

# EMERGENCY SHELTERS

## VALUE STATEMENT

*I expect safe emergency shelter space is available when required and that supports are in place to help people find and maintain housing.*

## Emergency Shelters

### What is this Service?

The services provided through emergency hostels/shelters can be viewed as a key point of access to a broad range of social services, however, emergency hostels are not intended to serve as permanent housing. The provision of emergency hostel services by a municipality is not mandatory. Municipalities may choose to offer emergency shelter services directly or through third-party contracts with community-based agencies.

### Definitions of Homelessness:

Homelessness: the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it.

Chronic Homelessness: refers to individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria: They have a total of at least 6 months (180 days) of homelessness over the past year. They have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days).

Indigenous Homelessness: is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships. – Aboriginal Standing Committee on Housing and Homelessness, 2012.

### Objectives May Include:

- Ensure that individuals and families experiencing homelessness have access to temporary emergency shelter services that will help them stabilize their situations and move into appropriate accommodation in the community.
- Provide safe and secure basic accommodations and meals for individuals and/or families experiencing homelessness.

### Influencing Factors:

1. Ancillary services: Ancillary services or support provided in concert with a bed can vary and impact costs.
2. Municipal Policy: Policies that restrict length of stay will artificially shorten lengths of stay. Council policy not to exceed Provincial maximum gross per-diem will impact per-diem rates. Length of stay may also be impacted in municipalities who are participating in the 'Hostels to Homes' program
3. Climate: The actual number of beds can vary by season. Natural disasters and weather-related events increase occupancy and length of stay

4. Client Profile: Severity of client condition (chronic vs. newly or episodic homelessness). Health factors and income levels also influence demand and length of service. Communicable diseases will reduce occupancy and length of stay. Clients can be individuals as well as families which can impact service levels required
5. Supply vs. demand: Individuals in need may decide not to take up offers of shelter
6. Political Climate: Current and former local policies and support for homelessness impact service level provided i.e. is the climate inductive to support, fund and build/procure spaces
7. Other Housing Services: Availability of transitional and/or supported living/housing in the community and supplementary support services
8. Availability: Shelter and/or services available that draw people to the municipality and to use the shelters within that municipality
9. Immigration: Federal immigration policies and processing times for Refugee claims
10. Information Systems: Database systems used could impact reporting capabilities
11. Vacancy Rates in Rental Properties: The need to track housing availability and affordability.
12. Contracted Beds: Comparability between contracted and municipally operated beds. Municipally operated bed costs include indirect costs that can't necessarily be identified for comparison purposes in the contracted bed cost.

#### Extenuating Circumstances:

- **COVID-19 Pandemic:** In 2020, there was a significant shift in the homeless population across municipalities (e.g., reduction in refugee population, increase in unsheltered homeless). Provincial Canadian Ontario Housing Benefit (COHB) and federal Canadian Emergency Response Benefit (CERB) may have initially impacted on occupancy rates or the number of individuals and/or family accessing shelters emergency shelters. The need to implement health and safety protocols to ensure physical distancing also led to an initial reduced occupancy/capacity at emergency shelters. Receipt of additional funding supported municipalities in maintaining programs and services for people experiencing homelessness during COVID 19 (e.g., use of hotels to maintain physical distancing, provision of additional shelters). Across many municipalities, special accommodations for the homeless (e.g., isolation and recovery, temporary shelters, day time shelters) were established to provide appropriate supports, including implementation of community COVID practices (e.g., screening, testing, referral). This increased the workload of municipal staff (front line and administrative). There were also increased reporting responsibilities associated with increased provincial and federal funding. Much of this continued in 2021.

In addition, throughout 2021, municipalities were serving more people through the shelter system. Rent increases, a tight rental market and higher acuity resulted in longer stays in the emergency shelters. Municipalities also saw increases in outbreaks in emergency shelters resulting in transfers to isolation and recovery centres. There was mounting pressure on staff to provide mental health supports to those using the shelter systems. This was further exacerbated by the increased difficulty in recruiting and retaining staff for the emergency shelters systems.

## Emergency Shelters

### HSTL105, HSTL110, HSTL115 - Average Length of Stay in Days per Admission to Emergency Shelters

Results reflect various approaches to providing emergency shelter beds and how motel rooms are counted when they are used as part of the service delivery model. The length of stay increased across most municipalities due to high rental rates, low vacancies and increased demand for shelters.

	DUR	HAL	HAM	LON	NIAG	SUD	WAT	WIND	YORK	MEDIAN
HSTL105: Adults and Children										
2019	11.6	18.5	10.0	11.6	20.0	13.3	7.3	6.5	24.4	11.6
2020	16.0	35.5	10.4	9.5	20.9	4.9	8.3	8.2	28.4	10.4
2021	17.9	46.5	18.7	8.1	26.6	4.2	9.6	7.9	30.8	17.9

HSTL110: Singles										
2019	9.8	11.9	7.8	10.1	16.2	11.8	8.4	11.1	19.1	11.1
2020	19.3	17.5	8.5	8.5	17.0	4.4	8.2	12.5	23.6	12.5
2021	16.1	28.3	15.8	7.5	21.5	4.0	9.3	6.3	28.5	15.8

HSTL115: Families - Head of Households										
2019	26.0	48.5	37.4	29.0	51.2	28.5	52.4	13.0	45.4	37.4
2020	38.4	49.8	42.9	36.3	45.8	24.0	48.1	14.2	49.3	42.9
2021	44.4	65.1	21.7	22.7	43.0	25.1	79.1	25.5	47.4	43.0

Halton: 2021 results impacted by increasing rental costs and decreasing vacancy rates (HSTL105, HST:110, HSTL115).

Hamilton: Since the start of the pandemic, the City has seen a growing trend in the number of individuals and families accessing shelter services as well as an increasing length of stay. (HSTL105 and HSTL110).

Niagara: Rent increases, a tight rental market and higher acuity/complexity have impacted results in 2021 (HSTL105 and HSLT110).

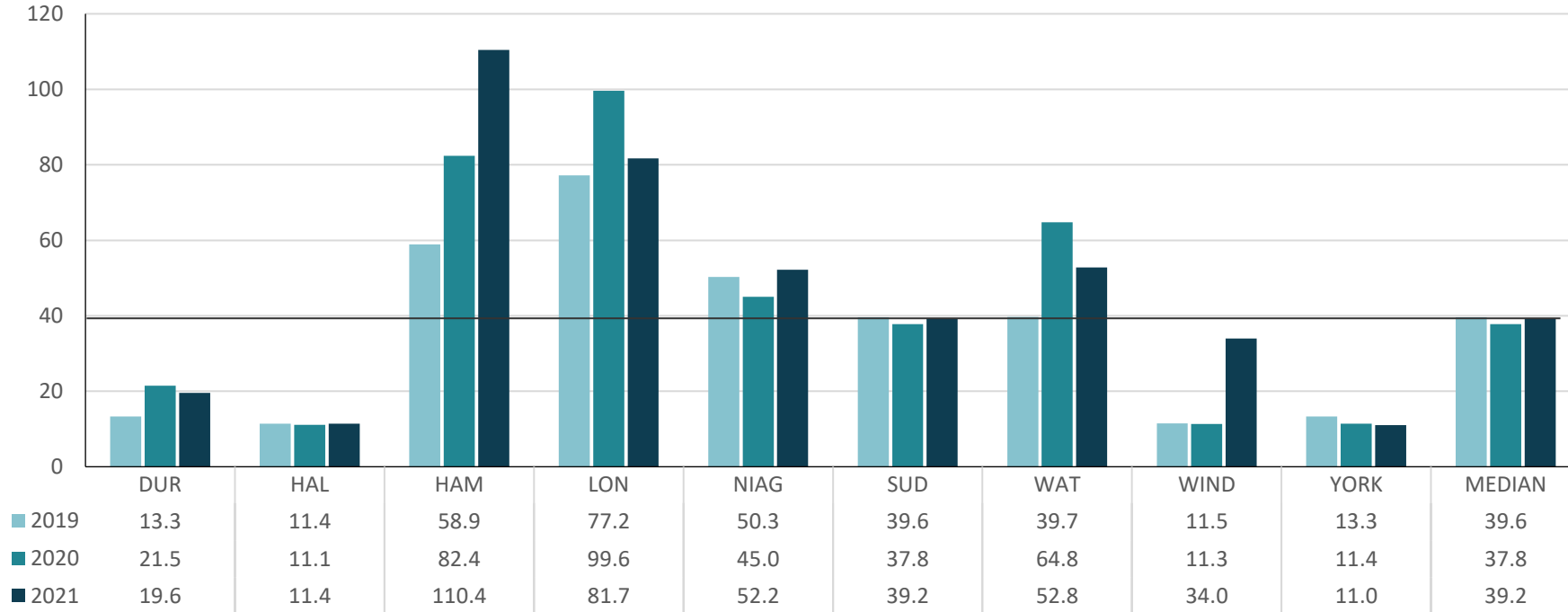
Waterloo: The 2021 increase compared to 2020 was due to COVID-19 pandemic related impacts (i.e., reduced bed capacity) - HSTL110. Bed nights for families in shelter increased in part due to decreased affordability for housing units resulting in an increased length of stay. (HSTL115).

Windsor: The addition of a new low barrier shelter in April 2021 lowered the average length of stay. This shelter serves a transient population with more frequent admissions (HSTL110). With increasing rent and a more competitive housing market, the City is seeing longer lengths of stay for families (HSTL115).

## Emergency Shelters

### HSTL205 - Average Nightly Number of Emergency Shelter Beds Available per 100,000 Population

Where motel rooms are a permanent part of the shelter model, motel rooms are included in the total. However, where motel rooms are not a permanent part to the model but are used as needed, the total number of shelter beds does not include motel rooms.



Hamilton: 2021 includes emergency hotel spaces made available and used.

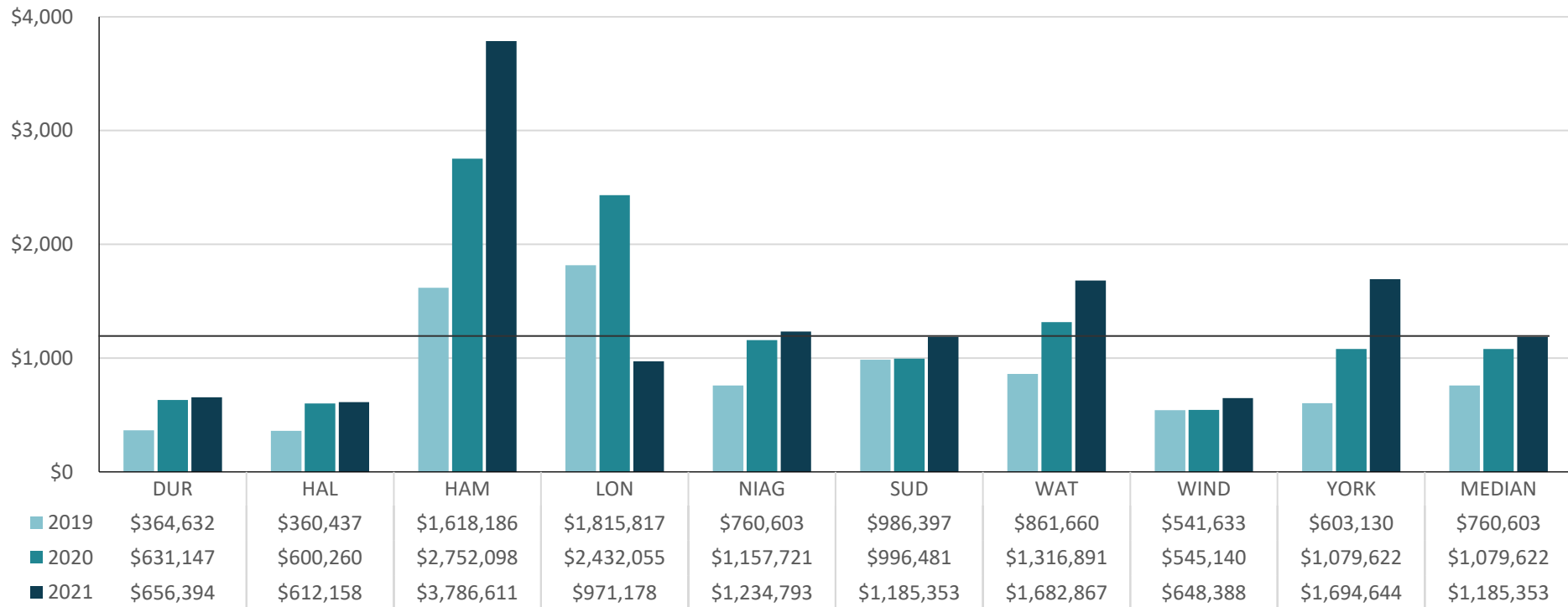
Windsor: The large increase in 2021 was due to the addition of an 84-bed shelter being funded by the Service Manager for the first time.

## Emergency Shelters

### HSTL220 - Direct Cost of Emergency Shelter Responses per 100,000 Population

The types of direct operating costs incurred by municipalities vary based on the service delivery models they use to provide emergency shelters. Depending on the service delivery model, operating costs could include municipal shelter staff and building maintenance costs; and/or payments made to third party operators and hotels/motels. NOTE: In 2021, a tighter rental market, rental increases and the costs associated with the pandemic resulted in increased costs for the emergency shelter system.

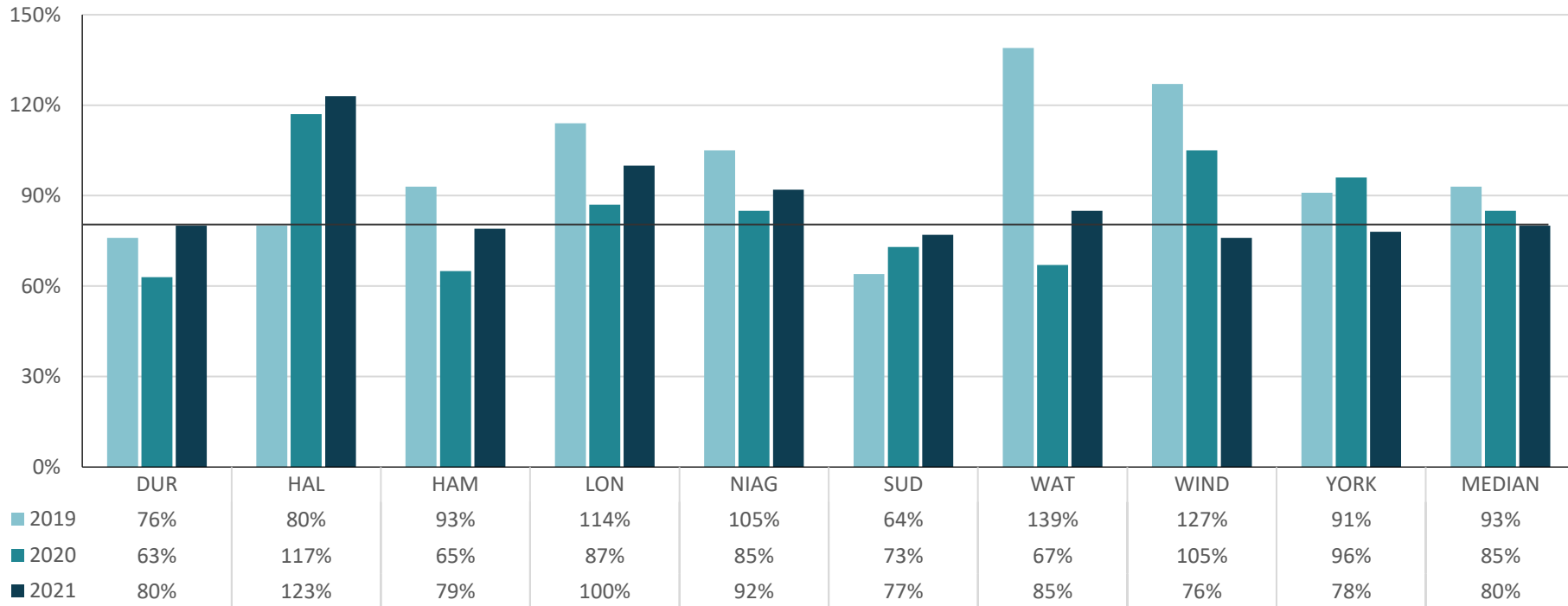
In Thousands



## Emergency Shelters

### HSTL410 - Average Nightly Bed Occupancy Rate of Emergency Shelters

Rooms can be occupied at less than 100% capacity depending on the family size. A result of greater than 100% is possible through the use of overflow spaces.



Waterloo: The 2019 increase was due to the use of additional emergency shelter beds as a response to increasing occupancy pressures.

Windsor: 2021 decrease due to additional capacity created through the addition of beds with COVID funding from upper levels of government.