

Hamilton Post-Pandemic Emergency Shelter Size Review: Key Findings

July 2022



LAND ACKNOWLEDGEMENT

We acknowledge that the land on which this work was carried out is situated upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas. This land is covered by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississaugas of the Credit First Nation. We hope to honour the spirit of the Dish With One Spoon agreement by working to build a nation-to-nation relationship with Indigenous communities in Hamilton.

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Table of Contents

1.0 Introduction	1
2.0 Methodology	2
3.0 Housing Insecurity and Crisis	6
4.0 Key Findings – What we heard	8
4.1. Indigenous.....	8
4.2 Families	10
4.3 Men.....	11
4.4 Women	15
4.5 Youth	18
5.0 Data Highlights	20
6.0 Recommendations	25
6.1 Prioritize the Indigenous Community.....	25
6.2 Prioritize safe and deeply affordable housing with supports	25
6.3 Prioritize staff recruitment and retention	26
6.4 Emergency shelter bed types and numbers	26
6.5 Diversion	29

1.0 Introduction

The shelter system in Hamilton met the challenge of the COVID-19 pandemic and front-line workers continue to help people through personal struggles in these times of increased housing insecurity. Shelter providers responded quickly and efficiently to emerging needs, particularly over the past two years. They were flexible, creative, and resilient, and managed very good outcomes during the most challenging situations our community has faced. Hamilton's homelessness focussed agencies, including emergency shelters, managed to house 920 individuals during the 2-year period of the pandemic from April 2020 to March 2022.

Emergency shelter is the primary response that cities utilize to react to housing crisis and insecurity, but it is also the least effective and the most expensive. Shelter beds cost more than diversion, supported, or affordable housing subsidies.¹

In addition, a chronic shortage of permanent affordable housing options, and/or housing with supports, often results in individuals cycling through the shelter system, which negatively impacts people's mental and physical health. Shelter clients have previously reported that shelter environments contribute to their emotional stress. There are also shelter users who report high levels of personal risk, either with respect to theft of their personal belongings or risks to their personal safety while in shelter.²

For the last 15 years, Hamilton's emergency shelter system has undergone a system transformation to be more responsive to client needs, provide higher quality service and safety, with more emphasis on diversion and re-housing.³ The City's goal to end chronic homelessness is an important vision that must guide decision making as the shelter system adapts to post-pandemic emergency shelter needs in the community.

The City of Hamilton, Housing Services Division selected the Social Planning and Research Council of Hamilton to conduct a post-pandemic review of the size of the emergency shelter system. The scope directed the SPRC to consult service providers, review shelter data, and make recommendations for changes to the emergency shelter system needed in the short term, including what the "optimal size" of the shelter system should be to meet current needs.

¹ <https://www.homelesshub.ca/about-homelessness/homelessness-101/cost-analysis-homelessness>

² Swanton, S. and Clinton D. (2010) *System Change: Service User Perspectives on the Homelessness Service System*. City of Hamilton. https://www.hamilton.ca/sites/default/files/media/browser/2015-02-01/systemchange_userperspectives.pdf

³ <https://www.hamilton.ca/city-initiatives/strategies-actions/hamiltons-homelessness-ending-strategy>

2.0 Methodology

The time constraints for initiation and completion of this report were very limited. This impacted the methods that could be used and increased the limitations of the resulting findings.

Quantitative Data Collection

The Homeless Individuals and Families Information System (HIFIS) is a web-enabled Homelessness Management Information System (HMIS) that can provide communities with the information they need to further their efforts with addressing homelessness. It allows multiple service providers from the same geographic area to implement coordinated access using real-time information about people experiencing homelessness and the resources they need to find and keep a home.⁴

Shelter data was accessed through the Open Hamilton data portal⁵ and the Housing and Homelessness Dashboard.⁶ Point in Time Count data was accessed on the City of Hamilton's website.⁷ In addition, city staff provided data on persons who were turned away from accessing homeless shelters in Hamilton.

Qualitative Data Collection

Interviews and focus groups were conducted with agencies providing shelter services, outreach, diversion, prevention, and/or drop-in services. Partners from Indigenous-led agencies, youth, women's, men's, and family services were consulted, as well as service providers that provide outreach services to shelter clients.

Limitations

When conducting community consultations for the purpose of qualitative research, we would typically engage in a process that would allow for the collection of data, synthesis of data and reconfirmation of data with participants prior to making final analysis and recommendations. Due to the limited time constraints inherent in this research project, there was insufficient time to engage in follow-up discussion with respondents to validate and confirm our recommendations.

We further recognize this report focussed on engaging with persons who provide services to individuals who access emergency shelter systems. We did not engage persons with lived experience as part of this consultation given the mandate of the City and again, given limited time available for this project. We acknowledge seeking the

⁴ [The Homeless Individuals and Families Information System \(HIFIS\) - Homelessness Learning Hub](#). Accessed June 30, 2022.

⁵ <https://open.hamilton.ca>

⁶ <https://housing-and-homelessness-dashboard-spatialolutions.hub.arcgis.com/>

⁷ <https://www.hamilton.ca/social-services/housing/point-in-time-connection>

input of persons with lived experience is a valuable and necessary best practice when it comes to understanding key issues, gaps in service, and recommendations for change and could be a useful complement to the information contained in this report.

The data analysis component in this report is basic. There are additional insights that could be helpful for shaping the shelter system that could be gleaned from existing datasets if additional time and effort is prioritized for data analysis and visualization.

The shelter data analysed for this report also has important limitations, due to data quality concerns. Shelter users may want to keep their personal information private and they may not share demographic characteristics during the intake process when data is recorded. Shelter staff have high workloads, making data collection and entry a lower priority than service to clients, reducing the quality of the datasets in some periods of high shelter usage. One particular limitation of the HIFIS shelter data collection process is that information pertaining to Indigenous persons entered into the system does not capture the total number of Indigenous shelter clients.

Who we asked

Participants were comprised of a mix of agency Executive Directors, Directors of Operations, and front-line managers from each of the direct shelter systems and representatives from agencies outside of direct shelter service but with connections to the same population of people. We were successful in consulting with fifteen programs as follows:

Community Youth Housing Project – Diversion Program	Salvation Army/ Booth Centre
Good Shepherd/ Mary’s Place and Martha House	St. Mathew’s House/ Street Outreach/ Seniors support
Good Shepherd/ Men’s Shelter	Hamilton Trans Health Coalition
Good Shepherd/ Notre Dame Shelter	Wesley Urban Ministries Day Centre
Good Shepherd/ Family Centre	Wesley Youth Housing
Hamilton Regional Indian Centre (HRIC)	Women’s Housing Planning Collaborative (WHPC)
Mission Services/ Willow’s Place/ Inasmuch House	YWCA/ Carol Ann’s Place
Native Women’s Centre/ Honouring the Circle	

What we asked

The following is the list of questions used for interviews and for email outreach and written responses.

1. What focus population does your team work directly with (check all that apply):
 - Youth
 - Men
 - Women
 - Families
 - Other:
 - We are an Indigenous-led service provider
2. What are the most important, immediate needs in Hamilton's emergency shelter system to better fulfill its role in the housing continuum and better serve clients?
3. Thinking of the needs of the focus population your agency serves, should the City of Hamilton fund additional emergency shelter beds for your focus population(s)?

If yes:

4. Are there specific *types* of emergency shelter beds for your focus population(s) that are especially needed? (including specialized shelters for specific groups not properly served now?)
5. In general, what recommendations do you have for *staffing needs* to support these shelter beds?
6. What is the *number* of additional emergency shelter beds that are needed for your focus population(s) for the next year at least?

If you recommend no additional shelter beds for your focus population(s):

7. What recommendations would you have for City staff and Council for what they should do to better meet the emergency shelter needs of your focus population(s)?
8. Does your organization have (or is your organization involved with) a diversion model to support clients new to the shelter system, so that other solutions can be found for their emergency shelter needs and avoid entering the shelter system?

9. If you answered yes to question #4, can you briefly describe any insights and/or success your organization has had with your diversion model?

10. Do you have recommendations on the balance in funding between emergency shelter beds and diversion programs in Hamilton? In other words, what percentage of funds should be allocated for emergency shelter and diversion programs in your sector?

11. The SPRC is reviewing HIFIS data provided by the city for this report. Does your team have additional summary data not entered in HIFIS, for example reasons for turnaways, or reports you have prepared previously, that could be helpful to include? If so, who should we contact on your team to discuss further details?

12. Is there any other feedback on this topic you would like to add?

3.0 Housing Insecurity and Crisis

The effects of the housing crisis are growing exponentially for most low income, vulnerable populations, including those facing multiple challenges. Women who average lower pay, are more likely to experience violence, and are more likely to have children in their care making it more difficult to find affordable housing. Seniors, youth, members of the 2SLGBTQ+ community, and racialized groups face significant barriers to housing.

The housing crisis has significantly affected the shelter system since at least 2009 due to a variety of factors, some of them listed below. This has resulted in encampments and increasing pressures on our housing providers and homeless serving sector. Encampments reveal a clear need for increased affordable housing and are often the only option for people experiencing homelessness who don't meet requirements for admittance by shelter providers or through their own choice. Some avoid shelters to try and avoid COVID-19 transmission, or out of fear of theft, violence, and substance use that may be higher in shelter facilities.⁸

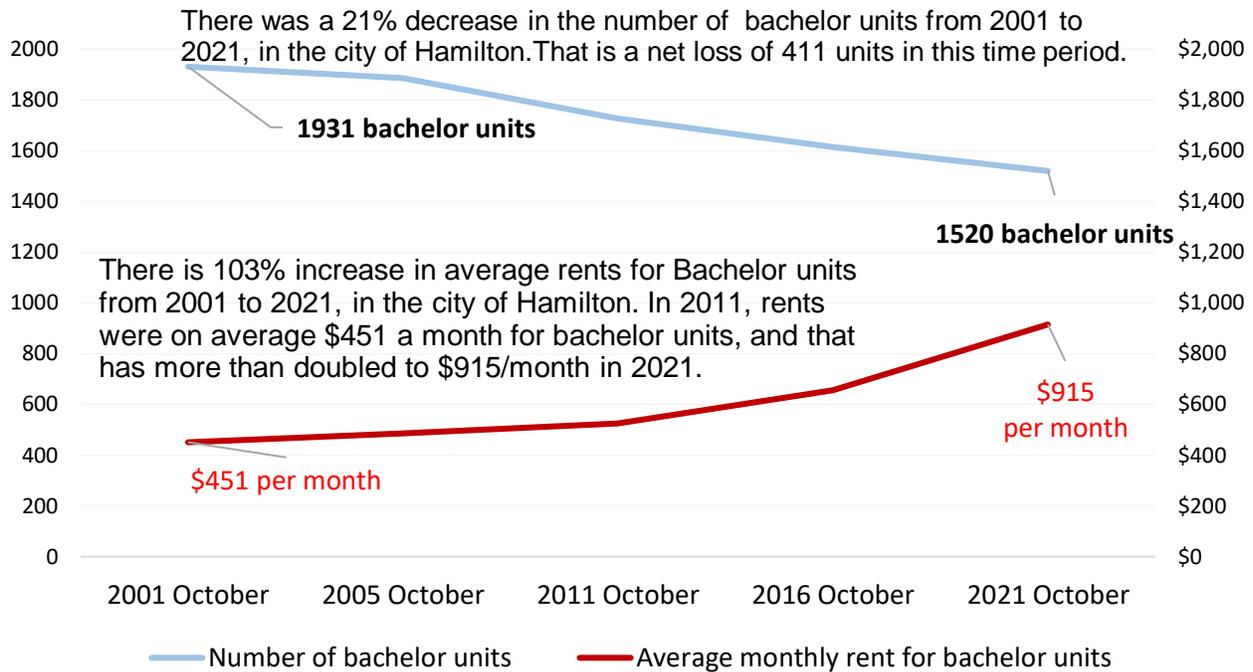
Reduced market affordable housing

Hamilton previously relied on "market affordable housing" to provide a large portion of the city's affordable housing. Those units have become largely unaffordable as units increase in price, are converted into condominiums, and as the housing market and housing profitability continues to rise. The elimination of rental units has also been affected by a growing shift from long-term to short-term rentals such as AirBnb or Vrbo which can reap higher investment incomes for property owners.

In particular, the lowest priced unit type, bachelor apartments, have been steadily declining, with a loss of 400 bachelor units from the rental market in the past two decades. Formerly affordable bachelor units have now become unaffordable for anyone living on a low income, with rents now close to \$1,000 a month for these units, more than double the price since 2001.

⁸ . Public Health Ontario, Environmental Scan, February 3 2021 <https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/02/covid-19-homelessness-environmental-scan.pdf?la=en>

Number of bachelor units in the primary private rental market, and average rent, City of Hamilton, 2001-2021 (CMHC Housing Information Portal)



Weakened tenant protections

Ontario’s tenant protections do not provide sufficient protections for tenants to mitigate forced evictions and rental increases between tenancies. Quebec’s stronger tenant protection laws have had some success in reducing rent increases and evictions.⁹

Government housing investments have not kept pace

Government investments in housing are still nowhere near the present need and investment levels of previous decades. In addition, new affordable housing programs have lower subsidies than previous programs and the end of previous programs has removed almost 2,000 units in Hamilton of subsidized affordable housing units.¹⁰

⁹ SPRC Hamilton (2018). *Out of Control: Ontario’s acute rental housing crisis – Lessons from Hamilton and Quebec City*. <https://www.sprc.hamilton.on.ca/wp-content/uploads/2018/05/SPRC-Out-of-Control-rental-housing-report-June-2018.pdf>

¹⁰ Housing and Homelessness in Hamilton Quarterly Data Snapshot, Q3 2021, Housing Services Division, City of Hamilton <https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=299327>

4.0 Key Findings – What we heard

4.1. Indigenous

Most immediate needs

Interviews with Indigenous and non-Indigenous leaders in shelter and support services, strongly suggest the need for Indigenous led shelters. Mainstream shelters are not seen as a viable option for Indigenous people.

At the same time, there are not enough beds to meet the current needs of the community, so many people are living in encampments and when feeling unsafe, go further into the bush.

“Don’t invest there (mainstream shelters) but in alternative supportive housing with supports and Indigenous-led efforts,” said one participant and this sentiment was echoed by many.

There is a need for more supports around addiction and mental health due to the amount of trauma experienced by Indigenous people in Canada, as articulated by the Truth and Reconciliation Commission’s Calls to Action.

“We need land, and we don’t have any for our people.”

“Relationships are so much more important than land acknowledgements.”

Emergency bed types and numbers

While more emergency beds were highlighted as necessary, the main emphasis from Indigenous voices in the consultation was on the need for shelters to be led by Indigenous organizations. There was also a call for investment in deeply affordable, supportive housing options that are safe and inclusive for Indigenous people, outside of the current mainstream shelters.

“Invest instead of arrest,” remarked one Indigenous leader who was calling for an investment in land and shelters that are Indigenous owned and operated.

While there is a shelter available for single women with low acuity on the VI-SPDAT,¹¹ and another for women with children next door, both run by Native Women's Centre, that is the extent of Indigenous led shelters.

A particular need for emergency responses for people in couples and families was indicated by Indigenous service providers.

"People are in encampments because they won't leave partners or families."

Families with children have unique needs that need to be met in spaces that are the right size with the right supports. It was further noted that encampments are populated by many couples, heterosexual, and same-sex, who refuse to be separated into a gender-based system or find no room for pairs to be accommodated.

A final trend heard from conversations with Indigenous service providers is the need for a shelter where people are able to bring their pets with them. As one Indigenous interviewee expressed, "That is their safe 'person'."

With over 100 people on the HRIC housing support waitlist alone, who are homeless and requiring support, there is clearly a need for more emergency beds and affordable housing with supports for Indigenous people.

Staffing

There is a need for Indigenous, trauma-informed clinicians to work with Indigenous people experiencing addiction, trauma-induced mental health challenges, and homelessness as a result of colonization and systems of oppression.

The pandemic has worsened the already difficult challenge to find enough Indigenous people to hire, so it is essential to have ally staff at mainstream shelters who are trauma-informed and particularly adept in the cultural practices to address the trauma experienced by Indigenous people as a result of residential schools and demonstrated through the TRC Calls to Action.

Staff in the women's system need to be well equipped in understanding the impacts of trauma on Indigenous women, girls and 2SLGBTQ people. All staff in each demographic of the emergency shelter system need training in "cultural competency" or other forms of Indigenous education.

¹¹ Vulnerability Index - Service Prioritization Decision Assistance Tool

Diversion

Having an Indigenous shelter diversion worker was seen as key to filling the gaps in terms of beds in the system and reducing the number of people who are homeless. For people who need to access shelter, the diversion worker can make that transition smoother and the time in shelter shorter, if there is adequate affordable housing with supports.

4.2 Families

Most immediate needs

More adequate emergency shelter spaces are needed for families and their unique situations. However, shelters are an emergency solution, and often have difficulty connecting people to affordable housing.

There is also an immediate need for more affordable housing with supports and more long-term solutions to end family-related homelessness.

A larger staffing complement is needed to support both the families in the shelter as well as families coming in. An annual increase of funding for operations is needed for family shelters to better fulfill their role in the housing continuum. It is important to be able to adequately compensate staff for the work they are doing.

Emergency bed types and numbers

Families need to be able to normalize their own family life, rituals, and maintain their autonomy. The sector continues to see that hotels are not a good solution for families and their sizes are inadequate. There is a significant need for private, contained units that help families maintain their own routines and independence like cooking their own meals for example.

The number of turnaways per month from Good Shepherd's Family Shelter, the only family shelter in Hamilton, gives some indication of the level of response needed to meet the needs of families experiencing homelessness here.

- March 2022: 49 unique families turned away due to family shelter spaces being full
- April 2022: 44 unique families turned away due to family shelter spaces being full
- May 2022: 46 unique families turned away due to family shelter spaces being full
- June 2022 (up to June 28th): 38 unique families turned away due to family shelter spaces being full

Staffing

It is increasingly difficult to recruit people to work in shelters when the pay does not match the demands of the work. The staff are constantly dealing with people in crisis and working weekends and long hours while not being adequately compensated. Frontline shelter workers are leaving at rapid rates and the resulting agency turnover poses additional challenges. Adequate compensation would help retain staff.

It is important to assess the skills and strengths emergency shelter workers need to have and identify the training/professional development needed to better serve people accessing emergency shelters.

Emergency shelters are seeing an increase in mental health concerns, impacts of trauma, family violence, and substance abuse which puts considerable pressure on the two staff that are currently available at the family shelter. There is a significant need for more specialized positions particularly in mental health, harm reduction, and addiction treatment.

Currently the family shelter has 2 staff on-site for 105 people. Shelter staff are dealing with crisis calls as well as problem solving with families that walk into the facility and are unable to support the families that are already in the shelter. A larger staffing complement is needed to support both the families in the shelter as well as families coming in.

Diversion

Diversion is an essential component to an effective emergency housing strategy; however, without access to affordable housing it doesn't resolve the issue. Families continue to have difficulty accessing permanent housing and staff struggle to connect families to units. There are currently only two family diversion workers.

4.3 Men

Most immediate needs

Affordable housing with supports was identified as a top priority by shelter directors and frontline staff alike in the men's system. Adding more emergency shelter beds to the existing number was not identified as a priority for this sector. However more flexibility in the system was identified as a need during extreme weather alerts, when demand is high, and persons turned away face risk if they cannot be protected from the extreme cold, or extreme hot weather.

By far, the most common feedback was that the men's sector faces staffing issues and this was seen as the most immediate challenge that needs to be addressed. The work

performed in the sector was identified as enormously complex and challenging and yet staff are not compensated at a matching level.

“We have very difficult clients with concurrent disorders.

We don’t know what to do with them.”

For many shelter users, what is needed to solve their homelessness is supportive housing. The current situation for these clients is independent housing with staff coming to visit about once a week to help them access other community supports for their other needs. For many clients this is not an adequate level of support, which leads to some clients not being able to maintain their housing.

Emergency bed types and numbers

More of the same type of men’s shelter beds would not improve outcomes, therefore, they were not recommended by those consulted. However, the men’s sector was identified by some as needing more support and flexibility during the most dangerous nights of the year when extreme weather alerts bring the most demand for shelter. On these nights, the shelters are over capacity and shelter workers are forced to turn men away with no service.

More crisis beds are necessary in the men’s sector to respond to the concurrence of mental health disorders and substance use among some shelter users. Interviews with long term shelter workers and managers revealed that the level of acuity is much higher now than what was experienced a decade ago.

Currently there are ten beds at Barrett Centre for Crisis support for people having a mental health crisis and needing stabilization but not hospitalization. This is operated by Good Shepherd and funded through the health system. It mainly serves people who are housed. The long wait lists make it very difficult for someone who is homeless and having a mental health crisis to access those beds. This was given as an example of the type of bed that would increase access for shelter users who have a mental health crisis. This would alleviate pressure on the men’s shelter system and allow staff to give more time and attention to other shelter users. It is also thought this would lead to better outcomes for people accessing shelter.

When it comes to serving Trans, Non-binary and gender-diverse clients, one leader commented, “The men’s system is not known as safe for gender diversity so they may not come or people are staying closeted.”

Improving outflow out of shelter and transitional housing, and also social assistance, is needed, so that individuals get the support they need to have adequate income and housing.

Staff

Men's shelters do not have enough specialized staff - social workers, mental health workers, or addiction workers on staff. COAST and other agencies are often called to support these clients, but their availability or offered services do not always meet the needs of clients.

Clients with concurrent disorders are among the most vulnerable clients, requiring complex care, and the health care system is not adequately meeting their needs. For some clients who have fallen through the cracks of the health system, the emergency shelter system is their main, most reliable, support safety net.

"There is a need for staff with specialized training – psychiatry, mental health, and addictions. We used to have city staff social workers."

The need for outreach staff to provide support and visit people once they are housed was seen as an important part of the system. In one men's shelter, 20 people who had been housed successfully returned to shelter within the first year.

Low wages were cited as problematic for recruiting and retaining staff, especially in comparison to the type of work performed. An example given for wages by one agency was just over Hamilton's living wage rate of \$17.20 for shelter workers and up to \$22 for caseworkers. It was noted that Personal Support Workers in the health sector were previously identified as workers not adequately compensated, and provincial funding was increased to address some of that gap. This was given as an example of the type of strategy that would help staff, not just financially, but also morally, because it would be a public gesture of support that would boost staff morale. It was also noted that during the pandemic, while shelter workers were on the front lines, doing important work and putting their own health at risk, they didn't feel as though the media or the public included them in the "thank you to front line workers" messaging seen across the city.

The work these individuals perform is enormously complex and challenging, with many positive outcomes, but there is also considerable emotional strain and staff are at high risk for burnout. For example, they may be dealing with multiple urgent issues at once in the shelter or managing a large caseload of clients with not enough support to spend adequate time with each person.

In the men's sector, it was estimated by one leader that well over half the men have concurrent disorders. Funding, however, has not kept pace, therefore, staff

qualifications and types of staff positions have not changed to reflect the different and more intensive needs of these clients.

The low wages, especially in comparison to the type of work performed, and the overall job market, means that staff turnover rates are the highest they have ever been, according to those working in the shelter sector. It is now a common occurrence for staff to be hired and quit within their first days of training. Turnover doesn't just mean additional time is needed to be constantly hiring and training new staff, it also means many positions are vacant for long periods of time. Staff vacancies can have an enormous impact on clients and outcomes. It is common, for example, for shelters to now have enough staff available for cleaning, for assisting with housing, or for extra assistance during urgent incidents. The "great resignation" which has been a widespread economic challenge across all sectors, has been particularly difficult for shelter systems.

The men's sector was further identified as needing more security and maintenance staff. Incidents of vandalism or destruction of essential shelter facilities like toilets were identified as occurring more frequently. When staff cannot remove the vandalized items, or fix the destroyed property, it puts greater stress on shelter clients, who feel heightened threats to their own safety when the environment around them is in disrepair. Shelter staff reported that they are not able to remove individuals who are making other shelter clients feel unsafe, and that police will only respond immediately to active threats of violence. For other situations, police response may be delayed by hours.

Diversion

A shelter diversion model put forth by the City is in place in the men's sector; however, as one director said, "They don't call as much as just show up, therefore diversion is not helping much." On the other hand, another interviewee said diversion in the men's sector is possible with many clients and not just new shelter users. Some in the men's sector reported that even when a person can't be diverted, the communication of what the shelter can offer to support the person to find housing, and/or connect with other services, helps make their shelter stay less stressful and sometimes shorter. This is largely because expectations are clear, resulting in fewer incidents related to miscommunication and misunderstanding.

"Even 30% diversion rate in men's system is good success, because even those not diverted have better understanding and expectations and start regaining trust in the system."

Portable housing subsidies were identified as a major need in the men's sector, "and would make a dent if they were substantial in duration and amount."

4.4 Women

Most immediate needs

While it was identified as necessary to add shelter beds to the women's emergency shelter system to accommodate growing numbers of people being turned away and living rough, increasing deeply affordable and supportive housing was seen as the most important need in the women's shelter system.

"Right sizing" the emergency shelter system in the post pandemic period" was noted as critical by multiple system leaders. The addition of 65 beds at Cathedral and the temporary support for the drop-ins at the YWCA and Mission Services have been helpful, but there still remains a lack of parity with the men's system

Hamilton's 2021 Point in Time Count showed the number of women in the system at just over half (53%) of those accessing Emma's Place and Carol Anne's Place (YWCA). Drop-in centres reported serving between 300 and 600 unique women in one year.

A historic lack of investment in beds for women, particularly single women without children in their care (different than Violence Against Women VAW beds), has led to this high need. Additional beds are seen as critical in the women's system.

Staffing is the other pressing need to be addressed. Women's shelters are seeing a higher proportion of people with significant mental health and substance use concerns and these spaces are not equipped with the resources to support these individuals. Emergency shelters need to be able to pay staff enough to keep them on full-time. Many staff have two or three jobs in order to support themselves and meet their basic needs due to the rising cost of living and freezing wages.

Many individuals accessing shelter should be on Ontario Disability Support Program but are finding it more difficult to access social assistance programs. An additional number of people accessing shelter are suspended from Ontario Works. A significant number of individuals also have no skill development and have not worked since they were teenagers, therefore, finding well-paying jobs has become near impossible. It is crucial to connect individuals accessing emergency shelter spaces to stable income.

Emergency bed types and numbers

There is a need for emergency shelter beds with specialized supports for persons who have significant medical and social unmet needs related to mental health and addiction. Adding more beds without the level of support needed to what was often described as a "broken system," will not help.

Low-barrier beds for single homeless women in particular are needed. There are currently more beds for men than women, despite data demonstrating women make up more than half of the numbers. Carole Anne's Place has a deficit of 25 beds every night and it is not a designated shelter.

The right size for beds and even the physical form of a shelter is important. For example, Cathedral was noted by some as too big to accommodate the needs of clients.

"Best practices demonstrate that when you provide people with a locked door and private bathroom, people are better able to cope."

There is currently a gap in serving trans and gender-diverse people in the community. Trans people are unable to access men's shelters because they feel unsafe. Outreach and shelter staff struggle to find safe shelter spaces for trans people because of the binary gender segregation integrated into most shelter systems.

Trans and non-binary people frequently need private or semi-private rooms. This can mitigate some of the emotional distress, gender dysphoria, and fear that results from staying in a shelter built according to binary cisgender norms, as well as limit the harassment of visibly trans or non-binary people by other people in the shelter. This also prevents people from being outed as trans by ensuring they have privacy when changing, using the bathroom and sleeping.

There is also a need for pet assistance. As noted in other sector conversations, many women will not move to a shelter because they are required to leave their pets behind.

There is a significant need for more supported living programs to support the growing number of people with significant mental health and substance use issues that make it challenging to access emergency shelter spaces.

Staffing

In order to adequately address the needs of women and gender diverse individuals accessing emergency shelter spaces in Hamilton, it is crucial to have the resources and staff required. Women's shelters are seeing a higher proportion of people with significant unmet needs related to mental health and substance use and these spaces are not equipped to support these individuals.

"Staffing is critically dire. Unless we invest in staff wages, benefits and ongoing professional development, this work is teetering. This landscape is dystopian when it comes to the housing market and the

opioid crisis with workers bent over multiple times a day reviving overdosed people and responding to complex mental health issues for \$20 an hour after a diploma or degree right out of school.”

Emergency shelters are currently hiring new graduates with limited transferrable skills or lived experience of homelessness. These new hires tend to leave quickly, often during the training process, resulting in an ongoing critical staff shortage.

It is becoming harder for young people to handle the intensity of the environment without proper training and support. Shelters are hiring staff with no experience in advocacy, housing, or mental health, and expecting them to be able to provide intensive physical, mental health, and substance use intervention. Emergency shelter organizations need to be able to invest in their staff, education, and professional development. With adequate compensation, they would be able to provide the proper training and support needed for new graduates.

Decentralizing supports and having more internal staff was identified as a measure to relieve some pressure. Reaching Home currently has two staff to support 65 residents and residents are often unable to make it to appointments. Hiring peer workers has made a world of difference in providing one-on-one supports for residents, taking them to appointments and talking with them to better identify their needs.

There is a need for additional support workers for maintenance and cleaning, to deal with issues such as bed bugs, mice and other infestations to take the pressure off the staff who are often required to fulfill these roles, just to improve day to day functioning. Hoarding experts were also noted by some as an essential resource.

Diversion

For the most part, diversion from shelter in the women’s system has not been successful of late. For women, an important factor for consideration in diversion from shelter is her safety. This often means there is no place available to divert her and shelter really could be the right spot.

“Diversion depends on early entry into homelessness compared to people who are chronically in need of the system.”

“We get people with long histories of homelessness coming to our door and they don’t meet the medium and low acuity – they have been homeless long term so there are no referrals.”

The women who are seeking support through a drop-in centre are noted as, “people coming from encampments and they are not being diverted from the shelter system. These are women who have been on the streets. They need to be diverted at the shelter door.”

Transitional housing is needed to move people past the shelter system but the 69 beds at the YWCA are staffed for low acuity and not able to handle the majority of women and gender diverse people experiencing homelessness now. There is also a lack of funding, post-pandemic, to support the food required to serve the population living there.

4.5 Youth

Most immediate needs

There was a call to prioritize funding for affordable housing with life skill development and follow-up care for youth leaving housing programs (including existing transitional housing) to ensure they remain housed and do not return to homelessness.

While the youth shelter system is not currently experiencing occupancy pressures, this does not mean that investments are not required. Dedicating resources to transitional and supportive housing for youth, homelessness prevention, diversion, and case management supports is the most effective means of ensuring that youth in crisis do not age into chronic homelessness.

There is a need to increase funds to support investment in staff wages and retention. This will allow for investment in staff capacity and ability to hire individuals with skills and training to support harm reduction/substance use, trauma, and mental health challenges with the youth shelter population.

The physical space requires investment to support single rooms and reduced shared spaces. These are problematic for infection control and isolation in cases of infectious diseases. Further, single rooms/bathrooms support trauma-informed practice, promote individual dignity, and decreases communal living conflicts. This setting also works best to provide service to trans, non-binary, and gender-diverse youth.

Emergency bed types and numbers

The types of beds needed for youth require low barrier supports for individuals with high acuity support needs. This should be considered through the lens of a crisis level need. At this time, other solutions were identified as being more important for the youth shelter system than additional beds/spaces.

While 2SLGBTQ+ youth and Indigenous youth are welcomed and services strive to provide inclusive, equitable service, it is recognized there may be a preference to have shelter spaces dedicated specifically to these communities.

Staffing

Providing sufficient funding to youth shelters and programs in order to attract and retain the highly trained staff needed for this work is essential.

Similar to other sectors, the Youth system needs staff with more clinical expertise or immediate access to clinical expertise, including psychiatry, to respond to the complex need of youth seeking service. There is an added need for staff to have the ability to support diversion efforts.

Diversion

Involvement with the collaborative approach to youth shelter diversion has shown great success diverting youth from homelessness and shelter stays by engaging families, and natural supports when safe, and appropriate for the youth. Shelter workers are trained in diversion and use this with every encounter with youth. Diversion is offered 24/7 at the shelter in-person or by phone in an effort to divert youth or make youth's experience of homelessness as short as possible.

In a collaborative, multi-agency model, youth are supported in transitioning back to their family, natural supports, or independent housing. It is critical to fund diversion beds to keep this important asset in the youth sector and community alive. This is currently unfunded and at high risk of discontinuing. It is also critical to continue supporting and expanding the number of case managers that provide important supports that can redirect youth before they enter the shelter system.

5.0 Data Highlights

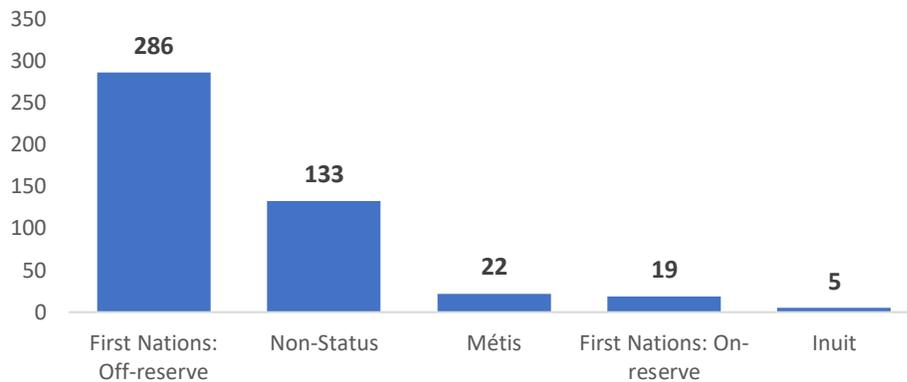
Turnaway Data

Turnaway data provides insight into the clients that couldn't be served by the shelter system. Since 2019, there have been almost 4,800 turnaway events in Hamilton's emergency shelter system. The most common reason for a turnaway (44%) was bed unavailability. Shelter staff further explained that this occurs most often on the most dangerous nights of the year – when there is a cold or heat alert. The second most common reason was no appropriate bed was available. This includes times when a person has higher needs than can be accommodated by the shelter.

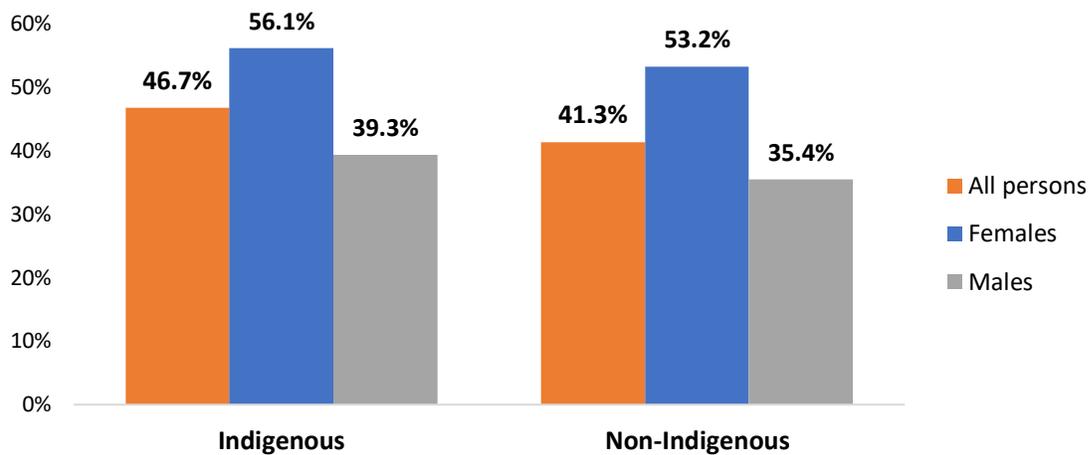
Reason for Turnaway	Turnaway #'s	Turnaways %
Court Order	4	0%
Decided not to Stay	56	1.2%
Difficult to Serve	31	0.6%
Diversion Successful	328	6.9%
Has other Housing	139	2.9%
Highly Intoxicated	6	0.1%
Ineligible for Service - Gender	6	0.1%
Ineligible for Service - Other	438	9.2%
Ineligible for Service - Too Old	205	4.3%
Ineligible for Service - Too Young	25	0.5%
Lack of Identification	7	0.1%
Language Barrier	1	0.0%
No Appointment Scheduled / Available	1	0.0%
No Appropriate Beds Available	691	14.5%
No Beds Available	2095	43.8%
Physical Accessibility	2	0.0%
Safety / Security Risk	154	3.2%
Too Much Household Income	3	0.1%
Service Restriction	590	12.3%
Total	4782	99.8%

Indigenous status

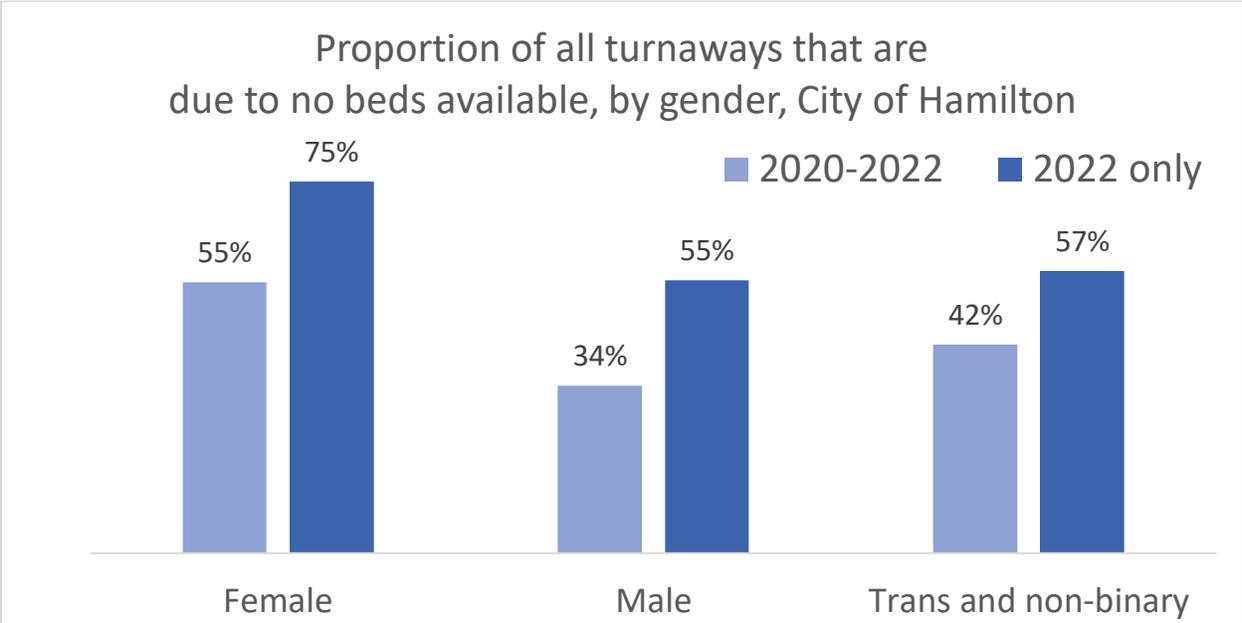
**Indigenous Persons Turned Away from Accessing Shelter
Hamilton (January 2020 - May 2022)**



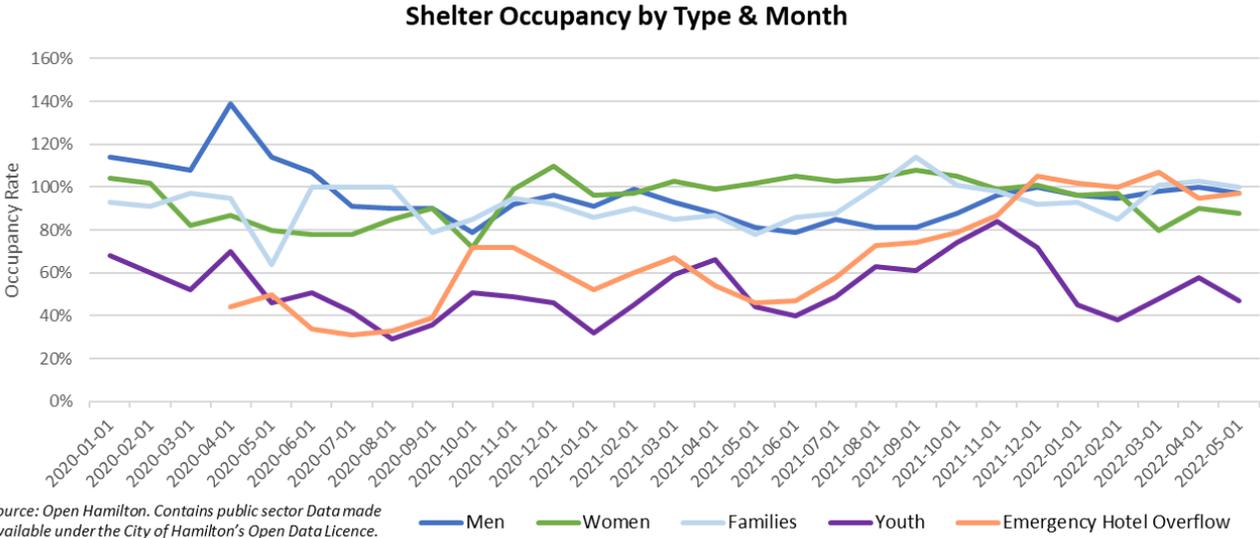
**Percentage of Persons Turned Away from Accessing Shelter Because No Bed Available
Hamilton (January 2020 - May 2022)**



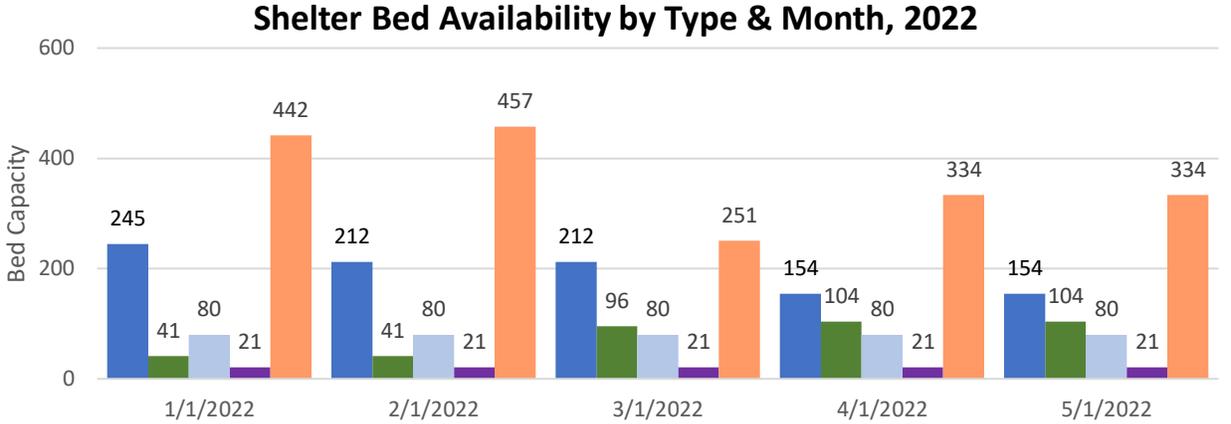
Gender



Occupancy rates



Shelter occupancy over the course of the pandemic showed that for most shelter types, occupancy was near or over available beds.



Source: Open Hamilton. Contains public sector Data made available under the City of Hamilton's Open Data Licence.

■ Men ■ Women ■ Family ■ Youth ■ Emergency Hotel Overflow

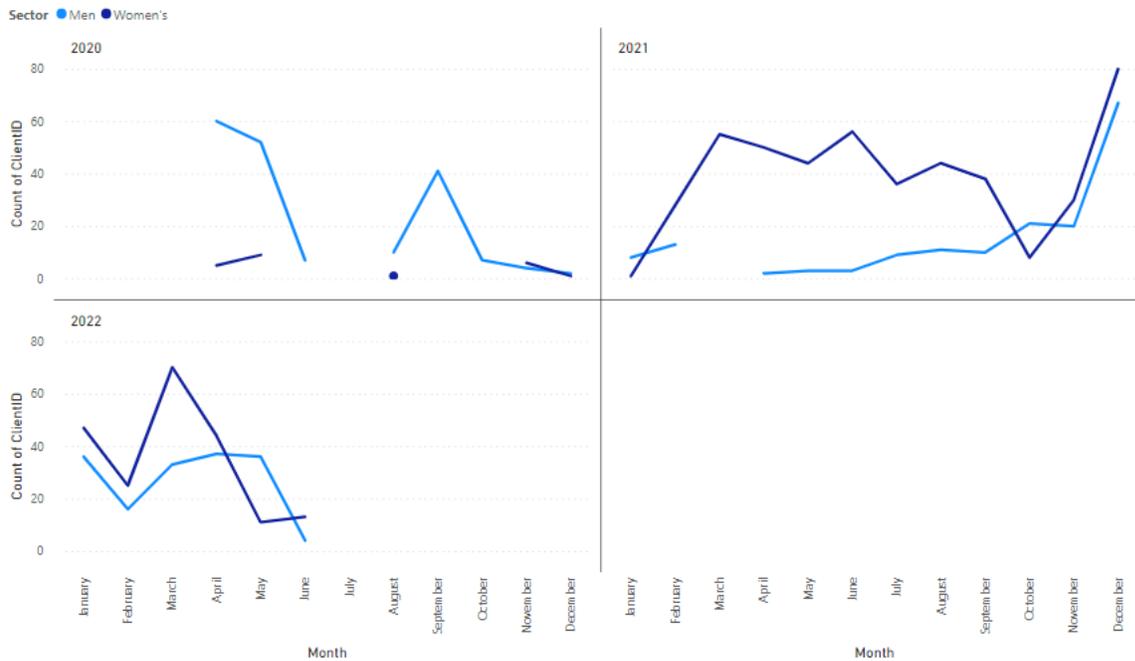
Shelter bed availability varied from 829 in January 2022 to a current availability of 693 beds in May 2022. About half of the shelter bed availability was comprised of emergency hotel overflow.

Using turnaway data to estimate current needs for additional emergency shelter beds

It is difficult for shelter staff to reliably track unique individuals in turnaway data, because people who aren't offered a bed are much more reluctant to share personal information, compared to shelter clients who are able to access service. Given this limitation, there still is some information about the number of unique individuals turned away in the HIFIS dataset provided by the City, and not just turnaway events.

This chart represents unique individuals turned away each month with the reason that no beds were available in the men's and women's sectors of the emergency shelter system in Hamilton. Earlier data has more missing values, but more recent data is more robust. Nonetheless, given the limitations of this data, only general trends can be highlighted. The graphs show that during most of 2021 the women's sector was averaging over 40 unique persons a month who had to be turned away due to no beds available, while the men's sector had much lower turnaways for no beds available, until the last two months of 2021. More recently, men and women's sector turnaways for no beds available is more variable. In the women's sector the turnaways are much higher than they ever were, reaching over 60 unique persons in March 2022. These numbers can help estimate a ballpark of dozens of beds needed in the women's sector to meet emergency shelter needs that are higher than ever.

Unique individuals turned away due to beds not available, City of Hamilton emergency shelter system, by men's and women's sectors, 2020-2022 (missing data due to difficulties tracking turnaways by unique individuals)



6.0 Recommendations

6.1 Prioritize the Indigenous Community

Currently in Hamilton, there is one shelter for Indigenous women with children and one for single women with low acuity. There are no Indigenous-specific shelters for youth, men, or families.

Non-Indigenous shelter spaces cannot provide appropriate cultural support for Indigenous people accessing service, such as smudging or elders on site. These supports are considered essential for Indigenous healing from colonization and the practices that have led to extraordinarily high numbers of Indigenous people in the homeless population.

Staff in non-Indigenous led shelters and other services along the housing continuum, do not have the knowledge or training to provide appropriate responses to Indigenous people experiencing homelessness.

Recommendations

6.1.1 New shelter space should be prioritized for the Indigenous community. The shelter should be designed through an Indigenous-led process to determine the highest need.

6.1.2 Staff in non-Indigenous shelters should undertake training to increase knowledge and understanding of Truth and Reconciliation Commission's *Calls to Action*, and the Murdered and Missing Indigenous Women and Girls' *Calls to Justice*.

6.1.3 It is further recommended that training connected to Indigenous people's specific experiences and needs along the housing continuum become embedded in City emergency shelter service contracts.

6.2 Prioritize safe and deeply affordable housing with supports and transitional housing

Service providers across the sectors, both Indigenous and non-Indigenous, agreed there was a preeminent need for emphasis on deeply affordable housing with supports, including transitional housing.

In a February 2022, a report on the rental market, the Canadian Mortgage and Housing Corporation (CMHC) stated, "Rents have persistently grown faster than incomes in Hamilton CMA, leaving even mid-income renters with few affordable options." "Low-

income renters at the 20th income percentile, or \$25,000, continued to have relatively no vacant units that were affordable.”¹²

Recommendation

6.2.1 The City must pursue policies, relationships, and actions that prioritize the development of safe and deeply affordable and low barrier housing with supports, including transitional housing for people across sectors. This housing should include a priority for Indigenous people.

6.3 Prioritize staff recruitment and retention

The pandemic has already hindered the ability for agencies to recruit and retain experienced social workers and other much needed practitioners. Funding streams do not provide for an increase in wages and shelter funding has been stagnant.

People accessing shelter services, drop-in centres, and/or living in encampments, present with an increasingly complex set of realities, often including concurrent mental health disorders and addictions.

6.3.1 Increase operational funding for shelters in every sector in order to adequately compensate staff with cost of living increases and to match the level of work it takes - intellectual, physical and emotional - to respond to high acuity clients.

6.3.2 Provide additional funds to hire the specialized staff needed to respond to the concurrent mental health disorders and addictions predominant throughout each sector.

6.3.3 Trans, Non-binary, Gender-diverse training is recommended in each sector in order to better serve 2SLGBTQ+ people in general, and Trans people specifically.

6.4 Emergency shelter bed types and numbers

All sectors agreed that affordable housing with supports was the priority for Hamilton. However, three sectors – Indigenous, Women, and Family – were identified as populations requiring an increase in emergency shelter responses.

Men and Youth sectors were seen as currently having the right number of beds and not requiring additional beds at this time. The emphasis in these sectors was on the need for specialized staffing and programming for existing beds and increased portable

¹² Canadian Mortgage and Housing Corporation (CMHC), *Rental Market Report, Canada and Selected Markets*. February 2022. <https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/rental-market-report/rental-market-report-2021-en.pdf?rev=a5a0eaac-6f70-4058-8aa3-e6d307685910>

housing allowances for stabilizing people in their housing opportunities. For many clients accessing shelter, there are no appropriate housing options for them to move to and, as a result, often have lengthy stays in shelter. The need for low-barrier transitional housing that can support individuals on their housing journey was highlighted, specifically within the youth sector.

Indigenous

As stated in section 6.1, there was a strong call to prioritize the Indigenous community in this response. Currently in Hamilton, there is one shelter for Indigenous women with children and one for single women with low acuity. There are no Indigenous-specific shelters for youth, men, or families.

Recommendations

6.4.1 New shelter beds should be prioritized for the Indigenous community. Based on current waitlists at HRIC of over 100 people looking for housing, and the high numbers of turnaways for Indigenous people trying to access shelter (see page 25) there is a high need for shelter beds designated for Indigenous people.

6.4.2 New shelter beds must take couples and pets into consideration.

6.4.3 Long-term, any new shelter should be designed through an Indigenous-led process to determine the best way forward to support the highest needs in the community.

6.4.4 If Indigenous people are still required to access emergency beds in the mainstream shelters, training and education to better understand and serve Indigenous people will be necessary. In addition, accommodation for smudging and access to elders in mainstream shelters will be needed to support Indigenous shelter clients.

Women

Hamilton has a long history of inequity as it pertains to emergency shelter beds for men and women. Currently, the Point in Time count has indicated women are more than half (53%) of the people experiencing homelessness in this community, yet this is not reflected in the resources provided for each demographic.

The prevalence of trans, non-binary, and gender-diverse people receiving care in the women's system has shown a need for more particular training and an exploration of other best practices to respond best to this demographic. (See staff training recommendation 6.3.2 above)

The number of unique women, trans, non-binary and gender-diverse people with high acuity who are unable to stay at shelters, remains between 300 and 600 according to the two drop-ins (CAP and Emma's) where they access service.

Recommendations

6.4.5 Recognizing women make up more than half of the people experiencing homelessness in Hamilton, increase the number of low barrier shelter beds available for women, trans, non-binary and gender-diverse people to a level of parity with the men's system. Most responses estimated an additional 40 beds are required.

6.4.6 Provide ongoing and stable funding for the drop-in centres, Carol Anne's Place and Emma's, especially as it relates to increasing staff to client ratios.

Families

The sector has been experiencing a marked increase in family homelessness since the pandemic. Good Shepherd Family Centre is currently the only family shelter in Hamilton and has seen an increase in families staying in the hotel. Before the pandemic there were approximately 20 families staying in hotels. Now there are between 47-50 families staying in the hotels in addition to the 20 staying in shelter.

The shelter is consistently full and recent statistics indicate anywhere from 35 – 50 families turned away per month in the last four months.

Since the pandemic measures have been scaled back, there are no longer sufficient numbers of hotel rooms to accommodate the overflow.

Recommendation:

6.4.7 The City should fund an additional 50 family units in the system, supported by qualified staff as noted in 6.3 and 6.5.1.

Youth

While there is broad consensus that additional shelter beds are not needed in the youth sector, there is a high need for increased investment in the sector to expand current programs and fill gaps in the youth sector.

Diversion and prevention programs are the key to youth intervention to help mitigate the need for youth to access emergency shelter and to prevent youth from becoming entrenched in the shelter system.

Trauma-informed, best practices indicate a need for single sleeping space and bathrooms across sectors, and particularly for trans, non-binary, and gender-diverse youth.

Recommendations

6.4.8 Increase funds to support investment in staff wages and retention. This will allow for investment in staff capacity and ability to hire individuals with skills and training to

support harm reduction / substance use, trauma, and mental health concerns with the shelter population.

6.4.9 Investment is required to support a physical space with more single rooms and reduced shared spaces, highlighted as a trauma-informed best practice. These are also seen as problematic for infection control and isolation in cases of infectious diseases.

Men's

While increasing the current bed types in the men's sector was not identified as a priority, the men's system faces pressures from the growing unmet health needs of their clients. The men's sector does not have adequate specialized staff and supports to ensure shelter clients always feel safe and able to connect to appropriate housing in an acceptable time frame. Pressures in the men's sector are heightened during extreme weather alerts, which are increasing in number.

Recommendations

6.4.10 Provide more flexibility in the system during extreme weather events, so the men's sector can provide safe shelter for the increased demand during cold and hot alerts.

6.4.11 Increase funding for staff wages and specialized staffing to increase retention and reduce staffing pressures in the men's system. Increase support for security and/or maintenance staff to address vandalism and property destruction in a shorter time frame, to ensure shelter users feel safe and protected from risks.

6.4.12 Continue to find ways to develop partnerships with the health sector to find more sustainable supports for the unmet health needs of many shelter clients.

6.5 Diversion

Diversion was reported as working particularly well in both the youth and family sectors.

Involvement with the collaborative approach to Youth shelter Diversion has shown great success diverting youth from homelessness and shelter stays by engaging families, and natural supports when safe and appropriate for the youth. Shelter workers are trained in diversion and use with every encounter with youth.

While there has been success in women, men, and Indigenous sectors, generally the population appearing for service in these sectors have been long entrenched in homelessness and diversion has less of a chance of being successful. Some feedback from the men's sector was that for their shelter, exploring the possibility of diversion is still important for everyone accessing shelter. It was highlighted that when individuals

can be supported to reconnect with family or friends, they often will have increased support in their lives compared to what shelter can offer. Diversion practices also increase communication and relationship building with shelter clients at an early stage, which was identified as an important benefit for all clients and staff.

In all sectors, it was noted that diversion was not possible when there was significant family disconnection, as well as a lack of affordable or transitional housing options.

Recommendations

6.5.1 Increase funding directed toward diversion in the sectors where it demonstrates positive outcomes.

6.5.2 Increase cross-sectoral learnings from diversion teams. Support the continued development of the Prevention and Diversion Check-in Table.