# Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program

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# Abstract

The emergent Housing First model, focused on new means of rapid rehousing of the homeless, is popular in North America among policy-makers and the mass media. Yet little has been written on the Housing First model's transferability to Canadian municipalities. This report begins by discussing the Housing First model as it has evolved in the United States context. Turning to the main focus of this research, the paper then documents, analyzes and interprets Canada's version of Housing First, Toronto's Streets to Homes (S2H) program, based on primary and secondary research including semi-structured key informant interviews. The report concludes with recommendations about how to both improve S2H and ensure that Housing First programs in other Canadian cities are effective in housing homeless persons.

# Keywords

Housing First, Streets to Homes, homeless, affordable housing, Toronto

# Executive Summary

Research suggests that one percent of the American population now experiences homelessness at least once over the course of a year and that three percent of the American population now experiences homelessness at least once over a five-year period (Burt et al., 2001: 14 and 51). Though Canada's data collection for homeless people is not as complete, shelter data from our major cities suggest a similar experience.

Government-assisted housing, both in the United States and in Canada, traditionally was not directed at those who were "homeless." Before 1986, homeless people in Canada were ineligible for social housing "unless they were diagnosed with a disability" (Dowling, 1998: 2-3). Government-assisted housing in Canada has traditionally been directed at the working poor, the middle class (in the case of co-operative housing), seniors, low-income families (specifically those on social assistance) and the disabled (Daly, 1996: 83). Aggravating this problem is the fact that very little government-assisted housing at all has been created in Canada in the past 15 years. Until recently, no level of government made a concerted effort to move "rough sleepers" (i.e. those living outside the shelter system most nights) directly into permanent housing.

The paper will begin by looking at the "treatment first" approach and the emergence of the Housing First model in the United States. This will be followed by a look at the Toronto context: Toronto's homeless population, its changed demographics, its growth and an analysis of a case study of the Housing First model, Toronto's Streets to Homes (S2H) program. The program's origin, successes and shortcomings are discussed.

The paper ends with recommendations on how to both improve the Toronto program and ensure its successful transferability to other Canadian jurisdictions. City of Toronto officials should work to improve relations among members of S2H's Street Outreach Steering Committee. Meanwhile, municipalities wanting to emulate the program in their own jurisdiction must be conscious of issues around leadership, particularities of their rental housing market, the capacity of their programming for homelessness and housing, and tenant protection legislation. Finally, for S2H and similar programs to reach their full potential, the federal government ought to make permanent the Homelessness Partnership Initiative, provincial governments must both address affordability challenges and ensure that ongoing case management is provided to those who need it, and all municipalities must collaborate with independent researchers for proper program evaluation.

# Homelessness, Program Responses and an Assessment of Toronto's Streets to Homes Program

## 1. Introduction

Research suggests that one percent of the American population now experiences homelessness at least once over the course of a year and that three percent of the American population now experiences homelessness at least once over a five-year period (Burt et al., 2001: 14, 51). Though Canada's data collection for homeless people is not as complete, shelter data from our major cities suggest a similar rate.

There are many ways of defining homelessness; yet, while there is a broad consensus on what constitutes absolute homelessness, there is less agreement on what constitutes relative homelessness. Generally, a homeless person is someone with no fixed place to live. This usually means sleeping outside (i.e. "sleeping rough") [1] or sleeping in a homeless shelter. It can also mean squatting; being frequently in jail, the drunk tank, a detoxification clinic ("detox"), a parking garage or a transportation station; or "couch surfing" (i.e. sleeping on a friend's couch). Some homeless individuals form cohesive groups with other homeless people, while others tend to isolate themselves. The homeless typically do not have family connections as strong as their housed counterparts.

Some people's homelessness is brought on by fire, flood or natural disaster; for others, homelessness results from a changed economic or family circumstance; and for still others, it is brought on by their own behaviours. Many poor families *never* secure housing of their own. The homeless population – both its composition and its overall size – is very much affected by economic conditions, the private-sector housing market and the welfare state, most notably income support and affordable housing programs (Burt et al., 2001: 2-5).

This paper will focus on the situation of single or unaccompanied, long-term homeless individuals and the suitability and effectiveness of the Housing First model of providing permanent housing to long-term or chronically homeless singles. Toronto's Streets to Homes program is arguably the most popular model today.

The paper will begin by examining the "treatment first" approach to housing homeless persons, as well as the emergence of the Housing First model. This will be followed by a look at the Toronto context: Toronto's homeless demographic, its growth and an analysis of a case study of the Housing First model, Toronto's Streets to Homes (S2H) program. The program's origin, successes and shortcomings will be discussed. The paper ends with recommendations on how to improve the program. While the general view of interview subjects – all of whom have been anonymized – is that S2H has been effective, most also believe that there is room for improvement. These areas will be discussed later in the paper.

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[1] A term traditionally used in Britain, "rough sleepers" is starting to gain currency in Canada as well.

Finally, it should be noted that this paper's focus is on S2H prior to its May 2008 enhancement. Thus, it will not explore the recent decision by Toronto City Council to use the S2H approach to address panhandling in Toronto, though this enhancement will be touched on in the paper's conclusion. Nor will it go beyond S2H to consider such issues as: the lack of affordable housing throughout Canada; the plight of homeless families; the inadequacy of various income support programs – most notably Employment Insurance (EI), Ontario Works (i.e. welfare) and the Ontario Disability Support Program (ODSP); Toronto's shelter system, food security system and drop-in sectors; or the policing of the homeless.

## 1.1 Methodology

The research provides background information and then offers a case study. The background will focus on two themes to set the context of the Housing First model in Canada. The first theme is the United States context of homelessness, including changes to its demographic in the past three decades, policy responses and the emergence of the Housing First model – the basis for Toronto's S2H program. The second theme will consider the Toronto context, in particular, the growth of homelessness in Toronto, its Toronto-specific demographic features and changes in policy responses. A case study of Toronto's S2H program is then presented.

Toronto, Ontario, was chosen as the study area for this research because (a) its homeless population is larger than in any other Canadian municipality and (b) its Housing First model is by far the largest and most developed example of the Housing First approach to housing the homeless of any Canadian municipality. Moreover, the study area is well known to the researcher as he has worked as a front-line community worker with Toronto's homeless population for more than a decade. He has many contacts in Toronto who have vast experience as front-line workers, managers and policy analysts.

Semi-structured in-depth interviews were undertaken with key informants from March 2008 until October 2008. There were four interviews with City of Toronto officials familiar with the S2H program. These interviews asked questions about the province's role vis-à-vis Toronto's emergency shelter system, S2H's main components and operations, and S2H's Street Outreach Steering Committee.

There were also six groups of other key informants totalling an additional 30 interviews. The first group consisted of two individuals, one from the United States and one from Canada. They were asked for information on academic resources on the Housing First model (see Appendix 1 for some of the questions asked). The second group, consisting of five individuals – four in the academic community and one in the activist community – were asked if they were aware of criticism of the Housing First model, and, if yes, what it generally consisted of (Appendix 2). The third group consisted of six policy experts in Toronto. They were asked about the pre-S2H environment in Toronto. Specifically, they were asked to discuss what efforts were made in Toronto prior to S2H to provide permanent housing to homeless persons (Appendix 3). Members of a fourth group, consisting of six experts on poverty and health, were asked about the effects of low income on health – particularly disposable income after shelter costs (Appendix 4). A fifth group, consisting of six executive directors of Toronto community agencies, was asked about the shortcomings of S2H. In particular, these executive directors were asked to what extent they felt

that S2H was not meeting its program goals. Hearing about criticism of this nature was especially important in light of how controversial the program is. Finally, a sixth group, consisting of three Canadian experts on affordable housing policy, was asked to what extent a Housing First program such as S2H can function in a context of relatively low vacancy rates.

All of these key informants were selected based on the researcher's previous knowledge gained both as a front-line community worker in Toronto for the past decade and as a researcher over the past six years. While all of the above interviews informed the policy recommendations suggested by the research, not all interview correspondence is cited in the report. See Appendix 7 for a coded list of references for key informant interviews specifically cited in this report.

Due to time constraints, client interviews did not take place. However, the research did draw on S2H's 2007 post-occupancy research study, which itself undertook interviews with 88 S2H clients. Data from the program's post-occupancy research are the only data available on S2H clients and therefore have to be considered in any assessment of the program. There were, however, clear limitations to the data, meaning that they should be interpreted with caution. First, the pre-occupancy data used were taken at the same time as the post-occupancy data. Indeed, tenants were asked at the time of the survey how their situation compared in many regards before and after tenancy, but they were asked this retrospectively. This makes reliability a major concern. Second, many of the outcomes were self-reported rather than externally verified. Third, the survey was done "in-house" by City of Toronto staff, raising a methodological question of bias (I. 9).[2]

## 2.  The Face of the Homeless

Defining who is homeless is not an easy task. As this section will show, "who" is homeless takes on many dimensions with respect to age, race, sex and even duration of homelessness. In other words, it is difficult to give an aggregate picture of the homeless beyond a simple definition, that is, a person who has no home. As this section will show, "the homeless" are not a monolithic group, and, as such, policy needs to take this into consideration.

### 2.1  Demographic Data

Table 1 shows that the homeless population is different than the rest of the United States poor population in key ways.

According to Burt et al., "[u]sing *poor* adults is more appropriate than using *all* U.S. adults, because the vast majority of homeless people come from the ranks of the poor, and their demographic characteristics differ considerably from the overall adult population" (Burt et al., 2001: 57, emphasis in original).

Judging from the data below, the homeless population, relative to the rest of the poor population, is more likely to be black, Native American, 35-44 years of age, single and living in a central city.

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[2]  For more on epidemiological research methods, see Galea and Vlahov (2005).

**Table 1.  Basic Demographic Characteristics of Homeless Adult Clients in the United States, by Family Status and Sex (Weighted Percentages)**

|  | United States Poor Adult Population | All Currently Homeless Adult Clients |
|---|---|---|
| **Proportion of All Homeless Adult Clients** | NA | 100 |
| **Race/Ethnicity** |  |  |
| White non-Hispanic | 52 | 41 |
| Black non-Hispanic | 23 | 40 |
| Hispanic | 20 | 11 |
| Native American | 2 | 8 |
| Other | 4 | 1 |
| **Age** |  |  |
| Under 18 | -- | 1 |
| 18 to 21 yrs. | 12 | 6 |
| 22 to 24 yrs. | 8 | 5 |
| 25 to 34 yrs. | 23 | 25 |
| 35 to 44 yrs. | 20 | 38 |
| 45 to 54 yrs. | 11 | 17 |
| 55 to 64 yrs. | 10 | 6 |
| 65 or more yrs. | 16 | 2 |
| **Urban/Rural Status** |  |  |
| Central cities | 31 | 71 |
| Suburban/urban fringe | 46 | 21 |
| Rural | 23 | 9 |
| **Marital Status** |  |  |
| Married | 31 | 9 |
| Widowed | 12 | 3 |
| Divorced | 15 | 24 |
| Separated | 6 | 15 |
| Never Married | 37 | 48 |

Source:  The above table is a modified version of Table 3.1 found on pp. 58-59 in Burt et al. (2001). The data on homeless persons were originally taken from the Urban Institute's analysis of weighted client data from the 1996 National Survey of Homeless Assistance Providers and Clients. The data on the United States poor adult population were taken from the March 1997 Current Population Survey for all persons aged 18 and older who lived in households with income below the federal poverty level for 1996.

Now, let us look within the United States homeless population, particularly at issues that receive a great deal of public attention: the prevalence of alcohol, drugs and mental health (ADM) in the United States homeless population.

**Table 2.  ADM Status of United States Homeless Clients in the Past Year (Weighted Percentages)**

|  | All Currently Homeless Clients | No Problems with Alcohol, Drugs or Mental Health | Problems with Alcohol Only | Drug Problems with or without Alcohol Problems; No Mental Health Problems | Problems with Mental Health Only | Mental Health Problems, with Alcohol or Drug Problems or Both |
|---|---|---|---|---|---|---|
| **Proportion of All Homeless Clients** | 100 | 26 | 12 | 17 | 15 | 31 |
| **Sex** |  |  |  |  |  |  |
| Male | 68 | 55 | 89 | 81 | 46 | 76 |
| Female | 32 | 45 | 11 | 19 | 54 | 25 |
| **Race/Ethnicity** |  |  |  |  |  |  |
| White non-Hispanic | 41 | 42 | 39 | 22 | 55 | 44 |
| Black non-Hispanic | 40 | 40 | 29 | 62 | 29 | 38 |
| Hispanic | 11 | 10 | 7 | 13 | 13 | 10 |
| Native American | 8 | 7 | 26 | 2 | 2 | 8 |
| Other | 1 | 1 | * | 1 | 1 | 1 |
| **Age** |  |  |  |  |  |  |
| Under 18 | 1 | 1 | * | 1 | * | 1 |
| 18 to 21 years | 6 | 11 | 1 | 4 | 7 | 5 |
| 22 to 24 years | 5 | 6 | 2 | 4 | 10 | 4 |
| 25 to 34 years | 25 | 25 | 14 | 26 | 24 | 29 |
| 35 to 44 years | 38 | 28 | 53 | 50 | 32 | 36 |
| 45 to 54 years | 17 | 14 | 22 | 11 | 18 | 21 |
| 55 to 64 years | 6 | 10 | 5 | 4 | 8 | 5 |
| 65 or more years | 2 | 7 | 2 | * | 1 | * |

Source:  Burt et al (2001: 113-115). Originally taken from the Urban Institute's analysis of weighted client data taken from the 1996 National Survey of Homeless Assistance Providers and Clients. An asterisk denotes a value that is more than 0 but less than 0.5 percent.

The above data, based on the United States homeless population, show that drug and alcohol problems are more prevalent among homeless men, whereas mental health problems are more prevalent among homeless women.

## 2.2 Causes of Homelessness

In the early 1980s throughout North America, there were two opposing views explaining why people become homeless (Burt et al., 2001: 7). One perspective emphasized the structural causes, such as unemployment, the lack of affordable housing, gentrification, inadequate social assistance benefit levels, the reduction in psychiatric beds and an overall weakening welfare state. This school of thought went a long way in explaining the growth of homelessness in the early 1980s. As Hopper and Hamberg have argued:

> The particular severity and characteristics of the twin recessions of 1979-1982 – unusually high and protracted unemployment coupled with high real and nominal interest rates – intensified by the Reagan administration's drastic budget cuts and regressive tax policies, pushed increasing numbers of people over the edge (Hopper and Hamberg, 1986: 25).[3]

In contrast, the other perspective tended to emphasize individual "risk factors." These include mental illness, drug and alcohol addiction, not having job skills, and other personal problems. However, since the early 1990s, there has been a converging of opinions on the causes of homelessness. Indeed, as Burt et al. (2001: 8) point out, the above two perspectives appear to have converged. Now, there appears to be general agreement on two major points:

1. Structural factors resulting in a severe lack of affordable housing are a major factor leading to increased numbers of homeless people.

2. Those most likely to experience homelessness tend to be those with more risk factors than the average person.[4]

Prior to the mid-1980s, homeless assistance programs in the United States received very little government funding (Burt et al., 2001: 267). But the 1981-1982 recession in the United States resulted in a very significant demand for emergency shelter and meal services. For the first time since the Great Depression, homelessness became a top concern among United States policy-makers (Burt et al., 2001: 241).

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[3] In Canada, Daly (1996: 47) notes: "During the 1980s the purchasing power of a minimum-wage worker fell by one-third."

[4] The state of being homeless then further aggravates those factors. For example, while a person's depression might contribute to their becoming homeless, the state of being homeless will likely exacerbate the state of her/his depression.

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## 2.3  Models of Providing Housing to the Homeless

The standard model of providing housing to chronically homeless adults in the United States is the "treatment first" approach, also known as the "continuum of care" model. In this model, a provider – or team of providers – of homeless services determines when/if a homeless person is ready to be housed. The assessment process is ongoing as the participant progresses from emergency shelter, then graduates to transitional housing and then moves on to the final stage of the continuum: permanent housing with few if any supports. In order to make it through to the end point, a homeless person must generally abstain from drugs and alcohol. S/he may also be required to take psychotropic medication, as prescribed by a physician. In short, the "treatment first" approach requires one long "audition" of sorts. Non-compliance with any of the conditions can result in either a delay in the transition or expulsion altogether (Greenwood et al., 2005; Tsemberis and Eisenberg, 2000). The goal is to see that the client is "housing ready," and the continuum is seen as one lengthy preparation process for independent living.

For many homeless people – the chronically homeless in particular – the conditions involved in this process are onerous. Indeed, they are simply unrealistic for some. Moreover, it is highly debatable as to whether the conditions required in such a process in fact represent a good litmus test for housing readiness.

The new model of providing housing to the chronically homeless is the "Housing First"[5] approach. Unlike the "treatment first" approach, Housing First does not require homeless people to go through the previously described steps. Instead, it provides them with almost immediate access to permanent housing. Though staff periodically visit the participants/tenants at their units, the housing in question does not feature 24-hour, on-site staffing (Padgett, Gulcur and Tsemberis, 2006: 75). The model is often believed to have developed first in New York City in 1992 with the founding of a non-profit agency called Pathways to Housing Inc., led by Dr. Sam Tsemberis, a clinical psychologist (Padgett, 2007: 1928). All of the Pathways participants are initially homeless and have a psychiatric diagnosis. Almost all of them also have problems with drugs and/or alcohol (McCarroll, 2002). Furthermore, the program will not refuse a client with a history of violence and/or incarceration (Padgett, Gulcur and Tsemberis, 2006: 77).

The program has only two requirements of its participants:

1. They must agree to participate in a money management program with staff that takes 30 percent of their income and directs it toward rent (Greenwood et al., 2005: 225). The other 70 percent of each participant's rent comes from grants from city, state and federal governments, as well as from Section 8 vouchers (Tsemberis and Eisenberg, 2000: 489).[6]

2. They must agree to at least two visits to their apartment by staff per month.

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[5]   This should not be confused with the City of Toronto's "Housing First Policy" whereby surplus municipal land has to be used for housing.

[6]   With reference to the requirement of having to participate in the money management plan and seeing a support worker, Gulcur et al. (2003: 174) note: "These criteria are … applied flexibly such that prospective clients are not denied housing on the basis of their refusal to comply."

If the client wishes, she/he has access to an Assertive Community Treatment (ACT) team. The ACT team in question provides multidisciplinary clinical support; its staff are led by a psychiatrist and include a social worker, a "vocational trainer," an addictions worker, a nurse practitioner and a housing worker. The team is available to clients 24 hours a day, seven days a week (Greenwood et al., 2005: 225; Padgett, Gulcur and Tsemberis, 2006: 77). While abstinence is neither a program requirement nor an expectation, Pathways staff do provide support from a "harm reduction" perspective. Counselling around substance use is provided; Pathways even has its own harm reduction support groups. Clients who wish to enrol in residential treatment programs are assisted by Pathways staff in doing so. Moreover, if the client chooses this option, a Pathways apartment unit is guaranteed upon her/his return from treatment (Padgett, Gulcur and Tsemberis, 2006: 77).

In comparing the two models, the academic literature on Housing First is overwhelmingly positive. It demonstrates that between 85 percent and 90 percent of those who participate in the Pathways program are still housed when followed up five years later (Tsemberis and Eisenberg, 2000). Also, compared with their "treatment first" counterparts, Housing First participants remain housed longer, spend fewer days in hospital (Gulcur et al., 2003: 181) and are no more likely to use drugs or alcohol (Padgett, Gulcur and Tsemberis, 2006: 74). Finally, it is cheaper to support a client through the Housing First model than through the "treatment first" approach, due largely to the reduced days required for psychiatric hospitalization (Gulcur et al., 2003: 182).[7]

Though the "treatment first" approach remains the dominant service delivery model throughout the United States (Padgett, Gulcur and Tsemberis, 2006: 81), by 1996, Housing First programs had over 100,000 clients/participants (McCarroll, 2002). The Housing First approach is growing increasingly popular among policy-makers, politicians, business leaders and the media.

## 3. Toronto Context

While the focus of the previous data was largely on the United States, this section directs our attention more specifically to Toronto, Ontario. Indeed, as the largest metropolis of Canada, Toronto is certainly not immune to homelessness.

While there are certainly similarities between Canada and the United States on the issue of rising homelessness and its changing face, there have been important differences as well. For example, the labour force polarization experienced in the United States from the 1970s on was much weaker in Canada. Moreover, Canada's welfare state was stronger than that of the United States – thus, unlike the United States, our welfare state helped to offset the modest income polarization occurring here from the early 1970s until the early 1990s (but not afterwards). Furthermore, Toronto did not experience a loss of manufacturing jobs on the same scale as most American cities, and our rate of unionization has been greater. Given all of the above, Toronto and most other Canadian cities have a smaller proportion of economically marginalized people than do most American cities (I. 10).[8]

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[7]  It is also a well-known fact that it is considerably cheaper to provide individuals with government-assisted housing (supportive or not) than it is to supply them with a shelter bed every night. See, for example, *Discussion Paper: The Cost of Homelessness* (Halifax: Cities and Environment Unit, Dalhousie University, June 2006).

[8]  For more on this topic, see Myles (1996: Chapter 5).

Another national difference is that social housing provision has been considerably more significant in Canada than in the United States. In the 1965-1995 period, social housing (including both public housing and Section 8 housing) accounted for roughly three percent of housing stock in the United States. In Canada, the corresponding figure was six percent (but is now down to five percent). And according to a well-placed source:

> Nowhere in North America was social housing more significant than in Toronto, where during the 1975-95 period it absorbed about half the ongoing increase in low-income households that occurs with growth.… No US city would be anywhere near such levels except maybe New York in the 1940s and 50s (I. 10).

Let us now turn our attention to what Toronto's homeless population has looked like since the early 1980s.

## 3.1 The Face of Toronto's Homeless

In 1982, there were an estimated 3,440 homeless persons in Metropolitan Toronto, of whom 1,600 were in hostels and another 1,800 had no fixed address (Metropolitan Toronto, 1983: ii)."[9] By 1983, individuals under 25 years old, families and single women represented subgroups on the rise within Toronto's homeless population (Metropolitan Toronto, 1983: vii).

Table 3 gives a breakdown of Toronto's homeless population, according to the results of a June 1982 survey.

**Table 3. Breakdown of Toronto's Homeless Population, According to a June 1982 Survey**

| Family Type | Hostel Residents | | Social Service Agency Clients | | Total | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Single Men | 1,194 | (77) | 1,331 | (62) | 2,525 | (68) |
| Single Women | 149 | (10) | 395 | (18) | 544 | (15) |
| Single Parent with Children | 186 | (12) | 294 | (14) | 480 | (13) |
| Others* | 9 | (1) | 13 | (1) | 22 | (1) |
| Unknown | 18 | (1) | 101 | (15) | 49 | (3) |
| Total | 1,556 | (100) | 2,134 | (100) | 3,690 | (100) |

*Other – two-parent families and couples.

Source: Metropolitan Toronto (1983: 8).

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[9] As pointed out in a City of Toronto report, "[t]he figure of 3,440 persons is still a minimum estimate of the number of homeless in Metropolitan Toronto, as anyone who was not a client of the agencies surveyed or who did not stay at a hostel was excluded" (City of Toronto, 1983: 7, emphasis in original).

By 1988, roughly 20,000 people were using Toronto's emergency shelter system on an annual basis. Of those people, roughly 4,000 were single women, 6,000 came to the shelters in families and 10,000 were single men (Ontario, 1988: 36).

As pointed out in 1999 in the final report of the Mayor's Homelessness Action Task Force,

> Average daily hostel occupancy [in Toronto] increased overall for single adults by 63 percent from September 1992 to September 1998. In the same six-year period, the increase in shelter use by population groups was 80 percent for youth, 78 percent for single women, 55 percent for single men, and a shocking 123 percent for families (Golden et al., 1999: 14).

Thus, the "old homeless" versus "new homeless" change was alive and well in Toronto, as it was in the United States. Indeed, Toronto's homeless population went through a similar evolution to the one experienced in the United States.[10]

In 1990, a total of 26,529 individuals used a Toronto emergency shelter at least once during the year. By 2002, this figure had risen 21 percent to roughly 31,985 (City of Toronto, 2003: 38). During this time, the composition of the shelter system also changed, as can be seen in Table 4.

**Table 4.  Shelters Users by Type, City of Toronto, 1990-2002**

|                             | 1990   | 2002   |
|-----------------------------|--------|--------|
| Single persons              | 90.5%  | 83.9%  |
| Single parent with children | 6.9%   | 9.3%   |
| Two parents with children   | 2.2%   | 5.6%   |
| Couples                     | 0.4%   | 1.2%   |

Source:   City of Toronto (2003: 40).

To be sure, after the recession of 1990-1993, the number of visibly homeless people rose significantly. According to a knowledgeable source:

> The recession was profound and the long-term loss of stable unskilled jobs was great. UI/EI was severely cut back [in 1994] and social assistance ceased to have any relation to market rents in 1995. Social housing production ceased. It was in those years and in that context that street homelessness became commonplace in Toronto, as it had in US cities a decade or two earlier (I. 10) … in round terms … [the number of people staying in Toronto shelters on any given night] doubled from 1,000 in circa 1980 to 2,000 in circa 1990 and doubled again to 4,000 circa year 2000 (i.e. four times in all or a bit less); and that it's been relatively stable since early in the present decade … (I. 17).

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[10]  For more on both of these developments in the United States, see Rossi (1990: 954-959).

Thirty-one percent of formerly homeless people recently surveyed stated that, prior to being housed, they never stayed in shelters, [11] usually electing to sleep outside. Another 40 percent said that they did so "rarely" (City of Toronto, 2007: 79).[12] The very same survey asked respondents: "Where did you sleep most often outside?" Answers are summarized in Table 5.[13]

**Table 5.  "Where did you sleep most often outside?"**

| | |
|---|---|
| Park or green space | 33% |
| Nathan Phillips Square | 16% |
| Under a bridge | 12% |
| Unknown | 8% |
| Sidewalk/Grate/Doorway | 7% |
| Stairwell | 6% |
| Laneway/Alley | 5% |
| Car/truck/van | 5% |
| Other | 4% |
| Shelters | 3% |
| Coffee shop | 1% |

Source:    City of Toronto (2007: 11).

In 2006, the City of Toronto undertook a needs assessment of all those it identified as homeless on the night of April 19, 2006. The assessment was a point prevalence study that surveyed roughly 50 percent of the surface area of Toronto, including 66 homeless shelters, five correctional facilities, as well as most hospitals and treatment facilities (City of Toronto, 2006: 6-7). Table 6 summarizes the number and distribution of homeless persons counted at that time.

Very consistent with the aforementioned data from the United States, the average age of males surveyed in the Toronto survey was 39, while the average age of females was 36. Males made up 73 percent of respondents, while females made up 27 percent (City of Toronto, 2006: 13), similar to the 68:32 split presented above with the United States data.

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[11]  Of those who "never" used shelters, slightly more than half never even used Out of the Cold beds, while just under half did use Out of the Cold Beds (City of Toronto, 2007: 79).

[12]  Respondents who said "rarely" meant that "they stayed in shelter less than a few days each month, or 'only when I had to,' or 'only when it was very cold'" (City of Toronto, 2007: 12).

[13]  The survey in question was done as part of the Streets to Homes post-occupancy research. The survey sample in question was "representative of the demographic composition of homeless people encountered outdoors during the Street Needs Assessment in April 2006" (City of Toronto, 2007: 8-11).

**Table 6.   Number of Homeless Individuals on the Night of April 19, 2006 – Outdoors and by Type of Facility (All numbers are actual except outdoor which is estimated)**

| Location | Number of Homeless Individuals | % Distribution |
|---|---|---|
| Outdoor | 818 | 16.2 |
| Shelters | 3,649 | 72.2 |
| Violence against Women Shelters | 171 | 3.4 |
| Health and Treatment Facilities | 275 | 5.4 |
| Corrections | 139 | 2.8 |
| **TOTAL** | 5,052 | 100 |

Source:   City of Toronto (2006: 10).

Toronto's homeless population has a smaller proportion of visible minorities than its general population, which comes in stark contrast to the demographic data presented above on the United States homeless population. Indeed, whereas 37 percent of homeless respondents in the 2007 Street Health survey identified themselves as "non-Caucasian," 44 percent of Toronto's general population consisted of visible minorities. However, the same survey also found that 15 percent of homeless people in Toronto identified themselves as Aboriginal, compared with 0.5 percent in the general population of Toronto (Khandor and Mason, 2007: 7-8). Thus, as is the case in the United States, Aboriginal individuals are overrepresented in Toronto's homeless population – in fact, considerably more so than in the United States.

The outdoor population had a higher proportion of men than the sheltered population surveyed; 81.6 percent of the outdoor population was male, while the figure was 72.7 percent for the entire survey (City of Toronto, 2006: 13).

From *The Street Health Report 2007* – the most comprehensive data source of its kind in North America – a good deal is also known about chronic health conditions faced by Toronto's homeless population as compared with the general population (Khandor and Mason, 2007). These data are outlined in Table 7.

**Table 7. Chronic or Ongoing Physical Health Conditions – Homeless People in the 2007 Street Health Survey as Compared with the General Population**

| | Street Health Survey | General Population |
|---|---|---|
| Arthritis or Rheumatism | 43% | 14% |
| Allergies other than food allergies | 33% | 24% |
| Migraines | 30% | 11% |
| Liver disease | 26% | 10% (Canada) |
| Hepatitis C | 23% | 0.8% (Canada) |
| Asthma | 21% | 6% |
| Heart disease | 20% | 4% |
| High blood pressure | 17% | 13% |
| Chronic Obstructive Pulmonary Disease (COPD) | 17% | 1% |
| Stomach or Intestinal Ulcers | 15% | 2% |
| Angina | 12% | 2% (Ontario) |
| Diabetes | 9% | 4% |
| Heart attack in lifetime | 7% | 2% (Ontario) |
| Epilepsy | 6% | 0.3% |
| Fetal Alcohol Spectrum Disorder (FASD) | 5% | 1% (Canada) |
| Hepatitis B | 4% | 0.7-0.9% (Canada) |
| Cancer | 4% | 1% |
| Congestive Heart Failure | 3% | 1% (Ontario) |
| HIV positive | 2% | 0.006% |

Source: Khandor and Mason (2007: 21). Comparisons were made with the general population of Toronto, where possible. In cases where data were not available for Toronto, data from the general population of Ontario or Canada were used.

Similar differences exist with respect to mental health conditions, as outlined in Table 8.

**Table 8.  Mental Health Conditions of Toronto's Homeless Population Compared with the General Population of Canada**

|  | Street Health Survey | General Population |
|---|---|---|
| Depression | 17% | 8% |
| Anxiety | 11% | 1% |
| Bipolar | 8% | 1% |
| Schizophrenia | 5% | 1% |

Source:  Khandor and Mason (2007: 25).

Toronto's homeless population reports more heavy drinking than the general population. Of homeless people who drink in Toronto, 72 percent report heavy drinking (five or more drinks on one occasion), compared with 44 percent of those in the general population who drink (Khandor and Mason, 2007: 26).

On the issue of chronicity, the findings of the 2006 Street Needs Assessment suggest that homeless persons sleeping outside are, by far, the most "chronically homeless" of all the groups surveyed. Table 9 outlines this situation very clearly, showing that those sleeping outside on the night of the assessment reported having been homeless an average of six years.

**Table 9.  Length of Homelessness**

| Location | Average Number of Years Homeless |
|---|---|
| Outdoor | 6.0 |
| Family Shelters | 0.6 |
| Youth Shelters | 1.2 |
| Mixed Adult Shelters | 3.8 |
| Men's Shelters | 4.1 |
| Women's Shelters | 2.1 |
| All Shelters | 3.0 |
| Corrections | 4.5 |
| Health and Treatment | 4.2 |
| All Survey Respondents | 3.4 |

Source:  City of Toronto (2006: 14).

Furthermore, the outdoor homeless population is more inclined to have used a detox than those sleeping in shelters (23.5 percent vs. 16.0 percent) and less inclined to have participated in employment/job training (17.5 percent vs. 27.0 percent [City of Toronto, 2006: 15]).

In summary, Toronto's homeless population has grown substantially since the early 1980s, increasing by 400 percent between 1980 and 2000. Within the homeless population, the numbers of couples, children and single-parent households have grown the fastest. Toronto's current homeless population experiences chronic physical health conditions, as well as mental health conditions, at much higher rates than the general population. Moreover, Aboriginal persons are very much overrepresented in Toronto's homeless population. Finally, those living outside have been homeless considerably longer than those living in shelters.

We will now turn to Toronto's policy responses to homelessness during the same time.

## 4. Toronto's Policy Responses

Funding for homelessness relief programs in Toronto comes from all three levels of government, as well as the charitable sector, whose main players are the United Way of Greater Toronto, the Trillium Foundation and churches (Dowling, 1998: 12). Some types of support serve many homeless people but are geared to a wider group that includes housed individuals. For example, the Ontario Ministry of Health funds mental health case management through agencies such as COTA Health and Street Health. It also funds drop-ins such as the Parkdale Activity-Recreation Centre (PARC), the Meeting Place (run by St. Christopher House) and Sistering (Dowling, 1998: 1-7).

In 1997, Thomas Main made the following point about policy responses to homelessness in Toronto:

> Change, in municipal homelessness policy in Toronto, tends to be incremental: one piece at a time. In any given year, the policy base from the last year is pretty much unchanged, except for modest additions (a new program, more beds, a small increase in funding) (Main, 1997: 23).

Toronto has had a municipally managed shelter system from the 1960s onward. In the 1980s, mirroring developments in the United States, it became much more comprehensive, expanding significantly (I. 10). As early as 1983, city officials were sounding the alarm bell about the fact that Toronto's shelter system was not serving as an emergency shelter system at all and that it was time for a new approach to responding to homelessness. According to a January 1983 city report:

> Hostel accommodation [in Toronto] was originally designed to provide emergency accommodation to people temporarily without shelter due to family breakdown, eviction, de-institutionalization etc., as well as to people with a more transient lifestyle. Hostels are, thus, becoming a permanent form of shelter by default because of the lack of affordable alternatives. The services hostels provide, however, are not well suited to the longer-term housing and/or support service needs of the non-traditional client groups (Metropolitan Toronto, 1983: viii).

By 1988, Toronto had roughly 2,100 shelter beds open each night, generally at or near capacity. That figure grew steadily and was roughly 3,500 by 1996 (Springer, Mars and Dennison, 1998: 9). Metro Toronto's budget for "services to the homeless" grew from $38 million in 1992 to $56 million by 1997 (Main, 1997: 23). That being said, the expansion of Toronto's shelter system was not as dramatic as the one experienced in American cities. While the number of emergency shelter beds in the United States grew sixfold between 1984 and 1996, Toronto's capacity doubled (I. 10).

Government-assisted housing, both in the United States and in Canada, traditionally was not directed primarily at those who were "homeless." Before 1986, homeless people in Canada were ineligible for social housing "unless they were diagnosed with a disability (Dowling, 1998: 2-3)." Government-assisted housing in Canada has traditionally been directed at the working poor, the middle class (in the case of co-operative housing), seniors, low-income families (specifically those on social assistance) and the disabled (Daly, 1996: 83). Much of this depends on the procedures and priorities of social housing waiting lists, as mandated by provincial governments. Aggravating this problem is the fact that very little government-assisted housing at all has been created in Canada in the past 15 years.

Beginning in the 1980s, a sizeable percentage of government-assisted housing units began to be directed at the homeless. In Ontario, eligibility for government-assisted (i.e. rent-geared-to-income [RGI]) housing was originally for low-income families with children and low-income seniors. However, "supportive housing" units were introduced in the early 1980s as a provincial program, largely as a late response to the deinstitutionalization of the "mentally ill" – supportive housing units went primarily to single individuals with mental health issues. Many of the recipients were homeless when they received the housing. From the mid-1980s until the mid-1990s, roughly 300 new supportive housing units per year were made available to homeless singles in Toronto, mostly from the shelter system. Roughly 10 percent of the 100,000 social housing units that currently exist in Toronto are supportive housing units. And in the mid-1980s, the Habitat boarding homes (jointly funded by the Province and the City on an 80:20 basis) began operations (I.1).

The Toronto-based Homes First Society was especially innovative in pushing the envelope on providing housing to the homeless (both the sheltered homeless and rough sleepers) in the 1980s. In 1984, it opened its 90 Shuter Street complex, which was Toronto's very first government-assisted housing dedicated to homeless single people (Dowling, 1998: 2-3). According to a source familiar with the issue:

> These changes in eligibility and targeting responded to very strong advocacy, with the singles displaced persons project (movement/research/lobbying), the "consumer survivor" movement, the slogan "homes not hostels" and the founding of organizations such as Houselink Community Homes and Homes First Society. The latter has exactly the same meaning and ethos as "Housing First," including the belief that housing should precede addressing the homeless person's other problems (I. 10).

In 1994, homeless people became designated as a priority target population for new vacancies arising in all non-profit housing units located throughout Ontario (Dowling 1998: 3). In 2006, this meant that 825 homeless persons obtained housing in Toronto Community Housing Corporation (TCHC) units (Housing Connections, 2006: 13). For 2007, the figure was 941 (Housing Connections, 2007: 11).

In 2000, in response to nationwide advocacy, the federal government introduced the Supporting Communities Partnership Initiative (SCPI),[14] providing $135 million per year across Canada for homelessness services and support programs. In spite of the federal government's insistence that this was funding not be used for permanent housing, some communities succeeded in creating long-term "transitional housing" units for homeless persons. There are now roughly 2,500 such units nationally, roughly 750 of which are in Toronto (I. 1).

Until recently, no level of government made a concerted effort to move rough sleepers (i.e. those living outside the shelter system most nights) directly into permanent housing. A major reason for this was a bureaucratic one: community agencies liked working with non-profit housing providers, in large part because non-profit landlords charged rents that were geared to a tenant's income. There were always waiting lists for government-assisted housing. Establishing a connection with a rough sleeper was hard enough. But completing an application with one, and then locating the person months or years later after her/his application had made its way to the top of the waiting list was nearly impossible (I. 2).

However, some small agencies did help rough sleepers move directly into non-profit housing. For example, at the Corner Drop-In, run by St. Stephen's Community House, outreach workers helped some rough sleepers move directly into rooming houses (I. 3). Moreover, as part of a pilot project in the late 1990s, staff at PARC, Community Resource Connections of Toronto and Sistering all helped rough sleepers access permanent housing at Houselink Community Homes (whose mandate was to house people with serious mental health problems [I. 2]).

As for what model was used, some Toronto housing providers followed the "treatment first" approach, but many did not. For example, neither Houselink Community Homes nor Mainstay Housing insisted on medication compliance for tenants who had serious mental health problems. Nor did Houselink or Mainstay require that a tenant with addictions issues complete an abstinence-based treatment program before receiving the keys to a housing unit (I. 2). Indeed, the harm reduction approach, which does not require abstinence, has been "commonly followed in supportive housing in Toronto" for many years (I. 11).

One of the Ontario government's responses to the 1999 final report of the Mayor's Homelessness Action Task Force was to initiate a Toronto program called Off the Streets Into Shelters, a program that featured four or five outreach workers who encouraged rough sleepers to go into emergency shelters. Moreover, the 1999-2000 period saw a major expansion in homeless services in Toronto, in part due to the provincial government's response to the final report of the Mayor's Homelessness Action Task Force and in part due to the advent of the SCPI. Increased services from both of these initiatives came in the form of a rent bank, eviction prevention programs, more housing of workers in shelters and the province's Off the Streets Into Shelters street outreach program. This period also saw an increase in the number of all-day shelters and the revamping of Seaton House, Toronto's largest men's shelter (I. 4).

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[14] In December 2006, the Harper government modified the SCPI program and renamed it the Homelessness Partnering Initiative (HPI). As of October 2008, the HPI was extended beyond March 2009, but details on this extension are not yet clear.

In 2000, the provincial government also expanded its supportive housing system. Over roughly the next five years, this meant that the number of supportive housing units in the City of Toronto rose from 2,400 to 4,200 (including the expansion of Habitat boarding homes, whose stock grew from 600 to 1,000 during this time). Also in 2000, the Ontario Ministry of Municipal Affairs and Housing started a rent supplement program that, by 2005, had resulted in 3,000 rent supplements (I. 4).

According to a 2003 City of Toronto report, Toronto's approach to serving rough sleepers did change in 2001:

> Previous to 2001 the majority of street outreach funding was for programs that provided survival support. While the survival work continues, since 2001 the main focus of street outreach has shifted to "**high support street outreach**." This approach uses a case management approach where outreach workers do comprehensive work with people to help them get off the street and into shelter, housing or other suitable programs and services … In many situations workers were successful in helping someone find shelter or housing (City of Toronto, 2003: 49-50, emphasis in original).

Though the above shift in Toronto's approach to rough sleepers by no means meant a full shift to a Housing First approach, it did represent the continuation of a paradigm shift that began with the aforementioned shift to supportive housing (I. 4).

In 2002, with funding from a City of Toronto grant program, the Fred Victor Centre began running a very effective program moving "long-term homeless persons" (i.e. people who had been homeless for over a year) from shelter into permanent housing, and then providing follow-up services. But since then, the City of Toronto stopped encouraging community agencies to develop new programs. Indeed, that was the last year the City put out a request for proposals (RFP) to community agencies to come up with new service delivery models (I. 5).

A key point is that, through many of the aforementioned efforts, roughly 6,500 homeless persons per year were being moved from Toronto's emergency shelter system into permanent housing. This is not a well-known fact, but it ought to be. To be sure, and contrary to the general perception, the City of Toronto's shelter system and its many services has been very effective at moving its clients into permanent housing (I. 5).

Unfortunately, funding has been a major problem. For example, annual funding for emergency shelters not directly run by the City of Toronto has endured several years of flat-lined budgets. From the late 1990s until 2003, for instance, the per diems (e.g. the amount of money provided per filled shelter bed on a nightly basis) to non-City shelters did not see increases (not even adjustments for inflation). And City "grants programs," which fund some drop-ins, help centres, food programs and housing support programs, have received virtually no funding increases since 2000 (I. 5).

And in spite of the Province's aforementioned expansion of program initiatives, it has been shortchanging the City of Toronto with respect to the funding of shelter beds. Under the *Ontario Works Act*, the Province is supposed to pay 80 percent of the cost associated with each shelter bed in Toronto's emergency shelter system. The City is supposed to pay the remaining 20 percent.

But the Province has capped the total dollar amount it will pay for each bed for each Ontario municipality. Assuming the City pays the additional 20 percent, this would bring the total "per diem" per shelter bed to a total of $42. While $42 per night per occupied shelter bed might be sufficient to run a shelter in a small Ontario municipality, it is grossly inadequate for Toronto. The actual cost involved in running an occupied shelter bed in Toronto is more like $57. Thus, in addition to paying the initial 20 percent required under the *Ontario Works Act*, the City of Toronto has been paying 100 percent of the difference between the actual cost of an occupied shelter bed and what the Province caps it at. Thus, the City of Toronto is now the majority funder of shelter beds in Toronto, paying 52 percent of the actual costs versus the Province's 48 percent. For the Province to honour the 80:20 split for Toronto alone, it would have to start paying an additional $20 to $30 million annually (I. 6).

Not surprisingly, Toronto's current shelter system is far from adequate. The aforementioned 2007 Street Health Report found that 55 percent of all homeless people surveyed reported that they were unable to get a shelter bed at least once in the previous year – 20 times on average. And of those who had stayed in Toronto shelters, more than half reported that they had stayed in one with bed bugs in the previous year (Khandor and Mason, 2007: 14-15). Moreover, a recent study on Toronto meal programs for the homeless raised serious concern about the low nutritional value of the meals served (Tse and Tarasuk, 2008). According to one source with expertise in nutrition and poverty: "Chronic consumption of these kinds of meals would most certainly have adverse health effects (I. 12)."

Now that the paper has provided a broad overview of Toronto policy responses to homelessness over many years, its focus will turn to a case study of the Housing First approach: Toronto's S2H program.

## 5. Streets to Homes Program (S2H)

Toronto's Streets to Homes (S2H) program originated in February 2005 with an annual budget of $4 million. Prior to the May 2008 panhandling enhancement, the program's annual budget stood at roughly $8.7 million (I. 14). The program emerged out of a unique context. First, in 2003-2004, Toronto City Council had a series of debates on homelessness, during which time concern was raised about the fact that large sums of money were being spent on homelessness, yet the number of homeless people was continuing to grow. Second, almost 100 people a night had been sleeping rough at Nathan Phillips Square (Toronto City Hall). Third, beginning in 2002, the City of Toronto had undertaken a very successful relocation of the Tent City squatters whereby roughly 100 squatters had been given immediate access to private market housing, a deep rent supplement and staff support. [15] Finally, in 2004, roughly 20 to 30 people had been evicted from underneath the Bathurst Street Bridge when a nearby building was being demolished. There was a great deal of media coverage of this event. Several squatters interviewed by the media said that they had not been offered housing when they were evicted (Falvo, 2008: 33).

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[15]  For more on this topic, see Gallant, Brown and Tremblay (2004).

S2H's goal is to "end street homelessness," helping homeless people move directly from the street into permanent housing. The program's official mandate is to "serve homeless people who live outdoors, which includes individuals living in parks, ravines, under bridges, on sidewalks, laneways, alleys, stairwells, building alcoves, squats and living in vehicles" (City of Toronto, 2007: 61).

For the program's first 18 months of operation, staff set out to work only with clients who were believed to have stayed outside for at least seven consecutive nights. These narrow criteria proved difficult to establish, however (I. 14). Now, S2H staff[16] work with clients who appear to be spending most nights outside and are not already receiving the services of a housing worker (Falvo, 2008: 33).

Like Housing First, S2H strives to provide homeless people with immediate access to housing. Abstinence from drugs or alcohol is not a prerequisite, nor is compliance with psychiatric medication. Nor does a participant have to prove to be "housing ready" (Falvo, 2008: 33).

There are seven steps involved in a rough sleeper's acquiring housing through S2H. These are outlined in Table 10.

**Table 10. Steps Involved in an Individual's Acquiring Housing through S2H**

| | |
|---|---|
| **Step 1** | First, S2H staff approach the rough sleeper and attempt to have a discussion about housing, explaining to the client that provision of permanent housing is the program's prime focus. Other matters important to the client's well-being (i.e. health care, ID replacement, social support, etc.) can be taken care of afterwards. |
| **Step 2** | If the client shows interest, the second step is an intake assessment, during which time the client is asked such things as basic demographic characteristics, how long s/he has been homeless, the last time s/he was housed, how s/he can be contacted, what kind of income support – if any – s/he is currently receiving, in which part of the city s/he wishes to be housed and in what type of building s/he wishes to live. The client is also told how to contact S2H staff. |
| **Step 3** | S2H staff develop housing options for the client. |
| **Step 4** | S2H staff help the client take care of outstanding issues, such as her/his income support arrangement and outstanding work orders on the housing unit. |
| **Step 5** | S2H staff accompany the client to see housing units. |
| **Step 6** | Once an appropriate housing unit is found that the client likes, the lease is signed. |
| **Step 7** | Finally, a joint meeting takes place involving the client, the "street outreach counsellor" who has been working with the client thus far and the new "follow-up support worker" who will be providing follow-up support to the client. |

Source: Key informant interview with source close to the S2H program (I. 15).

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[16] The term "S2H staff" is used broadly in this paper to include both staff directly employed by the City of Toronto and staff employed by S2H-funded partner agencies.

The above process happens very quickly. From the third meeting/contact with the client, it takes an average of only 16 days for that client to receive keys to the new unit. When the S2H program acquires a new housing unit, there is a two-step process involved. First, if the unit has outstanding work orders identified in the Multiple Listing Service (MLS), staff immediately rule out accessing the unit. If there are no outstanding work orders identified by the MLS, staff still assess the unit themselves, going over such things as electricity, heating systems and safety. Though a client can move into a unit that still has outstanding work orders identified during this process, S2H staff advocate with the landlord to address them as soon as possible (I. 15).

If a problem develops after the client has been moved into her/his home, S2H staff help the person move (Falvo, 2008: 33). Thirty-two percent of those interviewed in the program's post-occupancy survey reported having moved at least once since being housed.[17] In fact, the rate is 50 percent for those who have been housed for longer than a year (City of Toronto, 2007: 33-34). The reasons for moves vary. Often the move occurs because a person has been initially housed in a non-subsidized unit, and then a (subsidized) TCHC unit has become available. Other times, it happens because S2H clients have become reunited with – and regained full custody of – their children after being housed. Other times, S2H clients obtain a job after being housed and then have to relocate to be closer to the job site. Other times, the client may not be getting along with the landlord. Or, the client changes her/his mind about the location s/he wants to live in. Still other times, the landlord wants to change the initially agreed-upon arrangement and/or is being difficult in other ways (I. 15).

The S2H program has four components, which are outlined in Table 11.

S2H clients are housed in three types of housing. Sixty-two percent are housed in privately owned units, which include small and large residential units, secondary suites, privately owned rooming houses and entire houses (but shared). Only one-quarter of the 62 percent of S2H clients in privately owned units receive a shelter allowance from an external funding program. This arrangement takes place through the Housing Allowance Program (HAP) and offers a shelter allowance of $350 per month per participant, for a total of five years. HAP participants represent 15 percent of all S2H clients (I. 14).

Another 20 percent of S2H clients are in social housing units, meaning units that are owned and operated by a non-profit agency and that charge a rent that is calculated in line with 30 percent of a tenant's income (City of Toronto, 2007: 48).

Finally, 18 percent of S2H clients are in alternative/supportive housing units, meaning that the housing in question is owned and operated by a non-profit organization such as Ecuhome, CRC Self-Help, the Fred Victor Centre or St. Clare's Multifaith Housing (City of Toronto, 2007: 76). Alternative/supportive units usually had "some form of on-site staff support and were often rent-geared-to-income units (City of Toronto, 2007: 13)." Some of these providers charge rent that is calculated at 30 percent of the tenant's income. Others charge rent that is equivalent to the shelter portion of each tenant's social assistance cheque ($325 in the case of Ontario Works and $436 in the case of the ODSP) City of Toronto, 2007: 48).

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[17] The post-occupancy survey being referred to in this paper interviewed 88 S2H clients between November 2006 and April 2007. The results of the survey can be found online at www.toronto.ca/housing/pdf/results07postocc.pdf.

**Table 11.  Streets to Homes Program Components**

| | |
|---|---|
| **Elizabeth Street Component** | The Elizabeth Street component works primarily out of 112 Elizabeth Street. It consists of over 20 full-time staff, including over a dozen front-line workers, six management and administrative staff, two full-time research analysts and an in-house lawyer. This office serves as the central administration and coordination of the program. Most of the landlord recruitment, for example, happens out of this office. |
| **Funded Partner Agencies** | S2H funds 29 non-profit partner agencies to assist in the delivery of its services.[18] Many of these agencies have had previously existing programs "realigned" in order to better meet S2H objectives. Programs run by funded partner agencies include, but are not limited to: |
| | *MDOT* – This program is run by Toronto North Support Services, in partnership with St. Michael's Hospital, the Centre for Addiction and Mental Health and the Fred Victor Centre. It features a multidisciplinary support team whose goal is to work with clients with "the most complex needs," usually of a mental health nature. |
| | *Post-Incarceration Housing* – Run by both the John Howard Society of Toronto and the Elizabeth Fry Society of Toronto, this program provides post-incarceration housing and support services to people who have been street homeless and then become incarcerated. Housing assessments take place while the individual is incarcerated. This service is provided on a limited basis in all Toronto-area detention centres. |
| | *Rapid-Access Housing* – Ten "rapid access housing" units provided by the Fred Victor Centre are the only transitional housing units per se offered by S2H. Intended for clients with more serious substance use problems, participants in this stream of the program receive at least three months of intensive case management. |
| | *Psycho-Vocational Assessments* – In partnership with Toronto Social Services, JVS Toronto conducts psycho-vocational assessments with roughly 75 S2H participants per year. Sometimes these result in identifying disabilities that result in successful ODSP applications. Other times, they result in the identification of literacy issues. |
| **Non-Funded Partner Agencies** | There are eight partner agencies that do not receive S2H funding but have signed formal service agreements. One such partner agency is the Toronto Community Housing Corporation. |
| **Volunteer Component[19]** | With this arm of the program, volunteers (often from the faith community, many of whom used to volunteer with the Out of the Cold[20] program) provide "non-professional" assistance to both S2H and non-S2H clients, by engaging in community development. This includes such things as hosting bingo nights and spaghetti dinners. No formal service agreements are signed for this component of the program. |

Source:  Key informant interviews with source close to the program (I. 14 and I. 16).

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[18]  A full list of all partner agencies can be found at www.toronto.ca/housing/about-streets-homes-partners.htm.

[19]  This is a very small component of S2H. One person close to S2H interviewed for this paper had never even heard of the volunteer component of the program (I. 13)!

[20]  "Out of the Cold is a faith-based volunteer program which provides meals and shelter at locations throughout the city during winter months" (City of Toronto, 2007: 12).

**CANADIAN POLICY RESEARCH NETWORKS**

Sixty-one percent of clients interviewed for the post-occupancy survey were living in independent housing. This includes one person living in a bachelor apartment (30 percent), one person living in a one-bedroom apartment (24 percent) and a couple or family living in a two-bedroom apartment (8 percent) (City of Toronto, 2007: 82). The other 39 percent live in shared accommodation, which, in the context of S2H, "includes individuals sharing a two- or three-bedroom private market apartment with non-related roommates (8 percent), group shared accommodations in alternative/supportive housing (generally these are individual rooms with shared common areas such as kitchens and washrooms) (26 percent), or a rooming house (5 percent) (City of Toronto, 2007: 14]. When the program began, most S2H participants doubled up with a roommate, due largely to a lack of program funding (I. 16).

S2H clients are often given "housing incentives" of various types, especially in the first three months of tenancy. These include gift certificates from various grocery stores and retail outlets, which are especially helpful to clients when/if they are ineligible for a community start-up allowance and/or if they are in deep arrears with a landlord (I. 15).

Once a client has been given housing, follow-up support is offered by S2H staff, for up to one year. This includes informal counselling, assistance with Ontario Works or the ODSP, finding furniture, connecting to resources in the community, dealing with the landlord, grocery shopping, transportation, accessing health services, and acquiring clothing (City of Toronto, 2007: 84). According to the program's post-occupancy follow-up survey:

> Follow-up supports are for approximately a one year period, and through intensive goal setting the frequency of visits decreases over time. At the end of the year, the individual is expected to be able to live independently without ongoing support or are [sic] transitioned to more appropriate ongoing case management services (City of Toronto, 2007: 62).

That being said, S2H staff sometimes do make exceptions and continue providing support to clients after 12 months (I. 15).

S2H is run directly by the City. Relative to most programs for the homeless run by community agencies, it serves a large number of clients and has a large budget. This gives it clout, and it has used this to its advantage by creating special arrangements with key actors (Falvo, 2008: 33). Some examples follow.

- **ODSP** – The Ontario Disability Support Program processes ODSP applications by S2H clients at a remarkably fast rate. Whereas an ODSP application would normally take 6 to 12 months to be approved, in 2006 S2H clients began having their applications approved in as little as 48 hours, helping them to increase their monthly income much more quickly than non-S2H clients (Falvo, 2008: 33; I. 16).[21]

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[21] Interestingly, only 31 percent of S2H survey respondents reported being on the ODSP. Another 64 percent reported receiving Ontario Works (City of Toronto, 2007: 89). Headway has also been made with Ontario Works (i.e. welfare); intakes for S2H clients can now be arranged within 24 hours. Moreover, with Ontario Works, S2H clients receive faster approval and receive more discretionary benefits than non-S2H clients.

As stated in the City's post-occupancy survey of S2H clients:

> Income assistance programs now offer fast-tracked access to benefits (usually on the same day), are willing to maximize discretion when issuing benefits, have meeting space within their offices for housing workers, and now send income assistance staff to Streets to Homes offices once per month (City of Toronto, 2007: 63).

- *TCHC* – The Toronto Community Housing Corporation is an arm's-length, non-profit corporation accountable to – and owned by – the City of Toronto. It has made a few hundred of its subsidized housing units available to S2H clients without requiring that they spend the typical multi-year stint on its waiting list. In other words, some S2H clients have bypassed the social housing waiting list. The only units offered via this arrangement are ones that have already been turned down by at least three TCHC applicants (or by current TCHC tenants seeking a transfer [I. 15]).

- *Private Landlords* – Several large, private landlords have agreed to give special concessions to the S2H program.[22] In addition to making some units available to the program, they often reduce the rent by modest amounts. (In exchange, the landlord knows that S2H staff do follow-up with the tenant, ensure that tenants initially agree to a pay-direct arrangement for their rent [Falvo, 2008: 33] and even have special S2H program money to fund some maintenance costs for the unit [I. 15]!)[23]

- *Non-Profit Housing Providers* – Several non-profit housing providers – including Mainstay Housing, Ecuhome Corporation, Homes First Society and the Fred Victor Centre – allow S2H clients to bypass their waiting lists and then offer them high levels of support once housed. In exchange, the S2H program gives them funding over and above what the tenant pays them for rent (Falvo, 2008: 33). The non-profit housing providers apply for this via an RFP process (I. 15).

- *Newly Built Housing* – S2H clients will even get priority access to 30 yet-to-be-completed housing units being created through the City of Toronto's Affordable Housing Office (I. 15).

Now that S2H's program structure has been broadly outlined, the paper will turn to a specific focus on the program's main successes.

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[22] It should be noted that relationships with many of these landlords were developed in the years prior to S2H via some of the other efforts that resulted in the previously described 6,500 homeless persons per year being moved into permanent housing. Some of the shelter staff who had developed these relationships worked for S2H in the early days of the program and "brought their contacts with them."

[23] As one policy expert put it: "With incentives such as these, the perceived undesirable tenant all of a sudden becomes a desirable one (I. 8)."

## 5.1 S2H Successes

S2H has met with a great deal of success. For example, roughly 600 people have been housed per year through the program since February 2005, and 87 percent of the tenants it has housed remain housed. Of the 13 percent of clients who are not still housed, 2 to 3 percent are now deceased and another 2 to 3 percent have moved to another city. In 2007, contacts were made with almost 3,900 potential clients (I. 15).[24]

Judging from results of the program's post-occupancy survey, S2H appears to be doing a very good job of reaching its target group, namely rough sleepers. According to results of the survey, 31 percent of the people S2H housed had "never" used the shelter system prior to being housed through S2H, and another 40 percent of them had "rarely" used the shelter system (City of Toronto, 2007: 79).[25] Furthermore, according to a City of Toronto report, the sample of S2H clients interviewed in their post-occupancy survey was:

> representative of the demographic composition of homeless people encountered outdoors during the Street Needs Assessment in April 2006. This indicates that the clients being housed through Streets to Homes are reflective of the composition of the outdoor homeless population (City of Toronto, 2007: 8).

Post-occupancy survey results also show that, once housed, the majority of S2H clients report improvements in their health, the amount of food they are eating, the quality of food they are eating, their levels of stress, their sleep, their personal safety and their mental health (City of Toronto, 2007: 86-88). Roughly half of all S2H clients report reduced drinking, and roughly three-quarters report reduced drug use (City of Toronto, 2007: 86-88). In fact, 17 percent of respondents reported quitting drinking altogether (City of Toronto, 2007: 44), and one-third reported quitting drugs altogether (City of Toronto, 2007: 88).

S2H clients, once housed, reported making fewer calls to 911, getting arrested less often, spending less time in jail (City of Toronto, 2007: 89-91) and less use of hospital emergency rooms (City of Toronto, 2007: 50). For S2H clients who continued to use the above emergency services, the frequency of use saw a significant reduction (City of Toronto, 2007: 51).

Once housed through S2H, the number of people reporting income from panhandling dropped by 57 percent (City of Toronto, 2007: 49). S2H clients, once housed, also reported increased use of family doctors, optometrists and specialists (City of Toronto, 2007: 50). Of those housed by S2H, roughly 60 percent more are now receiving ODSP benefits than before (City of Toronto, 2007: 46).

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[24] The exact number was 3,896. This refers to the total number of people that S2H "engaged." Not all of these people met S2H's criteria. However, one well-placed source, who wished to remain anonymous, told the author that this figure "is a roll-up of 10 organizations, and therefore contains a lot of duplication."

[25] Only 29 percent of respondents stated that, prior to being housed with S2H, they stayed in the shelter system "more often," meaning that "they stayed for several nights a week, or would stay for several months at a time off and on" (City of Toronto, 2007: 12, 79).

City officials claim that the overall numbers of homeless people in Toronto have decreased since the onset of S2H, and point to the fact that they have been able to close several shelters in the last year.[26]

## 5.2 S2H Shortcomings

Unlike New York City's Pathways program, there is no stipulation with S2H that participants pay no more than 30 percent of their income on rent.[27] In fact, S2H participants pay an average of 41 percent of their income on rent. Some S2H clients receiving ODSP benefits have as much as $600 per month to live on once rent is paid. But most have considerably less than this. Some have as little as $100 per month to live on once rent is paid (Falvo, 2008: 34). With 64 percent of clients receiving Ontario Works benefits (i.e. basic welfare), perhaps it should come as no surprise that a similar percentage (68 percent) reported that, once rent was paid, they did not have enough money to live on (City of Toronto, 2007: 46-48).

The affordability problems experienced by S2H clients have important implications for their general well-being. For example, due largely to housing affordability problems, fewer than 10 percent of S2H participants have a telephone (I. 15).[28] This may explain – at least in part – why only 40 percent of respondents to the post-occupancy survey reported that their social interaction had improved since being housed. In fact, 26 percent of respondents reported that their social interaction had "gotten worse" (City of Toronto, 2007: 88).

S2H post-occupancy research does not track the extent to which participants are having their nutritional needs met. However, roughly two-thirds of respondents reported that they "regularly ran out of money to buy food" (City of Toronto, 2007: 47). And not surprisingly, S2H clients report that, of all the services they have used once housed, food banks are by far the ones that they use the most (City of Toronto, 2007: 90).

Further troubling is the fact that research demonstrates a direct relationship between a household's income level and its purchase of foods from all groups, particularly fruit, vegetables and milk. This relationship is especially strong when a household's annual income is below $15,000 (Ricciuto, Tarasuk and Yatchew, 2006). One recent study even shows an inverse relationship between the percentage of household income allocated to housing and the adequacy of food spending. Again, this relationship is especially strong among lower income households (Kirkpatrick and Tarasuk, 2007; Friendly, 2008).

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[26] This information was provided to Toronto City Council on May 26, 2008, by Phil Brown, General Manager of Shelter, Support and Housing Administration. He also stated that the shelter closures had no serious impact on occupancy levels of the remaining shelters.

[27] New York's program is by no means the only Housing First program with strong affordability stipulations. Calgary's Housing First program has an identical stipulation: no participant pays more than 30 percent of their income on rent. Likewise, Ottawa's Housing First program (run by CMHA-Ottawa) stipulates that no participant pays more than the shelter portion of their monthly income support cheque.

[28] Not surprisingly, those receiving ODSP benefits are far more likely to have a telephone than those receiving Ontario Works benefits (Falvo, 2008: 34).

Another worrying finding from the post-occupancy research should also be noted: when asked if they felt that they had a choice in the type of housing they were offered through the program, 29 percent of survey participants responded with an outright "no." Likewise, when asked if they felt that they had a choice in the location of their housing, 30 percent said "no" (City of Toronto, 2007: 81).

The post-occupancy survey also identified that there are particular problems with clients in shared accommodation, representing 39 percent of all S2H clients. As outlined earlier, 39 percent of S2H clients are in "some form of shared accommodation," which includes any of the following scenarios: "individuals sharing a two- or three-bedroom private market apartment with non-related roommates (8%), group shared accommodations in alternative/supportive housing (generally these are individual rooms with shared common areas such as kitchens and washrooms) (26%), or a rooming house (5%)" (City of Toronto, 2007: 14). According to the City's post-occupancy survey report:

> Those in shared accommodation are less likely to feel secure about their housing, are far more likely to move,[29] and need more help from their follow-up workers to relocate. People in shared accommodation frequently reported issues with roommates/ housemates that made it difficult to keep their housing. Most quality of life indicators also showed less improvement for people in shared accommodation (City of Toronto, 2007: 2)[30] … Those in shared accommodation were more likely to say that the amount of food they ate had stayed the same or gotten worse ... This was most often attributed to a lack of secure food storage areas, as several people commented on the fact that they had problems with roommates stealing their food, or that they lacked adequate, secure food storage spaces (City of Toronto, 2007: 38) … Those in shared accommodations are less likely to have reductions in the use of emergency services, and are more likely to have been arrested since being housed (25% compared to 12%) and to have used an ambulance (28% compared to 14%) (City of Toronto, 2007: 52).[31]

Not surprisingly, most of the S2H clients who are not still housed with the program (and yet are still alive and in Toronto) were in shared accommodation (I. 15).

The program's reliance on shared accommodation for such a substantial percentage of its units is caused almost exclusively by a lack of funding. Due to a lack of supply of affordable housing in Toronto, S2H often has to settle for shared arrangements for its clients. If the program had sufficient funding to provide shelter allowances (i.e. "portable rent supplements") for all of its tenants, few if any of them would live in shared accommodation arrangements (I. 15).

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[29] Results from the post-occupancy survey reveal that "46% of those who were originally in shared accommodation had moved at least once, compared to 17% of those in independent units. Of those who moved while in shared accommodation, 38% said it was because of problems with their roommates" (City of Toronto, 2007: 34).

[30] This is spelled out in detail on page 43 of the post-occupancy report.

[31] Paradoxically, those in shared accommodation fared better in one category: they were more likely to report that they had reduced their drinking (58 percent compared with 44 percent. But not surprisingly, they were less likely to report that they had quit drinking (12 percent compared with 20 percent); less likely to report that they had decreased their use of other drugs (63 percent compared with 84 percent); and less likely to report that they had quit using other drugs altogether (12 percent compared with 44 percent) (City of Toronto, 2007: 45).

Post-occupancy research also shows that Aboriginal program participants – who made up 26 percent of those surveyed – fared significantly worse in several areas, as illustrated in Table 12.[32]

**Table 12. Aboriginal Clients**

|  | Aboriginal | Non-Aboriginal |
|---|---|---|
| Improved health | 61% | 74% |
| Improved food | 43% | 73% |
| Reduced stress | 48% | 65% |
| Improved sleeping | 52% | 75% |
| Improved personal safety | 52% | 80% |

Source: City of Toronto (2007: 43).

A healthy level of concern is also warranted for the long-term well-being of S2H clients, especially after their 12-month follow-up support period has expired. For example, the post-occupancy research referred to throughout this paper has been done in the relatively early stages after each client's placement into permanent housing. Indeed, 100 percent of all S2H clients surveyed were still in contact with the S2H program staff at the time of the survey, and many were still receiving regular support. Given that homeless people housed in supportive housing typically need many years of support after receiving their housing, it would be naive to believe that S2H clients need only 12 months of follow-up support.

## 5.3 Interagency Relations

Most of the representatives from community agencies interviewed for this paper told the writer that officials with the Shelter Support and Housing Administration Division of the City of Toronto have become less flexible and conciliatory with S2H than they have been with past programs. There is a sense that the input of community agencies is less fully utilized now than was the case with program planning prior to S2H. Moreover, major changes are made to S2H without sufficient consultation with community agencies.

According to interviewees, the clearest manifestation of this new approach is with the Street Outreach Steering Committee. The committee's role is to provide advice to the General Manager of Shelter, Support and Housing Administration (who chairs all committee meetings) on the direction of the S2H program. Indeed, a wide range of community partners are full-fledged members of the committee. This typically means, among other things, that the Executive Directors of various S2H partner agencies attend meetings. And to the City's credit, this includes strong voices who were known in advance as being blunt and not always agreeable. One interviewee who is well-informed on the workings of the committee noted that the General Manager has shared information with committee members that he may not have shared with other stakeholders. As a result, the interviewee noted that the committee has had important and frank discussions that have informed S2H's direction.

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[32] It should also be noted that the Aboriginal clients surveyed had been homeless longer and were more likely to have been in shared accommodation than the non-Aboriginal clients surveyed (I. 15).

However, key interviewees for this paper consistently expressed concern about the committee's insufficient involvement of its members. One interviewee pointed out that minutes of committee meetings were not even kept for the first year (I. 7).

The perceived lack of flexibility shown in this committee's operations has, according to some interviewees, alienated representatives of community agencies with long established track records in serving Toronto's homeless population. One key interviewee went further, noting that:

> the City sets the agenda and poses specific questions of the group. [However,] input is not sought on the direction of the committee's work, and certainly not on the direction of S2H initiatives in general. I think there may be a point to be made that in other areas (Ottawa, York Region for sure) the municipality is at the planning table, but is not driving the process quite like Toronto. Toronto is headed for a situation in which they are doing all of the work themselves because they have alienated the community. And that would be very expensive for taxpayers at the end of the day (I. 13).

## 5.4 Transferability

A useful – albeit unscientific – indicator of the amount of interest throughout Canada in the Housing First model is the dissemination work of S2H staff. Between mid-2007 and mid-2008, S2H staff travelled to 23 different Canadian municipalities to discuss S2H with local officials. Moreover, Regina, Ottawa, Grand Prairie, Lethbridge, Calgary and Edmonton have all sent contingents of staff to Toronto to learn and train with S2H officials, usually for four days at a time. Interestingly, there is no Canadian equivalent of the United States Interagency Council on Homelessness, which, among other responsibilities, typically carries out this mentoring and training role for municipal officials in the United States. In Canada, S2H program officials have been playing this role by default. Lethbridge, Calgary, Sudbury, Ottawa and London already have Housing First programs in place, and Edmonton and Victoria are expected to have their own programs in place within the next year (I. 16).

But, as successful as S2H has been in Toronto, there are important considerations to bear in mind for other jurisdictions wanting to implement Housing First programs of their own. These considerations fall into four broad categories: leadership, market dynamics, institutional capacity and regulatory systems.

- *Leadership* – Canadian municipalities that have successfully implemented Housing First programs typically have one key person each who has pushed the model forward. This is usually either a city councillor or a bureaucrat (I. 16). Other Canadian municipalities ought to do the same when trying to implement the model.

- *Market Dynamics* – The S2H program has been opportunistic. Indeed, one of the reasons for its success has been the fact that vacancy rates have been relatively high in Toronto since the program's inception. The February 2005 report to Toronto City Council that paved the way for S2H noted the following: "There are [now] increased opportunities in the private rental market. In 1999 the reported vacancy rate in private rental housing was a mere 0.9 percent, while today it has risen to 4.3 percent" (City of Toronto, 2005: 22).

Calgary, for instance, has lower vacancy rates than Toronto. Moreover, its rental housing stock is newer and more expensive than Toronto's. Not surprisingly, officials with Calgary's Housing First program have not been able to find landlords with the same level of ease as in Toronto. Though Calgary's program has recruited landlords, it has only done so by offering them very deep rent supplements in the order of $700 to $800 per unit per month. By comparison, when Toronto used rent supplements to recruit some of its landlords, the rent supplements in question were roughly half that amount (I. 8).

Thus, municipalities should seek to implement or expand this model in contexts of relatively high vacancy rates.[33]

- **Institutional Capacity** – Not all municipalities have the same institutional capacity to design and implement a program for homeless people. Toronto, with its large homeless population and years of programming in the area, is exceptional among Canadian municipalities. Toronto officials have many years of expertise and knowledge in designing and delivering homeless programs, which is a relatively new area for most municipalities (I. 8). Thus, other municipalities should seek guidance from Toronto in implementing their programs.

- **Regulatory Systems** – Throughout Canada, there has been a general tendency toward rental market deregulation in the past decade. Relative to several other Canadian provinces, Ontario has a significant degree of rent control, to which most landlords have grown accustomed. Alberta, by comparison, is a province with very basic tenant protection; it has much less regulation, meaning that landlords are not as used to co-operating and remaining at a given rent (I. 8). Therefore, municipalities with less rental market regulation should be cautious in moving forward on an S2H-type framework and expect more challenges in finding landlords who will co-operate.

All of the above considerations need bearing in mind when officials contemplate transferring the Housing First model to other jurisdictions. Of course, the model can be replicated in any jurisdiction, but the question is one of scale. Will the replicated program in another jurisdiction house 600 new people per year (as is the case with Toronto), or will it house 20 people per year?

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[33] For a consideration of which policy options are appropriate for which contexts, see Falvo (2007).

# 6. Conclusion

Canada's existing supply of affordable housing is very limited, and a disturbing number of Canadian households are in core housing need. Thus, a well-funded national housing strategy aimed at the most destitute – in particular, the homeless – may be more important now than ever. Toronto's application of the Housing First model does not replace the need for a broader, national housing strategy. Rather, S2H is a program that helps a very limited number of those in Toronto who experience housing affordability problems. Seen in that way, it appears to be an effective model of helping rough sleepers access Toronto's limited supply of low-cost rental housing. While the data on the program's clientele suffer from the methodological shortcomings outlined at the outset of this paper, these data do indicate that S2H has done a good job of moving its target population into permanent housing.

On the basis of both these data and key informant interviews, Toronto's S2H program should not only continue to operate but also be seen as a model for other Canadian municipalities to emulate. But, as will be further discussed below, there are several ingredients that would both improve Toronto's S2H program and facilitate the model's transferability to other municipalities. First, the federal government ought to make permanent the Homelessness Partnership Initiative (HPI). Second, provinces have to help municipalities both bridge the affordability gap for Housing First clients and ensure that long-term case management is available to those clients who need it. Third, municipalities need to both work effectively with their community partners and plan for solid research at the outset of Housing First program development. As S2H evolves – as it did in May 2008 to address the broader issue of panhandling in downtown Toronto – city officials have the opportunity to improve it. To be sure, it may be that some of the above recommendations have already begun to inform both S2H and comparable programs in other Canadian municipalities.

# 7. Policy Recommendations

On the whole, S2H has been effective at placing rough sleepers into what little housing exists at the low end of Toronto's rental market. However, the poor results for clients who have had to settle for shared accommodation – as well as the real possibility of a drop in vacancy rates – speaks to the ongoing need of senior levels of government to fund a long-term affordable housing strategy, complete with supply-side measures. In the interim, each level of government can act to make S2H an even more effective program.

## 7.1 Government of Canada

Service Canada, Human Resources and Social Development Canada, and especially Canada Mortgage and Housing Corporation have all been actively engaged with S2H officials. These federal government departments have had discussions with city officials and provided funding to S2H. The Honourable Monte Solberg, outgoing Minister of Human Resources and Social Development, expressed some personal interest in the program as well (I. 14). But the federal government should go further: it should make permanent the Homelessness Partnership Initiative (HPI), a program of Human Resources and Social Development Canada. To be sure, the HPI provides a substantial amount of the S2H budget. Thus, not only could this make the budgets of

S2H and similar programs in other municipalities more secure, but it would also allow municipal staff to engage in long-term planning.

## 7.2 Government of Ontario

In its final report of January 1999, the most exhaustive task force study undertaken on homelessness in Canadian history had the following to say about which level of government should pay for shelter allowances:

> Shelter allowances, because they are income transfers, should be a provincial responsibility. This is the case in the four Canadian provinces that have shelter allowances today. Shelter allowances fit with the declared priorities of the provincial government (Golden et al., 1999: 85).

In light of the above, it is astonishing that the Province has not been more engaged with S2H. Though overtures have been made by city officials to discuss the program with the Ministries of Community and Social Services, Health and Long-Term Care, and Municipal Affairs and Housing, respectively, little interest has been shown by the Province (I. 14). This ought to change, especially given the Province's responsibility for assisting low-income Ontario tenants with housing affordability. A good start would be for the Ministry of Health to involve S2H officials with the Local Health Integration Network process. More importantly, however, the Ministry of Municipal Affairs and Housing should provide sufficient funding so that each S2H participant can have a portable shelter allowance (also known as a rent supplement) for use in the private sector units. The portability would be important mainly because a large percentage of S2H participants transfer at least once after being housed. Likewise, the Province should provide similar rent supplement funding to all municipalities in Ontario that fund Housing First programs.

If S2H clients each had a portable rent supplement, they would be less likely to have affordability problems and less likely to have to settle for shared accommodation. A deep rent supplement program providing 400 rent supplements per year in Toronto in the range of $400 per unit per month would cost roughly $2 million annually.

Also, the Mental Health Branch of the Ontario Ministry of Health and Long-Term Care should commit to addressing the long-term case management needs of S2H clients beyond their first 12 months in the program. At present, Ontario's mental health system consists of an ad hoc, uncoordinated support system. Given this reality, S2H clients could soon become homeless after their first 12 months if the Province does not commit to assisting them after this point.

## 7.3 City of Toronto

The general manager of the Shelter, Support and Housing Administration (City of Toronto) could build greater trust and confidence among community agencies by inviting a member of this sector to co-chair the Street Outreach Steering Committee. If a new co-chair from the community sector had a role in setting the committee's agenda on a regular basis, representatives of community agencies might feel less alienated.

## 7.4 Canadian Municipalities

In addition to adhering to the points raised previously on transferability, other Canadian municipalities wanting to transfer the Housing First model into their jurisdiction should plan for solid evaluation from the outset. This should involve the following three evaluation components:

1.  Plan for evaluation while developing the program, not after.

2.  Collaborate with people who have expertise in evaluation and/or research.

3.  Ensure that the evaluators have a reasonable degree of independence from those who have a vested interest in the findings.

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# Appendix 1.  Interviews with Academics Specializing in Homelessness

Two academics specializing in homelessness were interviewed about academic resources available on the Housing First model. The interviews consisted of very basic questions, including:

- Can you recommend any recent books on homelessness?

- What kind of academic literature is available on the Housing First model?

- Are you aware of any academic literature on Toronto's Streets to Homes program?

- Are you aware of any academic literature that is critical of the Housing First model?

# Appendix 2. Interviews with Key Informants Regarding the Housing First Model

Five individuals – four in the academic community and one in the activist community – were asked if they were aware of criticism of the Housing First model, and, if yes, what it generally consisted of. Questions included – but were not limited to – the following:

- A great deal of praise has been heaped on the Housing First model in the past several years. Are you aware of any compelling arguments against it?

- Do you have any negative criticism of the Housing First model?

- Are you aware of a better model that accomplishes similar ends?

- Do you have concerns about the model's long-term viability?

- Are there pitfalls to the model or to its application of which I should be mindful?

# Appendix 3.   Interviews with Policy Experts

Six policy experts were interviewed in Toronto. They were asked about the pre-S2H environment in Toronto. Specifically, they were asked to discuss what efforts were made in Toronto prior to S2H to provide permanent housing to homeless persons. Questions included – but were not limited to – the following:

- To what extent has housing been provided to the homeless over the years? How has this evolved?

- Which non-profit agencies led the way on this front?

- How did government policies affect this over the years?

- To what extent was affordable housing available to rough sleepers (as opposed to shelter dwellers)?

- How successful were these prior efforts to house rough sleepers?

# Appendix 4.  Interviews with Experts on Poverty and Health

Six experts on poverty and health were asked to what extent a person's health is compromised if the person has very low monthly income after rent is paid. Questions asked to members of this group included – but were not limited to – the following:

- Is there a commonly agreed-upon benchmark of how much money a person needs to eat every month?

- Is there a percentage of one's rent beyond which a person can be considered in the danger zone for inadequate nutrition?

- For a person with chronic health problems, is it possible to calculate how much more money a person needs after rent is paid in order to meet their nutritional requirements?

- Is it possible to articulate what kinds of adverse health affects a person can face if they are not receiving adequate income? Or, put differently, what if they are not receiving adequate nutritional requirements?

## Appendix 5.   Interviews with Executive Directors of Toronto Community Agencies

Six executive directors of Toronto community agencies were asked about criticism of S2H specifically. In particular, they were asked to what extent they felt S2H was not meeting its program goals. Hearing about criticism of this nature was especially important in light of how controversial the program is. Questions put to members of this group included – but were not limited to – the following:

- I have heard a great deal about S2H's successes, but can you tell me what you think its shortcomings are?

- Are there program objectives that are not being met?

- Are there holes in the program that are not being discussed publicly?

- How do you feel about the Street Outreach Steering Committee? Is this a good forum? Do you feel listened to?

# Appendix 6.   Interviews with Experts on Affordable Housing

Three Canadian experts on affordable housing policy were asked to what extent a Housing First program such as S2H can function in a context of relatively low vacancy rates. Questions asked to these people included – but were not limited to – the following:

- Vacancy rates have been relatively high in Toronto since the inception of Streets to Homes. To what extent can a Housing First model be viable in jurisdictions with lower vacancy rates?

- What do you think will happen if vacancy rates in Toronto dip down to – or even below – one percent?

- Do you think a Housing First program can be viable on any large scale in a hot rental market such as Calgary's?

- What are some of the factors that you think would influence a Housing First program's ability to be transferred to – or replicated in – another Canadian municipality?

# Appendix 7.  References for Key Informant Interviews

The following coding scheme allows specific points to be attributed to certain key informants while preserving anonymity. While all of the key informants were helpful in the research, not all interview correspondence is cited in the report. Thus, the interviews listed below do not match the number of interviews described in either the methodology section of this paper or in the previous appendices.

- Interview 1 (I. 1)      March 14, 2008
- Interview 2 (I. 2)      March 26, 2008
- Interview 3 (I. 3)      May 15, 2008
- Interview 4 (I. 4)      August 6, 2008
- Interview 5 (I. 5)      June 19, 2008
- Interview 6 (I. 6)      July 16, 2008
- Interview 7 (I. 7)      May 8, 2008
- Interview 8 (I. 8)      September 9, 2008
- Interview 9 (I. 9)      August 22, 2008
- Interview 10 (I. 10)    July 14, 2008
- Interview 11 (I. 11)    June 26, 2008
- Interview 12 (I. 12)    August 1, 2008
- Interview 13 (I. 13)    June 20, 2008
- Interview 14 (I. 14)    May 30, 2008
- Interview 15 (I. 15)    July 11, 2008
- Interview 16 (I. 16)    August 22, 2008
- Interview 17 (I. 17)    October 8, 2008