdown
- Altercations with landlords
- Fleeing abuse

Service System Failures
- Limited connections to supports for dependent children
- Limited awareness of services
- Inadequate service provider resources to provide quality services
- Insufficient coordination between service providers

Structural Factors
- Physical health
- Poor credit history
- Eviction/inability to pay rent
- Lack of education and employment skills
- Difficult or traumatic childhood experiences
- Lack of social support
- Inadequate income/poverty
- Structural barriers to economic self sufficiency
- Discrimination
- Lack of affordable housing

Strategic Planning Network (SHSPN) Focus Group and Community Workshop

Laying A Foundation
Housing and Homelessness Research Report for Scarborough
Vink Consulting
Experience of Homelessness and Housing Instability

**Literature Review**

Like the diversity in factors that contribute to women’s homelessness, their experiences with homelessness are diverse. For many women their homelessness is hidden, making their experiences less well understood (FORWARD, 2006; YWCA Canada, 2012). Mothers are more likely to keep their homelessness hidden by staying with friends or relatives to avoid any risk of apprehension of their children if they go into a shelter (FORWARD, 2006). Hidden homelessness is also particularly prevalent among migrant women whose families often must live in conditions of extreme overcrowding due to extremely low wages and high rents in communities such as Scarborough (FORWARD, 2006). Research conducted by Sistering, a drop-in and support service organization for women in Toronto, argued that the full extent of women’s homelessness is extremely underestimated due to a failure to understand the continuum of women’s homelessness (Sherkin, 2004).

YWCA Canada reports that “women sleep on the streets of our major cities… (and) trade survival sex with men for a place to crash for the night. Teenage girls, fleeing sexual abuse, violence and homophobia at home, squat in unsafe abandoned buildings, or move in with older men to survive” (YWCA Canada, 2012). A UK study found that many women become homeless directly from the family home or soon after their transition to independence (Crisis, 2007). The study also found that their homelessness experience usually begins with a temporary arrangement with friends or family or another hidden accommodation situation such as squatting or rough sleeping, although many go on to stay in shelters. A study of adult users of family shelters in Scarborough found that 54.5% reported having a previous shelter experience. Lengths of stay ranged from two weeks to seven months, with an average of three months (Community Social Planning Council of Toronto, 2006).

**Survey and Short-Interview Participants**

The housing arrangements of women who participated in the surveys and short interviews varied, and included individuals who own their own housing, rent their own unit, are staying in a shelter, sleeping rough, and staying temporarily with relatives or friends. The vast majority (84%) of those currently living in housing reported their housing to be unaffordable to them. Approximately two thirds (68%) reported their housing to be in poor condition. Over one-third (37%) reported their housing to be overcrowded.
Barriers to Finding and Maintaining Housing and Accessing Services

**Literature Review**

The literature discusses both personal experiences and systems failures as barriers for homeless women in finding and maintaining housing. Many women, particularly those who suffered disrupted and problematic childhood, have no familial safety net to fall back on, such as a family home to return to or ability to seek financial support of parents (Crisis, 2007). Women also face barriers to employment. A Scarborough study of families in shelters found that securing employment while living in a shelter can be challenging, as many parents provide transit for their children, which impedes their ability to work full-time (Community Social Planning Council of Toronto, 2006). Interactions with institutions and services can also create barriers for women in finding and maintaining housing, including: any move from one shelter to another, or moving on, or being referred on, from one non-housing service to another which results in loss of contact with workers they had previous services with; unsatisfactory experiences asking for help as it may deter her from approaching services for assistance again; or the woman being taken into custody (Crisis, 2007).

Feminist Organization for Women’s Advancement, Rights & Dignity (FORWARD), produced a report to the United Nations on violations of the International Covenant on Economic, Social and Cultural Rights in Canada in 2006 based on the testimonies, discussion, and analysis from weekly meetings with over 40 women in Toronto who were homeless or socially isolated. The report speaks to one of the key barriers to finding and maintaining housing, the challenges women face in accessing social assistance, including the shelter allowance and/or assistance with first and last month’s rent. Two excerpts from FORWARD’s report have been included below which strongly articulate these challenges. It should be noted that since the time this report was produced some procedures have changed, for example, individuals leaving correctional facilities may now use their mug shots as identification to apply for social assistance, but the other challenges remain.

"Women who are being released from hospitals and jails with no fixed address, and women who are living on the streets, in shelters, or in places not intended for human habitation, have to get a landlord to sign a “promise to rent” form in order to begin receiving (shelter allowance) benefits (or assistance with first and last month’s rent). It is almost impossible to get this letter signed without money to offer as a down payment. ...Women are made particularly vulnerable by this requirement because of the sexual exploitation that may be the price of the promise to rent. In addition, this requirement alerts potential landlords to the fact that women are currently homeless and applying for (or in receipt of) welfare, two more strikes against us in competing for tenancy, along with discrimination we may face on the basis of race, citizenship, disability, language, family status, and sexual orientation. Also, if a woman’s identification has been lost or stolen while homeless, or if it was not returned upon release by a jail or hospital, she has to replace it before applying for welfare, a process which costs money and takes weeks."

"It is very difficult to navigate this complex and lengthy process (application for Disability benefits in Ontario) while living on an income that is about half of what we would receive on disability benefits. As a result we are forced to subsist with inadequate food and housing and under conditions of stress that may exacerbate our physical or mental health conditions. Routine denial at the first stage of application means that almost all applicants must also go through an appeals process in order to be successful. Because the adjudication process is not transparent, a woman might receive no information about why her application was rejected or what might be required in order to strengthen her claim. Many women with disabilities—especially women who are homeless, who have mental health problems and/or who do not read or speak English—are unable to complete the process within the required timelines and are never able to access the supports to which we should be entitled.” (FORWARD, 2006)
Survey and Short-Interview Participants

The most common barrier to accessing needed services reported by women who participated in the surveys and short-interviews for this study was a lack of awareness about services. This was reported as a barrier by 44% of participants. Over one quarter of women reported that barriers to accessing needed services included lengthy application or approval processes or wait times, unfair service rules, and shame in accessing services. Other common barriers reported by at least 10% of women included a lack of required services, mental health issues, requirements to provide documentation, lack of public transportation, lack of child care, and eligibility criteria for various services.

Focus Group Participants

Women who participated in the focus groups agreed that common barriers to finding and maintaining housing were related to the availability of affordable housing, their financial situation and low income, their experience with services, and discrimination in the housing market. Financial barriers included a lack of a deposit for first and last month's rent at the time of application to housing, poor credit or lack of a co-signer, arrears, insufficiency of social assistance and Employment Insurance benefits, as well as the cost of transportation to view apartments. Service barriers included very quick turnover of the list of vacant housing units; insufficient supports to transition from shelters to housing; lack of timely and courteous responses from service providers—social assistance workers and shelter staff in particular; and lack of system navigational supports. The women reported discrimination in the housing market for a wide variety of reasons, including being in receipt of social assistance; having poor credit; their ethnic or racial identity; household size; not having a letter of employment; currently experiencing homelessness; and having a criminal record.

Women in several focus group sessions also identified policy barriers to finding and maintaining housing. These were primarily in the areas of social assistance and ancillary income supports and social housing. In regards to social assistance and ancillary income supports, the main barriers identified included the inadequacy of social assistance benefits; too lengthy of a time period to be able to access the Housing Stabilization Fund for a second time for assistance with first and last month's rent; and inadequacy of the start-up assistance to cover the costs of moving and storage. In regards to social housing, the main barriers included challenges providing the required documentation to obtain priority status for social housing and lack of a sheltered-homeless priority for social housing (although the latter was a misconception).

Other barriers identified by the women included challenges accessing employment as well as the child care necessary to support employment.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified key factors that create barriers to finding and maintaining housing among women. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among Women in Scarborough

Individual Barriers

- Mental health
- Addictions
- Physical health
- Unemployment
- Settlement issues
- Lack of education and employment history

Service System Barriers

- “Promise to rent” form required from prospective landlord in order to receive start-up/shelter benefits through the Housing Stabilization Fund
- Aversion to seeking help after unsatisfactory experience
- Lack required proof for priority status for social housing
- Limited awareness of services

Structural Barriers

- Inadequate income / poverty
- Structural barriers to economic self-sufficiency
- Time and cost to obtain ID
- Difficult to navigate application for disability benefits
Service Gaps and Service Needs

**Literature Review**

There is limited literature that explores homeless women’s service gaps and needs. A Toronto based study identified issues with Toronto’s system of supports and services in response to homeless women’s health care needs and supporting survivors in building solutions (Kapell Ramji Consulting Group 2002 as cited in Sherkin, 2004). Nationally, YWCA Canada identified a lack of appropriate shelter services for women with disabilities (including women with physical disabilities, as well as visual and hearing impairments) fleeing violence, and a shortage of detox beds dedicated to women, despite many street-involved women struggling with mental health and addiction issues (YWCA Canada, 2012). Internationally, a UK study reported women’s lack of engagement with needed services while experiencing hidden homelessness, including employment services, education and training services, and mental health or addictions services or general counselling (Crisis, 2007). A Toronto based study also identified the need for additional "supports for independent living, and programs to improve... mental and emotional well-being, such as counselling and access to traditional remedies" (FORWARD, 2006).

**Survey and Short-Interview Participants**

The most common unmet service needs reported by women who participated in the surveys and short interviews for this study were basic needs, housing support, income support, and employment support, with almost one third (31%) of participants reporting unmet needs in these areas. Over one quarter of women reported having unmet mental health service needs. At least 10% of women reported unmet service needs related to educational support, life skills and support services, domestic violence counselling, and school support services for their children.

The most common suggestions women had to help them find and maintain suitable stable housing were related to improving housing affordability, including lower rents, subsidized housing or a housing allowance, and assistance finding affordable housing. Over one third of women suggested better maintained housing, transportation to see apartments, and higher social assistance rates would help them find and maintain housing. At least one quarter of women thought that they would benefit from: a housing worker, or other support, to help keep their housing once they have housing; help finding employment; job training or education; better awareness of available services; help with housing applications; and assistance with repaying arrears.

**Focus Group Participants**

The most common unmet service needs reported by women who participated in the focus groups were related to financial/social assistance, employment services, and health services. Regarding financial or social assistance, the women identified unmet needs related to their financial ability to cover the costs of food and other expenses while staying in shelters, the costs of transportation, and the costs of child care while at appointments. Assistance with the application process for disability benefits was also identified as an unmet need. In terms of health services, the women reported unmet needs in the areas of family health care, dentistry services, and psychiatry services. Other unmet needs reported by the women include services for their children both academically and behaviourally, education services, and clothing.
The focus group participants suggested that the following would help contribute to women’s ability to find and maintain housing:

**Housing Services**
- More housing search services and supports for successful transitions from shelters to housing
- Partnerships with and connections to landlords to support access to affordable housing for people on social assistance, with credit issues, or other barriers to housing
- Assistance for individuals with physical disabilities to view apartments
- Better awareness of landlord and tenant rights

**Housing**
- Lower rents and more subsidized and affordable housing and housing allowances
- Neighbourhoods that are clean and safe for low income families
- Better enforcement of building condition standards and the Landlord and Tenant Act

**Other Services**
- Employment services, including connections to employment opportunities that are friendly to people with children
- Better access to information on existing policies and regulations and available services, and system navigation support. Specific suggestions included a list of services people experiencing homelessness get priority for, as well as an online tool where you click “these are my issues” and it says “this is what you could do”
- Wrap-around services for individuals with addiction issues
- Financial literacy skills and supports
- Legal assistance
- Outreach from other services into shelters
- Better awareness among service providers about policy and program changes

**Policies**
- Assistance with first and last month’s rent that can be provided to the landlord at the time of application
- More frequent eligibility for housing start-up assistance (first and last month’s rent)
- Reduce disincentives for social housing residents and social assistance recipients to work
- Make the application process for priority status for social housing for victims of domestic violence less onerous
- Increase the priority access to social housing for individuals requiring it to maintain custody of their children or for family reunification

“The government should create structures to support people to work, such as ensuring childcare is available”
- Individual with lived experience
Jen's Story*

This is the first time Jen has experienced homelessness. Before coming to the shelter, Jen and her two kids had been living in a one bedroom apartment. She was sub-leaseing the place, and although she paid her rent to the leaseholder, Jen and her children lost their place because the leaseholder was not paying the rent to the landlord.

She came to the shelter with nothing: “my son and my daughter are in pampers, I had no diapers, no formula, nothing.” Choking back tears Jen explained how after receiving $60 when she entered the shelter, she was told she did not qualify for any more financial assistance for personal needs because she was on Employment Insurance. “You don’t qualify for a lot of assistance when on EI. They gave me $60 when I entered shelter, and said I was not qualified for any more money. Basically my kids and I starved for a week, that is just wrong, I had to listen to my little babies scream for food, because I didn’t have anything. Everyone should be qualified. If anything I could pay it back when I get it, but in the meantime is when I need help”.

Jen shared how she had gotten an education to try to build a good life for her family, but has only found precarious employment, and her income has been consistently too low to afford suitable housing. She desperately wants be able to afford a three bedroom unit to allow her to regain custody of her other daughter. “For four years I have been battling to try to have my daughter and they (the courts) keep saying no, because I don’t have a big enough place”, Jen said. Jen has been on the social housing waiting list for four years and thinks that people who need subsidized housing to support family reunification should get higher priority.

Besides her need for financial assistance to help meet the basic needs of her family while at the shelter, Jen also identified unmet needs related to counselling and other mental health services. She thinks her lack of awareness about services and programs is keeping her from accessing the services she needs. Although Jen notes that shelter staff have given her phone numbers for service providers, she thinks that services at the shelter would better help her meet her needs.

*Jen was a focus group participant. Her name has been changed to protect confidentiality.
Literature Review

The scale of homelessness among individuals who have recently exited correctional facilities is unknown. Toronto shelter data shows that one in five homeless people come directly from corrections, although this number is likely an underestimate because many people may not self-report having been recently released from a correctional facility (John Howard Society of Toronto, 2015). One national estimate is that 30% of individuals incarcerated in Canada have no homes to go to upon their release (Zorzi et al. 2006 as cited in John Howard Society of Toronto, 2010).

In terms of age, based on the research participants of a study by the John Howard Society of Toronto, recent releasees who were homeless are significantly more likely to be older than non-homeless participants (22.9% of the homeless versus 8.9% of the housed respondents were 50 years of age or older) (John Howard Society of Toronto, 2010). The same study found that the majority (64%) of homeless participants relied on income support programs, and only 4% were employed. Another 31% referred to having other sources of income, including illegal activities. Based on study participants in Toronto and Ontario based research, Aboriginal people are over represented among recent releasees who are homeless compared to the general Canadian population (Novac, et al, 2006; John Howard Society of Ontario, 2006).

Recent releasees experiencing homelessness often have health impairments. John Howard Society Toronto found that 43.3% of their research participants who were homeless versus 26.6% of housed respondents had a physical or psychiatric disability or chronic illness (John Howard Society of Toronto, 2010). Similarly, among releasees studied in Ontario and British Columbia the John Howard Society of Ontario found that mental illness was more characteristic of homeless releasees (33%) and underhoused (33%) releasees than those who were currently housed (18%). Nevertheless, the rates of reported mental illness for all releasees are higher than the general population” (John Howard Society of Ontario, 2006). Substance use was also identified as a potential issue in this study, with reported daily use of cigarettes 89%; alcohol 17%; marijuana 20%; crack 25%; cocaine 13%; heroin 2%. Other research has found higher rates of substance use among criminalized individuals. The Canadian Centre on Substance Abuse reported that about 51% of federal prisoners have an alcohol problem and 48% experience problems with drugs (CCSA, 2004). It also reported that heroin is abused at high rates in urban centres such as Toronto.

1 Service providers serving criminalized men in Scarborough report high proportions of both older men and young men.
Factors Contributing to Homelessness

Literature Review

The literature identifies a number of factors that contribute to homelessness among recent releasees, including loss of housing while incarcerated, barriers to return to previous accommodations, limited social attachments, absence of strong transitional planning when being released from custody, delays in obtaining social assistance upon release, low income, and underemployment (John Howard Society of Ontario, 2006; Novac, et al, 2006; Novac, et al, 2007; John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). Novac’s research notes that welfare workers no longer go into prisons. A range of barriers to return to previous accommodation prior to incarceration were identified in John Howard Society of Toronto’s research. These included: being obligated by court order to avoid their former location (44.8%); wanting or hoping to find a better housing situation (20.7%); economic reasons (27.6%); and family separation (6.9%). These barriers are compounded by social assistance benefits being cut-off when individuals are incarcerated, causing prisoners to go into arrears on their rent/mortgage and being evicted or falling into big debt (John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). Individuals receiving welfare benefits must reapply for assistance post-release. However, individuals receiving disability benefits may be able to re-activate suspended benefits, depending on various factors (John Howard Society of Toronto, 2010). “Prisoners released at week’s end may face several days without money or any assistance at all… welfare files are closed within 30 days of inactivity. People incarcerated for a longer term cannot have their benefits re-instated; they must begin a new application process” (Novac, et al, 2006). Incarcerated individuals who live in subsidized housing lose their housing if they do not occupy their units for ninety days, even if they continue to pay rent (Elizabeth Fry Toronto, 2014).

Survey and Short-Interview Participants

The number of survey and short-interview participants for this study reporting recent release from incarceration was quite small, so the results presented here should be interpreted in that context. Not surprisingly, conflict with the law and recently being released from incarceration were reported as the most common contributors to releasees losing their housing. Other common factors included histories of abuse, alcohol or substance use, mental health issues, physical health issues, credit issues, recent eviction, relationship breakdown, lack of support from family and friends, and out of home placement as a child.

Focus Group Participants

Many of the criminalized individuals who participated in the focus groups identified being incarcerated as one of the key contributors to their experience of homelessness. Some participants also identified factors related to mental health and addictions, medical conditions, experiences of violence from an intimate partner or others, as well as fluctuations in social assistance for reasons such as their assistance being suspended or reductions when a dependent child turned 18.

1 Service providers serving criminalized men in Scarborough report that one of the factors contributing to homelessness that is more pronounced in Scarborough is immigrants with a domestic charge (either because they are not aware of Canadian laws or do not accept Canadian laws), with no previous criminal history, who become homeless because they are not able to go back to their previous residence.
**SHSPN Focus Group and Community Workshop Participants**

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among individuals exiting incarceration in Scarborough. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

**Factors Contributing to Homelessness among Individuals Exiting Incarceration in Scarborough**

- Living in new/poor community with negative social influences
- Conflict with roommates
- Lack of rent deposits and references
- Desire or obligation through court order to avoid former location
- Lack of social support
- Social assistance cut off when incarcerated and delayed upon release
- Regulatory and policy barriers to maintaining housing while incarcerated, and no services to assist with this
- Limited ability to plan for housing when incarcerated
- Challenges for the long term institutionalized to live independently
- Lack of identification (barrier to social assistance and other housing and services)
- Out of home placement as a child
- Work in the sex trade
- Limited education and employment history
- Unassessed or unmanaged mental health and/or addictions symptoms
- Family separation
- Inadequate income / poverty
- Landlord discrimination as a result of not being able to report housing history while incarcerated and failure to pass background check
- Stigma of criminal history causes barriers to employment
- Taking regulated medication while incarcerated, but released without medication and a long wait time to access services, causing health symptoms
- Men from the US must wait for three months for health care coverage, many also come without identification and don't qualify for social assistance
- Lack of affordable housing and legal rooming houses
Experience of Homelessness and Housing Instability

**Literature Review**

Based on research by the John Howard Society of Toronto, over one in five (22% of) incarcerated individuals were homeless immediately prior to being incarcerated (John Howard Society of Toronto, 2010). Just over half (51.8%) of these individuals were staying in a shelter or treatment facility, 37.3% were living on the street or in places considered unfit for human habitation or staying in a treatment centre; and 10.8% percent were couch-surfing. The vast majority (85.5%) anticipated being homeless again on discharge, with most planning to go to a shelter. Only 7.2% reported that they planned to live in a self-contained unit, and 4.8% intended to rent a room. Administrative data from government sources shows a growing sub-set of single homeless men that cycle back and forth between shelter and jail. Data also showed that individuals who came from corrections tended to spend longer in the shelter system than other shelter users (Novac, et al, 2007).

Post release, 32.2% of John Howard Society of Toronto's research participants anticipated being homeless and another 12.4% said they would not go to a shelter, but they did not know where they would go (John Howard Society of Toronto, 2010). Even among those housed post-release, there is a high degree of housing instability. Half of those intending to return to their previous accommodation upon release expected their stay would be only temporary and last as little as one day, and most did not know where they would live next. Research by the John Howard Society of Ontario found that even among research participants currently housed “80% reported being homeless at some point in the previous six months or since being released from prison. Forty three percent reported that since being released from jail they found it difficult finding a place to stay at least once a week, with 34% reporting that was a problem they faced on a daily basis. Of those who were currently housed, 65% reported to have stayed in a shelter on at least one occasion during the last six months” (John Howard Society of Ontario, 2006).

**Focus Group Participants**

Many of the criminalized individuals who participated in the focus groups spoke about their inadequate housing conditions. In reference to the lack of availability of affordable housing options in good neighbourhoods, one participant commented that “it is hard especially if you’re an addict to get away from that lifestyle and move on if it is all around you”. Some participants discussed the challenges of living in rooming houses as the only option that was affordable to them. One participant reported that “it is chaotic living in a rooming house. There is not enough space, you can’t even go home and relax, and (because of the activities of roommates), you have to deal with police in everyday living.” Another stated “I live with seven other residents, some are addicts; I don’t want to be liable for pushing someone. I end up staying with family when I can. When you are placed around people that don’t want to help themselves, it is hard to move on.”
Barriers to Finding and Maintaining Housing and Accessing Services

Literature Review

The literature discusses a number of structural barriers to homeless releasees finding and maintaining housing, including: loss of employment while incarcerated and barriers to employment post incarceration; stigma of criminal history and discrimination by landlords (John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). Elizabeth Fry Society reports that landlords “become very suspicious if women are not able to say where they have been living or paying rent (e.g., while incarcerated). Landlords also assume that women coming from the justice system will bring violence with them into their new homes. Even the most supportive landlords in the private market draw the line on drug use and will move quickly to evict” (Elizabeth Fry Toronto, 2014). Releasees also face community objection due to concerns with safety. Like others living on fixed or limited incomes, the lack of affordable housing creates barriers to individuals exiting incarceration in finding and maintaining housing.

Many of the barriers releasees face in finding and maintaining housing are related to their interactions with institutions themselves. Many releasees from remand are released as a “direct discharge from the courthouse, without giving the individual the opportunity to recover belongings or the necessary resources to make arrangements for transition into the community” (John Howard Society of Ontario, 2006). Individuals who are incarcerated or living in half-way houses receive very limited income support during their stay, and many leave the institution with little money for housing (Elizabeth Fry Toronto, 2014). Incarcerated individuals also have very limited ability to plan for housing while in jail, and organizations serving individuals exiting incarceration are generally unable to deliver their services in a coordinated manner with institutions (John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). Further, for long time incarcerated individuals, the transition from a highly structured environment to an unstructured setting can create challenges in releasees ability to maintain their housing (Elizabeth Fry Toronto, 2014).

Service system failures are also major contributors to the barriers individuals exiting incarceration face in finding and maintaining housing. Many releasees do not have the personal documentation required to apply for services or housing (Elizabeth Fry Toronto, 2014). Elizabeth Fry Toronto reports that those with existing applications for “subsidized housing need to contact Housing Connections annually to confirm their interest in staying on the waiting list; this is challenging for women who are homeless or living precariously. Further, Housing Connections is a mail based system, which may make it difficult to communicate with women who are in jail/prison” (Elizabeth Fry Toronto, 2014). John Howard Society of Toronto notes that there is a resistance even within social services to engage with criminalized individuals. The literature has also found that shelters do not offer adequate structure and assistance to support successful transitional housing situations and there are long wait lists for subsidized and supportive housing and for support programs, such as those available at Elizabeth Fry Toronto. The Elizabeth Fry Society reports that “increasingly many housing providers or agencies that hold head leases require insurance from tenants. This means women need a bank account and criminal reference checks which is problematic for women who have a history of theft or fraud” (Elizabeth Fry Toronto, 2014).
Survey and Short-Interview Participants

Recent releasees who participated in the survey and short-interviews for this study most commonly identified the following barriers to accessing services: lack of awareness about services or programs; lack of required services; lengthy application or approval processes or wait times; shame in accessing services; as well as mental health issues and physical health issues. Other barriers included unfair service rules; eligibility criteria for services; discrimination; challenges navigating their way to services they have been referred to; and lack of public transportation.

Focus Group Participants

The lack of availability of quality housing that is affordable to individuals with low or fixed incomes was a commonly identified barrier to finding and maintaining housing by criminalized individuals who participated in the focus groups. Like other individuals with lived experience, criminalized individuals who participated in the focus groups identified concerns related to the services they received through social assistance, including: lack of timely response from front-line staff; withholding of assistance, including for reasons that the front-line staff person perceives the rent costs to be too high\(^1\); and denial of disability benefits. Participants also spoke about the inadequacy of social assistance benefits to afford housing and the inability to improve their economic position while in receipt of social assistance.

Many of the focus groups participants reported discrimination in the housing and employment markets as a result of their criminal background. Like other individuals with lived experience, they also reported discrimination related to being on social assistance, having poor credit, not having a rent deposit available at the time of application, not having a letter of employment or a co-signer, or because they have pets. Some participants also discussed how they didn’t have identification when exiting incarceration, which created significant barriers in accessing housing and services.

The focus group participants identified a number of polices that act as barriers specifically for criminalized individuals to find and maintain housing. These include social assistance being cut-off or put on hold when they are incarcerated, which may result in them having to reapply upon release. This creates delays in receipt of assistance, which leads to housing instability. The following policy issues related to social housing were also identified as barriers:

- Incarcerated individuals who were homeless lose their homeless priority status when incarcerated. (It should be noted that they do not automatically lose their status. Applicants are required to reconﬁrm their homeless status every two years. If they are unable to because they are incarcerated, they would be eligible to reinstate upon release if they continue to be homeless)
- Individuals who are incarcerated face barriers to maintaining their application status as a result of requirements to maintain regular contact about their application.
- The City’s Absence From Unit policy results in incarcerated individuals losing their subsidy if they are serving a sentence that leads to an absence of more than 90 days or if they are being held in jail while awaiting trial and do not provide proof of the reason for absence and rent while they are away, which, as discussed above, is very difﬁcult to do.
- The process of accessing social housing, including the communication process with social housing applicants who move frequently, have unstable housing or who become incarcerated.

Participants also expressed dissatisfaction that the eligibility criteria for criminal and mental health housing restricts eligibility to those on parole.

\(^1\) It should be noted that social assistance staff are bound by law not to go over a certain amount, with some discretion.
Focus group participants recognized the lack of housing help as part of discharge planning process as a barrier to housing. One participant reported that “discharge planning is a technical process of checking off check boxes, and does not involve helping find housing. There are no referrals to E. Fry when in jail”.

Participants of the focus groups with criminalized individuals also raised issues about policies of concern not only to criminalized individuals. These included concerns about the frequency of eligibility of assistance through the Housing Stabilization Fund, which provides social assistance recipients with income supports to prevent homelessness, such as first and last month’s rent. These also included social housing policy related issues such as:

- The homeless priority category for social housing no longer includes sheltered-homeless which disadvantages these individuals from accessing social housing.
- Toronto Community Housing’s Internal Transfer Policy limits the ability of households requiring transfers for medical or safety reasons to transfer to suitable housing in a timely manner.
- Policies related to the size of unit a household qualifies for as well as internal transfer policies can create significant barriers to families seeking child/family reunification.

One participant talked about her lengthy and frustrating experience in trying to obtain a large enough unit to allow her son who wasn’t currently in her custody to stay with her: “My son was 14 four years ago. I wanted a two bedroom, but because I was only coming into recovery they said I had to start with a one bedroom, and couldn’t get two bedroom to allow my son to stay. Now my son is 18 and I’m no longer eligible for a two bedroom”.

Focus group participants who have experienced incarceration identified a number of challenges related to the service system that act as barriers to accessing needed services, including gaps in the availability of wrap-around supports along with housing for individuals with addictions, challenges accessing a psychologist in a timely manner, challenges accessing adequate food through foodbanks, and eligibility criteria for legal aid. They also identified challenges accessing social assistance, including having assistance withheld, the processing time for the application for disability benefits and denials of assistance, and perceived inconsistencies in the assistance provided. Speaking on this topic, one participant stated that “workers always say no. Sometimes they act as if the money comes from their own account”.

**Becky’s Story**

Becky is a 34 year old single woman. When asked about what contributed to her experience of homelessness she talked about the time she has spent in jail, and not having any family supports, a job, or any other resources to turn to when she was released. In her search for housing she reported numerous barriers. She reported that it is “almost impossible to get housing on Ontario Works”. To add to this, most landlords want a credit report and do a background check, both of which she fails. Landlords also want a co-signer because they don’t trust Ontario Works being able to cover the full rent.

Becky would like to see more information about services that are available in the community while people are incarcerated. She would also like see more assistance with accessing housing upon release from correctional facilities.

*Becky was a focus group participant. Her name has been changed to protect confidentiality.*
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified factors that were key barriers to finding and maintaining housing among individuals exiting incarceration in Scarborough. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among Individuals Exiting Incarceration in Scarborough

Unemployment
Addiction
Isolation
Loss of identification, and time and cost of obtaining identification
Lack of rent deposit and references

No stable agency support/ lack of connections to agencies
Challenges for the long term institutionalized to live independently
Social assistance cut off/ delayed and may experience income instability
Regulatory and policy barriers to maintaining housing while incarcerated

Limited ability to plan or save for housing when incarcerated, although release order demands an address
Difficulty in maintaining communication about subsidized housing application
Lack of linkages between the justice system and service providers prior to and at release
Lack of addiction recovery services in Scarborough

Individual Barriers

No co-signer

Lack of family or social support
No credit or poor credit
Longer stays in custody as a result of failing to meet bail conditions
Distrust of the system
Limited financial literacy
Inadequate income / poverty
Lack of housing plan and case management in shelter/ housing help service system
Landlord discrimination as a result of not being able to report housing history while incarcerated
Potential for eviction as a result of addictions and/or mental health issues
Having to live in neighbourhoods that are tempting
Lack of affordable housing, transitional housing, supportive housing and subsidized housing with supports

Service System Barriers

Structural Barriers

Limited information about available service provided while incarcerated

Released without medication or access to timely services to support access to medication
Release from incarceration without opportunity to retrieve identification
Resistance from social services to engage with population

Limited regulations/standards around rooming houses, resulting in poor living conditions and lack of security of tenure when the Landlord Tenant Act is not enforced
Service Gaps and Service Needs

**Literature Review**

Both the John Howard Society of Toronto and Elizabeth Fry Toronto have conducted research on service needs and gaps of criminalized men and women related to finding and maintaining housing. Service needs identified by criminalized men experiencing homelessness who participated in John Howard Society's research included: transportation (91.6%), finding affordable housing (89.2%), furniture (86.7%), clothing (81.9%), help replacing documents (75.9%), food (73.5%), applying for income benefits (65.1%), help with addiction (63.9%), finding employment (61.4%), education upgrading (60.2%), employment and skills training (55.4%), and finding a doctor (55.4%) (John Howard Society of Toronto, 2010). Service needs identified by criminalized women who participated in Elizabeth Fry Toronto's research identified that the following services contribute to criminalized women's ability to find and retain housing: “mental health supports and programs; connections to other women with lived experience (e.g., peer support); a housing plan which will support them to regain access to/custody of their children; housing support services provided by skilled staff who understand the issues facing criminalized women; housing plans and supports that are initiated in jail/prison and which follow women for two to five years; income support for a period of time (e.g., until a woman is stabilized in housing and employment; services or supports for women who are entrepreneurial; service providers who recognize that all women are different and the need to work with each woman in the context of her unique situation; service providers who are responsive and flexible and whose systems do not pose barriers for women who need support and/or are looking for help (e.g., wait lists should not create barriers for women who are ready to make a change)” (Elizabeth Fry Toronto, 2014).

Several studies have identified a gap in discharge planning from correctional facilities and coordination between the justice system and service providers to effectively establish appropriate supports in the community (John Howard Society of Ontario, 2006; Cathexis Consulting Inc., 2007 as cited in John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). If prisoners do not have pre-arranged accommodation or an expectation that they can access housing through family or friends, at best, they are provided with information on shelters in the area (John Howard Society of Ontario, 2006). Elizabeth Fry’s research identifies a need for system coordination between the justice system/institutions and Ontario Works to ensure that women do not go into arrears because their income support is cancelled when they are arrested; a need for service providers to know when a prisoner is being released either from jail or the courts, so that they can be connected with a housing support worker and a housing plan and supports can be put in place to provide assistance immediately upon release (Elizabeth Fry Toronto, 2014).

Other critical gaps identified in the research include: transportation from court to jail to collect belongings; help for inmates to retain their housing while incarcerated; supportive housing for releases with mental health challenges, disabilities, addictions problems, and more generally at risk of homelessness; and housing and support services for transitional age youth and elderly offenders (John Howard Society of Ontario, 2006; Cathexis Consulting Inc., 2007 as cited in John Howard Society of Toronto, 2010; Elizabeth Fry Toronto, 2014). Elizabeth Fry Toronto’s research has found a lack of evidence about the best approach to providing housing for criminalized individuals, but suggests that housing-ready models (i.e. models that place an individual into permanent housing only when it is determined that they are ‘ready’, which may require them having received access to health care or treatment) may be recommended for women with a history of conflict with the law and substance abuse problems (Elizabeth Fry Toronto, 2014).

**Survey and Short-Interview Participants**

Survey and short interview participants for this study reporting recent release from incarceration identified the following unmet service needs: basic needs such as food and clothing; mental health services; housing support; income support; counselling, referral or case management services; addictions services; assistance addressing health needs; life skills and support services; domestic violence counselling; court support and community support services for seniors and adults with disabilities.
Many of the most commonly suggested forms of assistance that would be helpful to releasees in finding and maintaining suitable stable housing were related to housing affordability, including lower rent costs, subsidized housing or a housing allowance, more social assistance, and help finding an affordable place. Other common suggestions included better awareness of available services and transportation to see apartments. Additional suggestions included assistance maintaining housing once they have it, such as having a housing worker, assistance repaying arrears, better maintained housing, more appropriately-sized housing, different public attitudes, help with housing applications, and community support services for seniors and adults with disabilities.

**Focus Group Participants**

Focus group participants who have experienced incarceration identified unmet service needs in the following areas: employment services and training programs to help integrate back into the community, counselling, social and recreational groups following incarceration, and dentistry services. They suggested that the following would help contribute to criminalized individuals’ ability to find and maintain housing:

**Housing Services**
- Information about available resources in the community while incarcerated
- Assistance following up with social housing waiting list administrators while incarcerated
- Assistance accessing housing upon release from correctional facilities

**Housing**
- More subsidized or affordable housing, in good neighbourhoods
- Support for transfers of social housing residents living in unsafe situations
- Opportunities for residents to provide input into potential improvements to the housing
- Opportunities to build equity and move on to other forms of housing

**Other Services**
- Wrap-around services for individuals with addiction issues
- Counselling
- Opportunities to engage with “pro social” people
- Employment and training programs and apprenticeship programs that would provide the opportunity to connect with employers willing to hire people with criminal records
- Life skills services, including meal planning and cooking skills
- Reduced transit costs

“*When you are not settled you can easily get back into the cycle*”
- Individual with lived experience

**SHSPN Members**

SHSPN members also identified a lack of shelter beds/options for single individuals in Scarborough. They noted that many people would have to travel downtown to access a shelter bed, which they are not willing to do, and therefore end up sleeping rough. A need for both “wet” and “dry” shelter beds was identified. SHSPN members also identified a need for additional transitional and supportive housing for individuals exiting incarceration. A further suggestion was to establish censents for data sharing between social assistance and social housing waiting list administration so that individuals may be contacted through their social assistance worker regarding a social housing offer.
Newcomers

Demographic Profile and Health Conditions

Literature Review

The prevalence rate of homelessness among newcomers is unknown as many are likely to keep their homelessness hidden (Gopikrishna, 2014). We do know that over one in twenty (6%) homeless individuals surveyed as part of the 2013 Toronto Street Needs Assessment reported recent arrival from another country (within the past year). Although newcomers only account for a small proportion of individuals staying in youth, single men’s, and single women’s shelters (4%, 3%, and 2% respectively) as well as outdoors (2%), they account for 30% of family shelter clients (Toronto, 2013b).

The profiles of research participants from Toronto based studies provide some indication of the demographic profiles of newcomers experiencing homelessness. The first is a study of homeless immigrants and refugees in downtown Toronto conducted by Access Alliance in 2003. The participants of this study had following demographic profile:

- 53% were 20-39 years of age, 37% were between 40-59 years, and 7% were under 20 years of age
- Single men and women constituted the largest group at 47%
- 63% of participants had children, although many were separated from their children upon emigration
- 77% speak and write some English (Access Alliance, 2003).

The second is a study by the Centre for Addiction and Mental Health and Children’s Aid Society of Toronto of homeless newcomer youth in Toronto in 2014. Some 74 newcomer youth participated in the study through surveys and focus groups. Their research participants had the following demographic profile:

- Nearly two-thirds reported having origins in Africa or the Caribbean
- Over one-third identified as LGBTTIQ
- One in four reported to have experienced some form of trauma
- One in four identified as being a parent
- Over fifty percent had completed grade 12 or some post-secondary education (CAMH & CAST, 2014).

Paradis along with other researchers conducted interviews with women-led homeless families in Toronto in 2013 and found that among those born outside Canada, half were from the Caribbean, nine from Africa, six from Asia, three from Europe, and two from Latin America (Paradis et al., 2013). They had been in Canada for an average of 4.7 years. Murdie reports that immigrants and refugees with traumatic pre-migration experiences, women from traditional backgrounds, adolescents and the elderly, are at the greatest risk of experiencing difficulties during resettlement (Murdie, 2003).
Little information is available on income, employment and educational attainment among newcomers experiencing homelessness in particular, but among newcomers in general, it has been found that they have high rates of educational attainment, but lower incomes and higher unemployment than the general population (Southwest Scarborough LIP, 2011). There are disparities among visible minorities and non-visible minorities and also between women and men. The unemployment rate for recent immigrant visible minorities is three times that of non-visible minority recent immigrants. Newcomer women have lower incomes, higher rates of unemployment and lower levels of language proficiency than men.

Research has found that newcomers are often in better health than their Canadian-born counterparts when they arrive, but over time, this health advantage disappears (Southwest Scarborough LIP, 2011). The Centre for Addiction and Mental Health and Children’s Aid Society of Toronto found the following prevalence rates of physical and mental health issues among the homeless newcomer youth who participated in their research: anxiety 38.7%; depression 32.3%; attempted suicide 26.7%; chronic health issue 24.2%; mental health needs 22.0%. They also found high rates of histories of abuse, including 45.0% who reported physical abuse and 33.0% who reported sexual abuse. S. Gopikrishna of The Housing Help Centre (in Scarborough) also argues that depression is common among newcomers and many newcomers don’t have medical benefits coverage and can’t address their health issues in a timely fashion (Gopikrishna, 2014).

Huiliang’s Story*

Huiliang and her nine year old son came to Canada as refugee claimants five months ago. After staying with a friend for the first five days, they went to a shelter, where they spent the next three months. Huiliang had been unsuccessful in her housing search until a friend who left the shelter a month earlier offered to allow Huiliang and her son to move in with her and her 3 children. Her new housing arrangement has three bedrooms, and with two unrelated adults and four children, it’s crowded. Huiliang says it’s the only way she can afford housing.

The counsellor at the shelter was helpful in directing her to some services, but since leaving the shelter she is struggling to access some of the services she needs, such as the foodbank, employment services, and services for her son. Part of her issue with not being able to access services is her lack of knowledge of available services; the other part is language barriers. She spoke about being given the website of a children and youth service agency, and how she can get to the website, but it’s only in English and can’t figure out what to do from there.

*Huiliang was an interview participant. Her name has been changed to protect confidentiality.
Factors Contributing to Homelessness

**Literature Review**

Research has found that personal experiences, structural factors and service failures all contribute to homelessness among newcomers. The personal challenges experienced by newcomers that may contribute to their homelessness include: family conflict; abuse; limited family and social networks in the community; cultural and language barriers leading to social isolation; large household sizes; low incomes; job loss; mental illness; and pre-arrival traumatic experiences (Access Alliance, 2003; Murdie, 2003; Newbold, 2010; CERIS, 2011; Paradis et al, 2013; Springer et al, 2013; CAMH & CAST, 2014; Gopikrishna, 2014). The most common contributor to homelessness among newcomer youth participants of the Centre for Addition and Mental Health and Children’s Aid Society of Toronto’s research was conflict with family (59%), followed by low income (38%) (CAMH & CAST, 2014). Over one in five (21%) reported abuse from family as the main reason for their experience of homelessness. Springer’s research of Caribbean homeless youth had similar findings; the most frequently cited cause of homelessness by these youth was family breakdown, followed by eviction as a result of a lack of resources to pay rent (Springer et al, 2013).

The structural factors identified in the research as contributing to newcomer’s homelessness include: difficulty obtaining employment, precarious employment; and underemployment as a result of unrecognized employment and education credentials and lack of Canadian experience; inability to provide confirmation of employment, references or demonstrate good credit – which can result in landlords not following landlord and tenant legislation to seek six months of rent or more as an initial deposit; racism and discrimination; and a lack of affordable housing and inadequate housing market for newcomers (Access Alliance, 2003; Murdie, 2003; Newbold, 2010; CERIS, 2011; CAMH & CAST, 2014; Gopikrishna, 2014). Research has identified the following service failures which contribute to homelessness among newcomers: cuts to social programs; delays in work permits; no financial assistance with housing for newcomers; low social assistance levels; under-utilization of health care facilities and resulting poor health; lack of awareness about legal rights as tenants (and reluctance to complain after being informed about legal rights) (Access Alliance, 2003; Murdie, 2003; Newbold, 2010; Gopikrishna, 2014). Three quarters of participants in a Toronto based study on newcomer homelessness by Murdie reported that they did not know about their legal rights (Murdie, 2003).

**Survey and Short-Interview Participants**

The number of survey and short-interview participants for this study identifying as newcomers was quite small, so the results discussed here should be interpreted in that context. Among the contributing factors to homelessness reported by newcomers were not having support from family and friends, not having enough income, and being unemployed or experiencing a reduction in income from employment.

**Focus Group Participants**

Newcomers who participated in the focus groups identified contributing factors to their experience of homelessness that included family conflict or domestic violence, limited family and social networks in the community, and language barriers leading to challenges accessing services and supports. Many of the newcomers were refugees, so the major reason for their experience of homelessness was their move to Canada - they did not have pre-arranged housing when they arrived in Canada.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among newcomers. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among Newcomers in Scarborough

Individual and Relational Factors
- Cultural and language barriers leading to social isolation
- Lack of social support
- Pre-arrival traumatic experiences
- Lack of awareness about legal rights as tenants and reluctance to complain

Service System Failures
- Lack of appropriate sized housing units
- Landlord aversion to lack of employment not having references and credit history
- Inadequate system navigation supports
- Inadequate access to medical services
- Service providers do not have services in necessary languages

Structural Factors
- Structural barriers to employment: unrecognized employment and education credentials, delays in work permits
- Discrimination and racism
- Very low incomes
- Unemployment/job loss
- Fleeing abuse
- Mental health
- Family conflict
- Large household sizes
- Lack of credit history
- Limited English skills
- Inadequate system navigation supports
- Inadequate access to medical services
- Service providers do not have services in necessary languages
- Pre-arrival traumatic experiences
- Lack of awareness about legal rights as tenants and reluctance to complain
- Cultural and language barriers leading to social isolation
- Lack of social support
Experience of Homelessness and Housing Instability

Literature Review

The risk of homelessness among newcomers is high. Among newcomers in a CERIS study, who predominantly rent apartments in high-rise buildings in the postwar suburbs including Scarborough, more than half spent at least 50% of their household income on housing (CERIS, 2011). The study found that many newcomers end up in housing circumstances that indicate hidden homelessness as a result of financial pressures. Overcrowding was a problem for almost half of the respondents, affecting more than half of sponsored refugees and asylum seekers and approximately 40% of non-refugee immigrants. Poorly maintained and unhealthy housing were also frequent problems. Across Canada one in 14 immigrants in 2006 lived in a crowded house (defined as one or more person per room), compared to one in 60 Canadian-born individuals (Canadian Issues, 2010). Newcomers who cannot afford any available housing move in with other families or with strangers, and overcrowding often occurs because few rental units are suitable for large or extended families (CERIS, 2011). Some think that the desire to live in areas with others from the same ethno-cultural community reinforces this situation. Between half and two thirds of sponsored refugees in the CERIS study mentioned that poor maintenance and unhealthy conditions such as mould, bedbugs and other vermin, and inadequate ventilation were problems with their current housing (CERIS, 2011). Unfortunately, research has found that situations often do not improve in quality as time goes on, and affordability is a persistent problem (Murdie, 2003).

Many newcomers experience homelessness, and research has found that this experience is very often hidden, particularly among non-refugee immigrants and non-status individuals. In the CERIS study of newcomers in Toronto, more than 40% of sponsored refugees and asylum seekers reported having stayed in a hostel compared with only 3.1% of non-refugee immigrants (CERIS, 2011). Some 57.7% of non-refugee immigrants have stayed with family or friends. Paradis’ research found that many non-status migrant women may maintain housing and employment, sometimes for years, without access to services; but when they experience a crisis they have nowhere to turn but shelters (Paradis et al, 2013).

Paradis’ research found differences in the housing experiences of immigrant women with status versus those without status prior to becoming homeless (Paradis et al, 2013). Almost all women with permanent resident status in the study (of women-led families staying in shelters) had moved directly from their last stable home into the current shelter, without periods of hidden homelessness. Whereas, the last relatively stable housing situation for women without status was often a “short term, informal arrangement with acquaintances or family members, where they lacked security of tenure, and were vulnerable to eviction, exploitation, and invasion of privacy”. Two-thirds of these women had moved four times or more in the preceding two years. Among youth, the Centre for Addiction and Mental Health and Children’s Aid Society of Toronto found that the largest group of newcomer youth reported that their first experience of unsafe or unstable housing was staying in a shelter (34.4%), versus staying in places not meant for human habitation (24.6%) or staying temporarily with a friend, romantic partner, or relative’ (18%) (CAMH & CAST, 2014). It should be noted that most participants in this study were accessed through youth homeless shelters.

Research has found that hidden homelessness is often not temporary; many people live in situations of hidden homelessness for close to 10 years (Gopikrishna, 2009). In her study of women-led homeless families who were shelter users, Paradis found that the shelter stays of immigrant women with permanent status were longer than those who were Canadian-born, but most spent less than six months in shelters (Paradis et al, 2013). Murdie found that refugee claimants experience a much more difficult pathway to finding and maintaining permanent housing than sponsored primarily because of the lack the supports from friends and relatives to assist in the housing search and in some cases act as a co-signer for an apartment (Canadian Issues, 2010).
Barriers to Finding and Maintaining Housing and Accessing Services

Literature Review

A number of the factors contributing to newcomer homelessness also act as barriers to finding and maintaining housing once homeless, including: poor knowledge of English; limited knowledge of the housing market and understanding of rights and responsibilities as tenants; difficulties accessing available housing information; and issues related to employment (Access Alliance, 2003; Greenberg & Martinez-Reyes, 2009; Canadian Issues, 2010; CERIS, 2011). Some 85% of Learning Enrichment Foundation service users interviewed in Greenberg & Martinez-Reyes's study identified lack of information as one of their main barriers to suitable housing (Greenberg & Martinez-Reyes, 2009). Limited knowledge about where to look for housing was identified by CERIS as a major barrier to refugees and asylum seekers in obtaining housing (CERIS, 2011). Several studies identify lack of employment, precarious employment and challenges obtaining employment commensurate with qualifications and experience as common barriers for newcomers in accessing housing (Canadian Issues, 2010; CERIS, 2011; CAMH & CAST, 2014). Participants of the Centre for Addiction and Mental Health and Children's Aid Society of Toronto's research identified the following challenges in accessing employment among newcomer youth in particular: "limitations obtaining employment due to lack of education; difficulties securing as well as maintaining employment when one is unstably housed; lack of work-appropriate clothing; access to employment for those with mental health needs; the high cost of public transit to regularly attend one's place of employment; and not having a fixed address to provide on a résumé" (CAMH & CAST, 2014).

A number of these factors as well as other barriers contribute to newcomers not accessing the services they require. Research by the Southwest Scarborough Local Immigration Partnership found that the following factors discourage or prevent immigrants from accessing local services and support: "40% were not aware of the services provided; 29% had difficulties accessing the location of services; 25% felt that the eligibility requirements were discriminatory for programmes and activities; 26% claimed language difficulties as a deterrent; whereas 19% would like the hours of operations to be more accommodating at agencies and organizations in the community" (Southwest Scarborough LIP, 2011).

Research has also found that shame and fear in accessing services are among the barriers to newcomers finding and maintaining housing (Murdie, 2003; Greenberg & Martinez-Reyes, 2009). Greenberg & Martinez-Reyes report that many newcomers experience shame at "being a burden on the system", one of the reasons causing them to tend to access informal networks before formal housing supports. In a presentation on newcomer women's homelessness in Toronto, Angela Robertson, Executive Director of Sistering, a drop-in and support service organization for women in Toronto, stated that a large cohort of newcomer homeless women are over the age of 55 and have been sponsored by their children, and later experience familial abuse. She described these women as being "disabled by the fear of deportation and possible separation from their children, ... blame themselves for having no employment and/or housing, and often do not ask for support" (Murdie, 2003).

Research has consistently cited discrimination as one the significant barriers immigrants and refugees face in accessing housing (Access Alliance, 2003; Murdie, 2003; Canadian Issues, 2010; CERIS, 2011; CERA, 2013; CAMH & CAST, 2014). Discrimination by landlords is the most commonly cited area of discrimination, but some research has found that newcomers also experience discriminatory
practices from homelessness service provider staff, as well as other private and non-profit agencies and real estate agents (Access Alliance, 2003; Canadian Issues, 2010; CAMH & CAST, 2014). The Centre for Equality Rights in Accommodation estimates that approximately 85–92% of newcomer households experience discrimination when they inquire about available apartments (CERA, 2013). Discrimination occurs on the basis of ethnic, racial and religious identity; language; immigrant status; gender; and age (Murdie, 2003; CERIS, 2011). Landlords also engage in discriminatory practices through their application and screening process which often includes requests for a letter of employment, amount of income, source of income, references, credit history and a guarantor (Murdie, 2003; CERIS, 2011). Requirements for documentation such as bank statements or identification can create additional barriers for newcomers (Southwest Scarborough LIP, 2011). The Centre for Equality Rights in Accommodation’s research found that indirect housing discrimination of newcomers is common practice, with landlords routinely imposing additional requirements on recent newcomers, such as excessive deposits, credit checks, and required guarantors (CERA, 2013). Individuals who disclose that they do not currently have a fixed address or the fact that they are currently living in a shelter face additional barriers (CAMH & CAST, 2014). Newcomers who have personal financial resources often still experience discrimination (Murdie, 2003).

The largest and most common barrier to finding and maintaining housing among newcomers identified in the literature is affordability and a lack of affordable housing (Access Alliance, 2003; Greenberg & Martinez-Reyes, 2009; Canadian Issues, 2010; CERIS, 2011). A study of homeless newcomers found that 69% of Learning Enrichment Foundation homeless newcomer clients cite the cost of housing, and/or low incomes as one of the causes of their housing instability, and 65% of newcomers who were clients of Fred Victor reported the same issues (Greenberg & Martinez-Reyes, 2009). A study of newcomers’ experiences of housing and homelessness in Canada published in Canadian Issues, argued that declining relative incomes of newcomers feed directly into constrained choice of housing of newcomers and their affordability problems are exacerbated by “relatively declining availability (i.e. relative to rising need) of non-market or assisted housing, including social housing, rental assistance and other means of assisting low income households” (Canadian Issues, 2010). Greenberg & Martinez-Reyes’s research also found that newcomers to Toronto overwhelmingly found that the subsidized housing that was available to them did not meet their safety requirements to raise a family (Greenberg & Martinez-Reyes, 2009).

Survey and Short-Interview Participants

In keeping with the literature, newcomers who participated in the surveys and short interviews for this study identified a lack of awareness of services and shame in accessing services as being among the barriers to accessing needed services. Mental health issues were also reported as a barrier.

Focus Group Participants

Newcomers focus group participants cited the following barriers to finding and maintaining housing: lack of affordable housing; limited knowledge of the housing market; difficulties accessing available housing information; poor knowledge of English; discrimination by landlords as a result of not having a credit history, being on social assistance, or seeking a unit that was considered to be too small for their household size; and wait times for the processing of immigration papers that would support their ability to work.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified factors that act as key barriers to finding and maintaining housing among newcomers. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among Newcomers in Scarborough
Service Gaps and Service Needs

**Literature Review**

Several studies identified a lack of effective coordination of services as a key gap in meeting the service needs of newcomers (Access Alliance, 2003; Canadian Issues, 2010; Gopikrishna, 2014). This includes coordination between shelters, drop-ins, housing help services, eviction prevention services, rent banks and settlement organizations. Research has also found a lack of expertise among some service agencies in addressing the specific needs of immigrants and refugees and inaccessibility of housing help services to newcomer populations who lack capacity in an official language” (Access Alliance, 2003; Wayland in Canadian Issues, 2010).

Newcomer participants (not specifically those experiencing housing instability) of Southwest Scarborough Local Immigration Partnership’s research identified the following services areas as priorities for service enhancement: employment (67%), education and training (39%), health and wellness services (37%), housing (34%), and settlement counselling (35%) (Southwest Scarborough LIP, 2011). For homeless newcomer youth in particular, the Centre for Addiction and Mental Health and Children’s Aid Society of Toronto’s research identified the need for: youth peer support networks; intensive case management and follow-up when youth first arrive in Canada; opportunities for ‘self care’; education access facilitators; employment access facilitators; and intergenerational family services (CAMH & CAST, 2014).

Given the limited housing knowledge of newcomers and small number of newcomers who access housing help services, studies have identified the need for the provision of additional housing information to newcomers, a need for mobile housing clinics to reach out to newcomers that may not access existing resources, as well as the need to strengthen informal networks (Murdie, 2003; Canadian Issues, 2010). Studies have also identified the need for strategies to increase the supply of affordable housing and housing affordability for newcomers, including encouraging home owning clients with basements to rent to officially convert them to “second suites”, and having a rent subsidy program specifically aimed at newcomers (Canadian Issues, 2010; Gopikrishna, 2014). Social/community development strategies within social housing have also been suggested to assist newcomers with integration as well as the social inclusion of residents (Canadian Issues, 2010).

**Survey and Short-Interview Participants**

The most common unmet service needs reported by newcomers who participated in the surveys and short interviews were basic needs, income assistance, employment services and education services. Other unmet needs included: housing support; counselling, referral or case management services; mental health services; addiction services; and help with immigration issues.

Similar to other priority population groups, newcomers’ most common suggestions for addressing their housing issues included addressing affordability either through subsidized housing, lower rent costs, more social assistance, assistance with finding employment, job training or education, or assistance finding affordable housing. However, newcomers were also more likely to suggest the need for more appropriately-sized housing units. Another suggestion offered by newcomers included better awareness of available services.
Focus Group Participants
Suggestions made by newcomers who participated in the focus groups focused around increased knowledge of, and access to, information and services.

Community Workshop Participants
Community workshop participants suggested the following to help address the issues of newcomers:

- Outreach to develop wider awareness of existing supports
- Additional efforts related to homelessness prevention, including: improving access to health care and social services; job preparedness services; and clarity and enforcement of sponsorships
- Collaboration and partnership between homelessness system service providers and with other systems including settlement, health care and social services, to develop central intake processes, and determine lead organizations and processes for “warm” transfers between service providers

Ajeethina’s Story*
Since Ajeethina ended her relationship with her husband because of violence, she has been staying temporarily with a friend. Ajeethina speaks Tamil, and has no English skills. She applied for a subsidized housing seven years ago, but is still waiting. As a result of mobility limitations, it would be very difficult for her to live in a basement apartment unit, which tend to be the least expensive. She has visited a housing help service where she received information on available housing listings, but hasn’t been able to find anything affordable. When she visited the housing help service, Ajeethina was told she needs to have documentation to support an application for priority status for social housing. She has gathered the necessary documentation to support an application, but lacks any ongoing connections to service agencies, and needs someone to take her to hand in the form.

*Ajeethina was an interview participant. Her name has been changed to protect confidentiality.
Aboriginal People

Demographic Profile and Health Conditions

**Literature Review**

Aboriginal People are “disproportionately homeless and inadequately housed to such an extreme degree that many have argued for the recognition of Aboriginal-specific homelessness and housing crises” (Patrick, 2014). One in 15 (6.9%) Aboriginal people in urban centres experience homelessness, compared to one in 128 for the general population (Belanger et al., 2013). This makes Aboriginal People in major urban centres eight times more likely to experience homelessness (Belanger et al., 2013).

The Toronto Aboriginal Research Project provides information on the Aboriginal homeless population in Toronto based on 140 interviews with Aboriginal Torontonians experiencing homelessness. The profile of the homeless study participants included:

- A disproportionately large number of men, with 66% men, 30% women and 4% two-spirited
- The vast majority (75%) were between the ages of 25 and 54
- Over half, (54%), had children, 97% stated that they do not live with their children.
- Many were born outside of the city but had been living in Toronto for more than 10 years and came to Toronto looking to access services, find employment, and have a “fresh start” in life
- 81% identified as Status Indians
- The vast majority had a high school education or less (McCaskill, FitzMaurice, & Cidro, 2011).

Studies on Aboriginal homelessness in Toronto have not explored income of this group, but some information on incomes of Aboriginal people in Toronto in general is available. Based on 2006 Census data, over one in four (27%) Aboriginal people living in Toronto were living below the low-income cut-off (LICO) point, and about one-third (32%) of Aboriginal children (aged 14 years and under) in Toronto were living under the LICO. The Toronto Aboriginal Research Project found that “Aboriginal women and two-spirited community members had higher incomes as well as higher educational attainment rates, job security and homeownership rates than Aboriginal men” (McCaskill, FitzMaurice, & Cidro, 2011).

Information is not available on the prevalence rates of various health conditions of Aboriginal people experiencing homelessness in Toronto. However, research has found that “substance abuse is a major problem for ... (Aboriginal Homeless) in Toronto” (McCaskill, FitzMaurice, & Cidro, 2011). The following health information is available for First Nations and Inuit peoples generally:

- First Nations people experience major depression at twice the national average
- 25% of people in First Nations and Inuit communities say that they have a personal problem with alcohol
- The Canadian Aboriginal population is over-represented in HIV/AIDS rates, and Aboriginal Peoples who are HIV-positive are more likely to be homeless or unstably housed and more likely to have experienced discrimination when trying to find housing than their Caucasian counterparts
- In 2001-2002, the First Nations suicide rate was three times higher than that of the general population (27.4 deaths for every 100,000 First Nations people) (Patrick, 2014)

Research has also found that tuberculosis, a disease typically associated with poverty, is disproportionately high among Aboriginal Peoples living in Toronto (Patrick, 2014).
Factors Contributing to Homelessness

**Literature Review**

Bird et al. (2010) conceptualized Aboriginal journeys into and out of homelessness as varied pathways. They argued that the primary pathways into homelessness include: historical and cultural trauma factors; personal beliefs and capabilities; systemic/societal factors; and change in community systems, services and supports, including family supports (Patrick, 2014). Aboriginal People experiencing homelessness who participated in the Toronto Aboriginal Research Project identified the following as the top reasons for homelessness: substance abuse/addictions (44%); family issues (37%); emotional duress (18%); choice (13%); insufficient social services access (8%); lack of education/skills (7%); unable to manage money (3%) (McCaskill, FitzMaurice, & Cidro, 2011). Another report on Aboriginal homelessness in Toronto by Jim Ward Associates had relatively similar findings. Program/service users who participated in that study identified the top 10 primary reasons for becoming homeless as: 1) breakdown in relationship/family conflict 2) addictions; 3) lack of affordable housing; 4) discrimination; 5) loneliness; 6) released from jail without money/support; 7) violence/anger; 8) mental illness, 9) number of children; 10) arrived in Toronto with no resources (Jim Ward Associates, 2008). Patrick’s literature review on Aboriginal Homelessness in Canada reports that "by the time Aboriginal youth find themselves homeless, it is likely that many of them have survived extreme poverty, racism, unsafe or inferior living conditions, pervasive dysfunction or mental health issues in families and communities, disconnection from their birth families and/or child welfare agency placements, violence, sexual abuse or neglect to varying degrees early in life" (Patrick, 2014).

Patrick argues that while research acknowledges that personal experiences and issues contribute to the disadvantage of Aboriginal people in the housing market, Aboriginal homelessness very much has systemic causes. This is articulated in the following excerpt from the report:

"Researchers have acknowledged that the urban Aboriginal population faces unique social and economic challenges (Walker 2005, Hanselmann 2001). Education and training levels for this population are lower, unemployment rates are higher and incomes are lower than those of the non-Aboriginal population (Peters 2012, Hanselmann 2001). In addition to economic hardships, Aboriginal Peoples may experience a range of barriers when trying to make a life in cities. These barriers can be viewed as the continuation of centuries of cultural oppression. Aboriginal Peoples also disproportionately suffer from personal disabilities (physical and mental health status, substance abuse) and the effects of interpersonal violence and racism (Peters 2012, Adelson 2005). All of these factors put them at a significant disadvantage in the employment and housing markets. When combined with the potential loss of social support networks this increases their likelihood of becoming homeless when moving from reserve to city. However, the urban Aboriginal homelessness crisis is very much a ‘macro’ issue – that is, it emerges from distinct historical processes, structural causes (cultural, economical), political decisions and neglect.” (Patrick, 2014).

Patrick goes on to argue that:

“This situation [Aboriginal people disproportionately homeless and inadequately housed] stems from a variety of reasons including the historical dispossession of Aboriginal lands, colonial-and neo-colonial practices of cultural oppression and erosion, intergenerational traumas, systemic racism, governmental policies, the current economy and housing markets. These have all been cited as contributing factors to the high homelessness rates … of Aboriginal Peoples in Canada today” (Patrick, 2014).
As part of the Toronto Aboriginal Research Project, "housing was determined to be one of the primary reasons leading to homelessness and one of the biggest problems faced by people upon becoming homeless, by both interview and focus group participants. Housing presents a significant challenge both in terms of being able to find and afford suitable housing situations" (McCaskill, FitzMaurice, & Cidro, 2011). It also found that 52% of community survey respondents (among the general Aboriginal population in Toronto) felt that their major housing issue was "accessibility, affordability and availability, 20% felt that their housing was inadequate or overcrowded, 14% indicated that there was an overall lack of Aboriginal housing and 8% indicated that there were long waiting lists" (McCaskill, FitzMaurice, & Cidro, 2011).

Survey and Short-Interview Participants

The most common factor reported as contributing to their homelessness or housing instability by Aboriginal people who participated in the surveys and short interviews for this study was a lack of affordable housing. Half of the participants identified this as an issue. Other common contributors reported by at least one third of Aboriginal people included histories of abuse, alcohol or substance use, lack of support from family or friends, and living in substandard housing. At least one quarter of Aboriginal participants reported discrimination, a move to a new community, mental health issues, and low incomes as factors contributing to their homelessness or housing instability. Other common factors included physical health issues, recent eviction, credit issues, reduction in income from employment, conflict with the law, and not having enough supports with daily living, such as home care. Ten percent of Aboriginal participants reported factors related to alcohol or drug use by another member of their household, abuse, relationship breakdown, reduction in income assistance, out of home placement as a child, release from a correctional facility or hospital, and living in over-crowded housing as contributing factors.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among Aboriginal people in Scarborough. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among Aboriginal People in Scarborough

- **Individual and Relational Factors**
  - Violence/anger
  - Lack of social support networks
  - Lack of credit history
  - Moved to Toronto and arrived with no resources

- **Service System Failures**
  - Insufficient social services access
  - Inadequate system navigation supports
  - Released from incarceration without money/support

- **Structural Factors**
  - Low incomes/poverty
  - Discrimination/racism based on Aboriginal identity
  - Structural barriers to employment and education

- **Historical and cultural trauma factors; colonial-and neo-colonial practices of cultural oppression and erosion (e.g. historical dispossession of Aboriginal lands, residential schools) intergenerational traumas, systemic racism, governmental policies**
Experience of Homelessness and Housing Instability

Literature Review

The Toronto Aboriginal Research Project found that the majority of Aboriginal people living in Toronto consider their present housing situation to be stable; 77% of men, and 71% of women (McCaskill, FitzMaurice, & Cidro, 2011). Aboriginal men primarily (48%) rent apartments, condominiums or houses. A minority of men (10%) are renting a room in a house, while 6% have more than one housing situation, such as sometimes staying with family, friends and other times staying in a shelter. Aboriginal women primarily rent an apartment, condominium or house (52%) or live in a house (38%). Ten percent (10%) of the Aboriginal women indicated that they have multiple housing situations which include sometimes staying with friends or family, and other times living in a shelter or on the streets. A majority (72%) of Elders and seniors live in a rented apartment or condo, 20% live in a house, while a minority (4%) live with friends or family or rent a room in a house (4%). The study found, however, that the housing arrangements of youth are relatively unstable, with 20% staying with friends or family and 12% renting a room in a house.

Interview data from the study suggests that the majority of the Aboriginal homeless population in Toronto were born outside the city (65%) (McCaskill, FitzMaurice, & Cidro, 2011). The majority have lived in Toronto for more than 10 years, with many moving to Toronto when they were young. Data also suggests that while the move to Toronto may have been the first time they experienced homelessness, most have not been homeless for their entire time living in Toronto.
Barriers to Finding and Maintaining Housing and Accessing Services

Literature Review

Research has identified a wide range of challenges facing homeless Aboriginals in Toronto in finding and maintaining housing including: poverty/unemployment; low education and skill levels; insufficient opportunities to become involved in tradition-based initiatives; limited money management skills; poor levels of health, which may be perpetuated by failure to seek necessary care as a result of shame, doubt and fear of disclosure; addictions (alcohol, drugs, gambling), and the obstacles this creates in finding employment and housing, including complying with unrealistic entrance requirements of detoxification and rehabilitation centres (Jim Ward Associates, 2008; McCaskill, FitzMaurice, & Cidro, 2011). Research has also identified challenges for Aboriginal clients in accessing mental health and addictions care in mainstream health facilities while homeless (Syme et al. 2011 as cited in Patrick, 2014). Patrick notes that Aboriginal Peoples can carry the burden of centuries of racism and prejudice, which can combine with illness-related societal stigmas and interfere with people's ability to access and follow through with medical treatments or harm-reduction programs (Patrick, 2014).

Also among the main challenges facing homeless Aboriginals in accessing housing is widespread discrimination/racism from landlords, as well as the social stigmas of trying to acquire housing as a homeless person or someone on social assistance (Jim Ward Associates, 2008; McCaskill, FitzMaurice, & Cidro, 2011). In addition to the barriers related to discrimination, similar to other population groups, the lack of affordable and supportive housing, including transitional housing with a high level of supports (Jim Ward Associates, 2008; McCaskill, FitzMaurice, & Cidro, 2011). Long waiting lists for social housing and frequent disqualification for being admitted because of substance abuse problems was cited as a huge problem among the Aboriginal homeless population in Toronto (McCaskill, FitzMaurice, & Cidro, 2011).

The Toronto Aboriginal Research Project reported that “transportation was consistently highlighted by interview and focus group participants as one of the biggest challenges to homeless individuals in terms of the needs of daily life and long term limiting factors to being able to change their living, employment and economic situations” (McCaskill, FitzMaurice, & Cidro, 2011). This study also found that lack of telephone and Internet capabilities can make it challenging to contact potential housing and employment opportunities, or to provide people with a way to contact them. The report identified three main issues in the Aboriginal population in Toronto in accessing services. These were: “1) availability, including the problem that participants have seen a number of services reduced or cut in recent years; 2) the physical ability to access services and facilities, which is made difficult due to transportation challenges and inadequate spaces available for high numbers of people needing assistance; and, 3) concerns about the treatment of people by agency staff” (McCaskill, FitzMaurice, & Cidro, 2011).

Survey and Short-Interview Participants

The two most common barriers to accessing services reported by Aboriginal survey and short-interview participants in this study were lack of awareness about services and discrimination. Over one quarter of Aboriginal participants reported unfair service rules, shame in accessing services, lengthy application or approval processes or wait times, difficulty finding their way to services they have been referred to, mental health issues, and physical health issues as barriers to accessing services. Other barriers included moving around, lack of required services, lack of public transportation, requirements to provide documentation, eligibility requirements for services, and the burden of travel time.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified factors that act as key barriers to finding and maintaining housing among Aboriginal people. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among Aboriginal People in Scarborough
Service Gaps and Service Needs

Literature Review

There are currently challenges with the location of many Aboriginal services compared to low income Aboriginal residential patterns, with most support services located in the downtown core of the city (McCaskill, FitzMaurice, & Cidro, 2011). Research has also identified an insufficient number of Aboriginal housing units to support the current need. This included gaps in "the availability of Aboriginal housing to support more traditional families rather than mainstream nuclear families" (McCaskill, FitzMaurice, & Cidro, 2011).

In addressing the needs of Aboriginal people in Toronto, it is important for Aboriginal services to exist in addition to non-Aboriginal ones, and that culturally-based holistic services be available. Environics Institute reported that "there is a strong consensus among Aboriginal peoples in Toronto that it is important for Aboriginal services to exist in addition to non-Aboriginal ones. This is considered to be most important in the case of addiction programs (96% very important), followed by child and family services (93%), housing services (91%) and health centres (90%)" (Environics Institute, 2010). The Toronto Aboriginal Research Project suggested that "A culturally-based, holistic, and well integrated and coordinated service delivery system that deals with the whole person, focusing on both short and long term change is the most effective” (McCaskill, FitzMaurice, & Cidro, 2011).

Recommendations for addressing service gaps and needs of Aboriginal people experiencing homelessness have been provided in several studies. These recommendations have been reproduced here and arranged by theme.

Policy Development and Review

- That Aboriginal Peoples be involved in every stage of program design, delivery and evaluation (Walker 2003, Walker 2005) and should be politically involved – particularly with the development of housing policy (Cardinal 2006).
- That Aboriginal housing organizations work with mainstream social housing organizations to develop housing policies and regulations that are culturally reflective of Aboriginal people and family structure (i.e. extended family) with a view to expanding the amount of social housing available to Aboriginal people in Toronto (McCaskill, FitzMaurice, & Cidro, 2011).
- That social service agencies review their policies and regulations regarding providing assistance for transportation with a view to making it easier for clients to effectively access transportation services in Toronto (McCaskill, FitzMaurice, & Cidro, 2011).
- That there be increased Aboriginal control over funding for Aboriginal homelessness initiatives (Jim Ward Associates, 2008)

Approach to Services

- That mainstream shelters and programs be more sensitive to the needs and aspirations of Aboriginal Peoples and offer culturally-appropriate services and supports (DeVerteuil and Wilson 2010, Walker 2003; McCaskill, FitzMaurice, & Cidro, 2011).
- That capacity building occurs within organizations serving urban Aboriginals so that those organizations can increase their effectiveness in reducing the levels of Aboriginal homelessness. This may include the development of ways in which these organizations can provide supports and services more effectively outside what are considered normal urban
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• That there be an emphasis on the provision of services within a traditional Aboriginal environment (Jim Ward Associates, 2008).

Services

• That Aboriginal and non-Aboriginal agencies, the private sector, labour unions and educational institutions work together to create employment incentives, upgrading, apprenticeship and special education and training programs focusing specifically on the education and training needs of Aboriginal homeless people in Toronto (Jim Ward Associates, 2008; McCaskill, FitzMaurice, & Cidro, 2011).

• That programs be developed that will more effectively prepare Aboriginal people for a successful urban life (Jim Ward Associates, 2008)

• That satellite community health centres be created in several Toronto locations (Jim Ward Associates, 2008)

• That an exclusively Aboriginal addictions management program be established (Jim Ward Associates, 2008).

Housing


• That rental subsidies be provided as a cost-effective option where rental markets exist (Belanger et al. 2012 a).

• That specific housing strategies be facilitated that honour Aboriginal desire for self-determination in urban programming (Walker 2003).

Special Needs Housing

• That a ‘transitional’ housing program be established to house youth who move to Toronto without their parents or family to keep them from living on the street and assist them in adjusting to life in Toronto including referrals, help in finding permanent housing, employment counselling and cultural teachings (McCaskill, FitzMaurice, & Cidro, 2011).

• That an Aboriginal seniors long-term residential care facility be established in Toronto (McCaskill, FitzMaurice, & Cidro, 2011).

• That a safe ‘transition’ house be established in or near downtown Toronto where two-spirited people moving from rural communities can live during their initial adjustment to the city. It would have a mandate to help access programs and services such as housing, employment, transportation, etc. to prevent individuals from living on the street or becoming involved with the sex trade. It would also serve to connect them with Aboriginal cultural and appropriate gender activities (McCaskill, FitzMaurice, & Cidro, 2011).

• That a ‘two-spirit house’ be established for HIV positive two-spirited people in or near downtown Toronto, as well as for families of two-spirited individuals experiencing health problems (McCaskill, FitzMaurice, & Cidro, 2011).

• That a halfway house be initiated in Toronto for Aboriginal men being released from prison to assist in their readjustment to society (McCaskill, FitzMaurice, & Cidro, 2011).

• That a housing program be established for Aboriginal individuals transitioning from shelters...
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or recovery treatment facilities. Aboriginal and non-Aboriginal housing agencies should work together to create this program (McCaskill, FitzMaurice, & Cidro, 2011).

- That the governments establish a transitional housing program specifically geared to the needs of Aboriginal homeless people, including culturally-based services relating to addictions, counselling, cultural teachings, transportation assistance, employment preparation and life skills training (Jim Ward Associates, 2008; McCaskill, FitzMaurice, & Cidro, 2011).

Urban Planning

- That culture be recognized as a key element in urban sustainability, as it often provides the social support to sustainability (Cardinal 2006).
- That planners in every sector and jurisdiction that have a role in housing programming practice some basic principles of Aboriginal engagement when creating new urban low-cost housing policy (Walker 2003; Patrick, 2014)

Public Education Aboriginal Presence in Political Decision-Making

- That public education strategies be developed to show the NIMBY phenomenon's negative impact on rental opportunities, and how improved homeownership rates translate into lower public response costs for poverty programming (Belanger et al. 2012 a).
- That an awareness-raising program be developed aimed at the citizens of Toronto generally regarding the importance of the Aboriginal people in Canadian history (Jim Ward Associates, 2008).
- That there be increased advocacy for the establishment of an Aboriginal presence at political decision-making levels in Toronto, e.g. on City Council, within the City's public service (Jim Ward Associates, 2008)

Survey and Short-Interview Participants

Aboriginal people who participated in the surveys and short interviews for this study were most likely to report having unmet needs related to housing support and basic needs, with half of the participants reporting unmet needs in these areas. Over one third of Aboriginal participants reported unmet needs related to income support and mental health services. Unmet needs reported by at least one quarter of Aboriginal participants included: counselling, referral or case management services; addictions services; and assistance addressing health needs. Other unmet needs included employment support, life skills and support services, educational support, domestic violence counselling, legal aid services, court support, school support services for their children, and community support services for seniors and adults with disabilities.

The most common suggestions Aboriginal participants had for addressing their housing needs were related to improvements in housing affordability, namely subsidized housing or a housing allowance, lower rent costs, more social assistance, and assistance finding affordable housing. Other common suggestions reported by over one quarter of participants were assistance maintaining their housing once they have housing, better awareness of available services, transportation to see apartments, better maintained housing, and more appropriately-sized housing units. Additional suggestions included assistance with employment or education, assistance repaying arrears, different public attitudes, better access to information about their rights, help with housing applications, and community support services for seniors and adults with disabilities.
Seniors

Demographic Profile and Health Conditions

**Literature Review**

Research has found that although the share of older adults in the homeless population is lower than in the general population, homelessness among older adults is increasing (McDonald, 2004; Toronto 2013b). Toronto Street Needs Assessment survey data showed that 29% were age 51 and older in 2013 compared to 20% in 2009. Likewise, the share of individuals 61 and older increased from 5% in 2009 to 10% in 2013 (Toronto 2013b).

Based on a review of shelter-use data in Toronto for 2014, 19% of all shelter users were aged 50 to 64 and 4% were 65 and over (Toronto, 2015). Some 47% of long term shelter users (more than one year) were over the age of 50, compared to 20% of those who were homeless less than one year. People who have been homeless for three years or more were even more likely to be seniors, with 71% over the age of 50 (49% age 50 to 64 and 22% 65 and over). McDonald found that “there is some consensus within the literature that older homeless people should be defined as 50 years of age and older, because many appear and behave 10-20 years older than the general population, and the life expectancy for homeless people is lower” (McDonald, 2004).

There are many more male older homeless persons who access shelter services than females (Stergiopoulos & Herrmann, 2003; McDonald, 2004). Based on data from the 2013 Toronto Street Needs Assessment, only approximately 1 in 3 people staying in City-Administered shelters (including shelters designated specifically for single men and single women) (Toronto 2013b).

Toronto-based research has found that there are differences in the marital status between long term older homeless people and recent older homeless people. Recent older homeless are more likely to be widowed or divorced than long term older homeless people who tended to remain single throughout their lives (McDonald, et al., 2012).

The same research also found that 55% of the recent older homeless population was born outside of Canada (McDonald, et al., 2012). This is not a surprise given the high immigration rates in Toronto (McDonald, 2004).

In terms of education, the research found that recent older homeless people also tended to have slightly higher education levels and more recent ties to employment than the long-term older homeless population (McDonald, et al., 2012).

McDonald et al (2004) found that the most common sources of income among older adults experiencing homelessness were: Ontario Works (49%) (which includes the 34% receiving only a
Personal Needs Allowance/PNA, which at the time of the research was separate from Ontario works; Ontario Disability Support Program (ODSP) (32%); and Panhandling (14%) (McDonald, 2004).

Studies have shown that homeless people in their 40’s and 50’s often develop health disabilities that are commonly seen in persons who are decades older (Frankish et al, 2005). Homeless older adults face the conditions associated with aging, magnified by their living conditions. A literature review conducted by Stergiopoulos and Herrmann found that the most frequently reported problems are dental problems, arthritis, hypertension, circulatory problems, lung disease, stomach ailments, glaucoma, asthma, anemia, diabetes, and sensory impairment (Stergiopoulos & Herrmann, 2003). They also noted that in addition to these conditions, homeless older adults face “problems stemming directly from homelessness, such as the consequences of trauma or criminal assault, infestations with scabies or lice, peripheral vascular disease, cellulitis and leg ulcers, frostbite, and communicable diseases such as tuberculosis and HIV”.

Research on Toronto’s older adult homeless population conducted by McDonald in 2004 found that “almost 60% of the chronic homeless rated their health as poor or fair, whereas almost 50% of the new homeless rated their health as good, very good or excellent as compared to the general older population, of which 80% rate their health as excellent” (McDonald, 2004). Commonly reported health conditions among both new and chronic older homeless people include vision trouble, arthritis, dental problems, back problems, anxiety and depression. Based on a standardized measure of health status, McDonald’s research found that homeless older adults have poorer health than the general older population, and homeless older men scored lower than the homeless older women. “The new homeless scored lower on the mental health scale than the chronic homeless and the general older population. About one-half of both the chronic and newly homeless older adults have possible or probable depression. Most of both the new and the chronic homeless reported that they are supposed to be taking medication, yet more than half reported that they could not afford their medication. One-half of both new and the chronic homeless older adults showed evidence of problem drinking, as indicated by the CAGE, a screening tool for problem drinking. The chronic homeless are more likely to have taken painkillers and analgesics than the new homeless, whereas the new homeless are more likely to have used crack, cocaine or hallucinogens” (McDonald, 2004).

McDonald reported “there were few differences between men and women in the most common chronic diseases, such as trouble with vision, teeth problems and back problems. However, older women were more likely to report difficulties with arthritis and bladder control than the older men, while men were more likely than women to report back problems and skin ailments. More women than men demonstrated memory problems, at more than twice the average for the general population” (McDonald, 2004).

Survey and Short-Interview Participants

Almost two thirds (64%) of the older adults age 50 and over, who participated in the surveys and short interviews for this study were male, 28% were female, 8% were transgendered. The majority (58%) of older adults, age 50 and over, who participated in the survey were living alone, 14% reported living with relatives or their adult children and their family, 9% reported living with unrelated adults, 3% reported living as a couple, and 3% reported living as a lone-parent. The remaining did not share their household composition.

A high percentage (44%) of older adults reported having a mental health or addictions issue. Over one third (36%) reported a medical condition and 28% reported a physical disability.
Factors Contributing to Homelessness

**Literature Review**

Studies have found that eviction, loss of employment - including loss of income due to retirement, family breakdown or loss of a spouse or significant other, elder abuse, health issues - including cognitive impairment, inadequacy of services to support stable housing, poverty and lack of affordable housing are among the most commonly cited reasons for older adult homelessness (Stergiopoulos & Herrmann, 2003; McDonald, 2004; McDonald et al., 2012; Nourse, 2013). Nourse and McDonald both found that many homeless older adults in Toronto have poor physical and mental health. Almost one-half of the homeless older adults were “unemployed because of disability” (43%). Nourse points out that while poor physical and mental health often prevents older homeless adults from maintaining or accessing employment and they age earlier than the general population, they cannot access benefits with age eligibility criteria until they are 65 (Nourse, 2013). Nourse also argues that major funding cuts to home-care, homemaking services, assisted living programs and other seniors services have played a major role in the inability of a large number of seniors to live independently, which eventually led to homelessness (Nourse, 2013). Nourse’s research also found that many older homeless adults reported numerous attempts to access emergency programs and services but this did not help them secure stable housing (Nourse, 2013).

Pathways to homelessness differ between genders and between older seniors (i.e. age 65 and over) and younger seniors (age 50 to 64). Studies have shown that homelessness among women is more likely to stem from family crises such as marital breakdown or widowhood and gradual loss of social supports, whereas with men it is often due to loss of employment (Stergiopoulos & Herrmann, 2003; McDonald, 2004). A literature review by Stergiopoulos and Herrmann reported that “those over age 65 years are more likely to have cognitive impairment, family breakdown, elder abuse, and hospital referrals precipitate their need for emergency shelter, compared with the younger clients. Younger older adults said unemployment, eviction, mental illness, substance abuse, family violence” (Stergiopoulos & Herrmann, 2003).

**Survey and Short-Interview Participants**

The most common contributors to homelessness among seniors age 65 and over who participated in the surveys and short interviews for this study were a lack of affordable housing, physical health issues, reduction in employment income, and living in substandard housing. These were identified as contributing factors by at least half of seniors age 65 and over. Other common factors included histories of abuse, low incomes, inadequate supports with daily living, mental health issues, physical health issues of another member of their household, and discrimination in the housing market. Those in the younger age range considered to be older adults, age 50 to 64, were more likely to report a relationship breakdown, recent eviction, and lack of support from family or friends as one of the factors contributing to their homelessness. Older seniors and younger seniors alike commonly reported low incomes, reduction in employment income, lack of affordable housing, and living in substandard housing as factors contributing to their homelessness.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among seniors. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among Seniors in Scarborough

- Physical and/or mental health conditions that prevent access of older adults to employment
- Elder abuse
- Widowhood
- Loss of income due to retirement
- Insufficient assistance from services providers to support the individual in maintaining their housing
- Older adults below 65 do not meet age criteria to access certain benefits
- Major funding and service cuts to home-care and homemaking services, and assisted living programs and stricter eligibility for these programs
- Relationship breakdown
- Addiction
- Mental illness
- Physical health
- Eviction/inability to pay rent
- Lack of affordable housing
Experience of Homelessness and Housing Instability

**Literature Review**

Although information is available on the number of older adults staying in shelters, studies have found that many older people may not use shelters because of the conditions; noise, overcrowding, and fear of violence by younger homeless people (McDonald, 2004). Chronic homeless individuals are more likely to use shelters than newly homeless. All the participants of Nourse’s research on homelessness among older adults in Toronto stated that they were not safe staying in shelters (Nourse, 2013). Many older adults sleep on the street, in a park or in an abandoned building periodically. McDonald found that 23% of older homeless adults in Toronto had “sometimes” or “usually” slept on the street, 15% had “sometimes” or “usually” slept in a park (McDonald, 2004). Rough sleeping was more common among older men than women.

Research also shows that not all older homeless people have always been homeless (McDonald et al., 2012). McDonald’s research found that almost 70% of both men and women reported first becoming homeless between the ages of 41 and 60.

**Survey and Short-Interview Participants**

Among the older adults who participated in the surveys and short interviews, there were individuals staying in shelters (36%), renting their own housing (32%), living in a rooming house (16%), sleeping rough (12%), and staying with relatives or friends (less than 1%). Almost two thirds of the older adults who participated in the surveys and short interviews who were living in housing reported that their housing was unaffordable. Some 29% reported living in housing in poor conditions and 7% reported living in overcrowded housing. Of those currently experiencing homelessness, 63% reported previous episodes of housing instability, and 61% reported their current episode to be longer than a year.
Barriers to Finding and Maintaining Housing and Accessing Services

**Literature Review**

Limited studies have explored barriers faced by older homeless adults in finding and maintaining housing in any detail. Older homeless men in Toronto who participated in Nourse's research all spoke of dismissive treatment by service providers as a result of negative judgements the service providers were making (Nourse, 2013). Participants in Nourse's research found that despite attempts to access supports once homeless, service providers at hospitals, prisons, local drop-in centres, shelters, community agencies or government offices, did not provide the needed assistance to help obtain stable housing. McDonald also reported that "older homeless people report that staff at social service agencies are often too busy to attend to them, are not always accessible, and do not follow-up enough after initial meetings" (McDonald, 2004). Beyond the homeless service sector, McDonald reports that older homeless adults reported ageism when trying to find work. Curfew times at shelters were reported in Nourse's study as creating disadvantage when seeking employment (Nourse, 2013). Another barrier identified in the research was the lack of affordable housing for older adults (McDonald, 2004).

**Survey and Short-Interview Participants**

Half of the seniors age 65 and over who participated in the surveys and short-interviews for this study identified lack of awareness about services or programs as one of the barriers to accessing services. The next most common barriers were physical health issues and discrimination. At least one quarter of seniors 65 and over reported unfair service rules, shame in accessing services, lack of required services and burden of travel time as barriers to accessing needed services. The most common barriers to accessing services, reported by at least one quarter of older adults age 50 to 64, were lack of awareness about services or programs, shame in accessing services, and lengthy application or approval processes or wait times. Other commonly reported barriers include lack of required services, unfair service rules, lack of public transportation, burden of travel time, mental health issues, and physical health issues.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified factors that act as key barriers to finding and maintaining housing among older adults. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Barriers to Finding and Maintaining Housing among Seniors in Scarborough

Individual Barriers

- Mental health
- Addiction
- Lack of affordability of medication
- Difficulty accessing health services
- Inappropriate care upon hospital discharge
- Limited coordination between social service, health care and community organizations for access, supports and follow-up

Service System Barriers

- Limited services targeting older homeless adults
- Inadequate income/poverty
- Discrimination in seeking employment

Structural Barriers

- Unemployment as a result of disability
- Lack of awareness of services for older adults
- Limited availability of affordable, accessible and supportive housing
Service Gaps and Service Needs

**Literature Review**

A range of service gaps and needs for homeless older adults have been identified in Toronto-based studies. Service gaps commonly identified in the literature include a lack of age-appropriate shelters, and limited availability of services for physical and mental health, including long-term care and harm reduction programming in long-term care homes (Stergiopoulos & Herrmann, 2003; McDonald, 2004; Nourse, 2013; TCLHIN, 2015).

Much of the research around service needs points to the need for age-segregated services (McDonald, 2004; Nourse, 2013). The research identifies the need for older adult specific services related to case management, accommodation, and care for those with health needs (McDonald, 2004; Nourse, 2013). Research points to the need to increase the availability of, awareness of, and access to such services. McDonald suggests the need for service coordination and new partnerships between different levels of government, health care and social service sectors and community agencies to address the unique health, social service and housing needs of older homeless adults (McDonald, 2004). McDonald also recommends that case management specifically for older homeless adults be increased and improved to improve access to health and social services, and to facilitate continuity of care (McDonald, 2004). McDonald’s research further suggests the need for “increased flexibility and responsiveness of intake and eligibility requirements for housing, income assistance and social services to minimize the barriers that older homeless adults often face” (McDonald, 2004). Both Nourse and McDonald identify the need for training for service providers about the needs of homeless older adults, including in the areas of psycho-geriatric and health issues pertaining to older adults, ageism, homelessness and anti-oppression ideologies” (McDonald, 2004; Nourse, 2013).

In terms of health services, research has found a need to improve access to a wide variety of health care services and the need for different forms of accommodation and levels of care for older adults, particularly those with health needs. McDonald suggests that “health care needs for older homeless adults would be better addressed by improving access to medication, dental care, outreach by nurses/doctors, harm reduction programs, mental health care services, transportation and accompaniment to appointments, homecare and cleaning services” and identifies the need for “more responsive hospital-discharge planning” (McDonald, 2004). Research has found that additional shelter options are required for older homeless people, and a need for special accommodations to assist with physical limitations and mobility issues, including services to meet different levels of care needs including infirmaries, supportive housing, and long-term care beds (McDonald, 2004; Nourse, 2013).

**Survey and Short-Interview Participants**

Seniors age 65 and over who participated in surveys and short-interviews for this study were most likely to report unmet service needs related to life skills and support services. The common unmet needs included basic needs, housing support, income support, and community support services for seniors and adults with disabilities. Housing support was the most common unmet need reported by older adults ages 50 to 64, with 43% of survey and short-interview participants in this age range reporting unmet needs in this area. At least one quarter of older adults ages 50 to 65 reported unmet needs related to income support, basic needs, and employment support. Other common unmet needs included mental health services and assistance addressing health needs.
As with other population groups, the most common suggestions to help find and maintain housing among older adults ages 50 to 64 and seniors 65 and over, were related to improving housing affordability, including lower rent, subsidized housing or a housing allowance, more social assistance and assistance finding affordable housing. Better maintained housing, more awareness of available services, and transportation to see apartments were also common suggestions for both age ranges of older adults/seniors. Older adults ages 50 to 64 were more likely to suggest the need for a housing worker or other assistance keeping their housing once they have housing, and the need for more appropriately-sized housing units.

**Jack’s Story**

While staying at a shelter, Jack recently celebrated his 65th birthday. This isn’t the first time in Jack’s life he’s been homeless; this time it’s been 3 years. He attributes his housing loss to his mental health and addictions issues and not having enough income to afford housing. In trying to find housing he has experienced repeated discrimination from landlords, not wanting to rent to a senior or someone who is homeless. When asked what he thinks would help him find and maintain stable housing, he suggested a housing liaison or support worker to help find housing and keep his housing once he has housing. Also, before Jack turned 65, he was on ODSP, where he was provided with a drug card to help with the cost of medication. Now that he’s on income assistance for seniors, he’s not sure where to turn to access assistance with the cost of medication.

*Jen was an interview participant. His name has been changed to protect confidentiality.*
Individuals Experiencing Addictions and Mental Health Issues

Demographic Profile and Health Conditions

**Literature Review**

Mental health and substance use issues are highly correlated with homelessness. Hulchanski et al explain that "studies show that people who are homeless are more likely to experience compromised mental health and mental illness (Hwang, 2001; Public Health Agency of Canada, 2006). For some, these issues can precede the onset of homelessness (Mental Health Policy Research Group, 1997). For others, they can be worsened with continued homelessness (Frankish et al., 2005)" (Hulchanski, et al, 2009). Likewise, "Canadian studies indicate that rates of substance abuse are higher among homeless individuals than among the general population" (Hulchanski, et al, 2009).

The 2009 Toronto Street Needs Assessment, a comprehensive census and survey of homeless people across the city, found that 83% had a mental health issue and/or substance use issue – 26% had a concurrent disorder (meaning a mental health and substance use issue); 14% had a mental health issue only; 43% had a substance use issue only (Toronto, 2010). In another study about pathways into homelessness, 67% of shelter users in Toronto reported a lifetime diagnosis of mental illness and 68% reported a lifetime diagnosis of substance abuse or dependence (Goering et al., 2002 as cited in Hulchanski, et al, 2009). Almost all of the shelter users who reported a lifetime diagnosis of mental illness also had a substance abuse disorder (Mental Health Policy Research Group, 1997 as cited in Hulchanski, et al, 2009). In a study of homeless youth in Toronto, 42% reported a lifetime diagnosis of a mental health issue (Kirst, Erickson, & Strike, 2009). However, many homeless individuals may experience mental health issues, but not have a mental health diagnosis. The At Home/Chez Soi study in Toronto which specifically recruited homeless individuals with mental health issues found that 70% of participants had no written documentation of a mental health diagnosis (Hwang et al, 2012).

In terms of the specific mental health challenges experienced, Toronto’s Pathways into Homelessness Project found that 29% of shelter users met criteria for anti-social personality disorder, often in addition to another diagnosis such as depression, post-traumatic stress disorder (PTSD) or psychotic disorder, and 6% reported a psychotic disorder, primarily schizophrenia (Mental Health Policy Research Group, 1997). In the At Home/Chez Soi project, among homeless individuals with mental health issues the prevalence of various mental health conditions was as follows: suicidality 65%; substance dependence 38%; psychotic disorder 37%; major depression 36%; alcohol dependence 29%; post-traumatic stress disorder (PTSD) 23%; mood disorder with psychotic features 21%; panic disorder 14%; alcohol abuse 14%; mania/hypomania 11%; and substance abuse 9% (Hwang et al, 2012).

The At Home/Chez Soi project provides some information on the demographics of homeless individuals with mental illness in Toronto. The study participants, (the vast majority of which were
absolutely homeless (93%), were predominately male (69%) and single/never married (69%), without dependent children (71%) (Hwang et al., 2012). The most common age group was 40–49 years old (32%). Most were born in Canada (54%). Grinman et al. found that “individuals with current drug problems were significantly more likely to be single men, white, Canadian-born, and lacking a high school degree. The prevalence of current drug problems found in Grinman’s study was: 53% among single men, 41% among single women, and 12% among adults accompanied by dependent children (Grinman, et al., 2010).

The Toronto Street Health Report, which studied a representative random sample of 368 men and women at meal programs and shelters in downtown Toronto, found that among individuals with a mental health and substance use issue (concurrent disorder), 85% have at least one serious physical health condition (Street Health, 2007). Some 41% of these individuals were hospitalized at least one night in the past year; 67% visited an emergency room in the past year an average of seven times. Of those who visited an emergency room, 43% left without being seen. Over half (53%) of the individuals in the study with a mental health and substance use issue reported being unable to follow health advice or the treatment plan they were given, and the vast majority (85%) reported using substances for self-medication. Some 43% reported experiencing discrimination from a health care provider in the past year.

Grinman at al.'s research on drug problems among homeless individuals in Toronto found that drug users suffer from numerous adverse health effects, including overdoses, psychiatric conditions, and infectious diseases. Nevertheless, although drug use is believed to be an important factor contributing to the poor health among homeless individuals, among their study participants, drug problems are much more significantly associated with mental health issues than with physical health issues (Grinman, et al., 2010).

Survey and Short-Interview Participants

Most (62%) of the survey and short interview participants for this study identifying having mental health or addictions issues were men, 23% were female and 13% were transgendered. Most (62%) live alone, while 13% live as a couple, 13% live with unrelated adults, 5% live in a lone-parent family, and 5% live with relatives or their adult children and their families. Some 38% of individuals with mental health or addictions issues also reported a medical condition.
Factors Contributing to Homelessness

**Literature Review**

The most common factors identified in the literature that contribute to homelessness among persons with mental health and substance use issues are the mental health and substance use issues themselves and factors associated with the mental health or substance use issues (Hulchanski, et al, 2009; Grinman, et al, 2010; Munn-Rivard, 2014). Hulchanski et al reported that in one US study three quarters of homeless youth who reported a diagnosis of depression reported experiencing their first depressive episode before leaving home (Hulchanski, et al, 2009). The literature discusses the influence of mental health and substance use issues on social ties, and employment and financial stability. Munn-Rivard reports that “the episodic and unpredictable nature of mental illness can include crisis periods with self-imposed isolation or hospitalization; this can hinder steady employment, undermine financial stability, and limit the ability to maintain, pay for, and retain housing” (Munn-Rivard, 2014). The study also identified discrimination and stigma in the workplace as a contributing factor to reduced employment opportunities, under-employment and job-loss.

**Survey and Short-Interview Participants**

Not surprisingly, survey and short-interview participants who identified as having mental health or additions issues reported mental health issues as the most common contributor to their experience of homelessness. History of abuse, relationship breakdown and not having enough income to afford housing were also common contributors to homelessness, reported by at least one third of individuals with mental health or additions issues. The next most commonly reported contributing factors were living in substandard housing, lack of affordable housing, reduction in employment income, physical health issues, alcohol or substance use, credit issues, and recent eviction, which were all reported by at least 20% of those with mental health or additions issues. Discrimination, out of home placement as a child, mental health issues of another member of their household, release from a correctional facility, and conflict with the law were also reported by at least 10% of this group.
SHSPN Focus Group and Community Workshop Participants

Drawing on information presented from the literature as well as the results of the consultations with individuals with lived experience and service providers, SHSPN Members identified key contributing factors to homelessness among individuals with mental health and/or addictions issues in Scarborough. Community workshop participants added to these. The cumulative results from both consultations are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.

Factors Contributing to Homelessness among Individuals with Mental Health and/or Addictions Issues in Scarborough

- **Individual and Relational Factors**
  - Eviction/inability to pay rent
  - Lack of social support
  - Mental health, symptoms may be impacting others in their household or building
  - Addictions
  - Change in life events (e.g. relationship breakdown, unemployment) resulting in depression
  - Organizational policy and procedure, practice barriers
  - Inadequate coordination of care
  - Released from hospital without and assessment, a diagnosis, care arrangements for mental and physical health/referral to CCAC, and/or housing transition planning
  - Policies not to permit direct payment of rent from social assistance to landlords

- **Service System Failures**
  - May be at risk of unit take-over
  - Lack of education and employment history
  - Lack of credit history
  - Isolation
  - Poor living conditions
  - Unemployment and income instability
  - Conflict with the law
  - Wait times to access psychiatric assessments to support ODSP applications
  - Limited services, including access to follow-up supports and wrap-around supports

- **Structural Factors**
  - Lack of affordable and supportive housing
  - Inadequate income/poverty
Experience of Homelessness and Housing Instability

**Literature Review**

Individuals with mental health and substance use issues are over-represented among the homeless population. Besides being a factor that contributes to homelessness, research has found that substance use is a factor that contributes to prolonged homelessness (Grinman, et al, 2010). It has also found that homelessness may increase the likelihood that an individual will use drugs.

**Survey and Short-Interview Participants**

Previous experiences of homelessness or housing instability were common among survey and interview participants identifying as having mental health or addictions issues, with 70% of this group reporting previous homeless episodes. Half of those currently experiencing homelessness reported being homeless for more than a year and the other half reported their current episode to be less than a year.

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**Marcy's Story***

Marcy was down and out, having cycled in and out of incarceration and with years of unmanaged substance use issues. She had gone through treatment before, but had always gone back to her old ways. The difference this time is that she was provided with a firm commitment for supportive housing following treatment. She has now been in recovery for four years. She spoke about housing not being enough to keep someone with addictions issues stably housed, they “need other supports along with housing—harm reduction, life skills, anger management, tools to live life, support networks, groups, choices, empowerment”. She profoundly remarked: “You can’t just build a roof, you need to build a foundation”.

*Marcy was a focus group participant. Her name has been changed to protect confidentiality.
Barriers to Finding and Maintaining Housing and Accessing Services

**Literature Review**

Research is limited on the barriers individuals with mental health or substance use issues face in finding and maintaining housing. Grinman, et al’s research on homeless individuals with drug problems found that only 27% of participants identified drug and/or alcohol use as a factor keeping them from accessing housing (Grinman, et al, 2010). The researchers suggested that this could mean that some homeless individuals may be in a state of denial, or lack insights regarding the impact of their substance use or, alternatively, that there are multifactorial barriers to housing. Research has also found that discrimination affects access to housing. Munn-Rivard reports that “landlords may choose not to rent to people with mental health problems or may evict them as soon as possible, and community members may avoid, ostracise, or be hostile towards individuals living with mental health issues” (Munn-Rivard, 2014). Research has found that requirements to access treatment prior to housing can also act as a barrier to finding and maintaining stable housing. Studies have also identified challenges for individuals with mental health or substance use issues in meeting their basic needs, maintaining their personal safety and accessing mental health services (Street Health, 2007; Munn-Rivard, 2014). Although the studies do not specifically identify these as barriers to finding and maintaining housing, they may also be factors in access to housing.

**Survey and Short-Interview Participants**

The major barriers in accessing needed services identified by survey and interview participants with mental health or addictions issues were their mental health issues, lengthy application or approval processes or wait times, and lack of awareness about services or programs. Over one quarter reported unfair service rules as a barrier to accessing needed services. Other common barriers include lack of required services, discrimination, shame in accessing services, lack of public transportation, eligibility criteria for services, alcohol or substance use, and difficulty finding their way to services they have been referred to.
SHSPN Focus Group and Community Workshop Participants

SHSPN Members identified factors as key barriers to finding and maintaining housing among individuals with mental health or addictions issues in Scarborough. Participants of the community workshop also identified key barriers. The cumulative results from both groups are shown below. Factors shown in bold are particularly relevant to this population group, rather than being common among individuals with lived experience.
Service Gaps and Service Needs

**Literature Review**

Research suggests a gap in the ability of homeless individuals in accessing mental health services. The Mental Health Policy Research Group’s study of homeless individuals in Toronto found that “while two-thirds... reported having been diagnosed with a mental illness at some time during their life, only 25% reported receiving psychiatric outpatient services in the previous year (Mental Health Policy Research Group, 1997 as cited in Hulchanski, et al, 2009).

In terms of service needs, research has found that mental health promotion strategies combined with specific treatment for mental illness can help people with mental health and addiction issues maintain housing (Mental Health Policy Research Group, 1997 as cited in Hulchanski, et al, 2009). The Toronto Street Health report offered a number of recommendations that were focused on the immediate needs of people with both addictions and mental health issues: supportive housing options; expansion of community-based intensive case management services; creation and expansion of community-based mental health and addictions programs; 24-hour non-medical crisis support centre; Community Support Worker positions in emergency rooms; and increased detox and residential treatment options for people with addictions and mental health issues (Street Health, 2007). Recent research has documented the effectiveness of the Housing First approach in improving housing retention among people who are homeless and have a mental health issue (Munn-Rivard, 2014). This approach focuses on providing housing that is not contingent on acceptance of psychiatric treatment or abstinence from alcohol or drugs.

**Survey and Short-Interview Participants**

The most common unmet service need reported by survey and short-interview participants with mental health or addictions issues was housing support (41%). This was followed by mental health services (36%). Over one quarter of individuals with mental health or addictions issues reported unmet needs in the areas of employment support and basic needs, such as food and clothing. Other common unmet needs included income support, educational support, counselling, referral or case management services, harm reduction supports and help addressing health needs.

Like other population groups, assistance with housing affordability, either directly or indirectly was most commonly identified as being helpful with finding and maintaining housing. Some 59% suggested lower rents, 49% suggested subsidized housing or a housing allowance, 41% would like assistance finding an affordable place, and 36% suggested higher social assistance rates. Over one quarter of individuals with mental health or addictions issues suggested that having a housing worker or other assistance keeping their housing once they have it would be helpful. Over one quarter also thought that having help finding employment, job training or education would be helpful. Other common suggestions included more appropriately-sized housing units, better awareness of available services, help with housing applications, different public attitudes, and better access to information about their rights would help them with finding and maintaining housing.

**SHSPN Focus Group and Community Workshop Participants**

SHSPN members and community workshop participants identified service needs in the area of mental health and addictions that include: safe beds, mental health crisis services, proactive and outreach non-crisis mental health services; psychiatry services in languages other than English; and psychiatry services to conduct assessments to support applications for disability benefits. They also suggested the need for housing follow-up/case management along with wrap-around supports, and opportunities for social assistance to make rent payments directly on behalf of the tenant if the tenant deems this as necessary.
Part 3: Issues, Solutions, and Actions

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Issues

Drawing on the results of the literature review and community consultations, the following key issues were identified related to homelessness and housing instability in Scarborough:

Housing Market Issues

- **Lack of Affordable Housing**

  There is a lack of affordable, adequate and appropriately-sized housing and an insufficient availability of housing subsidies.

  Housing affordability is an issue for many Scarborough residents. Lower income households face significant affordability gaps because of the high rents in Scarborough and the current social assistance rates and inadequate supply of subsidized housing mean that social assistance recipients and other low-income households are virtually screened out of the market of quality affordable housing. The issue of availability of affordable housing is compounded by low vacancy rates, rental housing losses, and minimal development of new affordable housing.

- **Discrimination and Unfair Rental Practices**

  Discrimination, disadvantage and unfair rental practices result in the exclusion of many individuals from the market of safe and appropriate housing and forces them to live in substandard, unsafe, unhealthy or overcrowded housing.

  Widespread direct or indirect discrimination and disadvantage in housing and employment markets means that many individuals in the priority population groups including Aboriginal People, newcomers, LGBTQ2S, women, seniors, criminalized individuals, and people with mental health and/or substance use issues, are unable to access quality affordable housing. Landlords routinely engage in discriminatory practices through their application and screening process which often includes requests for a letter of employment, information on amount of income, source of income, housing history and references, credit history, criminal record, and possibly a guarantor. Discrimination also occurs on the basis of ethnic, racial and religious identity; language; immigrant status; gender; sexual orientation and gender identity; age; family composition, household size and the presence of pets; and mental health. This can result in individuals with multiple barriers being excluded from the market of quality affordable housing.

  The inability of priority population groups, and others with multiple barriers, to obtain quality affordable housing leaves them vulnerable to unfair and prohibited practices by landlords, further contributing to their housing instability. Many study participants reported discrimination that is prohibited by the
Ontario Human Rights Code as well as landlord actions that are prohibited by the Landlord and Tenant Act, including the use of prohibited grounds for eviction.

Inadequate Building Conditions

Existing funding, regulations and enforcement do not adequately support the provision of safe and healthy building conditions

Poor conditions are common in Scarborough’s affordable rental stock. Racialized, immigrant and lone-parent families are over-represented in housing that is in poor condition, and tenants in non-profit buildings, in particular, are more likely to report poor conditions. Current inspections of building and unit conditions are inadequate and there is insufficient enforcement and penalization for non-compliance with by-laws and standards.

Rooming houses often have serious issues related to maintenance and management, placing many at risk of homelessness. However, zoning regulations effectively prohibit rooming houses in Scarborough, resulting in insufficient policies and standards around rooming houses, and limiting the City’s ability to enforce safe healthy building conditions in rooming houses.

Overcrowding

Many households are forced to live in overcrowded conditions to cope with the high housing costs

A common strategy for coping with high housing costs is to rent housing that is smaller than the appropriate size for the household. As such, many Scarborough families living in high-rise apartment buildings are experiencing overcrowded conditions. This issue is particularly common among recent immigrants and racialized tenants.

Service Shortcomings

Insufficient Availability and Inadequacy of Services

Scarborough residents, and priority population groups in particular, have service needs that are being unmet

This study identified a number of services areas where Scarborough residents have unmet needs. Among the priority service gaps identified by the community were housing follow-up support, case management services, and mental health and addiction services. These were noted as particular gaps among shelter clients, as well as others such as legal aid clients. These areas require additional exploration to identify and develop a shared understanding and agreement on the specific issues, what interventions are required, and what collaborative structures could be put in place to address these issues. Certainly some services in each of these areas exist in the community, but in the area of mental health and addictions services, for example, there is a lack of awareness among service providers of available services and integration of these services with other services in the homelessness service system.
The community also identified that some clients are experiencing unmet service needs in the areas of: health services, including family physicians and dentistry; counselling, including for domestic violence and trauma; and food security services. The specific issue with these services is not that they are not available in the community, but that they are not as integrated as they could be with other services, and clients are not necessarily being connected to these services.

Other areas of unmet service needs identified through the study include: housing help and other services in shelters to support successful transitions to housing; referral/navigation services; housing services for women exiting incarceration; employment supports; culturally and language appropriate services for ethnic groups, Aboriginal people and individuals who identify as LGBTQ2S; and shelter beds for specific population groups, including youth, single men and women and specialized services for transgendered individuals.

Negative Client Experience with Services

Interaction of individuals experiencing homelessness with service providers sometimes centres around bureaucracy and expedience, rather than respect and dignity, which can create a demeaning experience for the service user.

A number of individuals with lived experience consulted as part of the study expressed concern about the negative client experience they have had with some services. Some service providers also spoke about interactions they had with other service providers on behalf of clients that were unsatisfactory. The most commonly reported negative experiences were with the social assistance system, although interactions with shelter staff were also mentioned by several participants. Unfortunately, many front-line workers are not given the time, flexibility, or resources to deal with the problems of each person they encounter. The constraints of their work often lend to interactions which lack respect and dignity and centre around bureaucracy and expedience. This can erode the self-concepts of individuals experiencing homelessness and housing stability and act as barriers to housing access and stability.

Inadequate Coordination Between Service Providers

Individuals face barriers to accessing needed services because of inadequate coordination and information sharing among homelessness system service providers in Scarborough and with other key public systems and services.

Insufficient coordination among service providers can result in missed opportunities to meet client service needs and can lead to duplication in services provided. For some individuals, insufficient coordination results in challenges in their ability to follow-through and navigate the service system following a referral to services. The service provider assessment conducted as part of this study found that while service providers often have linkages with other service providers in Toronto as a whole providing similar types of services, the number of formal partnerships between homeless service system providers in Scarborough is limited.

In addition to limitations in the coordination within the homelessness service system, the homeless service system lacks coordination with other public systems and services. This has significant implications for the priority population groups which are also likely to have interactions with other systems including justice, health, immigration/settlement, child welfare, domestic violence and poverty reduction. A lack
of coordinated policies and practices between sectors means that the service needs of these priority population groups are being unmet and many individuals are discharged from various systems into homelessness.

One of the major gaps in coordination between systems is between the justice system and the homelessness service system to provide transitional planning. There are insufficient connections between the justice system and agencies to support incarcerated individuals in maintaining and pre-arranging housing while incarcerated. Inability to meet the housing needs of individuals exiting incarceration can be exacerbated as a result of release directly from the courthouse without giving the individual the opportunity to recover belongings or resources.

Lack of Awareness of Services

Lack of awareness of services is a barrier for some residents in accessing services and obtaining and maintaining housing. A substantial percentage of individuals with lived experience who participated in the study identified a lack of awareness of services as a barrier to accessing needed services. Front-line staff also identified this as one of the key barriers to accessing needed services.

Policy Barriers

Issues with Social Assistance System

Significant barriers to obtaining and maintaining housing are created as a result of issues with the social assistance system, including inadequacy of benefit rates to afford housing, barriers to accessing assistance and secondary income supports to prevent homelessness, and concerns about the quality of services provided.

One of the most frequent issues raised by study participants was the inadequacy of social assistance rates to afford safe, appropriate housing in Scarborough. A number of study participants also raised concerns about the lack of financial assistance for transportation.

Policies related to social assistance and secondary income supports to prevent homelessness create barriers to individuals experiencing homelessness and housing instability in finding and maintaining housing. Prospective tenants are required to have the landlord complete a “promise to rent” form prior to being able to receive assistance with first and last month’s rent through social assistance or the Housing Stabilization Fund, which provides secondary income supports to prevent homelessness. This requirement results in many individuals experiencing homelessness being screened out of the application process because many landlords request a deposit for first and last month’s rent along with the application or it alerts the landlord to the fact that they are currently homeless or applying for, or in receipt of, social assistance. Several individuals experiencing homelessness also identified that they were ineligible for assistance because they already received previous assistance within the eligibility period, which has presented a major barrier to them acquiring first and last month’s rent and obtaining housing.
Social assistance policies present significant barriers to individuals exiting incarceration in particular, as Ontario Works benefits are cut-off when individuals are incarcerated causing prisoners to go into arrears and being evicted or going into significant debt. There are also delays in receipt of social assistance upon release from correctional facilities leading to unstable housing situations and causing some releasees to fall back into previous cycles of homelessness and incarceration.

The complexity and length of the process related to the application for disability benefits makes it difficult for individuals to access assistance. Frequent denial for assistance means that many applicants have to go through an appeals process which can be a major challenge for individuals experiencing health issues of who do not read or speak English. Also the mail based system used to communicate denials is challenging for individuals with frequent moves/unstable housing or who become incarcerated. These barriers result in many individuals who would otherwise be qualified for assistance living on an income that is even more inadequate to meet their needs.

Issues related to the lack of accessibility of, and timely response from, front-line social assistance workers were frequently raised as concerns by study participants experiencing homelessness or housing instability. In addition, several participants perceived inconsistencies in discretionary benefits provided or unfair denials for discretionary benefits. Service providers also identified issues around a lack of awareness among service providers, and availability of information, related to income support policies to prevent homelessness, including the Housing Stabilization Fund.

**Barriers Created by Social Housing Policies**

Social housing policies are creating barriers for certain priority population groups in accessing and maintaining subsidized housing

Policy barriers include:

- Complex procedures for applications for priority status for social housing, resulting in many women not being able to obtain priority status.
- Individuals who are incarcerated also face barriers to maintaining their application status as a result of requirements to maintain regular contact about their application.
- The City’s Absence From Unit policy results in incarcerated individuals losing their subsidy if they are serving a sentence that leads to an absence of more than 90 or if they are being held in jail while awaiting trial and do not provide proof of the reason for absence and rent while they are away, which is very difficult to do.
- The process of accessing social housing, including the communication process with social housing applicants who move frequently, have unstable housing or who become incarcerated.
- Requirements for applicants to respond to an offer for housing within 48 hours can result in missed opportunities for individuals who are homeless or in unstable housing and do not have a consistent phone number to obtain social housing.
- Toronto Community Housing’s Internal Transfer Policy, as well as significant demand for transfers, limits the ability of households requiring transfers for medical or safety reasons to transfer to suitable housing in a timely manner.

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1. Individuals who were homeless prior to incarceration do have a longer period (five years) before their application is cancelled. Applications for non-homeless applicants are cancelled after 18 months of inactivity.
2. Refer to page 57 for information on the City’s rationale for this policy.
Solutions

The community identified the following key interventions or solutions to address homelessness and housing instability in Scarborough.

Housing Opportunities

Increase the Supply of Affordable Housing

Increase the supply and range of affordable housing types and supports to meet the needs of vulnerable households. Although the specific strategies are beyond the scope of this report, suggestions from study participants included tax and other financial incentives and flexible development standards.

Work with Landlords to Increase Access to Affordable Housing

Develop strategies to work with landlords to make affordable housing available and create new points for entry to housing for individuals experiencing homelessness and housing instability. This may include incentives for landlords to rent to vulnerable populations.

Improve Housing Affordability

Increase the affordability of housing through additional subsidized housing or housing subsidies such as rent supplements or housing allowances. Individuals with mental health and/or addictions issues were identified as having a particular need for such assistance.

Improve Housing Conditions

Improve building conditions through better inspections and additional enforcement of regulations and penalization for non-compliance.

Improve the conditions in rooming houses by legalizing rooming houses and developing appropriate policies and standards to support safe healthy building conditions in rooming houses.

Reduce the Use of Prohibited Practices by Landlords

Develop and implement strategies to combat discrimination and prohibited practices by landlords.
Services

Prioritize Homelessness Prevention

Prioritize homelessness prevention within service planning.

Enhance Services

Increase and improve services where gaps currently exist.

Service areas identified as priorities were as follows: housing follow-up supports; case management services; transition planning from the corrections systems; reduced Metropass rates for individuals with low incomes and additional tokens provided to service users to access services; and mental health and addiction services. Specific service needs in the area of mental health and addictions services include: mental health crisis services, proactive and outreach non-crisis mental health services; psychiatry services in languages other than English; and psychiatry services to conduct assessments to support applications for disability benefits.

Other service gaps to be addressed include: services in shelters to support successful transitions to housing; referral/navigation services; employment supports; health services, including family physicians and dentistry; counselling, including for domestic violence; housing services for women exiting incarceration; culturally and language appropriate services for ethnic groups, Aboriginal people and individuals who identify as LGBTQ2S; food security services; and shelter services for specific population groups, including youth, single men and women and specialized services for transgendered individuals.

Deliver High Quality Service

Ensure services are delivered in ways that are client-centred and respect client diversity. Among other strategies, conduct service evaluations to ensure quality service.

Improve the collection, access to, and sharing of information through integrated information management.

Improve Awareness

Improve awareness among marginalized individuals of the range of existing programs, services and supports and relevant policies, including information about social assistance benefits and tenant rights and responsibilities with the goal of empowering clients to access required resources and services. Strategies should include collaborative advertising and outreach, workshops, individual consultations, and collaborative communication materials to support consistent messaging.

Improve Education and Training

Develop education and training strategies for service providers to increase knowledge of services and policies and improve service provision. This should include education and training related to providing trauma-informed services as well as education about existing supports and resources, such as discretionary benefits available through social assistance, approaches to requesting assistance, and how to appeal decisions.
Enhance Collaboration and Partnerships

Improve the coordination, collaboration and partnerships between service providers.

Key opportunities for additional collaboration and partnerships between homeless system service providers identified through this study include: collaborative homelessness community planning; development of closer relationships between service providers; increased referrals; greater resource sharing; increased coordinated service delivery; collaborative advertising and outreach; and joint funding applications. Opportunities were also identified for dialogue and partnership with other systems including justice, health, immigration/settlement, and child welfare, to coordinate referrals and support transition planning strategies to prevent people from being discharged from other service systems into homelessness.

Policies

Improve the Social Assistance System

Improve the social assistance system to increase assistance, improve access, and ensure quality of services provided. This should include strategies to improve the application process for disability benefits. It should also include strategies to improve the Housing Stabilization Fund to better support individuals: requiring a deposit at the time of application for housing; and individuals who are homeless or it is in their best interest to move, who have already received assistance during the eligibility period.

Strategies to improve the quality of services to individuals experiencing homelessness or additions and/or mental health issues should also be developed and implemented.

Improve Social Housing Policies

Improve social housing system policies to better support individuals experiencing homelessness and housing instability in accessing and maintaining social housing. This should include:

- Reviewing and revising procedures for applications for priority status for social housing
- Policies and practices to better support individuals who are incarcerated in maintaining their application status
- Reviewing and revising the City’s Absence From Unit policy so that incarcerated individuals do not lose their subsidy if they are serving a sentence that leads to an absence of more than 90 or if they are being held in jail while awaiting trial and do not provide proof of the reason for absence and rent while they are away (such as having the opportunity to obtain subsidy in another unit)
- Alternative social housing access processes for individuals individuals who are homeless or in unstable housing and do not have a consistent phone number to obtain social housing
- Reviewing and revising Toronto Community Housing’s Internal Transfer Policy to increase the ability of households requiring transfers for medical or safety reasons to transfer to suitable housing in a timely manner.
Actions

To move forward with the solutions identified, the community has five priority actions in five action areas:

Partnerships and Service Coordination

Coordination, collaboration and partnerships between service providers are critical to ensuring access and flow-through of individuals using the homeless-serving system, and ensuring the best client and system-level outcomes.

Action 1:

Pursue opportunities to improve the coordination, collaboration and partnerships between service providers including:

- Collaborative homelessness community planning, including ongoing strategy development and review and implementation strategies to move priority community actions forward
- Establishing intentional practices to promote formalized service-delivery coordination, such as coordinated access and assessment processes, prioritization processes, and collaboratively defined eligibility and referral processes across the homeless-serving system
- Identifying and pursuing opportunities for greater resource sharing
- Collaborative advertising and outreach
- Submitting joint funding applications
- Dialoguing and identifying opportunities for, and establishing partnerships with, other systems including justice, health, immigration/settlement, and child welfare to coordinate referrals and support transition planning strategies

Work Towards Closing the Service Gaps and Addressing the Needs of Priority Population Groups

The community recognizes that in order to function successfully, the homeless-service system not only needs the inclusion of key program components, but also effective coordination with other services in the system to meet client needs.

Action 2:

Work towards increasing and improving services in the following areas using existing resources or other resources that may be available to the community:
• Housing follow-up supports
• Case management services
• Mental health and addiction services, including mental health crisis services, proactive and outreach non-crisis mental health services; psychiatry services in languages other than English; and psychiatry services to conduct assessments to support applications for disability benefits
• Housing help and other services in shelters to support successful transitions to housing
• Referral/navigation services
• Food security services
• Health services, including family physicians and dentistry
• Counselling, including for domestic violence
• Housing services for women exiting incarceration
• Culturally and language appropriate services for ethnic groups, Aboriginal people and individuals who identify as LGBTQ2S
• Employment supports
• Shelter services for specific population groups, including youth, single men and women and specialized services for transgendered individuals.

Work to ensure that these services are well coordinated with other services to meet each client’s unique needs.

Improve Service Quality

Services must be delivered in ways that are client-centred and respect client diversity.

Action 3:
Develop and implement strategies to support the delivery of high quality services.

As a network of service providers, and in collaboration with the City, this should include developing and implementing standards/guidelines where they do not already exist, or strengthen standards/guidelines where they are already in place, and conducting service evaluations to measure service quality. This should also include improving the collection, access to, and sharing of information through integrated information management.

Capacity Building of the Homeless Service System

High quality service requires strong skills, abilities, process and resources among service providers and their staff.

Action 4:
Continue to develop and implement education and training strategies for service providers to increase their knowledge of services and policies and improve service provision.
This should include education and training related to providing trauma-informed services, respecting client diversity, as well as education about existing supports and resources, such as discretionary benefits available through social assistance, approaches to requesting assistance, and how to appeal decisions.

Advocacy and Dialogue with Government and Other Key Public Systems and Services

Ultimately many of the priority interventions require investment from government or action by other key public systems and services. The areas where the community has identified a need for investment from government of action from other systems and services have been outlined in Action 5, below.

The City of Toronto also recognizes the need for actions in the areas that have been identified in this report as requiring investment from government. The City has produced a number of strategic documents that outline the actions and initiatives that the City has planned or are underway related to each of these areas. (Refer to Appendix B for more information about the City’s actions that are planned or underway in these areas.) The community will dialogue and work with the City towards the realization of these actions.

Action 5:
Together as a community, and with partners across the City, province and country, advocate and work with government in the following areas:

- Additional investment in strategies that increase the supply of affordable housing
- Additional investment in strategies to improve housing affordability, such as rent supplements and housing allowances
- Development of strategies to work with landlords to make affordable housing available and create new points for entry to housing for individuals experiencing homelessness and housing instability
- Improvements to building and unit condition inspections and opportunities for additional enforcement of regulations and penalization for non-compliance
- Legalization of rooming houses and the development of appropriate policies and standards to support safe and healthy building conditions in rooming houses
- Development and implementation of strategies to combat discrimination and prohibited practices by landlords
- Funding to reduce service gaps discussed under Action 2 that are determined to require additional funding, as well as reduced Metropass rates for individuals with low incomes and additional tokens provided to service users to access services
- Improved standards for various services, evaluations of those services, and additional funding to support and ensure quality service delivery
- Integrated information management among the homeless service system
- Additional requirements or encouragement by funders of collaboration and partnerships between homelessness system service providers, and funding to support this
- Improvements to the social assistance system to increase assistance, improve access, and ensure quality of services provided
- Improvements to social housing system policies and processes to better support individuals experiencing homelessness and housing instability in accessing and maintaining social housing
- Dialogue with other key systems including justice, health, immigration/settlement, and child welfare, to coordinate referrals and partnerships and support transition planning strategies to prevent people from being discharged from other service systems into homelessness.
SHSPN’s Actions

Based on the community’s priority actions, SHSPN identified actions it would focus on over the next year to move forward with the community’s priority actions.

SHSPN’s initial actions will be to:

1. Facilitate service providers in working towards closing service gaps with existing resources or other resources that may be available to the community

   SHSPN’s focus over the next year will be on housing follow-up supports, case management services, and mental health and addiction services, including psychiatry. Required actions to address these service gaps include:
   - Additional research to identify and developing a shared understanding and agreement on the specific issue(s) and identify current and potential stakeholders and interdependencies or relationships
   - The development of collaborative structures or other interventions to address the issues
   - Ensuring that services are culturally and language appropriate for ethnic groups, Aboriginal people, and individuals identifying as LGBTQ2S
   - The exploration of potential funding sources, joint applications for funding, and advocacy for funding as required

   SHSPN will also take action over of the next year in addressing service issues in health services, including family physicians and dentistry as well as counselling, including for domestic violence and counselling for trauma (PTSD). These are service areas where services are known to exist, but may require additional integration and coordination of referrals.

2. Facilitate coordination, collaboration and partnerships between service providers

   SHSPN’s service coordination efforts over the next year will focus on organizational and program level coordination. By program level coordination we mean collaborative structures that support program-centred integration to address current service gaps. For example, this could include: structures that support referrals between programs; information sharing; linked information systems; resource-sharing; and joint funding applications, planning or programming. By organizational level coordination we mean general organizational collaboration between SHSPN members and possibly with other homelessness service system agencies. For example, this could include: developing organizational collaboration frameworks; Memorandums of Understanding between Network members; a brochure and website for the Network, and an inventory of services available to homeless and at-risk individuals in Scarborough.

3. Engage in advocacy efforts

   SHSPN will take a lead role in advocating on Scarborough specific issues. For issues that are not unique to Scarborough, the SHSPN will link with other organizations/collaborative bodies engaged in advocacy in those areas to conduct joint advocacy and support the advocacy efforts of those organizations/collaborative bodies.
4. Develop and implement strategies to support the delivery of high quality services

This may include developing and implementing standards/guidelines, conducting service evaluations to measure service quality, improving collection and sharing of information, and facilitating education and training (see below for additional discussion on education and training).

5. Facilitate education and training for service providers, volunteers, and/or clients

Education and training will be facilitated in areas as determined to be required by Network members. These may include areas such as providing trauma-informed services, respecting client diversity, providing culturally appropriate services for individuals with Aboriginal identities and newcomers, and mental health and addictions ‘friendly’ services, as well as education about existing supports and resources, such as discretionary benefits available through social assistance, approaches to requesting assistance, and how to appeal decisions. In addition to facilitating training of homeless-serving system staff, the training may include training for volunteer peer support networks.

6. Monitor trends and issues and take action in response to new learnings

SHSPN will continue to monitor trends, service offerings, service use patterns, service gaps and needs, as well as other housing issues and will take action as required in response to new learnings.
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Appendix A - Tables

Table A-1: Populations Services, Services Provided, and Location of Services by Agencies in Scarborough
Table A-2: Linkages by Agency
Table A-3: Formal Partnerships by Agency
Table A-4: Informal Partnerships by Agency
Table A-5: Committees, Coalitions, Networks and Planning Groups
Table A-6: Funders by Agency
| Agency                                      | Priority Population                                                                 | Food | Clothing/Furniture | Financial Support | Counselling & referral Crisis intervention | Case Management | Life Skills and Support | Housing Support/ Case Management | Assessments | Outreach | Parenting Assistance | Mental Health Services | Addiction Services | Harm Reduction Supports | Legal Aid | Identification Assistance | Recreation Programs | Employment Services | Child Care | Court and Jail Visitation | Primary Health Care | Community Support | North-East Scarborough | South-East Scarborough | South-West Scarborough | North-West Scarborough | Elsewhere in Toronto | Elsewhere in GTA |
|--------------------------------------------|--------------------------------------------------------------------------------------|------|--------------------|-------------------|---------------------------------------------|-----------------|------------------------|-----------------------------|-------------|----------|----------------------------|----------------------|---------------------|------------------------|-----------|-------------------------|----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Birchmount Residence                      | Men over age 55                                                                      | X    | X                   | X                  | X                                            | X                | X                      | X                          | X           | X        | X                          | X                    | X                   | X                      | X         | X                      | X                    | X                   | X                    | X                    | X                    | X                    | X                    | X                    | X                    | X                    |
| Birkdale Residence*                       | Women and their Children                                                             | X    | X                   | X                  | X                                            | X                | X                      | X                          | X           | X        | X                          | X                    | X                   | X                      | X         | X                      | X                    | X                   | X                    | X                    | X                    | X                    | X                    | X                    | X                    | X                    | X                    |
| Dixon Hall Neighbourhood Services, Out of the Cold, Knox United Church | Adult Co-ed                                                                          | X    | X                   |       | X                                            |       | X                      |                           |             | X        |                            |                       |                     |                         | X         |                         |                       |                     |                      | X                    |                      |                      | X                    | X                    |                      |                      |                      |                      |
| Dr. Roz's Healing Place*                   | Victims of Domestic Violence                                                         | X    | X                   | X                  | X                                            | X                | X                      |                           |             | X        |                            |                       |                     |                         | X         |                         |                       |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Family Residence                          | Two-parent or single parent families with children, couples, and pregnant women       | X    | X                   | X                  | X                                            | X                | X                      | X                          | X           | X        | X                          | X                    | X                   | X                      | X         | X                      | X                    | X                   |                      | X                    |                      | X                    |                      |                      |                      |                      |                      |
| Homes First                                | Shelter in Scarborough for men and women                                              | X    | X                   | X                  | X                                            |       | X                      |                           |             | X        |                            |                       |                     |                         | X         | X                      | X                    |                     |                      | X                    |                      |                      |                      |                      |                      |                      |                      |                      |
| Juliette's Place*                          | Victims of Domestic Violence                                                         | X    | X                   | X                  | X                                            | X                | X                      |                           |             | X        |                            |                       |                     |                         | X         | X                      | X                    |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| La Maison d'hébergement pour femmes francophones | Francophone women victims of domestic violence                                      | X    | X                   | X                  | X                                            |       | X                      |                           |             | X        |                            |                       |                     |                         | X         |                         |                       |                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

Table A-1: Populations Served, Services Provided, and Location of Services by Agencies in Scarborough

Geographical Area of Facilities and/or Outreach Services:
- North-East Scarborough
- South-East Scarborough
- South-West Scarborough
- North-West Scarborough
- Elsewhere in Toronto
- Elsewhere in GTA
<table>
<thead>
<tr>
<th>Agency</th>
<th>Priority Population</th>
<th>Services Provided</th>
<th>Geographical Area of Facilities and/or Outreach Services</th>
</tr>
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<td>Women or women with children in Scarborough with history of addiction</td>
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<td>Toronto Mental Health Services, Booth Supportive Services of The Salvation Army</td>
<td>Individuals with concurrent disorders</td>
<td>X X X X X X X X X X X X X X</td>
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<td>Canadian Mental Health Association: Toronto Branch</td>
<td>Persons with mental health challenges</td>
<td>X X X X X X X X X X</td>
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<td>COTA Health</td>
<td>Adults with mental health and cognitive challenges. Safe bed program is for adults living with serious mental health diagnosis, and mental health diagnoses and are involved with the justice system</td>
<td>X X X</td>
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</tbody>
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Table A-1: Populations Served, Services Provided, and Location of Services by Agencies in Scarborough
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<tr>
<th>Agency</th>
<th>Priority Population</th>
<th>Food</th>
<th>Clothing &amp; Furniture</th>
<th>Financial Support</th>
<th>Counselling &amp; Referral</th>
<th>Case Management</th>
<th>Life Skills &amp; Support</th>
<th>Housing</th>
<th>Housing Assistance</th>
<th>Housing Support/ Case Management</th>
<th>Assessments</th>
<th>Outreach</th>
<th>Parenting Assistance</th>
<th>Mental Health Services</th>
<th>Addiction Services</th>
<th>Harm Reduction Supports</th>
<th>Legal Aid</th>
<th>Identification Assistance</th>
<th>Recreational Programs</th>
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<th>Court and Jail Visitation</th>
<th>Primary Health Care</th>
<th>Community Support</th>
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<td><strong>Community Support Provider for Homeless or at Risk of Homelessness</strong></td>
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Service Provider for the General Population

Access Alliance Multicultural Health and Community Services*
- Newcomers
  - X
  - X

Access Employment*
- General population
  - X

Advocacy Centre for the Elderly*
- Low income seniors
  - X

Afghan Women’s Organization
- Newcomers with focus on women, their families, refugees
  - X
  - X
  - X
  - X

Aisling Discoveries Child and Family Centre*
- Families, children
  - X
  - X
  - X
<p>| Agency | Priority Population                                                                 | Food | Clothing/Furniture | Financial Support | Counselling &amp; Referral Crisis Intervention | Case Management | Life Skills and Support | Housing | Housing Search Services | Housing Support/Care Management | Assessments | Outreach | Parenting Assistance | Mental Health Services | Addiction Services | Harm Reduction Supports | Legal Aid | Identification Assistance | Recreation Programs | Employment Services | Child Care | Court and Jail Visitation | Primary Health Care | Community Support | North-East Scarborough | South-East Scarborough | South-West Scarborough | North-West Scarborough | Elsewhere in GTA | Geographical Area of Facilities and/or Outreach Services |
|--------|-------------------------------------------------------------------------------------|------|-------------------|-------------------|------------------------------------------|-----------------|-------------------------|---------|------------------------|---------------------------------|-------------|----------|----------------------|---------------------|----------------|--------------------------|----------|--------------------------|-------------------|-----------------|---------------------|-----------------|-----------------|----------------------|-----------------|-----------------|---------------------|-----------------|-----------------|---------------------|-----------------|-----------------|---------------------|-----------------|-----------------|---------------------|-----------------|-----------------|
| Armenian Family Support Services* | General population with a focus on newcomers | X    |       |       |       |       |       |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |         |         |       |       |         |         |       |
| Better Living Health and Community Services* | Seniors and persons with disabilities |       |       |       |       |       |       |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |
| Birchmount Bluffs Neighbourhood Centre* | General population |       |       |       |       |       |       |         |         |         |       |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |
| Boys &amp; Girls Club of East Scarborough* | Children and youth | X    |       |       |       |       |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |
| Canadian Centre of Women's Education and Development* | Low income women, children and youth (focus on immigrant women and children) | X    |       |       |       |       |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |
| CareFirst Seniors and Community Services* | Seniors and persons with disabilities |       |       |       |       |       |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |
| The Career Foundation | General population (youth/adults) looking for employment | X    |       |       |       |       |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |       |         |         |         |         |         |       |       |         |         |       |         |       |       |         |         |       |</p>
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<td>Catholic Crosscultural Services*</td>
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<td>Central East Community Care Access Centre*</td>
<td>Seniors and persons with disabilities</td>
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<td>Centre for Immigrant and Community Services*</td>
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**Geographical Area of Facilities and/or Outreach Services**

- North-East Scarborough
- South-East Scarborough
- South-West Scarborough
- North-West Scarborough
- Elsewhere in Toronto
- Elsewhere in GTA
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<td>Muslim Welfare Centre*</td>
<td>Women, children and families</td>
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<td>Scarborough Community Legal Services</td>
<td>Women, with a focus on victims of domestic violence</td>
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<td>Settlement Assistance &amp;</td>
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*Survey non-respondent, information based on agency’s website  
Source: Service Provider Survey
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<th>Sharing Resources</th>
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<tr>
<td><strong>Service Providers for the General Population</strong></td>
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<td></td>
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<tr>
<td>Afghan Women’s Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Career Foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Rosalie Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Scarborough Community Legal Services</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Springboard</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>St. Ninian’s Anglican Church Food Bank</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>St. Stephen’s Presbyterian Church Food Bank</td>
<td></td>
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<tr>
<td>Tropicana Community Services</td>
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<td></td>
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<td></td>
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<td><strong>TOTAL</strong></td>
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### Table A-3: Formal Partnerships by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency / Transitional Housing Provider</strong></td>
<td></td>
</tr>
<tr>
<td>Birchmount Residence</td>
<td>(blank)</td>
</tr>
<tr>
<td>Family Residence</td>
<td>None</td>
</tr>
<tr>
<td>Homes First</td>
<td>Homeless and Outreach Services - Agincourt Community Services Association, CAMH, City of Toronto, Daily Bread, Operation Springboard, Red Cross, Scarborough Addiction Services Partnership (SASP)</td>
</tr>
<tr>
<td>La Maison</td>
<td>Oasis Centre des Femmes</td>
</tr>
</tbody>
</table>

**Supportive/ Assisted Housing Provider**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Canadian Mental Health Association: Toronto Branch</td>
<td>Access Point, Across Boundaries, CMHA York, COTA, Gerstein Centre, Reconnect, The Safe Bed Network</td>
</tr>
<tr>
<td>COTA Health</td>
<td>(blank)</td>
</tr>
<tr>
<td>Hong Fook Mental Health Association</td>
<td>Good Shepherd Mainstay (specifically support within housing)</td>
</tr>
<tr>
<td>YouthLink</td>
<td>CAS, CCAS (Wraparound), East Metro Youth Service (youth outreach), (delivery of service are with the two school boards, not with housing specifically)</td>
</tr>
</tbody>
</table>

**Community Support Provider for Homeless or at Risk of Homelessness**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Access Point</td>
<td>52 partners, refer to website for details: <a href="http://www.theaccesspoint.ca">www.theaccesspoint.ca</a></td>
</tr>
<tr>
<td>Homeless and Outreach Services - Agincourt Community Services Association</td>
<td>Daily Bread, Inner City Health Associates, Needle Exchange Coordinating Committee, Public Health, SASP, Second Harvest, Toronto Drop In Network, City Of Toronto Streets to Homes</td>
</tr>
<tr>
<td>Canadian Red Cross</td>
<td>JRCC Furniture Depot (Jewish Russian Community Centre), Scarborough Furniture Bank (Scarborough Centre for Healthy Communities)</td>
</tr>
<tr>
<td>Durham Mental Health Services</td>
<td>Ajax Municipal Housing, CMHA-Durham Branch, CMHA-HKPR, COPE Mental Health, Durham Regional Police Service, Lakeridge Health Corporation, Ontario Shores Centre for Mental Health Sciences, The Pinewood Centre, Rouge Valley Mental Health System, Region of Durham</td>
</tr>
<tr>
<td>East Metro Youth Services</td>
<td>(blank)</td>
</tr>
<tr>
<td>East Scarborough Storefront</td>
<td>Scarborough Centre for Healthy Communities, Neighbourhood Link</td>
</tr>
<tr>
<td>Family Service Toronto</td>
<td>(blank)</td>
</tr>
<tr>
<td>Fred Victor</td>
<td>The Access Point, CAMH- Dundas/Osler Program, COTA Health, The Early Intervention Network</td>
</tr>
</tbody>
</table>
### Table A-3: Formal Partnerships by Agency (Continued)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Governing Council of The Salvation Army in Canada</td>
<td>Court Chaplains with the police and court system in Metro East Court and Toronto East Detention Centre, TCHC – 10 Glen Everest Rd. Supportive Services for clients who may have been homeless, mental health and/or addiction concerns.</td>
</tr>
<tr>
<td>Kennedy House Youth Shelter</td>
<td>(blank)</td>
</tr>
<tr>
<td>The Salvation Army Scarborough Citadel Community &amp; Family Services</td>
<td>(blank)</td>
</tr>
<tr>
<td>The Salvation Army Toronto Correctional &amp; Justice Services</td>
<td>(blank)</td>
</tr>
<tr>
<td>Scarborough Centre for Healthy Communities</td>
<td>SN2 Foods (food), Second Harvest (food), SHSPN members</td>
</tr>
<tr>
<td>Toronto Mental Health Services, Booth Supportive Services of The Salvation Army</td>
<td>Children’s Aid Society (PARC Program), Dept. of Veterans Affairs, Good Shepherd Non-profit Housing Inc., Mainstay Housing, The Salvation Army, Toronto Community Housing Corporation, Toronto Harbourlight Ministries, University of Toronto</td>
</tr>
<tr>
<td>Warden Woods Community Centre</td>
<td>Toronto Community Housing</td>
</tr>
</tbody>
</table>

#### Service Providers for the General Population

<table>
<thead>
<tr>
<th>Agency</th>
<th>Formal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghan Women’s Organization</td>
<td>Absolute Health Centre, Access Alliance Multicultural Health and Community Services, Across Boundaries - An Ethnoracial Mental Health Centre, Afghan Canadian Islamic Community, Agincourt Community Services Association, Canada Revenue Agency, Canadian Mental Health Association - Toronto Branch, Centennial College, East Scarborough Storefront, Eglinton East-Kennedy Park, First Book Canada, Fraser Mustard Early Learning Academy, George Brown College, Greenwood Secondary School, Labour Education Centre, Reh’Ma Community Services, Toronto East Quadrant Local Immigration Partnership, Toronto North Local Immigration Partnership, Toronto Police, Toronto Public Health (TPH), YWCA</td>
</tr>
<tr>
<td>The Career Foundation</td>
<td>(blank)</td>
</tr>
<tr>
<td>Rosalie Hall</td>
<td>None specific to housing or inadequate housing</td>
</tr>
<tr>
<td>Scarborough Community Legal Services</td>
<td>No formalized partnerships with other agencies currently</td>
</tr>
<tr>
<td>Springboard</td>
<td>East Metro Youth Services, Ministries of Children and Youth, Community Safety and Correctional Services, Community and Social Services, Training, Colleges and Universities</td>
</tr>
<tr>
<td>St. Ninian’s Food Bank</td>
<td>None</td>
</tr>
<tr>
<td>St. Stephen’s Presbyterian Church Food Bank</td>
<td>Daily Bread</td>
</tr>
<tr>
<td>Tropicana Community Services</td>
<td>Service providing organizations funded by the Ministry of Community &amp; Social Services to provide Transitional Housing &amp; Support to women/children escaping domestic violence, Centre for Addictions &amp; Mental Health</td>
</tr>
</tbody>
</table>

Source: Service Provider Survey
## Table A-4: Informal Partnerships by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Police</th>
<th>Hospital and Health Organizations</th>
<th>Faith Organizations</th>
<th>Service Providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency / Transitional Housing Provider</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birchmount Residence</td>
<td>Police</td>
<td>CCAC, Public Health</td>
<td></td>
<td>Warden Woods CC</td>
<td></td>
</tr>
<tr>
<td>Family Residence</td>
<td>Police</td>
<td>TLHIN, Hospitals</td>
<td>Caring Alliance</td>
<td>TCHC</td>
<td></td>
</tr>
<tr>
<td><strong>Homes First</strong></td>
<td>Police</td>
<td>Greystone Pharmacy, Scarborough General, Public Health, Saint Elizabeth, Scarborough General</td>
<td>Scarborough Church of God, South Asian Mosque</td>
<td>Ontario Works, ODSP, Agincourt community Centre, Red Cross</td>
<td>Scarborough Addiction Services Partnership</td>
</tr>
<tr>
<td><strong>La Maison</strong></td>
<td>Police</td>
<td></td>
<td>Caring Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supportive/ Assisted Housing Provider</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Canadian Mental Health Association: Toronto Branch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(blank)</td>
</tr>
<tr>
<td>COTA Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(blank)</td>
</tr>
<tr>
<td>Hong Fook Mental Health Association</td>
<td>Police</td>
<td>Hospitals, family physicians and psychiatrists</td>
<td></td>
<td>Immigrant services</td>
<td>Schools</td>
</tr>
<tr>
<td><strong>YouthLink</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Toronto Housing, Chinese Information and Community Services (CICS) Agincourt Community Services CanTYD (Canadian Tamil Youth Development) Second Base</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Parks, Forestry and Recreation, Employment</td>
</tr>
<tr>
<td><strong>Community Support Provider for Homeless or at Risk of Homelessness</strong></td>
<td></td>
<td></td>
<td></td>
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<td>None</td>
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### Table A-4: Informal Partnerships by Agency (Continued)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Police</th>
<th>Hospital and Health Organizations</th>
<th>Faith Organizations</th>
<th>Service Providers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless and Outreach Services - Agincourt Community Services Association</td>
<td>Police</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toronto Mental Health Services, Booth Supportive Services of The Salvation Army</td>
<td>Police</td>
<td></td>
<td></td>
<td></td>
<td>The Ministry of Correctional Services in Etobicoke</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warden Woods Community Centre</td>
<td>Police</td>
<td>Local Health Care providers, Mount Sinai Hospital - Geriatric, Psychiatric departments, Toronto Western Hospital, Centenary Hospital - Pathway Community Program</td>
<td></td>
<td></td>
<td>Network with a number of organizations to assist clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasantham</td>
<td></td>
<td></td>
<td></td>
<td>Fred Victor</td>
<td>Ryerson University, Social work and School of Nursing</td>
</tr>
</tbody>
</table>

### Service Providers for the General Population

- Access Alliance Multicultural Health and Community Services, Across Boundaries, Afghan Canadian Islamic Community, Agincourt Community Services Association, Canadian Mental Health Association - Toronto Branch, Catholic Crosscultural Services, Children’s Aid Society of Toronto, COSTI Immigration Services, Dorset Park Community Hub, Kennedy Employment & Social Services, Labour Education Centre, Muslim Welfare Centre, Polycultural Immigrant & Community Services, Refugee Sponsorship Training Program (RSTP), Reh’Ma Community Services, Tropicana Community Services, Victoria Village Action for Neighbourhood Change, YWCA
- Toronto Social Service, Canada Revenue Agency, Centennial College Centre for Education & Training, East Scarborough Storefront, Eglinton-East Kennedy Park Fraser Mustard Early Learning Academy, George Brown College, Global Experience Ontario, Greenwood Secondary School, Mothercraft College, Muslim Families Outreach & Awareness Committee, Seneca College of Applied Arts & Technology Service collaboration and supports for Muslim Families, Sheridan College Skills International Studio, Toronto East Quadrant Local Immigration Partnership, Toronto North Local Immigration Partnership, Trios College
## Table A-4: Informal Partnerships by Agency (Continued)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Informal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Police</td>
</tr>
<tr>
<td>The Career Foundation</td>
<td></td>
</tr>
<tr>
<td>Rosalie Hall</td>
<td>Police</td>
</tr>
<tr>
<td>Scarborou-h Community Legal Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Springboard</td>
<td></td>
</tr>
<tr>
<td>St. Ninian's Food Bank</td>
<td></td>
</tr>
<tr>
<td>St. Stephen's Presbyterian Church Food Bank</td>
<td></td>
</tr>
<tr>
<td>Tropicana Community Services</td>
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**Source:** Service Provider Survey
### Table A-5: Committees, Coalitions, Networks and Planning Groups

<table>
<thead>
<tr>
<th>#</th>
<th>Committee/ Coalition/ Network/ Planning Group</th>
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<tr>
<td></td>
<td><strong>Identified by Multiple Agencies</strong></td>
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<tr>
<td>1</td>
<td>Local Immigration Partnership</td>
<td>Family Residence, Afghan Women's Association, Career Foundation</td>
</tr>
<tr>
<td>2</td>
<td>Access Point</td>
<td>Fred Victor, CMHA Toronto Branch, Dixon Hall, Hong Fook</td>
</tr>
<tr>
<td>3</td>
<td>COTA</td>
<td>Homes First, CMHA Toronto Branch</td>
</tr>
<tr>
<td>4</td>
<td>CAMH</td>
<td>Homes First, John Howard Society of Toronto, Tropicana Community Services</td>
</tr>
<tr>
<td>5</td>
<td>Daily Bread</td>
<td>Homes First, Homeless and Outreach Services - Agincourt Community Services Association</td>
</tr>
<tr>
<td>6</td>
<td>Housing Connections</td>
<td>Homes First, Scarborough Centre for Healthy Communities</td>
</tr>
<tr>
<td>7</td>
<td>Men's Sector Meetings</td>
<td>Homes First, The Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>8</td>
<td>Second Harvest</td>
<td>Homes First, Homeless and Outreach Services - Agincourt Community Services Association</td>
</tr>
<tr>
<td>9</td>
<td>Toronto Shelter Network</td>
<td>Dixon Hall, Homes First, The Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>10</td>
<td>ACT</td>
<td>La Maison (Women ACT), The Access Point (ACT Managers Group),</td>
</tr>
<tr>
<td>11</td>
<td>Mental Health and Justice Network</td>
<td>CMHA Toronto Branch, Dixon Hall, Access Point</td>
</tr>
<tr>
<td>12</td>
<td>Toronto Alliance to End Homelessness</td>
<td>Dixon Hall, Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>13</td>
<td>Toronto Drop In Network</td>
<td>Homeless and Outreach Services - Agincourt Community Services Association, Canadian Red Cross</td>
</tr>
<tr>
<td>14</td>
<td>Housing and Homelessness Service Network</td>
<td>Canadian Red Cross, Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>15</td>
<td>Scarborough Housing Stabilization Planning Network</td>
<td>Canadian Red Cross, John Howard Society of Toronto, Malvern Family Resource Centre, Scarborough Centre for Healthy Communities, Warden Woods Community Centre</td>
</tr>
<tr>
<td>16</td>
<td>Toronto Central LHIN Mental Health &amp; Addiction workgroup</td>
<td>Governing Council of The Salvation Army in Canada, Toronto Mental Health Services, Booth Supportive Services of The Salvation Army</td>
</tr>
</tbody>
</table>
Table A-5: Committees, Coalitions, Networks and Planning Groups (Continued)

<table>
<thead>
<tr>
<th>#</th>
<th>Committee / Coalition / Network / Planning Group</th>
<th>Agency</th>
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</thead>
<tbody>
<tr>
<td>17</td>
<td>Caring Alliance</td>
<td>Family Residence</td>
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<td>18</td>
<td>Homelessness Family Sector</td>
<td>Family Residence</td>
</tr>
<tr>
<td>19</td>
<td>Family Service Toronto's Pat's Place Advisory Committee</td>
<td>Family Service Toronto</td>
</tr>
<tr>
<td>20</td>
<td>Coed Sector Meetings</td>
<td>Homes First</td>
</tr>
<tr>
<td>21</td>
<td>Women's Sector Meetings</td>
<td>The Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>22</td>
<td>SSHA Harm Reduction Advisory Group</td>
<td>Homes First</td>
</tr>
<tr>
<td>23</td>
<td>Housing First Program</td>
<td>Dixon Hall</td>
</tr>
<tr>
<td>24</td>
<td>Safe Bed Network</td>
<td>Dixon Hall</td>
</tr>
<tr>
<td>25</td>
<td>Supportive Housing Network</td>
<td>Dixon Hall</td>
</tr>
<tr>
<td>26</td>
<td>Alternative Level of Care-Ontario Shores TCM-Transitional Case Manager (Intake)</td>
<td>Durham Mental Health Services</td>
</tr>
<tr>
<td>27</td>
<td>Durham Advisory Committee on Homelessness Social Housing Advisory Group</td>
<td>Durham Mental Health Services</td>
</tr>
<tr>
<td>28</td>
<td>Hospital to Home Adult Mental Health Case Resolution Table</td>
<td>Durham Mental Health Services</td>
</tr>
<tr>
<td>29</td>
<td>Scarborough Housing Help</td>
<td>YouthLink</td>
</tr>
<tr>
<td>30</td>
<td>Supportive Housing for People with Problematic Substance Use committee</td>
<td>The Access Point</td>
</tr>
<tr>
<td>31</td>
<td>Toronto Hoarding Network</td>
<td>The Access Point</td>
</tr>
<tr>
<td>32</td>
<td>Inter City Health Associates</td>
<td>Homeless and Outreach Services - Agincourt Community Services Association</td>
</tr>
<tr>
<td>33</td>
<td>Needle Exchange Coordinating Committee</td>
<td>Homeless and Outreach Services - Agincourt Community Services Association</td>
</tr>
<tr>
<td>34</td>
<td>Scarborough Addiction Services Partnership</td>
<td>Homeless and Outreach Services - Agincourt Community Services Association</td>
</tr>
<tr>
<td>35</td>
<td>Immigrant and Refugee Housing Committee</td>
<td>Canadian Red Cross</td>
</tr>
<tr>
<td>36</td>
<td>Access to Shelters (Toronto Shelter Standards Review)</td>
<td>Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>37</td>
<td>Concurrent Disorders Support Services</td>
<td>Governing Council of The Salvation Army in Canada</td>
</tr>
</tbody>
</table>
### Table A-5: Committees, Coalitions, Networks and Planning Groups (Continued)

<table>
<thead>
<tr>
<th>#</th>
<th>Committee/ Coalition/ Network/ Planning Group</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>LGBTQTS Work Group (Toronto Shelter Standards Review)</td>
<td>Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>41</td>
<td>Toronto Hostel Training Centre - Course Commit-tee</td>
<td>Governing Council of The Salvation Army in Canada</td>
</tr>
<tr>
<td>42</td>
<td>Homeless Connect Toronto</td>
<td>John Howard Society of Toronto</td>
</tr>
<tr>
<td>43</td>
<td>Housing Action Now</td>
<td>John Howard Society of Toronto</td>
</tr>
<tr>
<td>44</td>
<td>Rooming House Working Group</td>
<td>John Howard Society of Toronto</td>
</tr>
<tr>
<td>45</td>
<td>City of Toronto - Shelter Housing and Support</td>
<td>John Howard Society of Toronto</td>
</tr>
<tr>
<td>46</td>
<td>Malvern Neighbourhood Action Partnership</td>
<td>Malvern Family Resource Centre</td>
</tr>
<tr>
<td>47</td>
<td>Mornelle Court Service Provider Network</td>
<td>Malvern Family Resource Centre</td>
</tr>
<tr>
<td>48</td>
<td>Neighbourhood Action Partnerships</td>
<td>Scarborough Centre for Healthy Communities</td>
</tr>
<tr>
<td>49</td>
<td>Addictions Service Provider Working Group</td>
<td>Toronto Mental Health Services, Booth Supportive Services of the Salvation Army</td>
</tr>
<tr>
<td>50</td>
<td>Federation of Metro Tenants Associations</td>
<td>Scarborough Community Legal Services</td>
</tr>
<tr>
<td>51</td>
<td>Interclinic Public Housing Workgroup</td>
<td>Scarborough Community Legal Services</td>
</tr>
<tr>
<td>52</td>
<td>RENT</td>
<td>John Howard Society of Toronto</td>
</tr>
<tr>
<td>53</td>
<td>Tenant Advocacy Group</td>
<td>Scarborough Community Legal Services</td>
</tr>
<tr>
<td>54</td>
<td>Transitional Housing &amp; Support Network</td>
<td>Tropicana Community Services</td>
</tr>
<tr>
<td>55</td>
<td>VAWN</td>
<td>La Maison</td>
</tr>
<tr>
<td>56</td>
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<td>Kennedy House Youth Shelter</td>
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Source: Service Provider Survey
### Table A-6: Funders by Agency

<table>
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<tr>
<th>Agency</th>
<th>City of Toronto</th>
<th>CLHIN</th>
<th>TCLHIN</th>
<th>CELHIN</th>
<th>MCSS</th>
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<tr>
<td><strong>All levels of government and a range of funders and foundations.</strong></td>
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<td><strong>Ministry of the Attorney General, Corrections Canada</strong></td>
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</table>
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<tr>
<th>Agency</th>
<th>City of Toronto</th>
<th>CLHIN</th>
<th>TCLHIN</th>
<th>CELHIN</th>
<th>MCSS</th>
<th>MHLTC</th>
<th>United Way</th>
<th>Trillium</th>
<th>Private Sector</th>
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<td>Ministry of Educ., Tour., Culture &amp; Sport, Seniors Secretariat Ministry of Citiz. and Immig., many project-based funders (i.e. MLSE, foundations)</td>
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<td>donation allocation, direct accountability funding and court fines</td>
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<td>CAMH, Scarborough Addictions, New Horizons, Movember</td>
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<td>Min. of Children and Youth Services</td>
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<td>Scarborough Community Legal Services</td>
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<td>Min. of Correction., Children &amp; Youth, TCU</td>
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Appendix B - Existing City Actions Related to the Issues Identified in this Report

Like the community of Scarborough, the City of Toronto also recognizes the need for actions in the areas that have been identified in this report as requiring investment from government or other key public systems and services.

The City of Toronto has produced a number of strategic documents that outline the City’s actions and initiatives that are planned or underway related to each of the areas where the community of Scarborough has identified a need to advocate and work with government and other key public systems and services. These documents include:

- TO Prosperity: Toronto Poverty Reduction Strategy (referred to in the table below as PRS)
- 2014-2019 Housing Stability Service Planning Framework (referred to in the table below as HSSPF)
- Housing Opportunities Toronto: An Affordable Housing Action Plan 2010-2020 (referred to in the table below as HOT)

The following table identifies the actions in these three documents, as well as other initiatives the City has underway related to each of the action areas requiring government investment or action.

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional investment in strategies that increase the supply of affordable housing</td>
<td><strong>HSSPF Key Action</strong>: Develop a strategy that leverages existing shelter and housing assets to create a range of housing types and supports to meet the diverse and changing needs of households as they transition to housing stability</td>
</tr>
<tr>
<td></td>
<td><strong>HSSPF Key Action</strong>: Advocate to other orders of government to develop new affordable permanent housing and provide homeless related operating funds.</td>
</tr>
<tr>
<td></td>
<td><strong>PRS Action</strong>: Update and expand the City’s menu of funding and other incentives for the development of new affordable rental and ownership housing</td>
</tr>
<tr>
<td></td>
<td><strong>PRS Action</strong>: Affirm affordable housing as a priority community benefit for any development applications where contributions are proposed pursuant to Section 37 of the Planning Act</td>
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</table>
### Existing City Actions and Initiatives in the Areas where the Community of Scarborough has Identified a Need to Advocate and Work with Government and Other Systems (Continued)

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
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</thead>
<tbody>
<tr>
<td>Additional investment in strategies that increase the supply of affordable housing (Continued)</td>
<td><strong>PRS Action:</strong> Advocate for legislative amendments to enable municipalities to enact inclusionary zoning powers</td>
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<tr>
<td></td>
<td><strong>PRS Action:</strong> Seek opportunities to provide affordable housing in existing or proposed public buildings</td>
</tr>
<tr>
<td></td>
<td><strong>PRS Action:</strong> Provide surplus government land for new affordable housing development, incorporate affordable housing in developments on government lands, or dedicate a percentage of the net proceeds from the land sales to affordable housing</td>
</tr>
<tr>
<td></td>
<td><strong>PRS Action:</strong> Develop strategies to maintain, sustain and leverage Toronto’s social housing assets to provide affordable housing over the long term</td>
</tr>
<tr>
<td></td>
<td><strong>HOT Request to the Federal and Provincial Governments:</strong> The provincial government assist low income residents through sustainable increased funding for rent supplements, housing allowances, and/or other shelter benefits.</td>
</tr>
<tr>
<td></td>
<td><strong>HOT City Action:</strong> Expand alternative, supportive and interim housing for formerly homeless and vulnerable people</td>
</tr>
<tr>
<td></td>
<td><strong>HOT City Action:</strong> Support the development of 1,000 new affordable rental homes annually over the next 10 years in co-operation with private, non-profit and co-operative housing partners by:</td>
</tr>
<tr>
<td></td>
<td>a. Delivering larger per unit funding amounts available through the new Affordable Housing Initiative.</td>
</tr>
<tr>
<td></td>
<td>b. Allocating new funding secured through the Development Charges Bylaw to affordable housing initiatives.</td>
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<tr>
<td></td>
<td>c. Extending City incentives to create affordable housing within mixed use developments and within condominiums through a revised Housing Incentives (Municipal Capital Facilities) Bylaw with consideration of measures that ensure affordability, stability and security for future residents.</td>
</tr>
<tr>
<td></td>
<td>d. Encouraging the provision of affordable housing opportunities through the planning approvals process.</td>
</tr>
<tr>
<td></td>
<td>e. Replenishing the Capital Revolving Fund to support affordable housing initiatives.</td>
</tr>
<tr>
<td></td>
<td>f. Providing new affordable housing developments with additional provincial rent supplement funding, as available</td>
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</tbody>
</table>
### Existing City Actions and Initiatives in the Areas where the Community of Scarborough has Identified a Need to Advocate and Work with Government and Other Systems (Continued)

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
</tr>
</thead>
</table>
| **Additional investment in strategies to improve housing affordability, such as rent supplements and housing allowances** | **HSSPF Key Action:** Create a permanent housing allowance program to help address housing affordability challenges.  
**PRS Action:** Provide more housing allowances  
**HOT City Action:** The provincial government provide new rent supplements on an annual basis to create “truly affordable rents” for residents in new affordable housing developments who earn low wages or receive social assistance. |
| **Development of strategies to work with landlords to make affordable housing available and create new points for entry to housing for individuals experiencing homelessness and housing instability** | **HSSPF Key Action:** Develop a strategy to work with private-sector landlords to create new points of entry to housing for clients experiencing homelessness or affordability issues and to help resolve tenancy issues. |
| **Improvements to building and unit condition inspections and opportunities for additional enforcement of regulations and penalization for non-compliance** | **HOT City Action:** Promote the repair and retrofit of homes in the public and private rental sector by:  
  a. Expanding Mayor’s Tower Renewal based on the recommendations emerging from the pilot projects.  
  b. Ensuring the existing private rental stock is maintained in good repair through a permanent proactive strategy program, such as the Multi-Residential Apartment Building Strategy.  
**PRS Action:** Strengthen the enforcement of minimum housing standards  
The City has made enhancements to its Multi-Residential Apartment Building Program in recent years including a focus on resolution and escalated enforcement. The City is also exploring licencing of multi-residential rental buildings. |
| **Legalization of rooming houses and the development of appropriate policies and standards to support safe and healthy building conditions in rooming houses** | **HOT City Action:** Preserve and expand the supply of affordable housing available to single persons by: a. Encouraging and permitting an increase in legal, well run rooming houses and other appropriate forms of housing where current zoning by-laws allow, and subject to any future changes to the zoning by-law  
**PRS Action:** Develop a rooming house policy framework and an effective enforcement strategy  
At the time of preparation of this report, the City was undertaking a review of rooming houses to address issues relating to the condition and regulation of rooming houses. As part of its review, the City will prepare a rooming house strategy with options for enhancing licensing and zoning regulations as well as improved enforcement. |
### Existing City Actions and Initiatives in the Areas where the Community of Scarborough has Identified a Need to Advocate and Work with Government and Other Systems (Continued)

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
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</thead>
</table>
| Development and implementation of strategies to combat discrimination and prohibited practices by landlords | **HOT City Action:** Examine bringing forward a bylaw that strengthens the City’s response to housing discrimination.  
The City has also approved Toronto’s Housing Charter, which is a policy statement that sets out how people’s human rights are respected within housing. |
| Funding to reduce service gaps discussed under Action 2 that are determined to require additional funding, as well as reduced Metropass rates for individuals with low incomes and additional tokens provided to service users to access services | **HSSPF Key Action:** Identify priorities and resource requirements to improve the effectiveness of housing follow-up support services aimed at achieving stable and successful tenancies.  
**HSSPF Key Action:** Develop a service delivery model in consultation with community and other service partners that ensures every person entering the emergency shelter system has an individualized service plan in place and supports to move out of the shelter and into housing within a defined timeframe; addresses the complex needs of clients who stay in shelters longer than one year.  
**HSSPF Key Action:** Develop comprehensive strategies to ensure that housing services are responsive to the needs of specific client groups including women, seniors and older adults, Aboriginal People, LGBTQ, and people with substance use and/or mental health issues.  
**HSSPF Key Action:** Develop a co-ordinated, outcome-focused needs assessment system for clients accessing shelter services.  
**HSSPF Key Action:** Develop an occupancy policy for the shelter system to ensure all people experiencing homelessness seeking a bed can be accommodated in a timely manner that respects client diversity and choice to the greatest extent possible  
**PRS Action:** Ensure the roll-out of the new Presto Pass technology includes a fare-geared-to-income capacity  
**PRS Action:** Evaluate a demand model that includes fare-geared-to-income criteria  
**PRS Action:** Consider the needs of low-income neighbourhoods and inner suburbs in capital and service planning  
**HOT City Action:** Support the development of skills training opportunities, employment creation initiatives and community economic development for social housing tenants, shelter users, street involved and recently housed homeless people by:  
  a. Expanding specialized employability assessment and counselling supports.  
  b. Facilitating access to skills training, work preparation options and educational opportunities with specialized accommodations and supports. |

The City has also funded two new LGBTQ2S youth shelters that are opening in Toronto. While not located in Scarborough, they will be available for youth from across the city, and Scarborough agencies can refer youth to them.
**Area Where the Community of Scarborough Has Identified a Need for Government Action**

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved standards for various services, evaluations of those services, and additional funding to support and ensure quality service delivery</strong></td>
<td><strong>HSSPF Key Action:</strong> Review and update the current Shelter Standards to provide shelter operators and clients with a clear set of guidelines and expectations for the provision of shelter services to ensure services are delivered in ways that are client-centred and respect client diversity.</td>
</tr>
<tr>
<td></td>
<td><strong>HSSPF Key Action:</strong> Improve the collection and reporting of service information by developing detailed performance indicators that define and measure the achievements of service goals and objectives.</td>
</tr>
<tr>
<td></td>
<td><strong>PRS Action:</strong> Develop change management and staff training tools that promote a poverty-sensitive culture across the organization.</td>
</tr>
<tr>
<td><strong>Integrated information management among the homeless service system</strong></td>
<td><strong>HSSPF Key Action:</strong> Expand the capacity of the Shelter Management Information System (SMIS) as a City-wide housing services management information system.</td>
</tr>
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<td><strong>Additional requirements or encouragement by funders of collaboration and partnerships between homelessness system service providers, and funding to support this</strong></td>
<td><strong>HSSPF Key Action:</strong> Support and help foster local capacity building initiatives that promote coordination among community partner agencies.</td>
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<td><strong>HSSPF Key Action:</strong> Explore ways to improve service coordination with community partner agencies and other City divisions working with vulnerable persons or with mutual interests such as the Affordable Housing Office, Employment &amp; Social Services, Children’s Services, Municipal Licensing &amp; Standards, and City Planning.</td>
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<td><strong>Improvements to the social assistance system to increase assistance, improve access, and ensure quality of services provided</strong></td>
<td><strong>HSSPF Key Action:</strong> Ensure information about services and resources is easy to access, up to date, and accessible to all clients.</td>
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<td><strong>PRS Action:</strong> Better ensure income supports and services respond to and meet vulnerable residents needs.</td>
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<td><strong>PRS Action:</strong> Advocate to the Ontario government to raise social assistance rates.</td>
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<td><strong>PRS Action:</strong> Integrate the intake and administration of core means-tested programs.</td>
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</tbody>
</table>
|  | **HOT Request to the Federal and Provincial Governments:** The provincial government annually increase and adjust social assistance rates to reflect current living standards and to include a shelter component maximum equal to 100 per cent of the median market rent for each local housing market, based on annual statistics collected by the Canada Mortgage and Housing Corporation.
## Existing City Actions and Initiatives in the Areas where the Community of Scarborough has Identified a Need to Advocate and Work with Government and Other Systems (Continued)

<table>
<thead>
<tr>
<th>Area Where the Community of Scarborough Has Identified a Need for Government Action</th>
<th>City of Toronto Action</th>
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</table>
| Improvements to social housing system policies to better support individuals experiencing homelessness and housing instability in accessing and maintaining social housing | **HSSPF Key Action:** Create a proactive, coordinated access system for social and affordable housing, consistent with Council direction, by implementing changes to City policies, modernizing system administration and empowering applicants with better information and more choices.  
**PRS Action:** Integrate the intake and administration of core means-tested programs |
| Dialogue with other key systems including justice, health, immigration/settlement, and child welfare, to coordinate referrals and partnerships and support transition planning strategies to prevent people from being discharged from other service systems into homelessness | **HSSPF Key Action:** Develop partnerships with the health care, child welfare and corrections systems to coordinate transition planning strategies that prevent people from being discharged from other service systems into homelessness  
**HSSPF Key Action:** Increase coordination with the health care system and City divisions such as Toronto Public Health and LongTerm Care Homes & Services to better connect vulnerable people experiencing homelessness to appropriate services.  
**PRS Action:** Develop more integrated housing stabilization supports for people discharged from other service systems and in crisis situations  
**PRS Action:** Coordinate seamless care and support among hospitals, the child welfare system, correction and mental health facilities and City services |