fred victor
Helping people find place & purpose

hub solutions

REPORT

Developing Community in a Hotel Shelter

An Evaluation of the Edward Hotel Emergency Shelter Operated by Fred Victor

ACKNOWLEDGEMENTS

This evaluation was conducted and reported by Hub Solutions with project oversight provided by Fred Victor. Hub Solutions is a social enterprise embedded within the Canadian Observatory on Homelessness (COH). Income generated from Hub Solutions fee-for-service work is reinvested into the COH to support research, innovation, policy recommendations and knowledge mobilization.

Hub Solution's Team

- Babatunde Olusola Alabi
- Yasmine Abu-Ayyash
- Angie Tse
- John Ecker

Fred Victor Team

- Keith Hambly, CEO
- Junie Facey, VP of Programs and Services
- Sylvia Braithwaite, Director, 24-HR Services
- Andrew Legatto, Associate Director, 24-HR Services
- Marcia Gilmore, Operational Senior Manager, Edward Hotel Emergency Shelter
- Veronica Lopez, Service Co-ordination Senior Manager, Edward Hotel Emergency Shelter

Fred Victor's sincere appreciation goes to:

- 50+ front-line staff, including housing, harm reduction, mental health and addictions case managers
- 10 Operational Management staff
- Edward Hotel Emergency shelter's Partners, Peers and Security
- Edward Village Hotel staff
- Community partners

CONTENTS

EXECUTIVE SUMMARY

Background

In response to the COVID-19 pandemic, Fred Victor was asked by the City of Toronto to operate the Edward Hotel Emergency Shelter, serving up to 300 people. The Edward Hotel Emergency Shelter has specialized supports for women, men, and couples who are 18 or older and experiencing homelessness, and who face barriers due to mental health issues, substance use, social isolation, immigration status, unemployment or underemployment challenges, and history with the criminal justice system. Many of the clients come from racially, culturally, and ethnically diverse backgrounds. The Edward Hotel Emergency Shelter offers on-site enhanced case management and housing services, mental health and addictions counselling, trauma-informed care support, harm reduction interventions provided by staff, community partners, and peers, access to primary health care and referrals, and continuous one-on-one check-in supports. The program's main goal is to help clients find permanent, affordable, and safe housing with service connections in the community of their choice.

Fred Victor contracted Hub Solutions, a social enterprise embedded within the Canadian Observatory on Homelessness (COH), to conduct an evaluation of the Edward Hotel Emergency Shelter. The evaluation was conducted between March and May 2022 and sought to uncover clients' lived experiences, the perspectives of staff and partners, as well as the shelter's successes and challenges.

Evaluation Methodology

The methodology has four main components:

1. A review of academic and grey literature on the existence, adoption, and feasibility of hotel shelters prior to and during the COVID-19 pandemic, with a particular emphasis on hotel shelter successes, challenges, and opportunities. An extensive scan of existing hotel shelter models was also conducted.

2. A steering committee consisting of stakeholders and partners of Fred Victor's Edward Hotel Emergency Shelter was created to ensure collaboration and engagement with people with lived experience and experts in the field.

3. A mixed-methods approach that included the collection and analysis of qualitative and quantitative data from program clients, frontline staff, and management, and partners to learn about their experiences with Fred Victor and the Edward Hotel Emergency Shelter, successes and shortfalls, and to determine strategies for program improvement.

4. Development of a supportive housing model based on existing literature and data, as well as additional information, insight, and feedback provided by hotel clients, frontline staff and management, partners, and steering committee members.

Key Findings

Organizational and Program Strengths

Some strengths of the emergency shelter include the availability of on-site services, general hotel shelter services, community and client connection, as well as the use of a coordinated services approach, integrative approach to care, and successful partnership approach.

On-site Services.

This research finds that overall, clients are generally satisfied with the Edward Hotel Emergency Shelter and the services offered. On-site services such as healthcare, harm reduction, housing support, etc. are generally perceived as critical and big contributors to the success of the emergency shelter. These services were found to be extremely helpful for clients, especially those who are non-compliant, to seek and receive care. Moreover, on-site services facilitated direct communication with clients and staff, curating an effective and coordinated approach to client care.

Hotel Shelter Services.

Clients are generally satisfied with the hotel shelter services such as accommodations, hotel amenities and services (e.g., food services, laundry services), and privacy and security. The Edward Hotel Emergency Shelter was found to be comfortable and safe for its clients, who thoroughly enjoy having their individual rooms. Meal/food services and other third-party services such as laundry help clients build routines (e.g., scheduled meals and preparing for laundry day).

Community and Client Connection.

Additionally, the hotel shelter provided clients with opportunities to build their sense of community with other hotel residents and staff. The isolated geographic location largely contributed to a sense of community within the Edward Hotel Emergency Shelter. Because of this community, staff and clients have built trust and rapport with each other, and ultimately, clients are treated with dignity. For example, the Tox Shop in the hotel is guarded by a rope rather than a locked door because staff trust that clients have respect for the space and will not enter without staff.

Coordinated Services Approach.

Prior to the COVID-19 pandemic and the transition of hotels into shelters, the system lacked coordination, which sometimes made it difficult for clients to access necessary services. The Edward Hotel Emergency Shelter used a coordinated services approach which included community partners providing services on-site; this approach has proven to be successful and extremely beneficial to clients. Further, the hotel is structured to ensure optimal access to services. On-site services are separated by floor. For example, all harm reduction services are offered on the 6th floor

Integrative Approach.

The Edward hotel Emergency Shelter takes an integrative approach to care that allows for information sharing among different service providers. Frontline staff and management found that having partners on-site to provide services is advantageous in terms of information exchange as it relates to client care. This integrative approach enables staff to efficiently develop support and housing services as well as referrals that are tailored to the client while still maintaining privacy and confidentiality.

Partnership Approach.

The partnership approach has been highlighted as one of many successes of the Edward Hotel Emergency Shelter. Staff and partners alike emphasized that the strategy allowed for a more collaborative housing program where partners bring in expertise and support where needed. Moreover, having partners provide on-site services has led to more cross-agency communication and collaboration as well as better coordination across services.

Organizational and Systemic Challenges

Clients highlighted key challenges in their experiences at the Edward Hotel Emergency Shelter, including affordability of services, safety, and isolation. Additionally, frontline staff and management, as well as partners, identified organization-level and system-level challenges that impacted Fred Victor's ability to provide intensive services. These challenges include staff turnover and retention, coordination of supports, service gaps, and client isolation.

Financial Constraints.

Clients emphasized that financial constraints make it difficult to afford treatment (e.g., surgery) and other services. Clients expressed that the emergency shelter could help to alleviate these financial stresses by providing more food options and toiletries, allowing them to avoid spending money on these goods/resources outside of the shelter.

Safety.

Clients were also concerned about safety at the emergency shelter, specifically noting less-than-positive experiences with security staff. Clients were also displeased with the involvement of police in some cases of small conflicts.

Client Isolation and Disengagement.

With the isolated geographic location of the Edward Hotel Emergency Shelter, clients and partners shared that it can be isolating and sometimes inconvenient. These feelings were heightened for clients during the COVID-19 pandemic when the emergency shelter operated under strict rules and restrictions, which prohibited visitors at the emergency shelter. However, clients and staff indicated that being outside of the Downtown Core and being in a high-density shelter have contributed to the existing and growing sense of culture, community, and wellbeing. Being away from the big city has reduced stigma from neighbours, introduced more embedded services, created a sense of a "vertical" neighbourhood, and improved residents' sense of safety and caretaking.

Staff Turnover & Retention.

Many factors, such as wage disparities or inequities in the sector, training, etc., contribute to high rates of staff turnover and low rates of retention. Interviews revealed that some clients felt the brunt of staff turnover, highlighting difficulties accessing support workers. While staff were generally willing to help, they were unavailable, busy, or overextended. Additionally, frontline staff emphasized the need for more training so that they feel better supported and equipped to carry out their duties. Although Fred Victor provides the necessary training to staff, it is difficult to maintain training impact due to turnover.

Coordination of Supports.

Staff and partners expressed a similar desire for improved coordination and communication, particularly during shift changes and periods of high staff turnover. Coordination and communication mechanisms, such as a shared blackboard in the main office, would benefit the programme in terms of coordinated service and care delivery.

Service Gaps in Housing Sector.

Frontline staff, management, and partners spoke of systemic challenges beyond their control, including housing availability and costs. Moreover, frontline staff and management emphasized the lack of continuity in care in the sector, specifically highlighting challenges with providing follow-up support for clients after discharge. The lack of continuity of care is further exacerbated by the absence of an integrated, coordinated health care response.

Supportive Housing Model Recommendation

Based on this research, literature, and best practices in the sector, Hub Solutions developed a model to guide the implementation of permanent supportive housing at Fred Victor that is best suited for individuals who are experiencing chronic homelessness. This single-site model follows the principle of *"Housing First"*, which involves a recovery-oriented approach that centers on quickly moving people into independent/permanent housing, and then providing appropriate support and services. Single-Site Supportive Housing models enable independent living while also providing services and peer support to promote housing stability. The

owner and property management coordinate with one or more supportive service partners to design and deliver services to supportive housing tenants and support housing stability. The permanent supportive housing model discussed in this section consists of furnished, private self-contained units that can be rented for an extended period of time.

Supports and Services

A supportive housing model ensures that support staff can help facilitate access to community-based services (e.g., primary health care, employment and training services, recreation, etc.). The following can be implemented to ensure support and services align with best practices:

- Ensure an appropriate staffing model that takes into account specialized staff for specialized services, an adequate staff-to-client ratio based on the level of needs, and an appropriate training strategy to ensure that all staff are adequately trained for their jobs.
- Provide supports that are strengths-based and holistic (e.g., life skills development, recreation, community integration).
- Provide supports that empower clients to navigate systems.
- Provide supports that help to maintain tenancy (e.g., on-site volunteering, employment opportunities).
- Provide supportive services that connect clients with activities and communities to build social support networks and foster inclusion.

Cultural Sensitivity.

Supports and services should incorporate culturally relevant programming and services to meet the unique needs of its diverse population.

- Supports provided should be specialized, individualized, and tailored to the needs of the population groups facing unique housing challenges (i.e., Black, Indigenous, 2SLGBTQ+, single women, newcomer tenants).
- Ensure meaningful engagement with Indigenous partner organizations to develop culturally appropriate care and support plans for Indigenous clients.

On-site Healthcare Services.

The following housing principles and best practices can help Fred Victor in meeting the goals of supportive housing:

- Supports must be accessible and tailored to individual client needs.
- Offer health supports and harm reduction through client-centred and trauma-informed approaches to care.
- Use harm reduction as an overall support practice and philosophy.

Housing Support Services.

On-site housing services will help clients achieve their housing goals. The following housing principles and best practices can be implemented by Fred Victor in order to achieve these goals:

- Ensure housing is stable and safe.
- Detach property management from support and service provision.
- Housing should support the independence, health, and dignity of clients, which can be achieved by ensuring the provision of amenities within units.
- Ensure appropriate tenant mix by organizing supportive housing site based on level of acuity/needs and designating each floor for certain clients.

Peer-Led Services.

Peer-led support has many positive impacts on people's quality of life, housing stability, and long-term housing. These impacts can be achieved by Fred Victor through the implementation of the following:

- Employ recovery-focused principles in harm reduction services and support for peer well-being.
- Promote wellness, resilience, and protective factors through peer supports.

System Coordination

System coordination enables providers and clients to navigate programs and services. To implement a supportive housing program that adequately meets the needs of clients, consideration should be given to implementing the following best practices:

- Provide support through a strong network of partners that collaborate to develop coordinated access across systems.
- Coordinate on discharge planning to improve individual transitions within and between sectors.
- Improve the support service coordination by incorporating periodic coordination meetings, joint review of clients, and coordinated supportive housing strategy development and implementation with Fred Victor partners.
- Put in place a hotel transformation contingency plan in the event that current clients may have to be temporarily displaced during renovations.

Eviction Prevention

Eviction prevention through property and service coordination will be critical to ensure that people remain successfully housed. Fred Victor should consider implementing the following best practices for eviction prevention:

- Client case management should include creation and regulation evaluations of eviction prevention plans.
- Supportive housing should have eviction prevention policies and procedures in place to ensure clients remain housed.

Partnerships and Accountability

Strong partnerships help to facilitate the delivery of aligned, effective, and efficient supports by partners who are well-equipped to help clients achieve and maintain housing stability. To achieve the goals of strong partnerships and continuous program improvement, Fred Victor should implement the following:

- Provide partner services that are consistent, effective, and follow the best practices in supportive housing and harm reduction.
- Provide partner services that are inclusive and connected to local communities.
- Continuously review best practices and approaches through regular data collection and program evaluation of the shelter.
- Successful coordination with partners requires setting realistic expectations regarding what partners would contribute.
- Create formal partnership agreements to define each partners' roles and responsibilities and accountability to the community served

1. BACKGROUND

Fred Victor is a Toronto-based social service charitable organization that fosters long-lasting and positive change in the lives of people experiencing homelessness and poverty. Fred Victor strives to improve the health, income and housing stability of people experiencing poverty and homelessness by providing numerous programs and services including affordable supportive housing, transitional housing, emergency 24-HR services, food access services, job training and counselling, health information and community services, community mental health outreach, and specialized support programs.

In response to the COVID-19 pandemic, Fred Victor was asked by the City of Toronto to operate the Edward Hotel Emergency Shelter servicing up to 300 people. The Edward Hotel Emergency Shelter has specialized supports for women, men, and couples who are 18+ and experiencing homelessness who face barriers due to mental health issues, substance use, social isolation, immigration status, unemployment/underemployment challenges, and history with the criminal justice system. Many of the clients come from racially, culturally, and ethnically diverse backgrounds. The Edward Hotel Emergency Shelters offers on-site enhanced case management and housing services, mental health and addictions counselling, trauma-informed care support, harm reduction interventions provided by staff, community partners and peers, access to primary health care and referrals, and continuous one-on-one check-in supports. The main goal of the program is to assist clients with securing permanent affordable and safe housing with service connections to the community of their choice.

Purpose and Scope of Work

Fred Victor partnered with Hub Solutions, a social enterprise embedded within the Canadian Observatory on Homelessness, to conduct an evaluation of the Edward Hotel Emergency Shelter. The purpose of the exploratory research is to document the Edward Hotel Emergency Shelter program through the lived experiences of program clients and perceptions of staff and partners to determine which groups are being underserved, illustrate successes and shortfalls of this model, and disseminate into a holistic final report that includes recommendations on the implementation of a permanent supportive housing program.

2. LITERATURE REVIEW

An extensive review of academic and grey literature was conducted to explore the existence, adoption, and feasibility of hotel shelters before and during the COVID-19 pandemic. This literature summary is broken down into seven sections: (1) the need for, benefits of, and challenges faced by hotel shelters in the context of the COVID-19 pandemic; (2) opportunities for hotel shelters presented by the pandemic; (3) a scan of current supportive housing initiatives in Canada; (4) service and shelter care needs within the hotel shelter setting; (5) program sustainability, particularly focused on funding; (6) non-COVID-19 related transformations of hotels into shelters, with case studies in Canada, United States, and England (see Section 5. Case Studies). The last section reviews the literature within the context of the Edward Hotel Emergency Shelter.

1. Hotel Shelters: Needs, Benefits, Challenges

A. The Need for Temporary Hotel Shelters

People experiencing homelessness have been greatly impacted by the COVID-19 pandemic. For example, they are at a significant risk of community transmission of COVID-19 due to insufficient access to personal protective equipment (PPE), poorly ventilated living arrangements, and the lack of physical distancing in congregate emergency shelters (Perri, Dosani, & Hwang, 2020). Furthermore, COVID-19-related public health measures, particularly the closure of public areas, including drop-in centres and libraries, deprive them of critical social support (Wu & Karabanow, 2020). At the same time, people experiencing homelessness continue to face challenges such as poverty, unemployment, and chronic health conditions.

As a response to this public health crisis, several jurisdictions in the United Kingdom, Canada, Australia, and the United States used hotel/motel rooms to provide increased capacity for safe and self-isolating spaces (Ontario Agency for Health Protection and Promotion, 2021). As of May 2022, there were 25 temporary shelters to provide space for approximately 3,200 people (City of Toronto, 2022). Some of these hotel rooms were allocated to people living in encampments, due to an increase in the number of encampments in Toronto. This increase was partly due to many shelter residents feeling unsafe in congregate settings (Global News, 2021).

In the United States, many local governments requested shelter providers to move individuals into hotels left unoccupied by a substantial decline in tourism and business travel. Approximately 9,500 people were relocated in New York City and 4,300 in Los Angeles County

(Padgett & Herman, 2021). As of August 2020, California had procured more than 15,000 hotel rooms and housed over 14,000 people (The Hill, 2020). Most shelters, particularly those housing people with serious mental illnesses who were waiting for supportive housing, moved their support workers to hotels where they could continue to provide services (Padgett & Herman, 2021).

B. The Benefits of Hotel Shelters for People Experiencing Homelessness

Given the recency of the phenomenon, there is dearth of empirical evidence to describe the impact of hotel shelter initiatives. However, the available research suggests that hotel shelters can have positive impacts on residents.

> **Canada.**
>
> In response to the challenges faced by people experiencing homelessness to isolate if they tested positive for COVID-19 or were in close contact with someone who tested positive, the City of Toronto, in partnership with several organizations, opened COVID-19 Isolation and Recovery Sites (CIRS) in 2020 (Firestone et al., 2021). Clients were provided with a private room and were offered supports and services during their stay. The CIRS offered integrated health and social services delivered by staff from partner organizations such as peer workers, harm reduction workers, nurses, physicians, and shelter staff (Firestone et al., 2021). The service model involved client-centred care, which included wellness checks for emotional supports, access to outdoor space and social-recreation opportunities, harm reduction services (e.g., safer supply, managed alcohol), and referrals to community supports (Firestone et al., 2021). The CIRS program highlighted the importance of trust and communication between partner organizations for collaborative and effective decision making. As for the service model, participants stressed the need to involve more peer workers in programming and services to create a safe space where clients feel comfortable accessing services (e.g., harm reduction kits) (Firestone et al., 2021). Some challenges or barriers to implementing a new service model identified in the CIRS program include funding, political leadership/advocacy, cross-sector collaboration, and accountability (Firestone et al., 2021).

In a six-month exploratory study conducted by the Toronto Shelter Network (TSN) in partnership with Dixon Hall Neighbourhood Services, clients reported positive impacts of residing in a hotel shelter, such as improved sleep and hygiene, better access to services, and a safer environment. Additionally, due to the surge in housing initiatives introduced during the pandemic (e.g., the federal Rapid Housing Initiative), staff reported more opportunities to transition shelter users into private accommodations and permanent housing. Service providers also described strengthened partnerships, especially with the health sector (Nerad, Iman, Wolfson, & Islam, 2021).

The CIRS can serve as a case study for greater integration of services for people experiencing homelessness. In addition to addressing power imbalances and establishing collaborative cultures, an integrated approach is essential for services for people experiencing homelessness (Firestone et al., 2021). This integrated approach includes the work of various partners across different sectors and will be particularly important during discharge processes.

United States.

In the US, studies have highlighted the benefits to hotel shelter residents such as a private room with its own bathroom in a climate-controlled setting. This stable living condition provides individuals experiencing homelessness with a much-needed reprieve from the perils of crowded shelters or life on the streets (Padgett & Herman, 2021).

A study conducted in New York City found other benefits of shelter hotels, such as having a stable address for applying for jobs or permanent housing, the ease of making and keeping appointments with providers, improved physical and mental health, and improved personal hygiene (Padgett & Herman, 2021). Residents in this study also reported improved sleep, diet and nutrition, a sense of safety, easier access to public assistance such as food stamps, and positive interactions with hotel employees (Padgett & Herman, 2021). In a subsequent study in New York City, Padgett, Bond, and Wusinich (2022) reported improvements in hotel shelter residents' physical health, sleep, hygiene, nutrition and diet, privacy and safety, and emotional well-being. Overall, participants emphasized that the hotel shelters provided a sense of stability, safety from COVID-19 and other hazards (e.g., street violence), and a mental space for future planning (Padgett et al., 2022). These themes illustrate the positive impact of temporary housing opportunities during the pandemic.

One study conducted in Washington state tracked individual outcomes after transitioning from homelessness to hotel living. The study found that residing in the shelter hotel resulted in lower rates of COVID-19 infection, improved mental and physical well-being, reduced interpersonal disputes, fewer 911 calls, more transfers to permanent housing, and enhanced involvement with support providers, among other positive findings (Colburn et al., 2020). Similarly in New York, Project Renewal reported a significant decrease in cases of overdose and a two-third decrease in alcohol and other drug-related incidence among residents when using The Lucerne Hotel for temporary shelter. Clients were still able to access shelter and healthcare services, as well as addiction treatments (Project Renewal, n.d.).

United Kingdom.

In the United Kingdom, a qualitative study of the experiences of people who were rough sleeping and were temporarily accommodated in London hotels as part of the 'Everyone In' campaign also yielded positive results. The intervention was successful in protecting residents from COVID-19 exposure. Although there were still some unmet health needs, participants generally appreciated the hotel staff's kindness, room amenities, and the warmth, safety, and privacy provided by virtue of having their own place, and were thankful for all practical assistance, including the distribution of smartphones (Parkin, 2021).

C. Challenges Faced by Hotel Shelters

A few challenges with hotel shelters have been identified. One challenge is the local opposition from the residents in the neighborhoods where these hotel shelters are located. In one instance in Toronto, relocated hotel residents were seen as *"security"* threats by local residents (CTV News, 2021). This *"Not in My Backyard"* (NIMBY) sentiment was also experienced in areas across the U.S.

Another challenge is the physical difference between emergency shelters and hotel shelters. Staff in hotel shelters have to deliver services to clients who are not subject to the same amount of inspection as those in congregate settings. Residents who now have privacy may refuse staff access and close their room doors, which may conflict with the clinical responsibility to address substance use or other challenging behaviours (Padgett & Herman, 2021). Isolation in hotels may further increase the risk of overdose, as evidenced by an increase in overdose deaths in hotels, motels, and inns in Ontario during the pandemic (Ontario Agency for Health Protection and Promotion, 2021; Ontario Drug Policy Research Network, 2020).

The loss of programming supports for clients is a large contributor to social isolation and disruptions to social networks and sense of community (Nerad et al., 2021). Concerns about the health, mental health, and safety of staff and shelter users amidst the COVID-19 pandemic were highlighted by frontline staff and management.

The transition to hotel shelters introduced many changes to the shelter system that also affect shelter staff and service delivery. One of the most significant impacts of COVID-19 on the shelter system relates to staffing challenges, such as shortages in the number of staff, and reductions and restrictions to services (Nerad et al., 2021). Many of these staff-related challenges were attributed to the following: fear of bringing home the virus; staying home for their children due to shifts to virtual education; recovery from burnout and compassion fatigue; and transitions to new roles within the shelter. Due to COVID-19 and for the safety of staff and shelter users, staff were restricted to working at one program site and from home for a few days of the week. Frontline staff noted that these restrictions made it difficult to respond to client needs (Nerad et al., 2021). Staff also highlighted that constant staff turnover, and the use of relief/external agency staff made it hard to connect meaningfully with colleagues (Nerad et al., 2021). Moreover, burnout and compassion fatigue were two of the most common challenges faced by frontline workers. Frontline staff requested more support in the workplace to prevent future incidents of burnout and stress. Regarding service delivery, staff indicated that it was more difficult to engage with clients. For example, some shelter users are reluctant to work with staff on housing plans because they prefer to stay in the hotel shelter. Similarly, some shelter users have turned down opportunities to be placed in transitional housing programs because they have become accustomed to the living conditions in the hotel shelter.

Another challenge of hotel shelters is that in many cities they are only a temporary solution. Temporary solutions ignore structural issues like sustained poverty and the lack of permanent housing options. Without proper discharge planning, the majority of hotel shelter residents may return to congregate shelters or outdoor living.

2. Opportunities Presented by the Pandemic

It is important for governments at all levels and across jurisdictions to take advantage of this once-in-a-lifetime chance to transform empty hotels and unused business premises into affordable housing (Caulfield, 2020). The costly path that people experiencing homelessness often travel, (e.g., between streets, shelters, and institutions, including jails and hospitals) can be broken if the requisite political will can be mobilized and sustained to support this transition plan (Padgett & Herman, 2021).

California has already blazed the trail by modifying its Project RoomKey to Project HomeKey in June 2020, with the goal of merging federal and state resources to buy and convert hotels into more permanent homes. The initiative's scope is however aimed at accommodating only 30% of the homeless population (Tingerthal, 2021). Similarly, officials in New York City are hoping to leverage the City's struggling tourism economy by turning commercial hotels into affordable housing, particularly single room occupancy units, or SROs (Gonen, 2020).

In response to the pandemic, the City of Toronto and Toronto Community Housing (TCH) launched the Rapid Rehousing Initiative. The Initiative identified vacancies in TCH to be made available to people experiencing chronic homelessness with low support needs. Over 450 people were moved into permanent and fully furnished units in 2020.

3. Current Housing Initiatives

Canada's three levels of government have initiated a number of programs and action plans focused on creating affordable housing opportunities for people experiencing homelessness.

Municipal.

At the municipal level, the HousingTO 2020–2030 Action Plan has prioritized the development of modular supportive housing, which is a cost-effective way to build housing to connect people experiencing homelessness with homes and appropriate supports to help them achieve housing stability. The City of Toronto, through an application process, selects qualified and experienced non-profit organizations to operate and provide services for residents. A range of services are provided, including meal services, referral to community resources, as well as supports and services for health, education, employment, and life skills (City of Toronto, 2019).

The action plan also advocates for a housing-focused shelter system that provides a client-centered approach with services for employment, health, peer support, culture, and

recreation (City of Toronto, 2019). The action plan also adopts a coordinated access approach to housing and support services. A coordinated access approach matches people experiencing homelessness with housing and support services that meet their unique needs (City of Toronto, 2019; Shelter, Support and Housing Administration [SSHA], 2021b). Additionally, a new choice-based service model will provide clients with information that allows them to make informed housing decisions and better connect them to homes that meet their unique needs (City of Toronto, 2019).

The City of Toronto also operates a supportive housing program that promotes independent living for residents who are 59 years of age or older. The program provides clients assistance with personal care, housekeeping and laundry, medication reminders, safety checks, meal preparation, wellness/health promotion activities and education, and referral to community resources (City of Toronto, n.d.).

Shelter, Support, and Housing Administration (SSHA) released the Homeless Solutions Service Plan in 2021. The three-year plan aims to build and strengthen a responsive service system which adopts an integrated and person-centered approach to address homelessness. The service plan adopts a housing-first, human-rights-based, person-centered approach. A housing-first approach prioritizes finding permanent housing with the appropriate supports for clients. This approach involves providing individualized, person-centred supports that are strength-based, trauma-informed, and promote self-sufficiency (SSHA, 2021b). Housing-focused service delivery includes providing wrap-around supports wherever needed, including access to health services such as harm reduction, primary care, and mental health support (Nerad, 2021; SSHA, 2021b). A human-rights approach considers how city policies and programs affect the client's access to adequate housing and meaningfully engages the client in identifying their needs. This includes creating new services or modifying existing services to better address the unique needs of the diverse populations at the shelter (Nerad, 2021). A person-centered approach places the individual at the core, ensuring that all clients are treated as a person first regardless of their circumstances (SSHA, 2021b). An integrated approach to service delivery will ensure that clients' needs are heard and met when helping them to secure permanent and affordable housing that meets their needs and goals.

Federal.

At the federal level, the Rapid Housing Initiative (RHI) seeks to develop new modular multi-unit rentals, convert non-residential buildings into homes, and rehabilitate abandoned buildings into affordable multi-residential homes, to create thousands of new permanent and affordable housing units across Canada. The RHI takes a human rights-based approach to housing, serving people experiencing or at risk of homelessness and other vulnerable people

under the National Housing Strategy (Government of Canada, 2020b). The conversion of hotel shelters into permanent housing is one example of the impact of the RHI. More recently, the City of Calgary announced the conversion of a vacant office tower into affordable and specialized housing (CTV News, 2022). The 10-floor tower will be converted into 82 housing units, taking up the first six floors of the tower. Two floors will be reserved for shelters and transitional housing.

Other.

Toronto is also part of the Built for Zero Canada (BFZ-C) campaign. BFZ-C is dedicated to helping end chronic homelessness and veteran homelessness by helping communities adopt proven practices, deploying existing resources more efficiently, and engaging government, private, and philanthropic sectors in securing new resources for communities. BFZ-C is grounded in a coordinated access system approach. Coordinated Access systems offer a community-wide best practice that uses a housing-first approach, real-time data about housing resources, a standardized and coordinated process for triage and assessment, prioritization, and vacancy matching and referral (Built for Zero Canada [BFZ-C], n.d.). A By-Name List is a real-time list of all known people experiencing homelessness in the community, including a set of data points that support coordinated access and prioritization.

4. Service and Shelter Care Needs in Hotel Shelters

A. Support Needs within Hotel Shelters

There are various services and supports that should be included in emergency shelters. These include access to housing support, mental health supports, employment services and training, addiction and substance use supports, and access to affordable and supportive housing (Nerad et al., 2021). Feedback from shelter users indicates that housing should be a fundamental feature of shelter programming, where information about housing opportunities and processes is thoroughly shared with clients. Shelters should recruit more housing workers to deliver programming and services that are focused on helping clients to achieve optimal housing outcomes. It is also important to provide housing options that meet people's diverse needs (mental health, physical health, harm reduction, employment, education) (Nerad et al., 2021). Furthermore, programming that promotes well-being and fosters a sense of belonging and community is critical for clients, especially during the pandemic. Given the diversity of services available in the hotel shelter system, many of these service needs may be addressed (Firestone et al., 2021).

The 2021 Toronto Street Needs Assessment identified gaps in other service systems that are key contributors to homelessness, particularly health (including mental health and access to harm reduction supports and substance use treatments). There is a need for more accessible mental health and substance use services, as well as harm reduction supports. Participants indicated an interest in accessing these services if made available to them. The most important supports identified as beneficial are those that increase housing affordability and income, emphasizing the importance of long-term housing solutions for those experiencing homelessness (City of Toronto, 2021).

B. Harm Reduction Needs within Hotel Shelters

In response to the overdose and poisoned supply crisis, the City of Toronto issued a harm reduction directive in 2021. The directive focused on overdose prevention and response strategies, as well as responses to the opioid crisis and the impact of COVID-19 and physical distancing requirements. The directive outlined updated standards and practices to minimize the risk and harms associated with substance use in private rooms in hotels, motels, or apartment buildings. According to the directive, supplies and services to be provided where requested and appropriate (SSHA, 2021a).

In June 2020, The Works, Toronto Public Health (TPH) conducted a harm reduction needs assessment with all hotel site management teams. As a result of the assessment, The Works, TPH created a 10-point plan guided by harm reduction best practices and promising practices. It was recommended that a variety of harm reduction supplies be made available at each shelter location and that these supplies should be offered with health-promoting information on safer drug use practices (Guthrie, Garrard, & Hopkins, 2021). All staff should be trained on harm reduction principles, including overdose prevention and response. In addition to a harm reduction policy, shelters should have appropriate overdose prevention and response interventions. Shelters should also have a safe supply of alcohol and manage their alcohol programs. It is also best practice to involve residents in harm reduction initiatives; this will help to strengthen staff-resident relationships. Services and supports, including grief and loss support, should also be available to residents and staff (Guthrie et al., 2021).

C. Trauma-Informed Care within Hotel Shelters

People experiencing homelessness are likely to have experienced some form of previous trauma; however, there is little research on trauma-informed approaches within homeless service settings, despite the promising effects of trauma-informed care in other settings (mental health). In a review of quantitative and qualitative studies, Hopper, Bassuk, and Olivet (2010) identified a number of practice recommendations for building trauma-informed

services for people experiencing homelessness. These included utilizing a theory-based model or framework to ensure consistency across shelter sites, avoiding practices that may be re-traumatizing for individuals, implementing a systematic screening for trauma histories, integrating substance abuse and mental health services, and using activities that encourage client involvement (e.g., goal setting, peer-led services) (Hopper et al., 2010). More recently, Covenant House identified promising practices for implementing a trauma-informed approach. These include creating a safe environment, communicating with care, practicing active listening, and taking appropriate action (Covenant House Toronto, n.d.).

D. Taking an Intersectional Approach to Hotel Shelters

According to the 2021 Toronto Streets Needs Assessment, there continues to be a need for culturally specific services and support. Indigenous people, racialized individuals (particularly those who identify as Black), people who first experienced homelessness as a child or youth, people who had foster care experience, and people who identify as 2SLGBTQ+ are overrepresented among the people experiencing homelessness in Toronto (City of Toronto & Government of Canada, 2021; Nerad et al., 2021). Black and Indigenous shelter users are more likely than other groups to experience racism in the shelter system. In the Meeting Crisis with Opportunity report, Black and Indigenous shelter users reported not having their needs met and receiving fewer housing services compared to other groups (Nerad et al., 2021). Moreover, the vulnerability of Trans and Two-spirit shelter users has been exacerbated during the pandemic. Transgender and Two-spirit shelter users reported feeling uncomfortable speaking to staff and other residents due to a lack of knowledge about transgender people (Nerad et al., 2021).

The BGM Strategy Group prepared a report that offers guidance and advice to the City of Toronto, the United Way Greater Toronto, community agencies, and other partners in responding to the COVID-19 pandemic in the shelter and homelessness service system (The BGM Strategy Group, 2020). It was recommended that a distinct strategy to address Black homelessness in Toronto be developed. The strategy should build on the 2017 Toronto Action Plan to Confront Anti-Black Racism and define priorities and approaches to better serve Black people experiencing or at risk of homelessness. Additionally, diversification of boards, executive, and frontline staff will help promote Black leadership and allow Black individuals experiencing or at risk of homelessness to access services from providers who share cultural and experiential backgrounds (The BGM Strategy Group, 2020). Data collection methods should also be implemented to ensure equitable outcomes for Black individuals in the system. This could include the implementation of a racial equity tool to collect data on racial disparities in the shelter system and to ensure all providers operate within an anti-Black racism framework (The BGM Strategy Group, 2020).

Similarly, Indigenous-specific housing should be prioritized in strategies to secure permanent housing infrastructure. This can include prioritizing purchases and creating operating agreements with Indigenous providers, giving them autonomy to serve individuals through an abstinence-approach (The BGM Strategy Group, 2020). Furthermore, protocols should be developed to ensure that Indigenous people who have been housed are connected with Indigenous-led community supports. Indigenous services and supports should also be consulted and invited to collaborate where appropriate (i.e., for services, communications, and decision-making) (The BGM Strategy Group, 2020).

5. Program Sustainability

It is important to consider how hotel shelters fit within existing and emerging policies to support the homelessness system and build affordable housing. For example, funding for a housing-focused service model can be found through the reinvestment of resources and funding from respite centres, shelters, and programs that are no longer viable in housing and supports (The BGM Strategy Group, 2020). Further, investing in an acquisition strategy for hotels, rooming houses, and other buildings could lead to more affordable housing opportunities, as could repurposing shelter space into permanent housing (The BGM Strategy Group, 2020). Below, other policy opportunities are presented.

Federal.

Reaching Home's 2019-2024 Investment Plan indicates the allocation of funding towards specific activities such as housing placement, prevention and shelter diversion, client support services, capital investment, and coordination of resources and data collection. Eligible housing activities include housing placement, emergency housing funding, and housing set-up. Prevention and shelter diversion services, including discharge planning for individuals released from public systems (health, corrections, and child welfare), landlord liaison, obtaining and retaining housing, assistance to avert eviction, and moving costs. Client support services are also included in the list of eligible activities. More specifically, essential services, life skills development, culturally relevant supports for Indigenous people, groceries and personal hygiene supplies, clothing and footwear, disability supports, personal identification, bus or public transit tickets related to integration activities (job search/interviews), access to traditional foods and medicines can all be funded. Additionally, clinical treatment services and economic integration services (employment, education/training, income, and social and community integration assistance) are eligible activities for funding. Capital investments such as the renovation of emergency shelters and housing, repairs of damages resulting from housing placements, the purchase of housing, the purchase of furniture and appliances, and

eligible costs related to professional fees are all eligible for funding (Government of Canada, 2020a). Some of the programs and services offered at hotel shelters fall into these eligible activities. For example, hotel shelters may offer on-site healthcare services, mental health and addiction counselling, and housing support. Hotel shelters also provide information about and refer clients to community supports for life skills development, employment training, and educational advancement.

The National Housing Strategy (NHS) is a 10-year, $72 billion plan to create more housing opportunities in Canada. The NHS will provide funding to create new housing supply, modernize existing housing, resources for community housing providers, and innovation and research. The NHS will provide technical assistance, tools, and funding opportunities to community housing providers to increase capacity and support the housing sector. Through the National Housing Co-Investment Fund, the Strategy is aiming to create 60,000 new units of housing and repair up to 240,000 units of existing affordable and community housing (Canadian Mortgage and Housing Corporation, n.d.). Thus, there is potential for hotel shelters to be included within the Co-Investment fund and create new affordable housing units.

Municipal.

The 2021 Homeless Solutions Service Plan created by SSHA will prioritize funding for non-profit community providers for emergency shelter and overnight services. Long term funding priorities include increasing prevention approaches, permanent housing solutions, reducing emergency shelter use, and to stabilize and increase quality in the shelter system. Short- and medium-term funding will be open to community partners through open call. Grant funding will be prioritized for housing access, street outreach, drop-in services, eviction prevention and shelter diversion, housing-focused supports, and system supports (SSHA, 2021b). Hotel shelters could be eligible for this grant funding as the shelter offers housing-focused supports to assist clients with securing permanent, affordable, and safe housing with connections to the community. Decision-making for funding distribution will depend on (1) alignment and impact with City goals; (2) equitable and accountable distribution of resources as informed by research to address service gaps in the system; (3) investing in innovation and development of new service responses; and (4) sustainability in that strengthening community-based service providers will result in a stronger homelessness service system (SSHA, 2021b).

6. Transforming Hotels into Shelters (Non-COVID Related)

The conversion of hotels to affordable housing has a longstanding history, particularly through the conversion of Single Room Occupancy (SRO) hotels. An SRO unit is a room that can exist in hotels, rooming houses, apartment buildings, lodging houses, etc., and typically lacks a private bathroom and kitchen (Garcia, 2017; Mulligan, 2007; Sullivan & Burke, 2013; Whitzman & Hunt, 2021; Whitzman, 2020). SRO units have been around for many years and were commonly used by low-income individuals or families largely because it was the only accessible housing option (Bardwell, Fleming, Collins, McNeil, 2018; Garcia, 2017; Sullivan & Burke, 2013). Over the years, SRO units have been in decline, privatized and converted into commercial and residential buildings far out of reach for low-income people, let alone those experiencing homelessness (Garcia, 2017; Sullivan & Burke, 2013). Today, there is great potential for SRO units to provide shelter for people experiencing or at risk of homelessness. The adoption of SRO units in the shelter system would offer affordable and accessible housing options for people experiencing homelessness, a need identified by shelter users as one of the most important. Particularly, the conversion of hotels/motels shelters could prove fruitful as an accessible and affordable housing option for people in the shelter system, especially when coupled with programs and services that are already in place at existing shelters (e.g., housing support, employment and education support, harm reduction, life skills training).

There are many Single Room Accommodations (SRA) in Canada, United States, and England that exemplify the opportunities of this type of accommodation for the homeless population.

Canada.

In Vancouver, SRO hotels in the Downtown Eastside declined from 13,300 in 1970 to 6,079 in 2007, while average rents increased by 37% between 2009 and 2016 (Paradis, 2018). In response to the loss and gentrification of SRO hotels, local organizations and tenants worked with the City of Vancouver to implement an SRO Task Force. Findings from the Task Force led to several City initiatives including strengthened regulatory powers, unit replacement requirements, increased fees for SRO conversion, and funding to support non-profit acquisition and improvement of SROs (Paradis, 2018). There are currently over 7,000 units across 156 SRA hotels in Vancouver, British Columbia (Whitzman, 2020; Whitzman & Hunt, 2021). Most SRAs provide minimal accommodation but are safer and more secure than shelters or sleeping rough. More and more SRAs are being

acquired and renovated by BC Housing or other non-profit organizations to preserve this affordable housing option for low-income tenants (Whitzman, 2020; Whitzman & Hunt, 2021). The main rationale, and perhaps the most important of all, for securing and improving SRAs is to reduce homelessness (City of Vancouver, 2005; Whitzman, 2020; Whitzman & Hunt, 2021). Past studies show that there is an inverse relationship between SRAs and homelessness, that is when SRAs are lost, the number of people experiencing homelessness increases (Bardwell et al., 2018; Garcia, 2017; Mulligan, 2007; Sullivan & Burke, 2013; Whitzman & Hunt, 2021; Whitzman, 2020).

With the current competitive housing market, the importance of providing accessible, affordable, and quality housing options for people experiencing or at risk of homelessness is paramount – investment in SRAs and/or acquisition of hotels and motels prove to be sustainable solutions. Vancouver has a long history of using hotels as shelters and permanent housing for people experiencing homelessness. The Portland Hotel Society (PHS) operates several hotel shelters in Vancouver and Victoria, British Columbia, such as the Beacon Hotel, Molson Hotel, Irving Hotel, and Rainier Hotel (see Case Studies for more information).

United States.

The acquisition and conversion of hotels and motels into permanent supportive housing is popular in the United States, with at least eight cases documented by the National Alliance to End Homelessness. Project HomeKey and Project TurnKey are both state-level programs that provided million-dollar grants for the acquisition of motels and hotels for use as non-congregate shelters during the COVID-19 pandemic. Long-term goals of these projects are to build affordable housing stock for low wage working individuals and those experiencing or at risk of homelessness. There are many documented cases of successful transformations of hotels and motels into permanent supportive housing in Vermont, Texas, Los Angeles, San Diego, and Hennepin County (see Case Studies).

United Kingdom.

In 2018, a study found that over 90% of homelessness accommodations in England consist of hostels, with 73% of those accommodations offering a low, medium, or high level of support (The Homeless Link Research Team, 2018). Hostels are particularly successful in helping people move out of homelessness,

address immediate needs, and develop the capacity to live independently. The Homeless Link Research Team (2018) indicated that hostels are particularly successful in moving people on from homelessness, with positive planned move-on rates between 52% to 90%. Hostels are also adequate in addressing the immediate needs of clients, especially for housing. Partners emphasize that hostels form an integral part of local housing pathways and offer an important route to longer-term accommodation arrangements for people experiencing homelessness in England. Moreover, hostels play a key role in helping individuals reintegrate into the community. Residents have access to hostel services that centre around skill development, motivation, and confidence (e.g., life skills courses, volunteering, informal emotional support) (The Homeless Link Research Team, 2018). Hostels exist as a safety net for people with emergency housing needs; many residents and ex-residents highlighted that safety/security was one of the best aspects of their hostel stay. Moreover, hostels deliver on-site services and supports for clients as well as refer them to community resources, including addiction services, health services, family mediation services, social services, etc. The Homeless Link Research Team (2018) highlighted 10 hostel programs in England that were successful in helping people progress towards independence (see Case Studies).

7. Edward Hotel Emergency Shelter Context

The Edward Hotel Emergency Shelter has specialized supports for homeless women, men, and couples who face barriers due to mental health issues, substance use, social isolation, immigration status, unemployment or underemployment challenges, and history with the criminal justice system. Many of the clients come from racially, culturally, and ethnically diverse backgrounds. The Edward Hotel Emergency Shelter offers on-site enhanced case management and housing services, mental health and addictions counselling, trauma-informed care support, harm reduction interventions provided by staff, community partners and peers, access to primary health care and referrals and continuous one-on-one check-in supports. The main goal of the program is to assist clients with securing permanent, affordable, and safe housing with service connections to the community of their choice.

Based on the literature, a hotel shelter program could be a cost-effective approach to providing accessible and affordable housing to people experiencing homelessness. The services and supports offered by the Edward Hotel Emergency Shelter reflect the service and support needs (e.g., harm reduction, housing, trauma-informed care) identified in the literature as important to the shelter user population. Hotel shelters can mitigate the risks associated

with substance use by practicing harm reduction strategies shelter-wide and involving peers in implementation and decision-making.

Additionally, the Edward Hotel Emergency Shelter can address some of the challenges faced by service users by ensuring the development of new procedures that will allow staff to continue to respond to client needs in an effective and supportive way in the face of a global pandemic. This could involve providing technology so that clients can attend virtual meetings and programming, as well as connect with friends and family—many clients feel socially isolated due to the lack of programming and contact with their friends and family.

3. METHODOLOGY

Hub Solutions took a primarily qualitative approach that includes a literature review, online surveys, and interviews. Research participants included program clients, program staff (front-line and management), and community partners. This project included oversight from a Steering Committee. The methods, including data collection tools and analysis strategies, are described below.

1. Steering Committee

The steering committee was established as a time-limited group of stakeholders and partners of Fred Victor's Edward Hotel Emergency Shelter (see Appendix A – Terms of Reference). The committee was created with representation from Fred Victor, community partners , and program clients that properly reflect the diversity of the program (e.g., BIPOC, 2SLGBTQ+). The purpose of the steering committee was to (1) create a transparent process that ensures collaboration with people with lived experience of homelessness; (2) provide a chance to engage expert advice; and (3) act as a platform to outline and address problems and collaborative solutions. The steering committee held two Zoom meetings to discuss and refine the evaluation objectives and provide guidance for the different evaluation stages.

2. Online Surveys

Hub Solutions, in consultation with Fred Victor and the steering committee, developed two online surveys using Qualtrics: (1) Client Survey and (2) Partner Insight Survey.

A. Client Survey

Program staff provided contact details for youth in the shared housing program and for youth living in the community. Hub Solutions staff recruited youth via e-mail and telephone. All in-depth interviews were conducted via Zoom video conferencing between March and April 2022. Program clients received a $30 gift card for their time. A total of six youths were interviewed. All interviews were recorded via Zoom and transcribed using Otter.ai, an online transcription service. The data was analysed using a thematic approach. The evaluation team read and coded each transcript line-by-line, with codes using the participant's own language (in vivo coding) as much as possible. From this process, themes were developed. The coding process was largely guided by the evaluation questions that were asked, ensuring a pragmatic approach to the analysis.

B. Partner Insight Survey

The survey included six open-ended questions that focused on community partners' perspectives on successes and challenges associated with the Edward Hotel Emergency Shelter model, advice for operational and service enhancements, and lessons learned from the COVID-19 pandemic. Partners were also asked to recommend a Supportive Housing Model, in terms of what the model should look like. Fred Victor staff shared the survey link with partners via email. The survey was active from March to May 2022. A total of 7 partners participated in the survey. Qualitative data was analysed using a thematic approach and later merged with interview findings.

3. In-depth Interviews

Semi-structured interviews were conducted with program clients, program staff, and community partners between April and May 2022. The qualitative interviews provided an opportunity for clients, staff, and partners to share their perspectives in relation to the Edward Hotel Emergency Shelter. Client interviews were conducted over telephone and transcribed via Otter.ai. Staff and partner interviews were conducted via Zoom video conferencing and transcribed using Otter.ai, an online transcription service. All interview data was analysed using a thematic approach. The evaluation team read and coded each transcript line-by-line, with codes using the participant's own language (in vivo coding) as much as possible. From this process, themes were developed. The coding process was largely guided by the evaluation questions that were asked, ensuring a pragmatic approach to the analysis.

A. Partner Insight Survey

A total of nine Edward Hotel clients were interviewed. Qualitative interviews provided an opportunity to expand upon topics in the survey and gain more insight into the strengths and weaknesses of the program relating to service access and delivery at the Edward Hotel Emergency Shelter. Program staff recruited clients and scheduled interview dates and times on behalf of Hub Solutions. Program clients received a $20 honorarium for their time.

B. Frontline and Management Staff

A total of seven interviews were conducted with frontline and management staff at the Edward Hotel Emergency Shelter. The qualitative interviews focused on staff experiences at and during the transition to the shelter. Staff were also asked about their perspectives on the successes and challenges of programs and services; discharges, referrals, and community linkages; and the shelter's multiple partnership service delivery approach.

C. Community Partners

Four community partners were interviewed. Partners were asked about their partnership experiences and perspectives on the services offered at the Edward Hotel Emergency Shelter (i.e., successes and challenges). These interviews also provided an opportunity for partners to share insight into how services could be enhanced in terms of operations and service delivery.

4. FINDINGS

A summary and interpretation of findings from the (1) Client Survey, (2) Partner Survey, and (3) Interviews (Client, Staff, and Partner) are detailed in this section.

1. Quantitative Findings: Client Survey

A total of 89 shelter clients completed the survey between March and May 2022. The survey collected information about client demographics, previous and current episodes of homelessness, shelter experience, and access to and satisfaction with programs and services offered at the Edward Hotel Emergency Shelter.

A. Demographic Profile

There were 89 responses recorded for age, gender, racial/cultural identity, and sexual orientation (Table 1). The average age of survey respondents (N=89) was 45 years old, with the youngest being 20 and the oldest being 80 years old. The median age was 42 years old.

> **Interpretation.**
>
> Almost three-quarters of survey respondents identified as male/man (73.0%) and 23.7% as female/woman. One respondent identified as trans female/trans woman (1.1%), and another as gender queer/gender non-conforming (1.1%). A little over a third of respondents identified as white (35.6%), 32.3% as Black, 10.0% as Arab, 4.4% as Hispanic or Latin, 6.7% as South Asian, 2.2% as West Asian, 1.1% as Asian, 1.1% as South-East Asian, and 1.1% as Filipino. Three respondents indicated Indigenous status (3.3%), specifically as First Nations with or without status. Two respondents selected "other" (2.2%) but did not specify their racial/cultural identity. One respondent identified as both West Asian and Hispanic or Latino, suggesting a mixed-race status.

> **Interpretation.**
>
> The Edward Hotel Emergency Shelter houses a diverse population. In addition to ensuring the continued hiring of staff that are reflective of the client population, consideration needs to be given to incorporating culturally relevant programming and services to meet the unique needs of its diverse population. For example, staff can consider partnering with community organizations that are Black- and/or Indigenous-led and centre around cultural practices to facilitate programming. Staff can also consider leading/co-leading cultural programming at the shelter.

Most shelter clients identified as straight/heterosexual. Out of 89 responses, the majority (85.4%) identified as straight/heterosexual, while 9.0% identified as 2SLGBTQ+. Specifically, 2.2% identified as gay, 4.5% as bi-sexual, and 2.2% as Two-Spirit. Five respondents (5.6%) declined to answer.

> **Interpretation.**
>
> Given the prominence of clients who identify as 2SLGBTQ+, Fred Victor should consider ways to enhance training and meet the support needs of staff in the homeless serving sector. Focused training on 2SLGBTQ+ issues within the homeless serving sector will increase capacity to deliver sensible care to 2SLGBTQ+-identifying residents. Training should be delivered by a 2SLGBTQ+ agency; alternatively, Fred Victor can compile a list of online resources that staff can use. Moreover, Fred Victor can consider introducing inclusive programming such as educational workshops centered around anti-homophobia, anti-biphobia, and anti-transphobia for hotel residents. This will help create a safer space in the hotel shelter for 2SLGBTQ+ individuals. Fred Victor should involve 2SLGBTQ+ individuals when coordinating workshops and trainings for residents.

Table 1. **Demographic Profile of Survey Respondents**

Age	**N=89**
Mean	45 years old
Median	42 years old
Minimum	20 years old
Maximum	80 years old
Gender	**N=89**
Male/Man	65 (73.0%)
Female/Woman	22 (24.7%)
Two-Spirit	0 (0.0%)
Trans Female/Trans Woman	1 (1.1%)
Trans Male/Trans Man	0 (0.0%)
Gender Queer/Gender Non-Conforming	1 (1.1%)
Gender Not Listed	0 (0.0%)
Don't Know	0 (0.0%)
Decline to Answer	0 (0.0%)

Racial/Cultural Identity	N=90
Indigenous	3 (3.3%)
First Nations (with or without status)	3 (100.0%)
Metis	0 (0.0%)
Inuit	0 (0.0%)
Indigenous Ancestry	0 (0.0%)
Arab	9 (10.0%)
Black or African Canadian	29 (32.2%)
Hispanic or Latin	4 (4.4%)
South Asian (*Pakistani, Sri Lankan, Bangladeshi, etc.*)	6 (6.7%)
West Asian (*Iranian, Afghan, etc.*)	2 (2.2%)
Asian (*Chinese, Japanese, Korean, etc.)*	1 (1.1%)
South-East Asian (*Vietnamese, Cambodian, Malaysian, etc.*)	1 (1.1%)
Filipino	1 (1.1%)
White (*European-Canadian*)	32 (35.6%)
Other	2 (2.2%)
Don't Know	0 (0.0%)
Decline to Answer	0 (0.0%)
Sexual Orientation	**N=89**
Straight/Heterosexual	76 (85.4%)
Gay	2 (2.2%)
Lesbian	0 (0.0%)
Bisexual	4 (4.5%)
Two-Spirit	2 (2.2%)
Questioning	0 (0.0%)
Queer	0 (0.0%)
Not Listed	0 (0.0%)
Decline to Answer	5 (5.6%)

B. Previous Experiences of Homelessness

Shelter clients were asked about prior and current episodes of homelessness, specifically the length of which they experienced homelessness. Out of 87 collected responses, the majority of shelter clients (72.4%) had been homeless for more than 6 months: 25.4% experienced homelessness for more than 24 months, 65.1% for 12-24 months, and 9.5% for

less than 12 months (Table 2). Some shelter clients indicated that they had been homeless for three to six months (18.4%), one to three months (4.6%), or less than one month (2.3%). Two respondents (1.3%) declined to answer.

> **Interpretation.**
>
> The majority of clients at the Edward Hotel Emergency Shelter are experiencing chronic homelessness (i.e., more than 6 months). According to the principles of Housing First, people experiencing chronic homelessness should be prioritized for housing. There are many reasons why clients are not housed in the community and/or have returned to shelter. For example, the lack of affordable housing, lack of engagement from clients, staff turnover, COVID-19, etc. When clients are housed in the community, some struggle to maintain housing due to financial instability (e.g., not enough money for food and other needs) and often end up returning to a shelter where they have stability in terms of having their needs met. Moreover, COVID-19 presented many challenges. For instance, clients were cautious about sharing spaces with a large number of people due to the risk of exposure and, as a result, were hesitant to access shelters. Furthermore, clients may have returned to shelters due to pandemic-related closures and/or reduced hours of operation of services and supports in their community.

Table 2. **Length of Current Episode of Homelessness**

	N=87
Less than 1 month	2 (2.2%)
1 to 3 months	4 (4.6%)
3 to 6 months	16 (18.4%)
More than 6 months	63 (72.4%)
Less than 12 months	6 (9.5%)
12-24 months	41 (65.1%)
More than 24 months	16 (25.4%)
Decline to Answer	2 (1.3%)

C. Number of Times in Shelter Between 2020 and 2021

Almost half of respondents (N= 89) had stayed in a shelter at least once (47.2%) between 2020 and 2021. 42.7% had stayed in a shelter two to three times, 6.7% four to five times, and 2.2% more than five times. One respondent shared that they had stayed in a shelter at least seven times between 2020 and 2021. One respondent (1.1%) declined to answer (Table 3).

Table 3. **Number of Times in Shelter Between 2020 and 2021**

	N=89
1 time	42 (47.2%)
2 to 3 times	38 (42.7%)
4 to 5 times	6 (6.7%)
More than 5 times	2 (2.2%)
Decline to Answer	1 (1.1%)

D. Length of Stay at the Edward Hotel Emergency Shelter

Over half of survey respondents (62.9%) have been at the Edward Hotel Emergency Shelter for more than 6 months, more specifically, 71.4% have stayed for 12-24 months and 26.8% for less than 12 months. Less than a quarter (18.0%) have been at the Edward Hotel Emergency Shelter for 3-6 months, 11.2% for 1-3 months, and 6.7% for less than 1 month. One respondent (1.1%) declined to answer (Table 4).

	N=87
Less than 1 month	6 (6.7%)
1 to 3 months	10 (11.2%)
3 to 6 months	16 (18.0%)
More than 6 months	56 (62.9%)
Less than 12 months	15 (26.8%)
12-24 months	40 (71.4%)
More than 24 months	0 (0.0%)
Decline to Answer	1 (1.1%)

E. Shelter Experience

Over half of survey respondents (61.8%) have lived in congregate settings before while 36.0% have not. Two respondents (2.2%) declined to answer. For those who have lived in congregate settings before, all respondents prefer a non-congregate shelter setting, in this case the Edward Hotel Emergency Shelter specifically.

F. Service Provision

Survey respondents were also asked about access to and quality of the programs and services at the Edward Hotel Emergency Shelter. Almost all respondents (95.5%) accessed continuous one-on-one support from shelter staff. More than three-quarters of respondents accessed enhanced case management and housing services (79.5%) and primary health care and referrals (77.3%). Moreover, more than one-third of survey respondents (34.1%) accessed harm reduction intervention services, 31.0% accessed mental health and addictions counselling, and 12.9% accessed trauma-informed care support (Table 5).

Out of 89 recorded responses, more than half of shelter clients (64.0%) rated overall programs and services at Edward Hotel Emergency Shelter as excellent, 27.0% as good, and 7.9% as average. For case management and housing services (N=73), 47.9% of respondents rated it as excellent, 31.5% as good, 13.7% as average, and 5.5% as poor. Similarly, for mental health and addictions counselling (N=31), 41.9% found it to be excellent, 45.2% found it to be good, and 6.5% found it to be poor. Out of 19 recorded responses for trauma-informed care support, almost three-quarters (73.7%) said it was excellent and 15.8% said it was good. Moreover, 73.5% (N=34) rated harm reduction intervention services as excellent and 20.6% as good. Over half of respondents (N=60) found that primary health care and referral services was excellent (65.0%) and 35.0% found it was good. Out of 77 responses, the majority (76.6%) rated continuous one-on-one support as excellent, 19.5% as good, and 1.3% as average. Additionally, 36.0% of respondents (N=89) rated housing-focused services as excellent, 38.2% as good, 15.7% as average, and 5.6% as poor. The majority (80.9%) of respondents (N=89) indicated excellent relationships with staff, 14.6% indicated good relationships, and 4.5% indicated average relationships with staff (Table 6).

Table 5. Access to Services

	Yes	No	Decline to Answer
Enhanced Case Management and Housing Services (N=88)	70 (79.5%)	18 (20.5%)	0 (0.0%)
Mental Health and Addictions Counselling (N=87)	27 (31.0%)	59 (67.8%)	1 (1.1%)
Trauma-Informed Care Support (N=85)	11 (12.9%)	73 (85.9%)	1 (1.2%)
Harm Reduction Interventions (N=88)	30 (34.1%)	57 (64.8%)	1 (1.1%)
Primary Health Care and Referrals (N=88)	68 (77.3%)	20 (22.7%)	0 (0.0%)
Continuous One-on-One Supports (N=88)	84 (95.5%)	3 (3.4%)	1 (1.1%)

Table 6. Quality of Programs and Services

	Excellent	Good	Average	Poor	Decline to Answer
Overall (N=89)	57 (64.0%)	24 (27.0%)	7 (7.9%)	0 (0.0%)	1 (1.1%)
Enhanced Case Management and Housing Services (N=73)	35 (47.9%)	23 (31.5%)	10 (13.7%)	4 (5.5%)	1 (1.4%)
Mental Health and Addictions Counselling (N=31)	13 (41.9%)	14 (45.2%)	2 (6.5%)	0 (0.0%)	2 (6.5%)
Trauma-Informed Care Support (N=19)	14 (73.7%)	3 (15.8%)	0 (0.0%)	2 (10.5%)	0 (0.0%)
Harm Reduction Interventions (N=34)	25 (73.5%)	7 (20.6%)	0 (0.0%)	0 (0.0%)	2 (5.9%)
Primary Health Care and Referrals (N=60)	39 (65.0%)	21 (35.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Continuous One-on-One Supports (N=77)	59 (76.6%)	15 (19.5%)	1 (1.3%)	0 (0.0%)	2 (2.6%)
Housing-focused Services (N=89)	32 (36.0%)	34 (38.2%)	14 (15.7%)	5 (5.6%)	4 (4.5%)
Relationship with Staff (N=89)	72 (80.9%)	13 (14.6%)	4 (4.5%)	0 (0.0%)	0

2. Qualitative Findings: Client, Staff, and Partner Perspectives

A total of nine clients, seven staff (frontline and management), and four partners were asked about their experience with the Edward Hotel Emergency Shelter, particularly about program strengths and areas where enhancements are needed. The results are broken down into the following sections: (1) On-site Healthcare Services; (2) Housing Support Services; (3) Peer-led Services; (4) Discharge, Referrals, and Community Linkages; (5) Sectoral Challenges; (6) Partnership Strategy; (7) Supportive Housing Models; and (8) General Recommendations.

A. On-site Healthcare Services

Experiences with On-site Health and Mental Health Care Services

CLIENTS.

All the clients shared positive experiences with on-site healthcare services, particularly praising the variety of services and interventions offered and the availability of first aid information. Clients accessed these services for bandaids, flu shots, COVID-19 vaccinations, and treatment for allergic reactions. One client found on-site healthcare services especially helpful because service providers can conduct pre-assessments to determine if the client requires a hospital visit. If the client has to go to the hospital, service providers would share the necessary information with them prior to their visit. If not, the client receives first-hand care and information almost immediately.

> ***"They are very good. You tell them what happened to you. If you have an emergency, they will send you to hospital, they give you transportation to return back and forth. Well, that's a lot." – Program Client***

Another client appreciated that healthcare workers provided several options for treatment. The client shared that on certain occasions, the healthcare workers were not able to provide the medication they requested but continued working with the client on recommendations for alternative interventions. The client described feeling that they were not *"denied help"* when given these alternatives.

However, not all clients utilized the on-site healthcare services provided. For instance, some clients did not access or utilize on-site healthcare services because they felt they would not be able to afford any treatments offered. For example, one client shared that they avoided using these healthcare services because they *"do not have a lot of money"* and *"could not*

afford to pay for prescriptions at all." Moreover, another client did not feel ready to access these services for pain management because they too felt that they could not afford the therapy:

> ***"The truth is I don't think I reached that stage yet. You know, my back hurts a lot still, but I don't know if there are any therapies here too… I don't have any money to pay for therapy." – Program Client***

FRONTLINE STAFF AND MANAGEMENT.

Frontline staff and management viewed the on-site healthcare services as critical. They emphasized that these services were the main contributor to the success of the shelter, specifically noting that the existence of on-site partner and referral services enabled staff to follow up with clients and communicate with partners regarding client progress.

> ***"The program gives you the asset of continuity to following up with resources. … Well, with this you can work with the client for six months, you can offer [to] work with a client for a year. It gives you a chance to help this client." – Program Staff***

Having on-site supports led to enhanced uptake of services for clients. It meant that clients did not have to go to community clinics, which may not be attuned to the needs of people experiencing homelessness.

> ***"Here you have the client centered approach, you have them all there just have to walk up five floors to get to the clinic." – Program Staff***

Frontline staff also described increased confidence in referring clients to partner-led services because these community partners are part of the Edward Hotel Emergency Shelter community and are usually familiar to the client. One staff member expressed that having these on-site services has *"created a sense of community for the clients."*

Multidisciplinary Outreach Team (MDOT) was the most frequently mentioned partner in the staff interviews. Frontline staff and management described MDOT as fundamental to the continuity of services with partners, repeatedly requesting more MDOT staff and support at the Edward Hotel Emergency Shelter.

> *"With MDOT, they follow up. They go knock on [clients] doors. They follow up with them. For staff, it's a relief. And you feel some sense of fulfillment if you see that a client has been assisted. The impact is really good on staff. And we also learn from them. – Program Staff*

PARTNERS.

Inner City Health Associates (ICHA), a community partner of Fred Victor, runs the on-site health clinics, and assists clients by providing Episodic Transitional Primary Care as well as dispensing and administering medication to clients. The Works, another partner, uses a harm reduction approach in monitoring supervised/safe consumption at the Safe Injection Site (SIS), supplying and distributing safe equipment, and conducting educational and outreach activities.

Partners spoke enthusiastically about the successes of the program. One partner drew attention to the fact that Fred Victor has done quite well despite limited resources during the COVID-19 pandemic.

> *"I think obviously, [Edward Hotel Emergency Shelter] is something that has really helped bolster a really struggling and disastrous shelter system in the city of Toronto. It is really [an] important mechanism during the pandemic." – Community Partner*

Partners also believe that the presence of different services at Edward Hotel Emergency Shelter was extremely helpful to non-compliant clients who may be hesitant to seek and receive care outside of the hotel shelter. Accessibility to on-site healthcare services ensured that clients received immediate primary care when needed. One partner expressed that contracting a pharmacy to bring the medication to clients has been helpful for clients, especially for clients who may face barriers in terms of going to the pharmacy to pick up their prescription. Moreover, having on-site services provided by partners facilitated access to permanent housing and case management that would not have been available to clients otherwise. For example, services provided by partners like ICHA ensured that clients had the medication and support they needed for their mental wellness and stability while they waited for other services to go through.

Harm Reduction Awareness and Services

CLIENTS.

Clients felt that staff were supportive of those who used substances and were quick to respond to and assist clients who were having an overdose. Clients also shared that staff are constantly asking clients for feedback in order to better support clients who use substances (e.g. by setting up information sessions).

> ***"They support addicts and those who consume alcohol, without controlling them. If they want to smoke, they allow them to smoke in certain area." – Program Client***

One client expressed frustration about being grouped with other clients in the shelter. The client shared that staff assumed they were using drugs and/or having mental health struggles. They felt that staff did not always trust the client or believe they were being *"truthful"*.

FRONTLINE STAFF AND MANAGEMENT.

Edward Hotel Emergency Shelter currently offers the following harm reduction programs: Supervised Injection Site (SIS), Narcotics Anonymous (NA), and Alcoholics Anonymous (AA). SIS aims at keeping people alive, safe, and healthy, even if they continue to use drugs. Frontline staff and management spoke positively about the SIS staff and found value in the *"profound knowledge"* they provide to other Edward Hotel Emergency Shelter partners. Frontline staff and management described how different partners could provide constant support and communication, to which one staff member likened to *"human contact counselling"*.

Despite the positive sentiment, the interviews revealed that the SIS clinic was not suitable for the hotel model with its individual room accommodations. While clients are not readily utilizing the SIS clinic, the service is vital to building capacity at the hotel in terms of having partners provide their expertise and train staff.

> ***"[SIS] in its current model is being underutilized… What they do is the clients are using together, and then they call us. The SIS is not utilized in the way that it's used traditionally at other locations. The methadone clinic, it's working." – Program Staff***

One staff member shared concerns about the funding and resources spent on SIS services, which will likely remain underutilized. With the abundance of resources that are available through the SIS, the same staff member suggested that the SIS consider outreach to and knowledge exchange with other partners that are providing on-site harm reduction services. Together, these partners can provide educational programming, such as information sharing and ongoing training, to residents as well as staff.

Frontline staff noted that while clients are participating in NA and AA, many clients need more mental health support on site. One staff member shared that clients with mental health issues are requesting support and counselling for those needs. Lack of on-site mental health support may be due to staff turnover that is evident across the homelessness sector. To support clients' mental health needs, it is important that frontline staff continue to receive and renew appropriate training (e.g., mental health first aid, trauma-informed care).

PARTNERS.

According to partners, the most profound change they noticed in service was the increase in availability of on-site harm reduction supports and services. One partner expressed that they noticed an increase in awareness of harm reduction approaches (i.e., overdose risks) among staff and clients as well as standardized education/knowledge among staff. All of which has led to an acceptance of harm reduction services on-site and has influenced changes in the program's drug use policy. For example, the Edward Hotel Emergency Shelter added a SIS.

Moreover, partners shared that they have noticed an increase in safe drug use due to the availability of harm reduction services at the hotel. Two partners noted that access to harm reduction supplies and services has reduced a number of harmful effects of opioid usage (i.e., infections, overdose, and death). Partners also thought the availability of different on-site services has had positive outcomes for clients. For example, having an ICHA on-site clinic and Supervised Injection Site during the COVID-19 pandemic was helpful in managing social distancing and reducing the chances of transmission.

Additionally, on-site services also facilitated timely and direct communication with clients about harm reduction. Partners mentioned that this is especially important in delivering harm reduction services: *"Being able to locate clients and coordinate with staff on-site was incredible. Results for clients are certainly measurable."* One partner expressed that there is an ongoing need for enhanced overdose response & harm reduction capacity among staff for continuous improvement of service. The same participant recommended greater access to safe supplies to prevent the risk of overdose. Fred Victor could investigate collaborating with organizations specializing in harm reduction services to provide training for staff. For

example, the National Harm Reduction Coalition offers open training and capacity building workshops for service providers and community members. Training topics include the foundations of harm reduction, best practices for syringe services, engaging with people who use drugs, understanding drug-related stigma, and hepatitis C and drug use. The National Harm Reduction Coalition also offers online learning modules that staff and/or clients can complete individually.

However, partners also expressed concerns that the SIS was underutilized by clients. They explained that clients tend to avoid using the room due to its clinical appearance, which can be intimidating for some clients. The partner further explained that some may avoid using the room as they are not allowed to smoke in there due to lack of ventilation. As a result, some clients may prefer to use drugs in their own rooms, which poses a higher risk of infection and overdose.

B. Housing Support Services

Experiences with Hotel Shelter Services

CLIENT EXPERIENCES WITH ACCOMMODATIONS.

All the clients described having a generally positive experience at the Edward Hotel Emergency Shelter. They described the hotel shelter as comfortable, safe, and having a good environment. All the clients preferred the shelter to previous congregate settings they had lived, noting that being at the hotel shelter had drastically changed their life. One client indicated that being at the Edward Hotel Emergency Shelter helped him reduce the frequency of alcohol use, emphasizing that he had *"seen that progression"* since staying at the hotel shelter. Another client described how moving from a congregate shelter to the Edward Hotel Emergency Shelter saved their life:

> ***"I ended up in a shelter downtown…then I progressed to depression, then I was referred to this program and honestly, God saved my life. Because if I'd stayed in that other shelter seriously, I think I would have walked in front of a train. This has been a godsend." – Program Client***

One client said that scheduled services in the hotel shelter helped them build routine and discipline. For example, meal services help the client eat at regular times of the day (i.e., breakfast, lunch, and dinner). Another example is regular laundry service; the client explained that the consistency has helped him build discipline in terms of having his clothes ready for laundry day.

Many clients found that the stay at the hotel shelter provided a break from the struggle of paying rent. One client saw the hotel shelter as a housing opportunity and viewed any housing as better than no housing. They felt that any challenges in their experience at the hotel shelter paled in comparison with the all-consuming challenge of experiencing homelessness.

CLIENT EXPERIENCES WITH STAFF.

Most of the clients shared positive experiences with the staff, describing them as *"approachable"* and *"friendly"*. One client shared an experience where several staff worked together to find him a jacket. Clients also commented on how staff communicated and cared for clients. One client described frontline staff as becoming more *"caring and understanding"* since the start of the pandemic.

> ***"There was a time I needed a jacket during the week that day. And I saw the way management was putting a lot of effort to get me the jacket and I got the jacket. I end up getting two jackets because this one was looking for me and this guy was looking for me, so that's positive." – Program Client***

CLIENT EXPERIENCES WITH OTHER RESIDENTS.

Some clients expressed frustration with other clients who did not follow the shelter rules, noting that some residents cause damage to the property (e.g., kicking down doors). These clients feel that they are affected by other residents' behaviours. Another client saw substance use as part of the issue, noting that clients who used substances were *"taking advantage"* of the staff by damaging property with impunity.

Client Experiences During the COVID-19 Pandemic. The interviews revealed that clients were coping well during the pandemic and were generally comfortable with the COVID-19 rules that were enforced at the Edward Hotel Emergency Shelter. Some rules include physical distancing, mask mandates, limited capacity in shared spaces like elevators, common use rooms, etc. All clients that were interviewed wished that clients were compliant with COVID-19 rules and restrictions.

> ***"I think more people should be swabbed for COVID-19. Increasing more strict expectations regarding COVID-19 spread among rooms would be helpful. But it's kind of hard to control everything." – Program Client***

Hotel Amenities and Services

MEAL AND FOOD SERVICES.

Clients found hotel shelter meal service to be a vital support. Most clients used the service regularly and said the greatest benefit was the financial relief and assistance. For example, not having to purchase groceries and/or meals two to three times a day provided financial relief for some clients. However, clients who could not eat the hotel meals due to dietary restrictions or nutritional needs were not afforded the same financial relief. Despite Fred Victor's best attempts to provide special meals if requested, some clients still felt that they could not eat the hotel meals.

One client with a background in the food and hospitality sector was amazed that the hotel shelter provided chef-made meals. However, other clients shared a few concerns with the food services. Many clients struggled with the monotony of the food served, the long waiting times between meals, and the lack of snacks in between the meals. Other clients mentioned the lack of food accommodations for clients with dietary restrictions. Another client noted a lack of healthy food options, sharing that they would like more fruits and vegetables to be incorporated into the meals. Two clients did not share the same concerns about the food because they felt they were not in a position to complain about the service.

LAUNDRY SERVICES AND TOILETRIES.

Most clients spoke about the laundry services positively, noting the benefit of financial relief and assistance. For example, not having to spend money on a toothbrush or toothpaste. One client called access to amenities like the laundry facilities *"a blessing"*. However, one client shared that they preferred to access cleaning services offsite, albeit finding the associated transportation and service costs challenging.

Moreover, the toiletries provided by the hotel shelter were not always sufficient in meeting the needs of the clients. While the hotel shelter provides things like liquid gels, desktop cleaning, and laundry, they do not provide soap. One client described having to pay out of pocket for these items with the little money he has.

Privacy, Safety, and Dignity

The interviews revealed that privacy was one of the most important factors for clients. All the clients spoke positively about the private features of the hotel. These clients mentioned private rooms, private washrooms, access to phones, and cable television. These provisions made clients *"feel at home."* One client shared that the privacy and support services dramatically changed their quality of life. The stability and privacy offered at the hotel reduced their

stressors and their alcohol use. The client described how their mental health significantly improved with access to a private and safe space.

> ***"I think that's half the battle… you take someone off the street for mental health issues and give them their own space. And I think you'll see a major improvement in no time." – Program Client***

All the clients interviewed felt that the hotel shelter was safe. Several clients found that the private spaces reduced tensions and conflict in the hotel shelter. One client found that staff were quick to respond to any conflict or altercation. In contrast, another client stated that staff directed them to contact the police if there were issues with theft or altercations. The same client expressed discontent with this direction as they do not want to involve the police and would rather have the issues resolved in-house.

Overall, the clients felt the hotel shelter was safer than other shelter models or settings they previously resided in. One client described being assaulted and *"losing items"* in prior congregate shelters. The same client liked the security and privacy of the individual rooms at Edward Hotel Emergency Shelter. They considered safety in the shelter their top priority.

> ***"I would prefer [the Edward Hotel Emergency Shelter] 100%. Even though this location is far from trains, I don't mind at all. As long as [it is] safe. That's perfect for me. I don't mind the distance." – Program Client***

However, clients had differing views about the presence of security guards. Despite generally feeling safe, one client described challenges with the on-site security guards. In contrast, another client thought that there should be more security guards present. Both service providers and shelter users shared similar concerns with this change, noting that the issue of trust in the relationships between shelter users and people in positions of authority should not be downplayed. As a result of the COVID-19 pandemic, shelters have generally increased the use of security guards. Despite these challenges, some shelters have opted to staff more security guards. For example, Accueil Bonneau [a shelter] in Montreal, Canada, changed its shelter model to include more security guards under the assumption that security helps provide basic services efficiently and, thus, will help people exit homelessness faster. It is important that security guards are adequately trained to provide support in shelters in an effective and client centered manner, while not discounting the skepticism of some service providers, particularly social workers, about the new model.

Community Building

CLIENT.

One client felt the hotel had a sense of community and spoke positively about other clients. They found the hotel provided opportunities to socialize and meet people. They thoroughly enjoyed the individuality and unique personalities of other clients. Another client spoke about creating their own service for the client community in the hotel (i.e., a library space). The client approached staff to donate their books to establish a shared library space. Staff were very supportive of the initiative, which curated client autonomy, independence, and confidence.

FRONTLINE STAFF AND MANAGEMENT.

The interviews revealed that the size of the hotel and the number of clients were challenging for the staff at the beginning of the COVID-19 pandemic. When staff spoke about how they were managing these challenges, they mentioned the division of programs by floors. One staff shared that the division afforded *"more controlled"* service delivery, allowing staff to care for the needs of a smaller number of people on a specialized floor, rather than across the entire building.

The staff viewed this division of floors as effective in providing supports for the large clientele. Staff saw the positive impact on client well-being and community building. One staff member interviewed considered the client communities especially valuable in the hotel model because the clients were leading and building communities amongst themselves, independently of staff. Further, all the staff found that the clients in the hotel model were more communicative with staff about the needs of other clients as well.

Only two staff members spoke about potential conflict among clients. They viewed the conflict as minimal, especially when compared to communal living models. One staff member likened the hotel to an apartment building where neighbour disputes may happen. Overall, the staff considered the hotel model safer for clients than other models.

Information Sharing

FRONTLINE STAFF AND MANAGEMENT.

The current hotel model offers mental health and addiction expertise through The Works, Harm Reduction Workers, MDOT, SIS, etc. Despite existing expertise, staff stressed the need for more mental health and addictions support at the hotel shelter. The Edward Hotel Emergency Shelter takes an integrative approach to care that allows for information sharing among different service providers with consent from clients. For example, one staff member shared that when a client needs intensive case management, they are referred to MDOT

directly. An advantage of having MDOT on-site was the exchange of information about clients. Staff described how MDOT can provide background information to staff about clients who are new to the shelter. Staff would then be able to build on this existing information instead of having to build a client profile from scratch. This integrative service approach to care enables staff to efficiently develop support and housing services as well as referrals that are tailored to the client, while still maintaining client privacy and confidentiality.

> ***"Because we're working together in the same site, your client signed consents for us to share information, so we will know more about the person and serve them better if we have the collaboration of people who already work with them. And they might have a relationship with them as well." – Program Staff***

Isolation and Disengagement

CLIENTS.

During the COVID-19 pandemic, shelters implemented policies and procedures in alignment with government rules and restrictions such as capacity limits, mask mandates, social and physical distancing, isolation measures, etc. At the height of the pandemic, shelters stopped allowing visitors on-site and overnight. Clients who were interviewed did not express any personal struggles with social isolation or disengagement from the hotel shelter program. However, one client struggled with socializing under the visitor rules, in which friends were not allowed to stay over. Clients also mentioned that the hotel's location was geographically isolating. Similarly, staff and partners expressed concerns about the Edward Hotel Emergency Shelter's isolated location. Prior to the pandemic, clients would have full liberty to leave the shelter. This drastically changed during the pandemic when province-wide shutdowns were in place. Even as the shutdown was coming to an end and restrictions were being lifted, it was more difficult for clients to commute to the downtown core for services and supports that were operating under new rules and restrictions.

PARTNERS.

Clients shared pros and cons about the Edward Hotel Emergency Shelter's location. The Edward Hotel Emergency Shelter's geographic location is isolated and far from downtown, making it inconvenient and isolating for some clients. This could contribute to increased feelings of marginalization as well as disengagement from program and services that are usually located downtown unless there is intentional connection and supports in the area where the hotel is located.

Partners also mentioned *"isolation"* as a challenge. They spoke about two types of extreme isolation: (1) related to COVID-19 and (2) related to the location of the hotel shelter. COVID-19 and the associated regulations of physical distancing have created a sense of isolation for clients, although this has also created opportunities for clients to create a community where there is support for each other.

C. Peer-Led Services

CLIENTS.

Peer support services offer unique support to clients. Service users often share that their peers can understand and relate to their experiences, and as a result, they can more openly engage with services. Fred Victor clients who accessed peer support services highlighted it as a safe space for open discussion. One client found conversations with peers easier than conversations with staff, adding that conversations with peers helped them with understanding and better communicating with staff. Moreover, peers provided a social connection for some clients. One client said that having someone to talk to *"brings back liveliness"* and improved their wellbeing.

FRONTLINE STAFF AND MANAGEMENT.

The interviews revealed that peer-led services were critical in providing social support and continuous communication with clients. Peers were seen as more trusted by clients because of the shared lived expertise, which guided positive relationships and rapport-building with peers. Staff highlighted that this provides staff and clients a sense of stability, strengthening the long-term staff-client working relationship.

Several staff members considered peers as vital for overdose prevention as well as intervention. One staff member stated that the ongoing communication between peers and clients was a key part of overdose prevention and likened it to *"human contact counselling."* Peers check-in and provide support (e.g., asking if clients are taking their medications) before the client reaches the point of crisis.

Moreover, peers were also described as critical in helping shelter staff intervene in overdoses and save client lives:

> ***"It's to have peers who work with people who using substances and they actually are with people. They witness, they support them, if the clients want, and that means their peers are there with them. Then that decreases the risk of losing someone because you can intervene faster…" – Program Staff***

Peer Well-Being

FRONTLINE STAFF AND MANAGEMENT.

All staff acknowledged the importance of adequately supporting peer workers. As found in other programs, it can be challenging for peer workers to work in shelter environments. Fred Victor was able to connect peer workers with their supervisors to ensure peer workers receive the supports they need to be successful in their positions.

> *"Lived experience, particularly with substance can be challenging here…and there's so many triggers here because so many of our clients use. We did have instances where [peers] kind of fell back into old habits or old lifestyles." – Program Staff*

D. Discharge, Referrals, and Community Linkages

Discharge Practices

CLIENTS.

Clients described the staff as encouraging in terms of independently researching and looking for housing that meets their unique needs. One client shared knowledge about different housing options in the community (e.g., co-operative housing) and about high rental rates in Toronto. The same client, however, highlighted that research and patience would help them find a good deal in the rental market.

FRONTLINE STAFF AND MANAGEMENT.

The staff described systemic challenges in the housing sector that are beyond their control, like costs and availability of housing. The staff addressed these challenges by recommending that services be redesigned for whole communities instead of individual clients. Rather than delivering an individual discharge, services should be tailored to specific communities and include community-specific supports such as spiritual support from religious leaders and social support from community members.

> *"I think the challenge is that we need to create services that are geared to communities, as opposed to bringing in people individually and placing them in places where they might just be completely disconnected from that." – Program Staff*

Systemic Challenges to Tailored Housing

FRONTLINE STAFF AND MANAGEMENT.

All the staff interviewed highlighted the continued difficulty of finding supportive housing that is tailored to a client's diverse needs. For example, some clients may require healthcare services and/or mental health and addictions supports either on-site or close by so that they are easily accessible. Other wraparound supports that some clients may need include financial assistance in terms of transportation, rent, and food. One staff indicated that it is *"risky"* to place a client who has high needs into a type of housing that does not provide the appropriate services. Without adequate services and wraparound supports in housing, it may pose challenges for clients to maintain housing and stabilize in the community post-discharge from shelter. Even with existing available housing options, it was difficult to match housing with the specific client needs. One staff further explained the challenge as *"a systemic thing because there's not enough housing for the demand that we have."*

One staff considered collaborating with partners as a way to provide supportive housing. For instance, partners like John Howard Society (JHS) and MDOT provided unique expertise and support on housing to meet the specialized needs of clients. The same staff described a housing process where a client who is recently released from incarceration is referred to JHS for assistance with finding attainable and sustainable housing.

> ***"Every different support has their little niche and their housing that they work with." – Program Staff***

Service Gaps

LACK OF CONTINUITY OF CARE.

The staff repeatedly spoke in their interviews about a lack of continuity in care, highlighting challenges with providing follow-up support for clients after discharge. Several staff members considered this as a barrier to supportive housing. Again, staff cited MDOT as critical to providing supportive housing services because they can follow up with clients about their housing:

> ***"If they're not attached already to some type of long-term case management, MDOT will follow them. But it also depends on what program they go to. If they go to a shelter that doesn't have MDOT, then they don't continue the care." – Program Staff***

LACK OF INTEGRATED, COORDINATED RESPONSE.

The lack of an integrated, coordinated health care response is a unique systemic challenge in the homeless sector. A disjointed health care system for this population contributes to a lack of continuity in care. In a report by Ontario Brewery Mission (OBM) in Montreal, Canada, OBM made several recommendations to build a continuity of care that would target the unique needs of people experiencing homelessness. Most notably, OBM recommended advocating for the incorporation of health system navigators in shelters and within the broader public health system. Research shows that health system navigators can have positive impacts on people experiencing homelessness. Some positive impacts include increased rates of screening, increased usage and retention in care, improved relationships with primary care providers, and improvements in self-reported physical and mental health.

There are four functions that shelters and public health care systems can prioritize to create an effective health system navigation: (1) connection with other services (i.e., primary care, specialized care, community services); (2) education about the health service system, mental health and addictions, treatment approaches, etc.; (3) linkage facilitation in terms of reminders, transportation planning, or accompanying clients to appointments; and (4) follow-up with clients after referrals to determine if the client was successfully connected to the service. Dedicated navigation roles can ease the workload of nurses, social workers, and case managers so that they can perform their core patient care duties. Additionally, it might be beneficial to have *"peer navigators"* who have lived experience of homelessness to facilitate relationship building with clients (Akriti et al., 2022).

Referral Processes

CLIENTS.

The clients who received referrals found them helpful, especially when they were affordable. Clients accessed referrals for housing, clothing, and healthcare services. One client appreciated that the staff referred them to services that were affordable for them, noting that the staff went *"above and beyond"* to refer them to dental services.

Only one client accessed employment support services, sharing that they liked the support and training that was provided. The client was in training to receive a security license to use in their current job as a security guard. The client shared that their employment was not just any form of income generation, but felt the training was helpful in building a career path.

Community Linkages

CLIENTS.

A few clients spoke about connecting with community groups and resources. One client felt that community connections supported them in *"saving money"* to use towards housing (i.e., rent). Another client found the community groups beneficial for socializing and stress management:

> ***"[T]here are community support groups. It's a good way to get to know each other and I'm very relaxed when I'm with them. It seems like yoga. It's like a meditation you know, you feel like you're stressed. This is helpful." – Program Client***

In contrast, some clients did not access community services due to affordability and financial constraints. For example, one client reported needing a knee replacement surgery but was not able to afford it. People experiencing homelessness face significant barriers when trying to access health care. Many people experiencing homelessness rely on walk-in clinics and emergency rooms, which are very expensive. Some barriers include lack of an Ontario Health Insurance Plan (OHIP) card, high medical cost, access to a family physician, physician-patient rapport, as well as unfair and inequitable treatment (Homeless Hub, 2014).

FRONTLINE STAFF AND MANAGEMENT.

The interviews revealed that staff were aligned in their views of client needs for, and importance of, supportive housing. For instance, staff mentioned that financial support through the Ontario Disability Support Program (ODSP) is not enough for affordable, sustainable housing in Toronto. One staff also highlighted the lack of responsiveness in terms of culture and identity of community services that are accessible to this particular client group.

Staff considered community mapping a key component in tailoring housing for client needs. Despite connecting clients with services in their community, some clients continue to struggle. Separating clients from the community they have built in the shelter can result in social isolation.

E. Sectoral Challenges

Staff in the housing and homelessness support sector encounter numerous challenges as a result of complex and intersecting issues spanning the systems-, sector-, organizational- and individual-level. Indeed, Edward Hotel Emergency Shelter has had its own fair share of these challenges. It is well documented that workers in the housing and homelessness support sector in Europe and North America experience substantial mental health challenges (Lemieux-Cumberlege & Taylor, 2019; Wirth, Mette, Prill, et al., 2019), burnout, and work-related stress (Lenzi et al., 2020; Waegemakers-Schiff & Lane, 2018), safety issues (Fisk et al., 1999), and may experience structural, workplace, and individual-level discrimination, as well as harassment and violence (Fisk et al., 1999; Robelski et al., 2020). Previous research has also demonstrated that workers in this sector lack adequate paid sick leave, and in some cases, sector workers may lack adequate training, resources (e.g., compensation, materials, and other assets), and supports (e.g., health benefits, counseling, peer support, professional development, etc.) to do their jobs safely and effectively (Lenzi et al., 2020; Mette, 2020; Olivet et al., 2010; Spinney, 2013; Valoroso & Stedmon, 2020; Wirth, Mette, Prill, et al., 2019). The sector is also characterized by high rates of employee turnover and low employee retention (Poskitt, 2019; Rios, 2018). Toor (2019) also reported that there was limited opportunity for full-time and permanent employment for staff in this sector. Existing literature also demonstrates that this sector is often impacted by significant resource and funding constraints. The COVID-19 pandemic has only worsened many of these issues for frontline staff in this sector.

Organization- and system-level challenges have been exacerbated during the COVID-19 pandemic, with dramatic increases in staff turnover in the homelessness services sector. Although staff tried their best, turnover impacted their ability to provide intensive services, as captured in interviews with Fred Victor clients, staff, and partners.

Staff Turnover

Some challenges coming from the organization level include lack of training and high rates of staff turnover (Lemieux-Cumberlege & Taylor, 2019; Lenzi et al., 2020; Mette, 2020; Olivet et al., 2010; van den Berk-Clark, 2016; Waegemakers-Schiff & Lane, 2018). High rates of staff turnover in organizations and staff shortages are major causes of stress for staff in the sector. Employees in the sector, despite reporting being deeply committed to their work, still tend to leave their jobs after only two years (Rios, 2018). Factors at the systems level, beyond the control of an organization, also play a major role in creating challenges for frontline staff in the sector. Funding is a significant factor that contributes to challenges that impact employment and staff in the sector. As a result of funding issues, there is limited availability of full-time

permanent positions and inadequate remuneration for frontline staff, and organizations are restricted in their ability to provide extensive support services and ongoing comprehensive training (Lemieux-Cumberlege & Taylor, 2019; van den Berk-Clark, 2016).

Interviews revealed that although most of the clients viewed the staff favourably, several clients were unable to access support workers. Three clients described how this difficulty impeded their ability to move forward with their housing applications. One client stated they were in the process of looking for rental properties but was unable to move forward because they could not access their assigned support worker due to staff turnover. The client was unsure if another support worker was assigned to help him with finding housing. Another client described being given *"the runaround"* and being switched between three different housing workers:

> ***"We got assigned a worker and then the worker assigned us another worker, and then eventually this other worker found us a place in Etobicoke that we liked. There was something with our paperwork. The landlord was like we can't get it because we don't have the letters or some stuff like that. Then we got switched back to the same worker… I can't say too much on the housing. I feel like I'm getting a run around." – Program Client***

The client felt that one worker would offload the client to another so that they would be *"someone else's problem"* and responsibility. Several clients attributed this lack of support to the staffing issues in the hotel. They felt that staff were willing to help but were unavailable, busy, or overextended.

> ***"My worker is busy. I'm not the only one here, you have to like schedule your worker to when you have to see him and that's because he's by himself. Every employee has all 33 people in one floor so that's too much. So, he puts the time or date of when you're going to see him and your schedule." – Program Client***

In order to provide enhanced supports for clients, it is important that support workers have access to adequate training so that they can support clients effectively. For example, all shelter workers must undergo appropriate training and retraining in the areas of Housing First, enhanced case-management, harm reduction, trauma-informed care, and strength-based interventions. Other supports that would greatly alleviate stress on housing workers include providing housing allowances and wraparound supports for clients to be successful in securing and maintaining housing.

Coordination of Supports

CLIENT.

With limited staff resources, homelessness service agencies have partnered with many organizations to provide specialized supports to clients. The influx of partners resulted in new challenges related to the coordination of supports. One client said more coordination among staff was necessary to provide proper support to clients and suggested using a blackboard to exchange information among staff during shift changes. This view was shared by partners as well, who emphasized that established mechanisms of coordination would benefit the program greatly. For example, use of a shared blackboard for information exchange would greatly relieve staff of stress from shift changes. Staff can fill in *"need-to-knows"* on the shared blackboard for their caseload that the next shift person can use as debrief before starting their shift. This strategy increases communication and coordination among staff, which contributes to better service and care delivery to clients.

Monitoring Clients

FRONTLINE STAFF AND MANAGEMENT.

Although the staff praised the individual room accommodations for increased privacy and safety, they noted that the model had its limitations. All the staff interviewed found it difficult to monitor clients in the hotel due to the large size of hotel structure and the limited shelter staff. Several staff members emphasized that a significantly larger staff is necessary to manage a shelter with 250-300 clients.

One staff member also thought the privacy of the individual rooms made it difficult to track activities behind closed hotel doors.

Staff Retention

Research indicates that workers in the homeless serving sector lack adequate paid sick leave, adequate resources (e.g., compensation), supports (e.g., health benefits, counselling, professional development) to perform their jobs (Lenzi et al., 2020; Mette, 2020; Olivet et al., 2010; Spinney, 2013; Valoroso & Stedmon, 2020; Wirth, Mette, Prill, et al., 2019). Additionally, there is limited opportunity for full-time and permanent employment for staff in this sector. All-in-all, these sectoral challenges make it difficult to find and retain staff.

FRONTLINE STAFF AND MANAGEMENT.

All the staff stated that the greatest challenge to providing supportive housing services was staff capacity and retention. One staff member noted that although the division of floors worked well in principle, in practice it was negatively impacted by low staff retention:

> *"But we lose people, lose case managers. We train them, and then they go, so that is the challenge there." – Program Staff*

Staff viewed this as a systemic issue that will continue to negatively impact the shelter and its programs. One staff member likened the Edward Hotel Emergency Shelter as a *"training ground"* for case managers, who move to better paying jobs. All the staff recommended maintaining COVID-19 pay and paid sick leave to improve staff retention.

> *"We've lost staff that have great engagement. We've lost staff that are great in code responses. That [has] definitely been something to look at." – Program Staff*

All the staff said there was a need for more staff training on housing delivery services. Several staff saw this as part of the bigger issue and lack of standardized training in the sector. One staff member added that it was difficult to address staff training when the efforts were concentrated on hiring appropriate staff and retaining them.

F. Partnership Strategy

Expertise and Support

FRONTLINE STAFF AND MANAGEMENT.

Partners brought expertise in health and harm reduction services that were not available in the models that staff previously worked in. Staff described the partnerships as a way to overcome the siloed nature of the sector. One staff explained that it was difficult to address systemic issues around health and equity as a result of a disjointed shelter system. The same staff emphasized that *"health is an integrated piece"* and shared that having strong collaborations with the right partners ensures that healthcare services are incorporated in the housing program.

Moreover, staff mentioned that knowledge exchange between other staff and partners would be beneficial in terms of learning more about a partners' expertise and about clients. Staff frequently identified ICHA for health services, MDOT for mental health services, SIS for harm reduction services, and JHS for post-incarceration support services.

> *"[Staff] rely on their expertise in many ways because it's expertise in mental health and addictions, but also expertise on the client. They might already have worked with the client." – Program Staff*

PARTNERS.

Even though COVID-19 has been a stressful time for everybody, it has also been educational in many ways. Partners highlighted the collaboration among different agencies working at the Edward Hotel Emergency Shelter, particularly noting strong relations with law enforcement in the hotel shelter program. Partners also shared that the hotel shelter program has been impactful for its clients. For example, resources were adequately allocated to ensure clients were supported. The shelter also adopted a harm reduction approach to address opioid dependency. Partners believed that clients were responding positively to the hotel's partnership strategy.

> ***"I think overall residents feel that the partners have been really helpful." – Community Partner***

Cross-Agency Communication and Collaboration

FRONTLINE STAFF AND MANAGEMENT.

Edward Hotel Emergency Shelter staff discussed the effectiveness of the hotel shelter model in relation to collaborative partnerships and service integration. One staff likened the hotel model to a *"hub of services"* that clients can easily access without leaving the shelter.

> ***"If we don't have access to these partnerships and the services that they provide, we actually don't have the hotel model." – Program Staff***

Moreover, staff spoke highly of partners and described them as supportive in terms of helping to care for clients. One staff expressed gratitude towards partners because clients can receive support from partners who have the expertise to support the clients. For example, staff can refer clients to MDOT or ICHA for mental health and healthcare support.

> ***"That is incredible support for the staff, because our shelter staff, they take care of all the clients, but they also have their shelter work to do…" – Program Staff***

PARTNERS.

Partners share the same positive sentiment as staff in terms of communication and collaboration among staff and partners. Working at the same site has created a more cohesive and collaborative environment for increased communication. There is more appreciation and understanding of each other's roles, values, and points of views. This collaborative culture and effective communication have ultimately improved quality of services, strengthened referrals, and reduced isolation for clients.

Working together day after day has brought the staff together and fostered positive connections for long-term relationships. One partner mentioned that this collaborative relationship has made it easier to arrange trainings and implement harm reduction approaches on site. Fred Victor management was praised for having a *"flexible management model with open and very responsive communication"* with partners. Partners saw this as particularly important in case management, which directly impacts support for clients. Additionally, some partners shared that they try to help the Edward Hotel Emergency Shelter staff whenever possible and vice versa–this has helped both parties in curbing any stressful impacts of the pandemic.

> ***"Oh, the staff there are fantastic. [I] think there's a lot of really positive relationships built like very therapeutic ones." – Community Partner***

Coordination Across Services

FRONTLINE STAFF AND MANAGEMENT.

The influx of new partners and privacy concerns presented new challenges related to coordination across services. Staff highlighted a few challenges around program operations and management, including service duplication, competing mandates, staff roles, and values among partners. For example, the Edward Hotel Emergency Shelter procedure for overdose response is to use naloxone, dial 911, and follow directions of Emergency Medical Services (EMS). However, harm reduction partners might opt to administer oxygen to the client instead. As a result of conflicting protocols, Fred Victor and the harm reduction partner collaborated to develop a drug overdose response protocol. Despite the competing views on harm reduction services among partners, Edward Hotel Emergency Shelter staff found that partners worked together successfully:

> ***"Typically, they're on opposite ends of the spectrum but they're both very happy to work along with each other at least not to deter one another. We look at harm reduction as a whole. It's not just this, it can be the other as well." – Program Staff***

All the staff spoke about managing partnerships through open and frequent communication. Several staff members found the weekly staff-partner operational meetings helpful for coordination with partners. The weekly meetings give both staff and partners the opportunity to share successes and challenges, which is beneficial for subsequent coordination of client care.

PARTNERS.

Partners are appreciative of the collaborative partnership strategy and believe that everyone involved shares the same sentiment. It has been helpful for both clients and staff to have an on-site multidisciplinary team as it greatly contributes to smooth operation of the program and services. One partner shared that Fred Victor staff play a crucial role in the partnership strategy as well, crediting them for their efforts with setting up and organizing the health clinic, bringing clients to the clinic, and reminding clients to pick up medication at the clinic.

> ***"Without their (shelter staff) help, our nurses are going to have hard time coordinating the clinic." – Community Partner***

Additionally, partners also applauded Fred Victor for the service coordination strategy, which is still evolving and has significantly improved since the start of the COVID-19 pandemic. Both Edward Hotel Emergency Shelter staff and partners work well together, and compromise where they can, to ensure consistent and adequate delivery of care and services to clients. One partner believed that this common effort is appreciated from both sides. Partners also shared that the multidisciplinary approach facilitated referrals and connections to resources in the community, especially in mental health and addictions.

Moreover, one partner explained that the sharing of common goals promoted efficiency in terms of service and care delivery and improved communication among an *"otherwise disconnected system"*. However, one of the challenges identified by partners was ensuring that all partners and third-party services met the standard requirements set out by Fred Victor.

Partner Roles and Approaches

PARTNER.

The hotel shelter model could be confusing for clients who are not aware that there are several partner agencies providing supports at the hotel. This can create confusion for clients who might think all the staff work for Fred Victor. This role confusion may cause a distrust of service providers and clients may refrain from disclosing necessary information when receiving services. One partner offered insight into how to navigate this barrier, which includes having a conversation with clients to explain their role and how it fits into the program. Fred Victor can also consider hosting a *"partner fair"* where clients can learn about each partner and the services they offer. Pamphlets and posters could be helpful in generating awareness of hotel services. Partner-led workshops for clients is another method in raising awareness of services and to engage clients.

Post-Incarceration Recovery

PARTNERS.

Partners also built informal partnerships outside of the hotel. For instance, one partner started informal partnerships with the Centre for Addictions and Mental Health (CAMH) at a jail to ensure successful client transitions. Partners feel that the hotel shelter program is an important step in the recovery process for clients who are exiting the criminal justice system. The partner explained that:

> ***"The end goal is referrals from the jail to case management, and a referral form case management to the hotel. This creates a seamless transition where we can find the clients and they don't fall through the cracks and end up back in custody." – Community Partner***

G. Supportive Housing Approaches

Intake Processes

FRONTLINE STAFF AND MANAGEMENT.

Intake is the first step to building a supportive and tailored housing plan for a client, and as such the intake process should include an assessment of clients' needs and housing requirements.

> ***"The intake is vital. Because you know what you're bringing in. The person knows what they're going into, and what the plan is going to be." – Program Staff***

One staff member suggested collecting discharge information during the intake process, explaining that this practice would provide an assessment of the supportive housing needs of the client. Another staff member recommended creating an intake team that would conduct a more comprehensive intake and produce detailed plans for case managers to work with. Moreover, several staff members recommended matching the intake application to a specific floor based on the client's needs. A variation of this practice is already in place at the hotel; clients are housed on specific floors based on their acuity/level of needs.

> ***"It's a concept, that if we understand why the person is here, then we're better. We're more likely to be able to provide better service right from the outset." – Program Staff***

One staff member suggested that case managers limit intakes to internal referrals from case-workers as this would create an efficient referral flow for clients who are ready to be housed. Staff also recommended extending the transitional housing period after intake to a period of two to five years so that *"everything could be put in place"* in terms of seeking and applying for housing as well as turnaround time.

Expand Service Provision

PARTNERS.

Despite the challenges with its isolated location, partners recommended the Edward Hotel Emergency Shelter become a permanent site. The partners want Fred Victor to keep operating with their existing program model. They expressed that the current shelter model with individual rooms, meals and cleaning, and on-site services has proven to be successful and foundational to supporting clients. This program needs to be further developed to meet the complex needs of clients. This requires increased staffing levels, and involvement of clients in program design and development.

> ***"The Edward Hotel [Emergency Shelter] should use this location as a step before housing. The Edward Hotel [Emergency Shelter] has made a huge positive impact upon our homeless community and provided a solid foundation for our clients to progress in their lives." – Community Partner***

Partners expressed that supportive housing must be built on cross-sector collaboration that addresses the social determinants of health (employment, physical health, mental health, income, etc.). One partner expressed that ICHA should operate at every Fred Victor site to ensure a supportive housing model. Additionally, partners recommended introducing more services on-site like ID Clinics, Overdose Protection Services (OPS), even on a part-time basis (i.e., one to two days a week). Partners also suggested improving access to in-house medical and mental health services through increased funding, programs, and staffing.

Most importantly, partners shared that shelter services and supports need to be consistently re-evaluated to ensure an efficient and client-centred approach. This may involve creating a community advisory committee to ensure there is input from experts in the sector, including those with lived expertise.

> *"This was a great program and the fact that it just started by the pandemic. I mean, it is blessing in disguise. I don't know but it's improved that if there are enough funds and organizations with expertise, we can really make a difference by working together like getting all these stakeholders and partners to work together." – Community Partner*

Client Privacy

CLIENTS.

Clients recommended that the shelter system look into having more shelters like the Edward Hotel Emergency Shelter model, particularly noting individual rooms/spaces and shared spaces. Several clients valued the privacy in the hotel shelter model and wanted to maintain that in their permanent housing. Clients shared that they would like their permanent housing accommodations to include private amenities like their own washroom and kitchen. With that being said, several clients recognized that housing options are limited albeit expressed worries about losing the privacy and independence the shelter provided. Clients were mostly worried about incompatibility issues with potential roommates. One client recommended a *"roommate meet-and-greet"* to assess compatibility in house-sharing options if private housing is not available.

Client Independence

CLIENTS.

Several clients would like access to services that are tailored to increasing independence. This could include life skills development opportunities through workshops, group programming, and volunteering. One client valued the increased independence they gained in the hotel shelter model but expressed a desire to return to the pre-shelter lifestyle such as preparing their own food. Two clients benefited from volunteering at the shelter, sharing that it provided them with autonomy and motivation.

> *"[Volunteering] is a three-hour job and then you receive something like $10 gift certificate or $20 is certificate for Tim Hortons or Dollarama. [Clients] are very happy as they do their jobs." – Program Client*

Hotel Amenities and Services

CLIENTS.

Despite generally liking the food, the clients made several recommendations to the meal options and delivery times. One client recommended having several snacks between these waiting times, particularly for the clients who use substances and need food when hungry. Another client requested having simple meals that most people enjoy, such as hot dogs and burgers. In addition to the hotel meals, one client recommended access to a kitchen and appliances such as microwaves.

Accessibility: Service Hours and Location

CLIENTS.

Some clients had difficulty accessing services outside of the scheduled hours. One client worked overnight shifts and missed the laundry drop-off services that are only offered once a week. The same client requested additional time slots to make the services more accessible. Moreover, several clients said that the shelter should ideally be situated closer to public transportation, grocery stores, and other amenities.

PARTNERS.

Partners recommended several approaches for building a Supportive Housing Model. These include: (1) a strengths-based approach to support, (2) a recovery-oriented approach to care, and (3) eviction prevention. Specific supports included the following: (1) individual accommodations, (2) wrap around services (on nights and weekends), (3) on-site mental health supports, (4) on-site harm reduction supports, and (5) 24/7 access to trained case managers.

Partners believed that assigning caseworkers to clients instead of specific programs would allow caseworkers to support clients regardless of the program they are in. Moreover, one partner expressed the need for a centralized medical service staffed with physicians and psychiatrists to ensure necessary treatment and support for clients. Finally, partners stressed that future models should include *"active participation in [the] decision model from individuals who experience and have experienced homelessness"* as well as client- and peer-led initiatives.

On-site Services and Supports

CLIENTS.

Several clients said that a supportive housing model should be identical to the Edward Hotel Emergency Shelter model with some additional changes, such as extending shelter stays, introducing legal and financial services, and more healthcare services. One client asked to be able to stay at the shelter after the program ends as they felt that they would require the support provided through this hotel shelter model for an extended period.

Clients wanted more on-site healthcare services including an on-site dental clinic. Another client requested that on-site healthcare providers write prescriptions for clients so that they do not need to travel far for one. For clients who were more independent and farther ahead in their housing applications, they would like access to services for legal and financial advice.

Additionally, the interviews revealed that clients felt the hotel model was in need of more individualized services for certain groups. One client suggested more support for clients who were less independent. For example, installing more cameras to effectively monitor high-needs clients as a safety precaution. Some clients highlighted the need for support with finances, as they struggle with generating and/or spending money. This could be an opportunity for a life skills development workshop.

FRONTLINE STAFF AND MANAGEMENT.

All the staff members spoke positively about the hotel shelter's division of programs by floors. Several staff members recommended matching applications to designated floors, where prospective clients would specify which floor of the supportive housing model they would like to reside on. Staff can also have the flexibility to match applications. Several staff spoke about furthering the model's designated floors to make them more specialized and supportive for client needs. One staff member suggested embedding specialized healthcare into the services on each designated floor. For example, an office on each floor would ensure that staff are available to clients on that floor. Each floor can also have a dedicated room where partner staff can provide services (e.g., healthcare, mental health, and harm reduction support, etc.).

> ***"If this were supporting housing, we would have certain floors for certain clients. … You'd have an office there. Whatever supports that they would need, you would have a room where they could possibly have counseling. … Or for physical health, you could have PSWs. You can have that, or you could have your nurses. You can have days where the doctor comes in." – Program Staff***

On the other hand, staff identified two health services that are not sufficiently offered in the current model: (1) medication management and (2) psychiatric services. Medication management in the current hotel model is only offered once a week and considered by staff as inadequate for client needs. One staff member shared that some clients need to have dispensed medication three times a day, thus daily management is needed for the model to be supportive. Psychiatric services are not offered regularly in the current hotel model and are limited to assessment. Staff stated that the psychiatric services are highly in demand by clients themselves. One staff member mentioned Transdiagnostic Behaviour Therapy (TBT) and Cognitive Behaviour Therapy (CBT) sessions were provided to clients and this could be beneficial if provided on a regular basis.

PARTNER.

Partners recommend adopting a harm reduction approach in homelessness prevention policies and programs. They stressed that it is important to follow the most recent guidelines, meet the standards, show empathy towards clients with substance use disorders, and more generally, treat clients with respect. One partner recommended to have a designated smoking area close to the injection site. Partners also recommended more educational and promotional sessions with clients about overdose risk.

Furthermore, partners repeatedly stressed the need for participatory program design; involving more people with lived experiences will help to ensure that the program is well suited to meet the needs of those accessing the program and services. More funding may be required for the additional hours and involvement of people with lived and living experiences for designing a harm reduction program.

PARTNERS.

When asked about what elements should be included in a Supportive Housing Model, partners highlighted the following programs/models as examples.

1. ***Critical Time Intervention (CTI) Model:*** One partner suggested the Critical Time Intervention (CTI model) to deliver timely and responsive support for clients transitioning between systems, particularly those navigating and/or exiting the criminal justice system.

   CTI is a time-limited evidence-based case management model. CTI is used to mobilize support for society's most vulnerable individuals during periods of transition (The Center for the Advancement of Critical Time Intervention, n.d.).

In a supportive housing model, CTI is designed to help a person after their discharge from a hospital, shelter, or prison, among other institutions. CTI workers provide case management, including emotional and practical support, to help people build critical support networks which will help them in meeting their long-term goals. A CTI worker works with a person to help them strengthen their long-term ties to services, family, and friends (Evans, 2009).

One case of the successful application of CTI is the Downtown Women's Centre (DWC) in Los Angeles. The DWC provides permanent supportive housing for single unaccompanied women. The Centre has 119 units across two residences in downtown Los Angeles. The DWC uses the Housing First Model and provides access to individualized support and services. They offer clinical health services, vocational education and social enterprise supports.

The CTI model is used to ensure women not only exit homelessness, but also thrive in their community and work toward achieving their goals (Downtown Women's Centre, 2021). Women are encouraged to continue working with their case managers on supports that help them achieve long-term stability (Downtown Women's Centre, 2021). A key to the successful implementation of the CTI model is the comprehensive on-site offerings, including a Day Center and Women's Health Center. Residents are given access to services, programs, and resources that would not be available on-site in programs with fewer comprehensive offerings (Harder+Company Community Research, 2014).

2 ***LOFT High Risk Support Housing Model used at LOFT Community Services:*** One partner suggested the high-risk support model LOFT provides in SRO supportive housing. LOFT provides a recovery-based model of supportive housing for people living with complex mental health and/or additional challenges.

One case of SRO affordable housing is St. Anne's Place, located in Toronto's Parkdale neighbourhood. LOFT owns and manages the residence and offers rent-geared-to-income housing. St. Anne's Place serves a diverse group of seniors, including those with mental health and addictions challenges, physical health concerns, social isolation, poverty, and homelessness (LOFT Community Services, 2022). Programs and services are designed and implemented to provide individualized supports and enable tenants to choose their own levels of privacy and social involvement.

The residence has 110 suites, ranging from small and mid-sized bachelor units to one-bedroom apartments. Support services include assistance with personal care, essential housekeeping, laundry services, medication support, escorts to appointments, and 24 hours/seven days a week on-site staffing (Tunstall & McIntyre, 2015). Residents can pay into a meal program that is geared to what they can afford (Mathieu, 2019). Meals are offered in the dining room (congregate setting). Psychogeriatric case management services include assistance navigating the health care and social services systems and finding and accessing services an individual client requires (Tunstall & McIntyre, 2015).

The partner recommended the model for its use of individual units (bachelor apartments) to enable client independence as well as a shared lounge where staff can monitor clients.

3 ***Strachan House Model:*** One partner suggested Strachan House and its harm reduction approach. Strachan House is a supportive housing site operated by Homes First, located near the Liberty Village neighbourhood in Toronto. The building is owned by the City of Toronto and leased to Homes First. Strachan serves single men and women who are 21 years and older and experience chronic homelessness.

The site is a three-story building with 83 single units that are organized into 12 separate 'neighbourhoods' (also referred to as 'houses'). Each neighbourhood is designed to be a space for a micro community and offers a shared kitchen area and a shared washroom.

Residents are considered the *"hardest to house"* and have complex needs with severe mental health issues, addictions, behavioural and cognitive issues, cognitive disabilities, physical disabilities and people are experiencing issues related to aging (Addictions and Mental Health Ontario, 2018). Individual units are private spaces, and residents participate in decision making regarding how common areas function.

Strachan House provides 24/7 on site supports from Community Support Workers, who deliver programs on life skills and tenant rights and responsibilities. Strachan established their own 'harm reduction-within-housing' framework, in which harm reduction principles are applied to all aspects of a tenant's health and behaviours (Addictions and Mental Health Ontario, 2018). Under this approach, staff focus on harms associated with problematic behaviour and explore how they

can be reduced, instead of focusing on how to get a tenant to stop using substances (Addictions and Mental Health Ontario, 2018).

Strachan House considers itself a no barrier housing which allows tenants to choose the level of engagement with supports. They work closely with other service providers, and work directly with the Parkdale Queen West Community Health Centre to provide on-site medical supports from physicians who work on a rotating schedule (Addictions and Mental Health Ontario, 2018). This is a critical service since many of the tenants access health services and would not go to appointments offsite (Addictions and Mental Health Ontario, 2018).

The partner acknowledged that this model may not be ideal for clients who did not wish to be around substances.

Staffing

PARTNERS.

Partners expressed the need for Personal Support Workers (PSW), Registered Practical Nurses (RPN) and Registered Nurses (RN) to deliver services that shelter staff are not certified or equipped to provide. Partners also recommended increasing the number of case managers, which are viewed as especially important in a Supportive Housing Model. Partners feel that caseworkers can provide support and assistance to clients during appointments. Further, their empathy to clients' situations can be helpful in the client's healing journey. Another recommendation was to increase wages for the frontline staff. This will help with staff retention and capacity building.

> ***"With more consistent staffing the pressure can shift form relying on responsive management to a solid frontline team and this can support a reliable and potentially successful pathway from jail discharge to shelter accommodation." – Community Partner***

Capacity Building for Edward Hotel Emergency Shelter Staff

FRONTLINE STAFF AND MANAGEMENT.

Staff members recommended providing training to all the staff in the hotel shelter. It was later clarified that Fred Victor hotel staff will receive housing training to be able to implement the new model of service to assist with coping with staff turnover and the need to house clients. A team's approach may be beneficial considering the rapid turnover of staff at the agency.

PARTNERS.

All the partners stressed the need for greater staff support and capacity building for Edward Hotel Emergency Shelter staff and partners. Partners recommended continuous trainings or workshops for staff (i.e., harm reduction, grief, loss) to ensure staff are best equipped to support clients in the absence of certified professionals.

Strengthening Partnerships

FRONTLINE STAFF AND MANAGEMENT.

Staff recommended strengthening partnerships by improving coordination and integration across existing partner services. One staff member spoke about establishing a coordination process and integrating it into the hotel programs. All the staff interviewed requested more support from MDOT to continue providing multidisciplinary supports for harm reduction. Some staff recommended adding more supportive services in harm reduction that can provide a holistic approach to client health and wellness. One staff member suggested exploring opportunities with private companies to secure products and resources, such as vitamin supplements, to provide holistic supports for client health and wellbeing.

> ***"What about these other parts where people can laugh when people can feel relaxed, when they've learned some breathing techniques or yoga, or something that's going to help them help them deal with stress?" – Program Staff***

PARTNERS.

As partners have spoken highly of the collaborative work environment at the hotel shelter, they encouraged all other partners to continue collaborating with each other through effective communication and open-mindedness. Improving knowledge and information exchange between staff, partners, and third-party services can help by providing consistency across service provision.

> ***"Find ways to disseminate information so that all staff, including new and third party are communicating the same information/providing the same level of service to all shelter residents." – Community Partner***

Inclusivity

CLIENTS.

The interviews did not reveal any challenges or recommendations for shelter inclusivity. All the clients felt the shelter was generally inclusive. One client described the shelter as *"fair"*. Several clients felt that clients with disabilities were supported well by Edward Hotel Emergency Shelter staff.

> ***"The disempowered [clients with disabilities] respected. Given the wheelchairs and when they get into the elevator they're always helped. The staff can come up and just press the button for the elevator. I don't think there is any group that is undeserved here. They are very professional, very professional." – Program Client***

One client indicated that the majority of the shelter clients are immigrants and/or racialized. This client noted that racialized clients with addictions and mental health struggles were overrepresented but did not believe that any groups in particular were underserved at the hotel. Another client said that although they found the shelter inclusive, they were uncertain about whether 2SLGBTQ+ clients received adequate support.

FRONTLINE STAFF AND MANAGEMENT.

Although staff felt that the staff team was diverse, Fred Victor could consider hiring more Black and Indigenous staff. Staff noted that the representativeness was critical to providing supportive housing services for the diverse population at the Edward Hotel Emergency Shelter. Under the current model, organizations and groups are brought on-site to deliver specific supports for client groups. Staff members mentioned the success of Black-led events and services that were hosted at the hotel shelter, including a vaccine clinic for Black clients. The Toronto Council Fire Native Cultural Centre also came to the hotel shelter to provide culturally responsive supports to Indigenous clients. The staff who were interviewed stated that clients at the Edward Hotel Emergency Shelter could benefit from more in-house programming that is led or facilitated by people with lived expertise, specially noting Black- or Indigenous-led programming. This could include Black-led female programming and Black-led affinity or safe spaces for clients. The involvement of staff from marginalized communities was seen by staff as important to addressing systemic racism in the sector.

Moreover, several staff members mentioned that 2SLGBTQ+ clients felt supports for them were limited. Staff members said that they typically refer 2SLGBTQ+ clients to community organizations that provide specialized supports that they need, such as the 519. Staff

suggested introducing more supports for this client group by inviting partners to the hotel shelter for specialized service delivery. This is also applicable for other underserved groups; for example, clients who present with language barriers (i.e. English as a Second Language).

PARTNERS.

The partners could not comment on whether the program is inclusive, or whether any population is underserved. They could not provide recommendations for a more inclusive program as they are not physically present on-site every day. One participant expressed that there are still many people experiencing homelessness who could benefit from the program.

Government Support

CLIENTS.

Three clients mentioned the need for more government support in the form of social assistance and/or a government allowance. One client believed this would help them access resources that are not provided by Fred Victor. Another client felt that adequate social assistance enabled their independence by giving them the opportunity to buy things like clothing and food for themselves. Clients also mentioned using an allowance to buy food (e.g., coffee, bread) for other clients at the shelter as well.

FRONTLINE STAFF AND MANAGEMENT.

Staff made a number of recommendations directed at government policies that would address the challenges associated with providing specialized services in accessible locations. Staff felt that the government should consider building shelters, long-term housing, and homes that meet the needs of specific communities. For this housing to be supportive, the government must ensure supports are accessible at the housing location and in surrounding communities. Staff highlighted the importance of including diverse supports in these supportive housing models because there is no one-size-fits-all approach to addressing the unique needs of these clients.

Increased funding can be used towards developing more culturally sensitive and inclusive programming.

> ***"If you have programs like the Edward and other programs that work like transitional housing, I think it will really be a positive step towards ending homelessness or managing the homeless community." – Program Staff***

PARTNERS.

Partners believed that the government and other agencies should consider developing programs like the Edward Hotel Emergency Shelter. They highlighted that it is very important to listen to the concerns of people with lived experiences prior to designing any program. Partners felt that people experiencing homelessness would surely benefit from safer and more affordable accommodations as well as access to services with less barriers.

> ***"We are in a housing and homelessness crisis that we need to actually address through developing probably various types of deeply affordable or subsidized and supportive housing models and how hotels play into that remains to be seen." – Community Partner***

One partner expressed the need for decriminalization of supplying safe drugs for client use. They recommended the government direct its resources and energies towards addressing the toxic drug supply crisis by developing more Supervised Injection Sites (SIS).

H. General Challenges

FOLLOW-UP CARE/SUPPORT.

According to Table 3, close to half of the respondents have returned to a shelter after discharge. To ensure Edward Hotel Emergency Shelter clients remain housed post-discharge, Fred Victor should strengthen referral and community linkage services. This will provide clients with a strong and reliable circle of care within their communities. Similarly, follow-up support is equally important in helping clients maintain permanent housing.

WELLNESS CHECKS.

One client found the generalized wellness checks during the nighttime disruptive to their sleep. They expressed that it affected their ability to function at work and to maintain employment. The client requested that wellness checks be reserved for clients with specific needs. On the other hand, another client requested that staff perform more wellness checks during the day.

BUILDING MAINTENANCE.

When clients were asked about the challenges with their accommodations, they mentioned some concerns with building maintenance.

> ***"The program that they are running is good. … There are some leakages and all those things that Owner is going have to try and fix." – Program Client***

CASE STUDIES OF HOTEL SHELTERS

Hub Solutions conducted a scan of hotel shelters that existed before and during the COVID-19 pandemic in Canada and internationally to understand how the supportive housing model operates within such shelters. The case studies in this section outline varying supportive housing models that involve the use of hotels, jump started prior to and during the COVID-19 pandemic.

1. Hotel Shelters in Canada

SRO Hotels: Downtown Winnipeg, Canada

The living conditions of 15 Single Room Occupancy (SRO) hotels in Winnipeg were examined (as cited in Mulligan, 2007). Fifty SRO residents and agency representatives were interviewed in the examination of SRO hotels along Main Street. A survey was distributed to the fifteen SRO hotels in Winnipeg. The purpose of the survey was to explore the perspectives of the respondents towards supportive housing models and the relationship to service provision in the SRO hotel setting in Winnipeg, and to identify barriers and benefits of applying a service provision model (Mulligan, 2007). Survey participants included a variety of service providers from health care, education, community outreach, justice, housing, employment, governmental bodies, and Aboriginal-led organizations.

Findings from the survey indicated that representatives from non-profit agencies delivered a range of services including health care, advocacy, life skills development, etc. Participants also noted an increase in residents struggling with addictions and mental health. As for strengths, SRO hotels were credited for providing a sense of community amongst tenants. Many barriers to living in and providing services to residents in an SRO hotel were identified, including poverty, addictions, mental health issues, poor physical environment, criminal intent, and neglect from the government (funding). Insufficient amenities such as laundry and cooking facilities were another challenge. Participants suggested that SRO hotels should include a wide range of services in health, education, and employment (Mulligan, 2007). Despite little associated strengths within the SRO hotel living environment, SRO hotels still provide an accessible and affordable option for people experiencing or at risk of homelessness.

Portland Hotel Society: Vancouver, British Columbia

The Portland Hotel Society (PHS) provides harm reduction, housing, and promotes social inclusion and human rights for the underserved members of society. PHS provides over 1,500 units of supportive housing in Vancouver and Victoria, British Columbia, many of

which include hotel shelters and single room accommodations. For example, the Beacon Hotel is a single room occupancy (SRO) building with over 40 units, for individuals living with concurrent disorders. Hotel residents have access to a clinical team, nurses, and social workers, as well as recreational programming. The Molson Hotel is a 42-unit building, home to a community of individuals who are at risk of homelessness due to health and social barriers. Available services include access to mental health workers and a breakfast program. Similarly, Irving Hotel is a 42-unit hotel for people with concurrent physical and mental health issues and substance dependencies. The Rainier Hotel is a 39-unit women's only, permanent, transitional housing accommodation with on-site programming and services (harm reduction, mental health, education) (Portland Hotel Society [PHS], n.d.).

2. Hotel Shelters in United States

Project HOMEKEY: California's Statewide Hotels-to-Housing Initiative

HomeKey is a state-level program that supported the acquisition and occupancy of hotels, motels, and other properties to house people experiencing homelessness during the COVID-19 pandemic. The long-term goal is to convert the majority of the properties into permanent housing. Project HomeKey was provided the resources to acquire and create more than 6,000 housing units in 94 separate properties – 5,000 of those units will become permanent housing units. By December 2020, HomeKey produced 6,029 units of housing in 94 separate projects. Local public entities such as cities, counties, housing authorities and federally recognized tribal governments were encouraged to apply for funding (Tingerthal, 2021a).

Project TURNKEY: Oregon's Statewide Hotels-to-Housing Initiative

TurnKey is a state-level program that provides $71.7 million in grants for the acquisition of motels and hotels in Oregon for use as non-congregate shelter during the pandemic, and as cost-effective units to help build long-term affordable housing stock. The goal of the initiative is to create 800 to 1,000 units in 18 to 20 properties, most of which will serve as pandemic-related non-congregate shelter. Over the next few years, most properties will be converted to transitional housing, permanent supportive housing, or other forms of permanent affordable housing. As of July 2019, 19 properties have been approved, representing 867 units and $71.7 million in grant funds. Applicants for funding included local entities (cities, corrections departments, housing and public health authorities) and non-profit organizations (serving homeless population, survivors of domestic violence, veterans, etc.) (Tingerthal, 2021b).

Vermont Housing and Conservation Board (VHCB) Coronavirus Relief Fund

Non-profit housing developers and service providers in Vermont tested the idea of converting hotels and motels into supportive housing before the COVID-19 pandemic. Purchasing and converting hotels into housing, supported by payments from the State and from hospitals, was found to be more cost-effective than leasing hotel rooms. As a result, the Vermont Housing and Conservation Board (VHCB) and non-profit partners proposed to the State Legislature to use the Coronavirus Relief Funds towards creating permanent housing. After Legislation passed in support of the proposal, VHCB committed $30 million to shelters and to Vermont's network of non-profit housing developers. Non-profit housing developers bought hotels and motels, converted commercial buildings, and placed manufactured homes on empty lots to create 247 new permanent homes – most with supportive services. Projects ranged in size from a single tiny home to 20 vacant apartments, to a 68-unit permanent supportive housing development (Tingerthal, 2021c).

Hotel/Motel Acquisition Initiative: Hennepin County

Hennepin County acquired several properties using the Coronavirus Relief Funds to provide living spaces for older adults experiencing homelessness and for people with pre-existing medical conditions. The County spent $25 million to purchase and rehabilitate 165 units in four buildings, 31 of which have been converted to permanent SRO housing. The remainder of the units are scheduled for conversion to permanent SRO housing by mid-year 2022. The initial property purchases supported a longer-term proposal of the County to create 1,500 units of affordable Single Room Occupancy (SRO) units over the next 10 years, for individuals who are low wage working adults. This new model of permanent SRO housing requires partnerships with organizations that have the experience and ability to manage properties. For example, Alliance Housing is a 30-year-old non-profit organization that owns four multi-family properties and numerous multiplexes. This organization would serve as landlord and manage the first of the properties acquired (Tingerthal, 2021d).

Casa De Esperanza: Fort Worth, TX

Casa de Esperanza is the largest permanent supportive housing development in Fort Worth, Texas. The supportive housing program opened in December 2020 with support from Fort Worth Housing Solutions; development partner Ojala Partners, LP of Dallas; the City of Fort Worth; and a coalition of agencies that serve people who are experiencing homelessness. Casa de Esperanza was converted from a Home Towne Suites with 122 units into 119 units of permanent supportive housing. The units include full-size beds, TVs, and Wi-Fi service; baths; and kitchenettes with microwaves, cookware, a sink, and a refrigerator. Units are available to people who have been homeless for 12 consecutive months or more, are disabled, and are either 65 years or older or have health conditions that make them vulnerable (Tingerthal, 2021e).

Casa Luna: Los Angeles, CA

National Community Renaissance CORE (National CORE) and Union Station Homeless Services (USHS) collaborated with the State of California and the City of Los Angeles to convert hotels into interim housing amidst the COVID-19 pandemic to house people experiencing chronic homelessness. In September 2020, National CORE and USHS successfully acquired Titta Inn, renamed Casa Luna, a 49-unit motel in El Sereno, LA. As of April 2021, Casa Luna offers housing and supportive services. Each unit is studio-style with a living space, storage area, and a bathroom. All rooms are furnished with beds, living room furniture, TVs, and microwaves. Food service is provided since kitchens are not available in units. National CORE oversees the maintenance, oversight, and asset management of the property while USHS provides comprehensive support services to residents. USHS will also connect residents to community-based resources such as medical and mental health care services, education, and employment opportunities. There will be support service workers, case managers, mental health service workers, and a clinical social worker supervisor available on-site 24/7 (Tingerthal, 2021f).

Best Inn: Los Angeles, CA

The People Concern is one of LA County's largest social service providers. In partnership with the City of LA and the Housing Authority of the City of Los Angeles (HACLA), the People Concern serves as owner, manager, and service provider of three projects acquired under the State of California's HomeKey program – the Best Inn is one of those projects. The Best Inn was a 23-unit motel converted into a 22-unit interim housing program for men and women experiencing homelessness with high acuity levels. Each unit is furnished with a bathroom and closet. The Best Inn will continue to operate as an interim housing program until funding is acquired to convert the property into permanent housing (Tingerthal, 2021g).

Kearny Vista Apartments: San Diego, CA

In 2020, the San Diego Housing Commission (SDHS) acquired the 144-unit Residence Inn Kearny Mesa under the State of California's HomeKey program, thereafter, renamed Kearny Vista Apartments. The property has 36 two-bedroom/two-bath units and 108 studios. All units include private kitchenettes and bathrooms. On-site programs and services are delivered in accordance with a Housing First model. Previously in 2016, the SDHS completed its rehabilitation of the Hotel Churchill in downtown San Diego. The property provides 72 units of permanent supportive housing, including 56 units dedicated to veterans experiencing homelessness. Later in 2019, as part of its Housing First – San Diego initiative, the SDHC acquired and converted two hotels into 137 permanent affordable housing units (Tingerthal, 2021h).

Stevens Square Residence: Hennepin County and Alliance Housing

In November 2020, Hennepin County acquired the Stevens Square Residence, a three-story building with 31 sleeping rooms, a shared bathroom and shower facility on each floor. In agreement with Alliance Housing, the property is operated as a single room occupancy (SRO) permanent housing property. Rooms are rented to single, low wage working adults and persons on fixed incomes. While the housing program does not provide on-site services, residents will be connected to community resources and services if needed/requested (Tingerthal, 2021i).

Susan's Place: Essex Junction, Vermont

Champlain Housing Trust, a community land trust, has converted two hotel properties to permanent supportive housing prior to the COVID-19 pandemic. At the start of the pandemic, Champlain Housing Trust teamed with other organizations to advocate for the allocation of Coronavirus Relief Funds to be used to acquire and rehabilitate hotels into permanent housing or non-congregate shelters for people experiencing homelessness. $33 million was made available to the Vermont Housing and Conservation Board (VHCB). The Baymont Inn and Suites in Essex Junction, Texas was converted into Susan's Place, a permanent housing development with 68 units, many of which include kitchenettes. Susan's Place operates as a permanent housing development with on-site support services (Tingerthal, 2021j).

3. Hotel Shelters in England, United Kingdom

Francis House: Newcastle, England

Francis House is a women-only hostel run by a national charity, Changing Lives, that offers specialist support for vulnerable people and their families. Francis House provides accommodation and 24-hour support for single homeless women, who usually face complex and multiple support needs such as homelessness, drug and alcohol addiction, mental health problems, and experiences of domestic violence. The hostel has 11 single occupancy bedrooms with shared bathroom and kitchen facilities. Francis House works closely with drug/alcohol support services, a local housing advice centre, families in care services, and community centres to support women in becoming independent – that is, having accessible housing, improved health and wellbeing, and being reintegrated into the community (The Homeless Link Research Team, 2018).

Clarkson House, Ferry Project: Wisbech, England

Clarkson House, in partnership with the Ferry Project, offers short- and long-term accommodation and support for individuals experiencing homelessness. In addition to the 24 single-occupancy bedrooms offered by Clarkson House, the Ferry Project offers a 14-bed shelter, a community café, event rooms, a furniture project, and licensing/facilities for weddings. Residents can partake in extensive volunteer and training opportunities, with positions available in the community café, kitchen, and for maintenance and administrative teams. The Ferry Project has strong partnerships with local job centres and mental health services, which provide support for clients seeking employment and for those facing dual diagnosis. The project is successful in helping clients find accommodation and employment, as reported by former residents (The Homeless Link Research Team, 2018).

Brydon Court: Riverside, Manchester

Brydon Court offers accommodation and support for people with long-term experiences of rough sleeping, complex needs, and problems with mental health and addiction, as well as the criminal justice system. Brydon Court provides 13 rooms and 10 flats, some of which are accessibility friendly. The program adopts a flexible, relationship-focused approach, where services and supports are built around clients' identified needs and journeys. The hostel is particularly successful in connecting residents with primary care services, thanks to their strong relationships with local health care practitioners (The Homeless Link Research Team, 2018).

Devonport House, Salvation Army Hostel, Plymouth

Devonport House is a 60-bed hostel that provides accommodation and support for single men and women. A key principle of the service offered at Devonport House centres around personalized interventions to meet the needs of each client. The program adopts an asset-based approach, focusing on people's strengths, skills, and aspirations through in-house supports and services as well as community referrals. The hostel has strong relationships with external partners, including a local housing program that helps residents find suitable accommodation. Moreover, residents are encouraged to participate in monthly meetings to discuss problems/issues and provide feedback to hostel staff. The hostel takes into consideration these suggestions when improving practices and procedures (The Homeless Link Research Team, 2018).

Roundabout Hostel, Sheffield

Roundabout Hostel provides emergency and short-term accommodation for young people experiencing homelessness between the ages of 16 and 25. The hostel has 19 single occupancy bedrooms with en-suite facilities. Youth residents have access to different activities each day; for example, life skills, healthy eating and cooking, *"renting ready"* sessions, arts and crafts, philosophical debates, and safe social media awareness. In-house services include a visiting community nurse, a visiting drugs and alcohol worker, and support to encourage engagement with education. Roundabout Hostel is successful in supporting young people to develop the needed life skills and confidence to move on independently. For example, the hostel indicates success in helping youth access higher education despite their often disruptive and traumatic childhood experiences (The Homeless Link Research Team, 2018).

SUPPORTIVE HOUSING MODEL RECOMMENDATION

1. Introduction

Hub Solutions has developed a model to guide the implementation of permanent supportive housing at Fred Victor that is best suited for individuals who are experiencing chronic homelessness. Permanent supportive housing can include several different housing types, including independent housing in the community with community-based supports and single-site housing with supports on-site. Permanent supportive housing models follow the principle of Housing First, which involves a recovery-oriented approach that centers on quickly moving people into independent/permanent housing, then providing appropriate support and services. In the single-site model, all units within a single property or building provide housing for a range of supportive housing populations, particularly people experiencing chronic homelessness. Single-site supportive housing models provide opportunity for independent living, combined with services and peer support to help promote housing stability and develop a sense of community. Management of the property is offered by the ownership entity or in agreement with a third-party manager. The owner and property management coordinate with one or more supportive service partners to design and deliver services to supportive housing tenants and support housing stability. The permanent supportive housing model discussed in this section consists of private self-contained units that are furnished and can be rented for an extended period. The unit should typically contain some food preparation and sanitary facilities. Our recommendation for permanent supportive housing is substantiated by research, literature, and best practices in the sector, and further identified due to the evaluation of the Edward Hotel Emergency Shelter. A diagrammatic representation of this model and its staffing structure, which Fred Victor currently implements, is presented in Appendix 1.

2. Supports and Services

Support services associated with supportive housing models generally include clinical and non-clinical services that help tenants to maintain housing stability and foster a sense of community among residents. These supports include mental health counselling, personal support (e.g., assistance with activities of daily living), case management, assistance with applying for social assistance, and life skills training (e.g., food purchase and meal preparation, money management, etc.). A tenant may require additional services and supports that are not available on-site (e.g., specific health services, cultural activities, volunteer opportunities,

employment and training opportunities, recreation, childcare, and legal services). A supportive housing model ensures that support staff can help to facilitate access to these community-based services. These community-based services can help people stay healthy and actively involved in their communities (Ministry of Municipal Affairs and Housing, 2017).

Supports are offered and delivered in simplified and accessible language that includes information on an individual's rights and responsibilities as a tenant. Supports embody the principle 'no decision about me, without me' and are built on shared and transparent decision-making between people living in supportive housing and service providers. Clients should be actively encouraged to use the supports and given the choice to engage and participate at the level that best suits their needs, in line with the Housing First model. The responsibility lies with the service provider to make the programs offered relevant, available, and inviting to tenants.

Other best practices related to support services include being flexible; promoting and supporting independence, personal growth, and dignity; and connecting people with their communities and promoting social inclusion. While these best practices are already incorporated into Fred Victor's support service model, the following recommendations outline steps that Fred Victor can take to further enhance their support services:

> **Ensure appropriate staffing model:**
>
> In order to ensure provision of adequate support and services, an appropriate staffing model must be instituted. Specialized staff will be required to shift the current hotel shelter model to a permanent supportive housing model. For example, staff for supportive housing should include housing stabilization workers, community development workers, cultural service workers, justice supportive housing workers, etc. Furthermore, the staff-client ratio must be adequate. For instance, within the Housing First model, the ratio of staff to client is 1:10 for high needs and 1:15 for moderate needs. This will require more staffing within the permanent supportive housing model in order to accommodate the diverse needs of residents. Another important aspect of ensuring adequate staffing is staff training, particularly if the current staff are kept. Staff will need to be trained and retrained in order to shift their mindset from providing services in a shelter to providing services in permanent housing.

Continue to provide holistic supports and enhance these supports based upon client needs:

Fred Victor takes a strengths-based approach in its current service delivery and is encouraged to continue to provide individualized support through on-site and community-based services. Supports in the proposed permanent supportive housing model would be comprehensive and shaped to have wide appeal for the diversity of clients, ranging from small peer-led support groups to group classes and training related to life skills development, recreation, and community integration. Supports in the proposed model would be linked with physical and mental health services, legal services, financial services, and newcomer services, and should be flexible, provided in a variety of forms, and not time limited. Community-based supports focused on these services would need to continue to be brought on-site. Where this is not practicable, residents would need to be connected to those services in the community. These supports may fluctuate in intensity according to client needs but must be more intensive during periods of transition.

Continue to provide strengths-based supports that empower clients to navigate systems: \

Where community and/or referral services are required, service providers in the proposed permanent supportive housing model would provide assistance that promotes independence and self-sufficiency. For instance, helping clients to build confidence to book their own appointments and eventually attend these appointments, and preparing them to navigate discriminatory and barriered systems.

Provide supports that help to maintain tenancy:

As hotel shelters are temporary solutions, supports in the proposed permanent supportive housing model would provide clients with opportunities to take on responsibilities to maintain their tenancy, including on-site volunteering and employment opportunities. Services that are geared to support housing stability would help clients achieve maximum independence and personal growth. Independence, which refers to an individual's autonomy, includes decisions about the use of income, the management of medication, privacy, and daily routines. Supports provided would promote empowerment and independent living by developing structures that support career planning, education and training, and employment opportunities for tenants. These structures are built on on-site services and strong partnerships with local organizations.

Continue to provide supportive services that connect clients with activities and communities to build social support networks and foster inclusion:

Supports in the proposed supportive housing model would provide clients with opportunities for social engagement and building or strengthening community ties. We heard throughout our interviews that the hotel shelter became a space where residents could build community with one another. In order to facilitate continued and enhanced community building, there would need to be flexibility in visitation policies to allow clients to host and receive support from friends and family on-site. Clients would need to be updated on events in residential spaces, including the use of common spaces by visitors. Families and caregivers of clients would also need to be updated, as per the wishes and consent provided by the client. The proposed supportive housing model would encourage and facilitate the involvement of families, important people in the circles of support, community support networks, and peers as per the wishes of the client receiving services.

Supports in the proposed supportive housing model would encourage and facilitate client-led community building and active participation in providing feedback on programs and services. Staff would be trained to support clients in creating an intentional community to reduce social isolation and disengagement. This includes the creation of tenant councils and the involvement of tenants in steering and advisory committees for planning and shaping housing and support programs (see the recommendation on peer-led services). Supports in the proposed supportive housing model would facilitate strong partnerships with community organizations and collaborations with community members of clients in order to provide culturally relevant supports and services. In the proposed supportive housing model, housing would be free of discriminatory practices and respectful of people's values, identities, beliefs, cultures, life experiences, and life stages. This includes ensuring that supportive housing is free from discrimination on the grounds listed in the Ontario Human Rights Code.

Continue to provide supports that are specialized, individualized, and tailored:

Fred Victor serves a diverse population. As such, Fred Victor would need to continue to incorporate culturally relevant programming and services to meet the unique needs of its diverse population. This can increase client engagement in programs and services, which translates to better overall outcomes for clients. The needs of the population groups facing unique housing challenges must continue to be considered. This includes the maintenance and enhancement of services that are tailored to these

groups, which include Black, Indigenous, 2SLGBTQ+, single women, and newcomer tenants, all of whom are over-represented in the homeless population. Supports would need to be designed in collaboration with clients, community groups, and partner organizations with lived expertise to establish a common understanding of a clients' requirements. Periodically, service requirements would need to be re-assessed and modified with clients as needed, as these may vary from time to time due to changing client goals and activities, as well as the type and level of support needed.

Ensure meaningful engagement with Indigenous partner organizations:

Supports and services for Indigenous clients should address the unique needs and experiences of Indigenous people. Fred Victor would need to continue to collaborate with Indigenous stakeholders to develop culturally responsive care and support plans. Ideally, this process will be led by Indigenous stakeholders. Supportive housing needs to have a multi-faceted strategy to achieve a culturally safe housing experience for Indigenous clients. This will include entrenching cultural safety within existing services, ensuring consistency of Indigenous peoples' rights in services offered, and ensuring Indigenous representation among service providers. It is important to continue to build trusting relationships with Indigenous stakeholders while designing any supportive housing program for Indigenous clients. For instance, Fred Victor can approach Indigenous organizations to develop culturally responsive events, activities, and service responses for clients.

Cultural Responsiveness for Black Clients:

Internal culturally responsive program practices such as hiring, training, and service offerings may boost clients' engagement with services and help them maintain their housing. Cultural sensitivity can be promoted through the implementation of strategies that emphasize cultural understanding, such as the training and re-training of program staff and the maintenance and development of interagency partnerships. Fred Victor would need to continue to maintain a well-developed network of community resources to readily connect with for referrals and guidance. This would foster interagency collaboration and, thus, coordinated service delivery and support for clients. These resources would also help with the implementation of practices that draw upon principles of African culture, aimed at providing people of African descent with alternative spheres of reality that emphasize healthy living and community responsibility. This type of programming will help clients to gain a sense of self that re-centres their cultural identity.

Support and Services for 2SLGBTQ+ Individuals:

The literature highlights core components to consider when working with 2SLGBTQ+ individuals experiencing homelessness. For instance, creating 2SLGBTQ+ affirming policies and standards; adopting a standardized intake process that is 2SLGBTQ+ inclusive (e.g., sexual identity, gender identity, pronouns, preferred name); and increasing access to services for gender diverse individuals. 2SLGBTQ+ individuals disproportionately experience discrimination, poor physical and mental health outcomes, inadequate access to healthcare, and a lack of interpersonal and community support. Fred Victor recognizes that the unique needs of 2SLGBTQ+ individuals are seldom met by existing programs and services due to systemic challenges. For instance, lack of knowledge and awareness among doctors and negative and uncomfortable experiences for 2SLGBTQ+ patients in a doctor's office constitute a major barrier to health services for this group (Beattie, 2021). Fred Victor would need to continue to leverage existing resources (i.e., knowledge, services, and programming), connect with organizations with similar values and goals and those that advocate for 2SLGBTQ+ individuals to share information and resources, and adapt programming to existing frameworks specific to individuals who identify as 2SLGBTQ+.

On-site Healthcare Services

On-site healthcare services assist in meeting the goals of supportive housing. First, it supports tenants in meeting their physical and mental health needs by offering low-barrier access to healthcare services, which increases the odds of tenants utilizing the supports and arriving for appointments. Second, it reduces the pressure on the health service systems, including emergency services, by enabling access to primary care from health service providers and community members with first-aid training. With these goals met, there is a likelihood of reduced demand for emergency care, with prevention and ongoing health services readily accessible in the same location as the clients. Fred Victor has achieved these goals by implementing a coordinated service approach in the hotel shelter with local health service organizations. The following housing principles and best practices can be used to further enhance the coordinated service approach and delivery of on-site healthcare services:

Continue to offer accessible and tailored supports to individual client needs:

In the proposed supportive housing model, health support services, including physical and mental health services, (e.g., nursing support, visiting physicians, referrals to psychiatric consultations, and addiction medicine), would be available on-site to accommodate client needs and schedules. An on-site clinical/healthcare support and service staff can be available in addition to on-call supervisors. Supports would also offer appropriate referrals for healthcare and community-based services. Appropriate referrals address systemic barriers faced by tenants, which include a lack of insurance for prescriptions, a lack of affordable treatment options, and individual distrust of institutions. This ensures that clients are not only made aware of the services offered but are also assured they can afford the referrals provided. Fred Victor would need to continue to provide accessible on-site health services and strengthen referrals and community connections.

Continue to offer health supports and harm reduction through client-centered and trauma-informed approaches to care:

In the proposed supportive housing model, health supports would need to continue to be offered through cross-sector collaboration that addresses the social determinants of health, including employment, income, education, race, gender, and social exclusion (Raphael et al., 2020). There should be a continued focus on providing harm reduction support that is offered through a trauma-informed care lens, accompanied by mental health support including counselling and psychiatric support. Harm reduction principles would need to be applied to all aspects of a person's health and behaviours. For instance, when following up on a behaviour associated with substance use, staff would focus on providing information to the client so they could make an informed choice about the harms associated with that behaviour and how they could be reduced instead of focusing on how to get that client to stop using.

Continue to use harm reduction as an overall support practice and philosophy:

In the proposed supportive housing model, harm reduction as a philosophy and practice would be a fundamental aspect of housing supports. This involves taking a holistic approach to harm reduction services to improve the health and housing retention of clients with high needs. Harm reduction programming can

include on-site a dedicated safe consumption space and providing safer inhalation and injection supplies, alcohol management, outreach and education, community-based naloxone programs and hiring individuals who have recovered from addiction in harm reduction service roles.

Incorporate aspects of budgeting and money management to improve overall quality of life:

In the proposed supportive housing model, combining supports with other programs such as money management programs would go a long way towards improving the overall quality of life of clients in supportive housing. Through client choice, a money management program may involve planning and budgeting around a regular schedule of money disbursements that assists the participating clients to plan around the use of substances, maintain food and housing as a priority, and diminish the risks of food scarcity and withdrawal.

Food services and nutrition support:

Food and nutrition are important components of supportive housing and integral to maintaining a healthy living. Easy access to safe and nutritious food will contribute to the overall positive experience of clients and make them feel more at home. Fred Victor would need to continue to support clients to maintain healthy nutrition by expanding its services to be more inclusive. These services could include establishing an on-site cafeteria that takes care of the diversity of clients, introducing tailored menus for clients who may have dietary or nutritional restrictions, ensuring the availability of culturally appropriate food (e.g., halal), and providing on-site professional dietetics support.

Housing Support Services

Provision of on-site housing support services helps clients to achieve their housing goal in many ways. Specifically, it enables them to obtain and maintain housing stability, promote client independence and control over their housing and supports, facilitate social and community connections through the building of social networks for long-term support, and provide the right level of supports that is responsive to individual needs. It also enables clients with more intensive needs to receive specialized services or referrals to the models of housing support that meet their needs. While Fred Victor is successful in providing housing, promoting client independence and control, facilitating community and connection, and providing

individualized supports, the following housing principles and best practices can help Fred Victor strengthen the housing support services model:

Private accommodations provide a sense of dignity to residents and must be sustained:

We heard that residents who had previously been homeless for many years were able to attain stability in Fred Victor's hotel shelter. This was attributed to these residents having access to their own private rooms. Having a space to call one's own is a major strength of the hotel shelter and must be sustained as renovations or transitions to permanent supportive housing occur.

Ensure housing is stable and safe:

In the proposed supportive housing model, housing assistance would be provided to clients, and all units would need to be subsidized. Clients would have a written lease and be provided with a signed copy of the lease on a 12-month lease arrangement with no length of stay limitations. The tenancy agreement would be developed separately from the support service plan, and maintenance of housing would not be contingent on participating in support services (aside from any supports that fall under the rules of the Residential Tenancies Act). Similarly, access to support must continue to ensure there is no delay in rent payment or inability of clients to meet other rental obligations.

Detach property management from support and service provision:

In the proposed supportive housing model, the property would be managed by staff of Fred Victor with experience in managing affordable housing properties and units. This would be separated from the provision of support services to ensure that supportive services operate smoothly. Making services separate allows clients a greater sense of control and autonomy. For example, clients may refrain from disclosing certain information to a case manager if they recognize that this individual doubles as property manager. Also, combining these roles may cause staff to experience difficulty managing overlapping situations (Corporation for Supportive Housing, n.d). Property maintenance needs and safety concerns should be promptly addressed by property management staff. This will ensure client security and a sense of safety. Achieving this will require establishing clear procedures to report maintenance problems by clients, staff, and partners. Property maintenance concerns must be addressed promptly, particularly when these concerns are of a safety nature.

Promote independence, health, and dignity of residents:

In the proposed supportive housing model, this would be achieved by ensuring the provision of amenities within the units. Ideally, this includes access to private kitchens, appliances, and bathrooms. When cooked meals are offered, this includes access to a diversity of food options to meet the dietary and health needs of tenants. Housing would also be physically accessible and appropriate for the person(s) living in it, and the unit/building should accommodate people with special needs.

Ensure appropriate tenant mix:

During the evaluation, research participants recommended organizing the supportive housing site by level of acuity/needs by designating each floor for certain clients, which is the current service model Fred Victor has implemented at the shelter hotel. This method of organization may relieve stress on staff/service providers as well as clients. For example, the first floor can house and serve clients with higher acuity. One room on this floor can be transformed into an office for staff and another can be dedicated to service provision. Placement of clients on designated floors will depend on an efficient matchmaking process. A comprehensive intake would provide staff with information to assess a client's supportive housing needs and consequently help with the client's placement. It is however important to note the contextual realities of being part of the City of Toronto's By-Names List. In order to ensure fair access to housing units, Fred Victor may not have much choice in determining who lives in what unit; hence, we recommend working collaboratively with the city to address this.

Ensure the appropriate number of units are made available and prioritize tenant choice:

The hotel shelter provided over 200 units to people experiencing homelessness. Although this is a large number of units, many residents thrived in the environment. Some potential residents may not want to live in a larger building; others may appreciate the opportunity to live in a building with on-site supports and with others with lived experience of homelessness. Given the number of potential units that may be made available, it will be important to ensure that potential residents are given the necessary information about the structure and services available within the permanent supportive housing building. As discussed above, appropriate tenant mixes will be essential to creating a sense of safety, community, and belonging in such a building.

Peer-Led Services and Community Building

Peer-led services in the shelter hotel assist in supporting clients through holistic approaches to harm reduction, resulting in increased social connections and support from other people with lived experience. Additionally, it helps to build strong relationships and ties with service workers, leading to improved satisfaction with housing and supports. Peer-led supports in many ways have positive impacts on people's quality of life, housing stability, and long-term housing. Fred Victor has achieved these impacts through peer-led supports and can continue to do so by implementing the following housing principles and best practices:

> **Employ recovery-focused principles in harm reduction services and support for peer well-being:**
>
> In the proposed supportive housing model, housing would offer peer supports through a recovery-focused approach. Service providers would facilitate peer support and guidance that help clients gain control, meaning, and purpose in their lives. Peer programs would focus on supporting recovery and independence rather than focusing on care and dependency. Supportive housing would ensure peers are adequately supported through access to mental health and wellbeing services that promote wellness, resilience, and protective factors. These services include counselling and psychiatric support for peers, essential trauma management training, and training on setting and maintaining appropriate interpersonal boundaries.

> **Promote wellness, resilience, and protective factors through peer supports:**
>
> In the proposed supportive housing model, housing and supports would build client resilience and promote wellness through peer supports that foster social engagement and meaningful connections with others who share lived experience. This would ideally incentivize peers to reach out to community members to build relationships and refer community members to peer specialist roles. The proposed supportive housing model would use evidence-based practices and promising practices to support peers in managing triggers and traumas that may arise in their work. This includes essential trauma management training and Wellness Self-Management Tools (WSM). WSM tools are recovery-focused curriculum-based practices that are designed to help individuals effectively manage serious mental struggles through lessons that focus on recovery, mental health wellness, and relapse prevention, among others.

Recreational Amenities and Spaces:

In the proposed supportive housing model, Fred Victor would need to continue to expand recreational activities for clients. Activities could include peer-led workshops, group activities like game/movie nights, or outdoor field trips to the library or the beach. Recreational programming should be reflective of the client population and should help clients enhance/develop their life skills so that they are better equipped to stabilize in the community. This will encourage residents to engage with one another, develop their life skills, and curb social isolation while distracting them from the serious situation they are in all the time. Such activities would also work as a "rest and recharge" opportunity for residents.

Peer-Led Advocacy:

In the proposed supportive housing model, Fred Victor would need to establish a peer-led advocacy committee to advise its management on current trends, issues, and solutions in the sector and support its advocacy work by presenting issues to funders and the community. Fred Victor would need to provide the necessary training to peers to be able to advocate on key issues in the sector, including the need for housing subsidies to be increased and made permanent and for higher income supports for clients who are on the Ontario Disability Support Program (ODSP) and Ontario Works (OW) to afford daily necessities. Peers may also help with advocating for more funding and resources for Fred Victor to enhance its services.

3. System Coordination

System coordination enables providers and clients to navigate programs and services effectively and efficiently. A system that supports supportive housing is better coordinated when it involves local housing and service providers, medical service providers, community organizations and other partners working collaboratively to improve opportunities for developing and strengthening supportive housing. For instance, discharges from institutions and systems (e.g., health, corrections, child welfare) are made easier when there is the availability of appropriate housing and strong social supports. In this case, supportive housing assists people in transitioning between sectors and into their community of choice and enables them to build and strengthen social and community ties and supports. Fred Victor has implemented a coordinated service approach and fosters collaboration with the partners who provide

services on site. This is essential for a supportive housing program that adequately meets the needs of clients. The following recommendations and best practices will help Fred Victor strengthen the coordinated services approach for the permanent supportive housing model:

Provide supports through a strong network of partners that collaborate to develop coordinated supports:

In the proposed supportive housing model, supports would need to be coordinated across a network of partners that include service providers and community members. Partners in the network would establish an agreement on policies and procedures that best support housing stability, as well as services that promote client choice and address local needs in the community. This will help to ensure consistency across service and support provision and alignment with a Housing First approach that is person-centered. Supports and priorities should be identified and monitored by a dedicated team made up of all partners. Partners would ideally collaborate with the team to provide oversight, guidance, monitoring and evaluation and develop system policies and procedures. Also, collaboration would include developing protocols for the effective resolution of complex service issues that may arise, including cross-boundary issues. Partners would need to collaborate on individual service plans, share client data, and monitor client outcomes and progress. Access to this information would allow partners to identify clients by name, document their needs, assess their priority for housing and refer them to the housing and supports which meet their preferences and needs. Client consent will be necessary to share this information across partners.

Coordinate discharge planning to improve individual transitions within and between sectors:

A permanent supportive housing building may require some clients to exit or be discharged from housing. Individuals may want to be discharged for many reasons, including the need for independent living outside of supportive housing, an improved socioeconomic situation, unification with family and friends, etc. Therefore, where and when exit is necessary, all partners would need to participate in discharge planning. Continued support for clients who are hospitalized would require staff members to visit the client and be advised of the hospital's treatment plan. Throughout the process, the staff would need to maintain contact with the physician and social worker on-site. Supportive housing staff would ideally participate in the discharge planning to assist the client in the treatment plan. This includes medication compliance and follow-up with medical or psychiatric appointments.

Partners would need to provide clear and direct referrals to and from other services and systems by completing a thorough mapping of services and touch points for the client and a review of the policies and procedures that can help in matching individuals to the available and appropriate housing and supports. Partners would participate in community discharge planning and supports that are flexible and follow a housing-first approach. They should engage in the same community processes to support individuals in the process of transitioning between systems. This includes transitions from correctional facilities, child and youth licensed residential services (e.g., group homes, foster homes, and youth justice settings), hospitals, emergency shelters, and domestic violence shelters.

Put in place a hotel transformation contingency plan:

Should the Edward Hotel Emergency Shelter transform into supportive housing, it will be necessary to renovate the hotel in order to make it suitable for use as permanent supportive housing. This may cause a temporary displacement of current clients in the hotel. Therefore, Fred Victor will have to develop a contingency plan to temporarily accommodate clients during the period of renovation. This accommodation would be adequate and would not diminish the level and quality of care and services provided to the client. This will require strong coordination among other community agencies and service partners who are currently involved in the provision of services to clients at the Edward Hotel Emergency Shelter and the City of Toronto, Shelter and Housing Administration (the funder).

Partnerships and Accountability

Committed partnerships facilitate the delivery of aligned, effective, and efficient supports that meet vulnerable communities' needs. Community partners would need to be experienced and knowledgeable about the challenges the homeless community is facing and would need to follow the most up-to-date guidelines and best practices for supportive housing to assist clients with achieving housing stability. These partnerships would be continuously evaluated to ensure that they are consistent with the goals of supportive housing. Accountability is facilitated when performance measures are instituted, helping to keep the program under continuous review. A robust performance measure will help to develop more responsive and appropriate services and supports for supportive housing. Through the implementation of a coordinated services approach, Fred Victor has achieved and benefited from committed and effective partnerships. Fred Victor can achieve continuous program improvement by implementing the following housing principles and best practices:

Provide partner services that are consistent, effective, and follow the best practices in supportive housing and harm reduction:

Supportive housing should involve the development of a written housing, support and service policy that notes that all service partners agree to support the common goal of housing stability. Information sessions on the policy would need to be organized for newly hired staff and new partner staff. Planning would need to be done together to develop common priorities and outcomes for clients through strategic meetings. Service-level planning would help to improve timely access to the supports that best meet the preferences and needs of the clients. Knowledge and information exchange between staff, partners, and third-party services would need to be strengthened through regular training on the principles of harm reduction and best practices in service provision. A process for on-site collaboration with clearly defined roles and responsibilities that address any service duplication would need to be established. This includes clearly documented and regularly reviewed service goals and communication strategies. It is important to ensure clients are informed and receive regular communication about the partners' roles and responsibilities.

Provide partner services that are inclusive and connected to local communities:

Connections to resources in the local community, partners, and service providers should be established, particularly in services for mental health and addictions. Similarly, strategies to confront and address anti-Indigenous racism, and anti-Black racism must be implemented with accountability, including ongoing training for cultural safety and Indigenous cultural awareness among all staff and partners working on-site (Athena et al., 2010; Black et al., 2018; Guerreo et al., 2018).

Continuously review best practices and approaches through regular data collection and program evaluation at the shelter:

The proposed supportive housing model would need to reflect evidence-based best practices and innovations, which would be shared across the partners to support knowledge exchange. Clients' input and preferences should inform service planning at the individual and community levels through established processes for anonymous feedback and complaints. Also, there would need to be a sustainable plan for compensating clients and community members for their time and contributions.

Successful coordination with partners requires setting realistic expectations regarding what partners contribute:

Roles, responsibilities, and expectations can be outlined in a written, formal agreement (e.g., a Memorandum of Understanding) to ensure accountability throughout the partnership timeline and operations. The absence of such an agreement may create confusion over roles and responsibilities among partners, funders, and the larger community. Moreover, agreements should outline a decision-making process, including how decisions will be made, what role partners will play in this process, etc. A Memorandum of Understanding is particularly helpful for areas that require coordination and collaboration between property management and support service staff.

4. Eviction Prevention

Eviction is costly for all involved and, if preventable, can be avoided. Eviction prevention through property and service coordination will be a critical service to ensure people remain successfully housed. Preventing evictions can only occur if partners coordinate on a consistent basis to discuss and respond to concerns that put tenant leases at risk (including non-payment of rent, disturbing neighbours, etc.). Fred Victor has been successful in ensuring clients remain sheltered by providing private accommodations, necessities, and on-site services and support. Fred Victor can continue to provide housing stability to its clients by ensuring the following best practices are in place and up to date:

Create regular evaluations of eviction prevention plans via case management:

During the intake and planning phases, supportive housing staff would need to develop an eviction prevention plan to respond to supportive housing tenants who are at-risk of eviction. Plans should involve connecting tenants to other community resources and services, which is essential to enabling tenants to set and achieve outcomes.

To ensure residents remain housed, develop eviction prevention policies and procedures:

A comprehensive, written eviction prevention policy that details how all supportive housing partners work together to promote housing stability is essential to keeping clients housed. Similarly, a standardized procedure outlining how to handle cases

of eviction should be drafted and implemented. In the event that eviction occurs, the policy/procedure should warrant disclosure and evidence of communication between service providers and property managers/landlords, including evidence of prevention efforts (e.g., letters, communication, policies in tenant files).

5. Acquisition of the Building

The repurposing of the Edward Hotel into a hotel shelter has demonstrated that the property, with necessary renovations, can serve as a location and structure for a permanent supportive housing building. The transformation of hotel shelter into permanent supportive housing aligns with the first recommendation within the COVID-19 Interim Shelter Recovery Strategy (2020)—Develop and begin to act on an acquisition strategy for hotels, rooming houses, and other buildings, such as office spaces or residential buildings. Several considerations must be made when thinking about the repurposing of the hotel shelter into permanent supportive housing:

The location of the building provides an alternative housing option for clients:

The location of the Edward Hotel provides an alternative for people who do not want to live in the downtown core. The location provides a unique opportunity for potential residents to return to an area where they may have grown up or to develop roots in a new area. Again, only potential residents who want to live in this area would be prioritized for this housing.

Continue to develop neighbourhood engagement strategies:

In order for residents who are not familiar with the area to become aware of the resources that are available to them, community mapping exercises should be completed with all new residents. Further, neighbourhood groups and community members would be engaged to become active participants through volunteer opportunities and community events.

To acquire or lease the building, involve all levels of government:

Fred Victor will require the necessary cross-government funding to acquire or lease the existing Edward Hotel. The City of Toronto purchased the Bond Hotel, which was also used as a temporary hotel shelter, for $94 million. The funding

resulted from the federal government's Rapid Housing Initiative and the City of Toronto's HousingTO 10-year capital plan. In November 2022, it was announced that the third round of the Rapid Housing Initiative will have $1.5 billion available. This type of cross-government funding demonstrates the necessary collaboration that is required to transform Toronto's emergency shelter system into one that provides dignified housing spaces in private accommodations. Should acquisition not be possible at this time, continued leasing opportunities should be explored.

Explore philanthropic funding opportunities to supplement governmental funding:

In order to supplement public funding opportunities, philanthropic organizations can be approached. Fred Victor can leverage existing relationships to target this specific project. Outside of the total acquisition of the building, philanthropic organizations can be approached to fund one floor of the building or certain amenities within the building.

This evaluation, like many previous studies, reveals that permanent supportive housing models demonstrate the most positive outcomes for people experiencing homelessness who require housing and complementary support. Within a permanent supportive housing program, individuals would be supported to acquire life skills and receive needed support for independent living in the community. It is vital for any supportive housing program to adhere to the service philosophy of Housing First, such as being person-centered, strengths-based, recovery oriented, and applying harm reduction principles.

REFERENCES

A Place to Call Home: Supportive Housing. (n.d.). LOFT Community Services. Retrieved July 14, 2022, from https://www.loftcs.org/what-we-do/specialized-services/housing/

Addictions and Mental Health Ontario, Canadian Mental Health Association (CMHA) Ontario, & Wellesley Institute. (2018) *Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues*. https://amho.ca/wp-content/uploads/Prom-Prac-Resource-Guide-Final02.pdf

Addictions and Mental Health Ontario, CMHA Ontario and the Wellesley Institute. (2018, May 2). *Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues* i. Addictions & Mental Health Ontario. Retrieved July 14, 2022, from https://amho.ca/promisingpractices/

Akriti, Cruden, D., Kittson, K. Malik, T., & Omala, J. (2022). *Promoting Continuity of Care Among People Experiencing Homelessness and Alcohol Addiction in Montreal, Quebec*. McGill University, Max Bell School of Public Policy: Montreal, Quebec.

Altena, A. M., Brilleslijper-Kater, S. N., & Wolf, J. R. (2010). *Effective interventions for homeless youth: A systematic review. American Journal of Preventive Medicine*, 38(6), 637-645.

Bardwell, G., Fleming, T., Collins, A.B., Boyd, J., McNeil, R. (2018). *Addressing intersecting housing and overdose crises in Vancouver, Canada: Opportunities and challenges from a tenant-led overdose response intervention in single room occupancy hotels*. J Urban Health, 96, 12-20.

Beattie,S. (2021, June 26). *Lack of education for doctors on LGBTQ health 'medically harmful,' researchers warn*. Canada Broadcasting Corporation. https://www.cbc.ca/news/canada/toronto/lgbtq-health-medical-school-1.6080793

BGM Strategy Group. (2020). *COVID-19 interim shelter recovery strategy: Advice from the homelessness service system*. Toronto, Ontario: BGM Strategy Group. https://www.toronto.ca/legdocs/mmis/2020/ph/bgrd/backgroundfile-156419.pdf

Black, E. B., Fedyszyn, I. E., Mildred, H., Perkin, R., Lough, R., Brann, P., & Ritter, C. (2018). *Homeless youth: Barriers and facilitators for service referrals. Evaluation and Program Planning*, 68, 7–12. https://doi.org/10.1016/j.evalprogplan.2018.02.009

Built for Zero Canada. (n.d.). *Getting to zero*. Author. Retrieved January 18, 2022, from https://bfzcanada.ca/getting-to-zero/

Byrne, T.H., Henwood, B.F., & Orlando, A.W. (2020, August 20). *What the pandemic taught us about the homeless – and what we shouldn't forget*. The Hill. https://thehill.com/opinion/finance/509666-what-the-pandemic-taught-us-about-the-homeless-and-what-we-shouldnt-forget

Canadian Mortgage and Housing Corporation. (n.d.). *National housing strategy*. Author. Retrieved January 18, 2022, from https://www.cmhc-schl.gc.ca/en/nhs/

Casey, L. (2021, March 17). *Toronto launches program to move homeless in encampments into hotel rooms*. Global News. https://globalnews.ca/news/7701858/toronto-program-homeless-encampments-hotels/

Caulfield, J. (2020, May 18). *Will empty hotels provide an answer for affordable housing shortage? Building Design + Construction*. https://www.bdcnetwork.com/will-empty-hotels-provide-answer-affordable-housing-shortage

City of Toronto & Government of Canada. (2021). *Street needs assessment: Results report*. https://www.toronto.ca/legdocs/mmis/2021/ec/bgrd/backgroundfile-171729.pdf

City of Toronto. (1999). *Removing barriers to single room occupancy development in Toronto.* Retrieved from https://www.toronto.ca/legdocs/1999/agendas/council/cc/cc990727/cms2rpt/cl008.htm

City of Toronto. (2019). *HousingTO 2020-2030 action plan*. https://www.toronto.ca/wp-content/uploads/2020/04/94f0-housing-to-2020-2030-action-plan-housing-secretariat.pdf

City of Toronto. (2022). *Temporary COVID-19 Shelter Sites*. https://www.toronto.ca/community-people/community-partners/emergency-shelter-operators/about-torontos-shelter-system/new-shelter-locations/temporary-covid-19-shelter-sites/

City of Toronto. (n.d.). *Supportive housing program*. https://www.toronto.ca/community-people/children-parenting/seniors-services/seniors-housing-services/supportive-housing-program/

City of Vancouver. (2005). *Housing plan for the Downtown Eastside*.

Colburn, G., Fyall, R., McHugh, C., Moraras, C., Ewing, V., Thompson, S, Dean, T., Argodale, S. (2022). *Hotels as noncongregate emergency shelter: An analysis of investments in hotels as emergency shelter in King County, Washington during the COVID-19 pandemic*. Housing Policy Debate. DOI: 10.1080/10511482.2022.2075027

Colburn, G., Fyall, R., Thompson, S., Dean, T., McHugh, C., Moraras, P., & Ewing, V. (2020). *Impact of hotels as non-congregate emergency shelters: An analysis of investments in hotels as emergency shelter in King County, WA during the COVID-19 pandemic*. Available online at: https://kcrha.org/wp-content/uploads/2020/11/Impact-of-Hotels-as-ES-Study_Full-Report_Final-11302020.pdf

Corporation for Supportive Housing. (n.d.). *Coordinating Property Management and Social Services in Supportive Housing*. https://files.hudexchange.info/resources/documents/SHPPropertyManagement.pdf

Corporation for Supportive Housing. (n.d). *Supportive Housing Single Site Model. Corporation for Supportive Housing*. http://www.csh.org/wp-content/uploads/2015/12/IL_Toolkit_Model_SingleSite.pdf

Covenant House Toronto. (n.d). *Promising practices for engagement*. Author. Retrieved January 18, 2022, from https://covenanthousetoronto.ca/traffick-stop/promising-practices/

Downtown Women's Center. (2021, April 23). *Permanent Supportive Housing - Downtown Women's Center*. Retrieved July 14, 2022, from https://downtownwomenscenter.org/psh

Employment and Social Development Canada. (2019). *REACHING HOME Coordinated Access Guide*. Government of Canada. Retrieved July 18, 2022, from https://publications.gc.ca/collections/collection_2019/edsc-esdc/Em12-66-2019-eng.pdf

Evans, W. G. (2009). *Supporting Transitions: Critical Time Intervention | Center for Mental Health Services, Substance Abuse and Mental Health Services Administration*. The Homeless Hub. Retrieved July 14, 2022, from https://www.homelesshub.ca/resource/supporting-transitions-critical-time-intervention

Firestone M, Bayoumi AM, Steer L, and Khoee K (Co-lead authors), Akaehomhen A, Lee Soh B, Holness L, Nisenbaum R, Schlosser L, Beder M, Boozary A, Hwang S, Kolla G, Mohamed A, O'Campo P, Pariseau T. (2021). *MARCO COVID-19 Isolation and Recovery Sites Evaluation Brief Report*. Toronto, Ontario: MAP Centre for Urban Health Solutions, St. Michael's Hospital. https://maphealth.ca/wpcontent/uploads/CIRS_MARCO-JAN-2022.pdf

Garcia, A. (2017). *Ending transitional homelessness in San Jose, California: A process evaluation of the city of San Jose's plan to convert a hotel/motel into a single room occupancy living unit for the transitionally homeless*. Master's Projects. https://doi.org/10.31979/etd.6hgw-vg6h

Gonen, Y. (2020, June 25). *Pandemic-emptied hotels could become affordable housing, City Officials suggest*. The City. https://www.thecity.nyc/housing/2020/6/25/21303923/hotels-could-become-affordable-housing-in-nyc

Government of Canada. (2020, November 26). *Reaching home: Canada's homelessness strategy directives*. https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.1

Government of Canada. (2020, October 27). *New rapid housing initiative to create up to 3,000 new homes for Canadians*. https://pm.gc.ca/en/news/news-releases/2020/10/27/new-rapid-housing-initiative-create-3000-new-homes-canadians

Gray, J. (2020, August 9). *Could shelter hotels be a model for addressing homelessness?* Globe and Mail. https://www.theglobeandmail.com/canada/article-could-shelter-hotels-be-a-model-for-addressing-homelessness/

Guerrero, E. G., Song, A., Henwood, B., Kong, Y., & Kim, T. (2018). *Response to culturally competent drug treatment among homeless persons with different living arrangements*. Evaluation and program planning, 66, 63-69.

Gulliver, T. (2014). *How Can We Improve Healthcare Access for the Homeless?* Homeless Hub: Toronto, Canada. Retrieved from https://www.homelesshub.ca/resource/how-can-we-improve-healthcare-access-homeless

Guthrie, K., Garrard, L., & Hopkins, S. (2021). *Guidance document for harm reduction in shelter programs: A ten point plan*. The Works, Toronto Public Health. https://www.toronto.ca/wp-content/uploads/2021/06/9633-10PointShelterHarmReduction-210528AODA.pdf

Hannigan, T. and Wagner, S. (2003). *Developing the "Support" in Supportive Housing: A Guide to Providing Services in Housing*. Corporation for Supportive Housing. http://www.csh.org/wp-content/uploads/2011/12/Tool_DevelopingSupport_Guide.pdf

Harder+Company Community Research. (2014, June). *Critical Time Intervention in Los Angeles' Skid Row: Learning from the Downtown Women's Center Pilot Intervention*. https://www.criticaltime.org/wp-content/uploads/2014/11/DWC_CTI-Final-Report_Combined_8-13-14-2.pdf

Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). *Shelter from the storm: Trauma-informed care in homelessness services settings*. The Open Health Services and Policy Journal, 3, 80-100. http://dx.doi.org/10.2174/1874924001003020080

Knight, K.R., Lopez, A.M., Comfort, M., Shumway, M., Cohen, J., Riley, E. (2013). *Single room occupancy hotels as mental health risk environments among impoverished women: The intersection of policy, drug use, trauma, and urban space*. Int J Drug Policy, 25(3), 556-561. Doi:10.1016/j.drugpo.2013.10.011

Lightfoot, S. (2021, September 8). *Toronto residents demand action after popular four-star hotel becomes homeless shelter*. CTV News. https://toronto.ctvnews.ca/toronto-residents-demand-action-after-popular-four-star-hotel-becomes-homeless-shelter-1.5577955

Mathieu, E. (2019, June 12). *St. Anne's Place offers a home for retirees with complex health issues – and often nowhere else to go*. Thestar.Com. Retrieved July 14, 2022, from https://www.thestar.com/news/gta/2019/06/11/st-annes-place-offers-a-home-for-retirees-with-complex-health-issues-and-often-nowhere-else-to-go.html

Mulligan, S. (2007). *Supportive housing and single room occupancy hotels: Possibilities for Downtown Winnipeg* [Master's Thesis].

Nerad, S., Iman, H., Wolfson, C., & Islam, T. (2021). *Meeting crisis with opportunity: Reimagining Toronto's shelter system. The impact of COVID-19 on Toronto's 24 hour emergency homelessness system*. Toronto, Ontario: Toronto Shelter Network. http://www.torontoshelternetwork.com/meeting-crisis-with-opportunity

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2021). *Health protection actions for people experiencing homelessness during the COVID-19 pandemic*. Toronto, ON: Queen's Printer for Ontario.

Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. (2020). *Preliminary patterns in circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic*. Toronto, ON: Ontario Drug Policy Research Network.

Ontario Ministry of Municipal Affairs and Housing. (2017a). *Ontario Supportive Housing Best Practice Guide*. Government of Ontario. Retrieved July 18, 2022, from https://amho.ca/wp-content/uploads/Best-Practice-Guide-English.pdf

Ontario Ministry of Municipal Affairs and Housing. (2017b). *Ontario Supportive Housing Policy Framework*. Government of Ontario. Retrieved July 18, 2022, from https://www.publications.gov.on.ca/ontario-supportive-housing-policy-framework

Padgett, D.K. & Herman, D. (2021). *From shelters to hotels: An enduring solution to ending homelessness for thousands of Americans*. Psychiatric Services, 72(9), 986-987. https://doi.org/10.1176/appi.ps.202100170

Padgett, D.K., Bond, L., & Wusinich, C. (2022). *From the streets to a hotel: A qualitative study of the experiences of homeless persons in the pandemic era*. Journal of Social Distress and Homelessness. https://doi.org/10.1080/10530789.2021.2021362

Paradis, E. (2018). *Saving room: Community action and municipal policy to protect dwelling room stock in North American cities*.

Parkin, S., Neale, J., Roberts, E., Brobbin, E., Bowen, A., Hermann, L., Dwyer, G.J., Turner, R., Henderson, J., Kuester, L., McDonald, R., Radcliffe, P., Robson, D., Craft, S., Strang, J., & Metrebian, N. (2021). *Conducting rapid qualitative research amongst people with experience of rough sleeping in London during the COVID-19 pandemic*. Research Methods in Medicine & Health Sciences, 2(4), 124-139. https://doi.org/10.1177%2F26320843211061301

Pearson, H.R. (2004). *Successful preservation and development of single room occupancy housing: Lessons for Vancouver* [Master's Thesis]. University of British Columbia.

Perri, M., Dosani, N., & Hwang, S.W. (2020). *COVID-19 and people experiencing homelessness: Challenges and mitigation strategies*. CMAJ, 192(26), E716-E719.

Portland Hotel Society. (n.d.) *Supportive Housing*. Retrieved from https://www.phs.ca/supportive-housing/

Project Renewal. (n.d.). *Project Renewal's temporary use of The Lucerne Hotel*. https://www.projectrenewal.org/lucerne

Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management*. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf

Rech, N. (2019). *'Homelessness in Canada', The Canadian Encyclopedia*. Available online at: https://www.thecanadianencyclopedia.ca/en/article/homelessness-in-canada (accessed 9 July 2020).

Shelter, Support and Housing Administration. (2021, June 7). *Shelter directive* (No. 2021-01). Author.

Shelter, Support and Housing Administration. (2021). *Homeless solutions service plan*. https://www.toronto.ca/legdocs/mmis/2021/ec/bgrd/backgroundfile-171730.pdf

Sullivan, B.J. & Burke, J. (2013). *Single-room occupancy housing in New York City: The origins and dimensions of a crisis*. Cuny Law Review, 17, 113-143.

The Canadian Alliance to End Homelessness. (2018). *What is a Coordinated Access System?* Retrieved July 15, 2022, from https://caeh.ca/cas/

The Center for the Advancement of Critical Time Intervention. (n.d.). *CTI Model: The Center for the Advancement of Critical Time Intervention*. Retrieved July 14, 2022, from https://www.criticaltime.org/cti-model/

The Homeless Link Research Team. (March 2018). *The future hostel: The role of hotels in helping to end homelessness*.

Thomas, S. & Hunt, S. (2022, January 26). *Empty office tower to become affordable housing complex, shelter in Calgary downtown core*. CTV News. https://calgary.ctvnews.ca/empty-office-tower-to-become-affordable-housing-complex-shelter-in-calgary-downtown-core-1.5755954

Tingerthal, M. (2021a). *HOMEKEY: California's statewide hotels-to-housing initiative.* National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/07/CA-H2H-Case-Study_7-19-21.pdf

Tingerthal, M. (2021b). *Project TURNKEY: Oregon's statewide hotels-to-housing initiative.* National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/07/OR-H2H-Case-Study_7-19-21.pdf

Tingerthal, M. (2021c). *Vermont housing & conservation board coronavirus relief fund: Vermont's statewide initiative.* National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/07/VT-H2H-Case-Study_7-19-21.pdf

Tingerthal, M. (2021d). *Hennepin County: hotel/motel acquisition initiative.* National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Hennepin-County-H2H-Case-Study_8-04-21.pdf

Tingerthal, M. (2021e). *Casa de Esperanza Fort Worth housing solutions and Ojala Partners, Fort Worth, TX*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Casa-De-Esperanza-H2H-Case-Study_8-3-21.pdf

Tingerthal, M. (2021f). *Casa Luna: National Community Renaissance (CORE) and Union Station Homeless Services, Los Angeles, CA*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Casa-Luna-H2H-Case-Study_8-4-21.pdf

Tingerthal, M. (2021g). *Best Inn: The People Concern, Los Angeles, CA*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Best-Inn-H2H-Case-Study_8-4-21.pdf

Tingerthal, M. (2021h). *Kearny Vista Apartments: San Diego Housing Commission San Diego, CA*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Kearney-Valley-VISTA-H2H-Case-Study_8-6-21.pdf

Tingerthal, M. (2021i). *Stevens Square Residence: Hennepin County and Alliance Housing*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Stevens-Square-H2H-Case-Study_8-30-21.pdf

Tingerthal, M. (2021j). *Susan's Place: Champlain Housing Trust Essex Junction, Vermont*. National Alliance to End Homelessness. https://endhomelessness.org/wp-content/uploads/2021/08/Susans-Place-H2H-Case-Study_8-30-21.pdf

Tunstall, L., & McIntyre, S. (2015). *Effective practices on collaboration between affordable seniors' housing providers and mental health service providers*.

Whitzman, C. (2020). *Single room accommodation tenant experiences with visitor restrictions during COVID-19*.

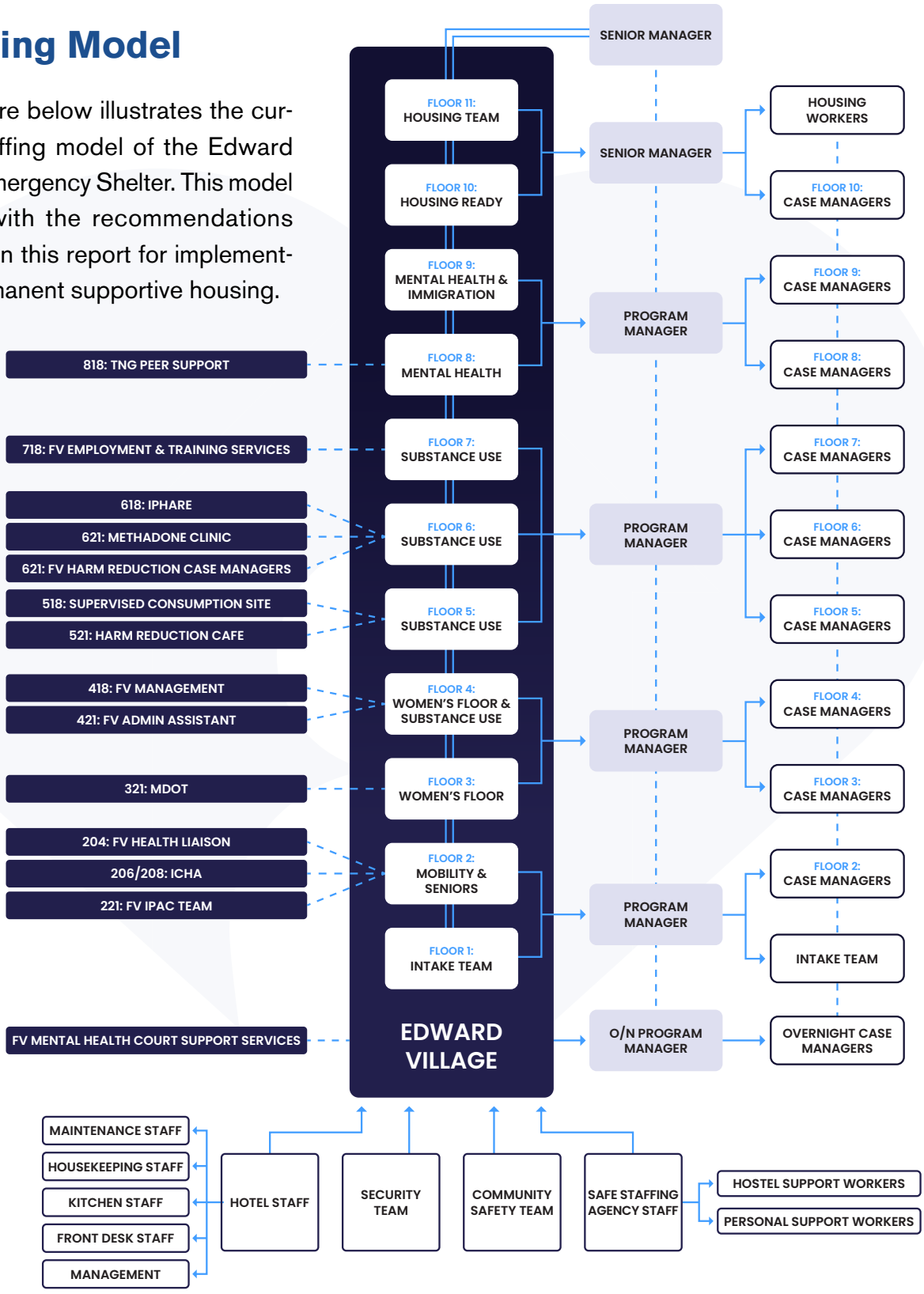
Whitzman, C. & Hunt, M. (2021). *Single room occupancy tenant health and safety during COVID-19.*

Wu, H. & Karabanow, J. (2020). *COVID-19 and beyond: Social work interventions for supporting homeless populations*. International Social Work, 63(6), 790-794. https://doi.org/10.1177%2F0020872820949625

APPENDIX 1

Staffing Model

The figure below illustrates the current staffing model of the Edward Hotel Emergency Shelter. This model aligns with the recommendations offered in this report for implementing permanent supportive housing.



APPENDIX 2

Steering Committee: Terms of Reference

Background

In response to the Pandemic, Fred Victor was asked by City Shelter Services to operate the Edward Hotel Emergency Shelter providing 250 units/rooms. Edward Hotel Emergency Shelter has specialized supports for homeless women, men, and couples who face barriers due to mental health issues, substance use, social isolation, immigration status, unemployment/underemployment challenges, and history with the criminal justice system. In order to build on what we have learned together so far in offering on-site enhanced case management and housing services, mental health and addictions counselling, trauma-informed care support, harm reduction interventions, access to primary health care and referrals and continuous one-on-one check-in supports, Fred Victor is undertaking an exploratory and evaluation research of Edward Hotel Emergency Shelter.

To support this work, Fred Victor has contracted the Canadian Observatory on Homelessness (COH)/Hub Solutions, which is a research-based group with deep experience in research, evaluation, and policy and program development across the national housing sector. COH will undertake an exploratory and evaluation research to document the Edward Hotel Emergency Shelter care program, uncover the lived experiences of program clients, determine which groups are being underserved, illustrate successes and shortfalls of this model, and disseminate into a holistic final report. We hope this process and the resulting products will help us to better understand what our shared outcomes are as we collectively support folks towards becoming healthier and housed.

Evaluation Process

The evaluation of Edward Hotel Emergency Shelter has been divided into six phases. In the first phase, an Evaluation Steering Committee will be formed. Committee members will review the scope, objectives and methods of the evaluation and approve the evaluation work plan. In the second phase, COH will conduct a literature review to set the stage for the third phase, survey, and the fourth phase, interviews. Data analysis will happen in the fifth phase while the final phase will be devoted to reporting and presentation of findings.

Evaluation Products

The COH team will produce a final report that includes the following sections:

- Outline/overview of the Edward Hotel Emergency Shelter model.
- Key findings from the literature.
- Assessment of the local context, including demographics of program clients, and key findings from the survey and Interviews.
- Comparison of Edward Hotel Emergency Shelter against the literature and any existing best practices.
- Recommendations for program improvement and upscaling.

Purpose of the Working Group

The Evaluation Steering Committee is being established as a time-limited group of stakeholders and partners of Fred Victor's Edward Hotel Emergency Shelter. The Steering Committee will provide guidance, oversee, and take decisions on the overall evaluation process. The participation of committee members will help to create a robust and inclusive evaluation process and products that reflect the breadth of our services and views of our stakeholders. The Steering Committee will help to create a transparent process, ensure collaboration with people with lived experience of homelessness, provides a chance to engage expert advice, and acts as a platform to outline and address problems and collaborative solutions.

Role and Function

The Steering Committee will be responsible for the following:

- Attend and actively participate in committee meetings.
- Provide general guidance for the project, give feedback on the evaluation methodology, recommend sources of literature, and determine dates for regular check-ins.
- Provide information, data, advice, and expertise towards the evaluation process.
- Share experiences of lessons and best practices from other similar projects and experiences.

- Review and provide feedback on written materials that are created through this process, including survey and interview protocols, as well as findings from the evaluation.
- Assist in the identification of strategic themes arising from the initial evaluation findings.

Duration of Group

The Evaluation Steering Committee will be brought together for up to six months between December 2021 and May 2022, consistent with the project timeline. COH will complete the final deliverables for this project tentatively by April 30, 2022.

Membership

There will be 15 members of the Evaluation Steering Committee representing various perspectives from:

- Toronto Public Health manages a variety of programs and services including supervised composition, safe supply, methadone, naloxone distribution to 80 community agencies; nursing and vaccination services. TPH currently offers supervised consumption service at Edward Hotel Emergency Shelter since February 2021.
- Trust Care Pharmacy works with partners in supportive housing and shelters to provide clinical evaluation of medication profiles, dispensing medication, medication administration. A nurse is on-site once a day, seven days a week to help with medication compliance.
- The Neighbourhood Group oversees hotel, overdose prevention services, and provides drop-in services. Peers help with isolation and assist clients with harm reduction and overdose prevention needs
- Fred Victor.
- People with Lived Experiences.
- (Facilitators) Canadian Observatory on Homelessness.

Meetings

Format:

Steering Committee meetings will be held by video call (Zoom).

Duration:

The first meeting will be set for a maximum of two (2) hours. All other meetings are expected to be shorter (1-1.5) hours, although they should never go beyond two hours.

Frequency:

The total number of meetings is expected to be six to eight. The inaugural meeting of the working group will be held sometime during the second week of December, based on availability. Subsequently, meetings will be held as the need arises to provide feedback on a day that is agreed on by the majority of members. Members may be asked to provide comments by email on specific issues outside of scheduled meeting times.

Reporting:

COH will be responsible for setting and circulating agendas and preparation material, facilitating the meetings, and ensuring that minutes are kept and shared with all members after the meetings.