

Homelessness -  
Diverse Experiences,  
Common Issues, Shared Solutions:  
*The Need for Inclusion and  
Accountability*

Izumi Sakamoto, Erika Khandor, Aisha Chapra,  
Tekla Hendrickson, Julie Maher, Brenda Roche and Matthew Chin  
With support from the rest of the Collaborative Team

## Homelessness – Diverse Voices, Common Experiences, Shared Solutions: ***The Need for Inclusion and Accountability***

### Published:

Toronto: Factor-Inwentash Faculty of Social Work, University of Toronto.  
October 2008

### Authors:

Izumi Sakamoto, Erika Khandor, Aisha Chapra, Tekla Hendrickson, Julie Maher, Brenda Roche and Matthew Chin

Support and assistance for writing this document were provided by Cyndy Baskin, Nancy Viva Davis Halifax, David Hulchanski, Kate Mason, Catherine Moravac, Grace Piekielek, Michael Shapcott, and the rest of the Collaborative Team.

### Collaborative Team:

Izumi Sakamoto (Lead Researcher), Assistant Professor, *Factor-Inwentash Faculty of Social Work, University of Toronto*

Cyndy Baskin, Associate Professor, *School of Social Work, Ryerson University*

Aisha Chapra, Research Co-Coordinator, Collaborative Arts Research Project, *Factor-Inwentash Faculty of Social Work, University of Toronto*

Matthew Chin, Research Co-Coordinator, Collaborative Arts Research Project, *Factor-Inwentash Faculty of Social Work, University of Toronto*

Nancy Viva Davis Halifax, Assistant Professor, *Critical Disability Studies, York University*

Tekla Hendrickson, former Provincial Director, *Ontario Women's Health Network*

Erika Khandor, Research and Evaluation Coordinator, *Street Health*

Julie Maher, Provincial Director, *Ontario Women's Health Network*

Kate Mason, Street Health Survey Coordinator, *Street Health*

Jim Meeks, Peer Researcher, *The Street Health Report 2007, a day in the life and asleep in Toronto*

Nadya Melanson, Peer Researcher, *Exploring Food Security with Young Aboriginal Moms*

Catherine Moravac, Clinical Research Coordinator, *Department of Obstetrics & Gynecology, St. Michael's Hospital*

Brandi Nashkewa, Peer Researcher, *Coming Together and The Street Health Report 2007*

Grace Piekielek, Coordinator, Grant and Office Administration, *Wellesley Institute*

Josie Ricciardi, Coordinator of Community Health Workers, *Regent Park Community Health Centre*

Brenda Roche, Director of Community-Based Research, *Wellesley Institute*

Sheila Samuels, Peer Researcher, *Coming Together*

Natalie Wood, Independent Visual Artist & CED Coordinator at *Inspirations Studio, Sistering – A Woman's Place*

Billie Allan, Research Assistant, *Factor-Inwentash Faculty of Social Work, University of Toronto*

### Supporting Organizations:

University of Toronto Factor-Inwentash Faculty of Social Work, Street Health, Regent Park Community Health Centre, Ryerson University School of Social Work, York University Critical Disability Studies, Wellesley Institute, Ontario Women's Health Network, Sistering – A Woman's Place, St. Michael's Hospital, and the National Film Board of Canada's Filmmaker-in-Residence Program with St. Michael's Hospital.

### Collaborator:

David Hulchanski, Centre for Urban and Community Studies, University of Toronto

### Designer:

Meera Sethi Creative [www.meerasethi.com](http://www.meerasethi.com)

### Contact:

[artsandhomeless@gmail.com](mailto:artsandhomeless@gmail.com)

[www.artsandhomeless.com](http://www.artsandhomeless.com)

Copies of this report and related documents can be downloaded from our website.

The print version of this report was released at the Collaborative Art Exhibit, entitled *Homelessness – Solutions from Lived Experiences through Arts-Informed Research*, featuring our research studies at Metro Hall, Toronto, Ontario on October 1, 2008.

### This report should be cited as:

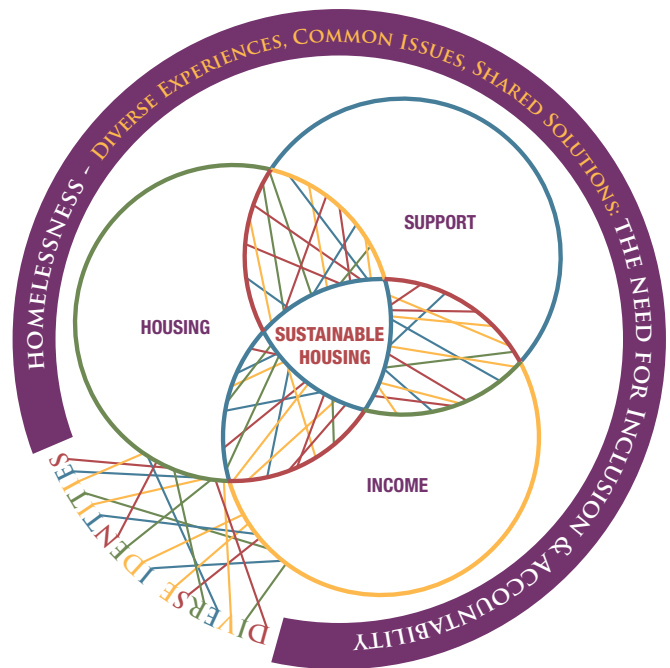
Sakamoto, I., Khandor, E., Chapra, A., Hendrickson, T., Maher, J., Roche, B. & Chin, M. (2008). ***Homelessness – Diverse Experiences, Common Issues, Shared Solutions: The Need for Inclusion and Accountability***. Toronto: Factor-Inwentash Faculty of Social Work, University of Toronto.

Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario M5S 1A1, Canada  
ISBN 978-0-9811128-0-0 (book)



**FACTOR-INWENTASH**  
**FACULTY OF SOCIAL WORK**  
UNIVERSITY OF TORONTO

 Except where otherwise noted, this work is licensed under  
<http://creativecommons.org/licenses/by/3.0/>



# Contents

**Homelessness - Diverse Experiences, Common Issues, Shared Solutions:  
The Need for Inclusion and Accountability** \_\_\_\_\_ 5

**Diverse Experiences:**  
About the Community-based, Arts-informed Research Studies in this Report \_\_\_\_\_ 9

**Common Issues, Shared Solutions: What Diverse Homeless People in Toronto Need**

- I. Inclusion and Accountability \_\_\_\_\_ 12-15
- II. Adequate Incomes \_\_\_\_\_ 16-18
- III. Affordable and Appropriate Housing \_\_\_\_\_ 19-21
- IV. Health, Social & Community Supports \_\_\_\_\_ 22-27

**Be Part of the Solution** \_\_\_\_\_ 28

Appendix A - References \_\_\_\_\_ 31

Appendix B - Project Information \_\_\_\_\_ 32

Acknowledgements \_\_\_\_\_ 33

About the Medicine Wheel \_\_\_\_\_ 34



**“I will not** live on a park bench anymore, or in a tent like I was doing. They should have a lot more housing for us. Because it’s terrible.”

Heather, age 48, 9 years homeless, survey respondent and participant, *Street Health Stories*

Photo by Adrienne, courtesy of NFB

# Homelessness – Diverse Experiences, Common Issues, Shared Solutions: *The Need for Inclusion and Accountability*

**“We hope people will take time to look at our photographs and read our stories, not just look and go, ‘Oh, that’s nice’ and walk off. But really look at the work we’ve done and think about what it feels like to walk in our shoes.”**

Peer Researcher from *I WAS HERE* project

Homelessness is a serious and growing social problem that affects many people in Toronto. According to the UN Human Rights Commission, “homelessness is one of the most severe manifestations of the denial of housing rights”<sup>i</sup>. Although the exact number of homeless people living in Toronto is unknown, approximately 32,000 different people slept in a Toronto homeless shelter in 2002<sup>ii</sup>, and about 6,500 individuals stayed in a shelter on any given night in 2006<sup>iii</sup>. Additional thousands who are either at risk of homelessness or experiencing hidden homelessness<sup>1</sup> remain unaccounted for. In 1998, the City of Toronto endorsed a declaration acknowledging homelessness as a national disaster.



*Coming Together:* with the support of other transwomen, transwomen smash the masks that they put on for survival and protection

## The Diverse Face of Homelessness:

**The faces of homeless people in Toronto are varied and diverse. In recognition of this, this report uses the phrases “diverse people experiencing homelessness” and “diverse homeless people”<sup>2</sup> interchangeably to refer to people who are homeless and who identify with diverse experiences and identities that often overlap with one another. These diverse experiences and identities include, but are not limited to, women, Aboriginal peoples, trans people, young mothers, racialized people/people of colour, people who use substances, and people with physical and mental health issues and disabilities.**



*Coming Together:* woman with experience of homelessness

1 Hidden homelessness includes “those in transition homes, jails and detox centres, and those who live in overcrowded, unstable, or inadequate housing. It also includes “couch surfing,” which is when people stay at a friend or family members’ dwelling for a short period of time, then move on to another person’s home” (Baskin, 2007, p.33 – for details see Endnote iv in Appendix A: References).

2 This report recognizes that referring to a group of people as “homeless people” may inadvertently suggest that “homelessness” is a character trait, not a situation people find themselves in. For this reason, we prefer the phrase “people who are homeless” or “people experiencing homelessness” to “homeless people”. However, throughout this document, we also try to describe the experiences of diverse people, and for lack of a more appropriate and concise phrase to encompass both the ideas of being “homeless” and “diverse”, we have decided to use the term “diverse homeless people” as a compromise. It is also important to recognize that while this report seeks to represent some of the many different experiences, strengths and needs of people who are homeless, it does so only to the extent allowed by the eight individual research projects. Consequently, the experiences of refugees, people without (immigration) status, lesbian/gay/bisexual/2-spirited/intersex/queer people, young fathers, or people who have been incarcerated with experiences of homelessness (among others) are not explicitly presented in this report and its recommendations.

Behind these facts and figures are the lived experiences of people with often unacknowledged strengths who are struggling to survive in the face of systemic exclusion and discrimination. This report brings together the findings and recommendations from eight community-based, arts-informed research studies on homelessness in Toronto. These studies represent the voices of individuals who are affected by homelessness and multiple issues of marginalization. In the life stories of these individuals, a diversity of experiences and identities emerge. While the studies featured in this report focused on different groups of people and used different research methods, the participants in these projects identified many similar issues and common experiences about homelessness. This report is not meant to be an exhaustive summary of the findings and recommendations of each of the eight projects. Rather, it is a creative synthesis of the knowledge gathered by these studies, expressed in words, images and other art forms.

**“You are looked down upon... not treated with any dignity. Your concerns are not well heard because of ...where you are from.”**

Participant from *Count Us In!* Project



*a day in the life*

People with experiences of homelessness have significant insight, knowledge and the ability to identify solutions to address homelessness and poverty related issues. However, they are generally not asked about what they want or need, nor are they consulted on the most appropriate ways to deliver programs and services. Indeed, they are largely prevented from participating in the administration, management, evaluation and monitoring of services and programs that impact their lived realities. Participants across the eight studies have indicated that they are routinely left out of the decisions that affect their everyday lives. Knowing this, it is not surprising that participants from all of the projects have clearly indicated that the systems, services, programs and policies associated with homelessness do not sufficiently address the common or unique needs of diverse homeless people in Toronto.

While this report echoes the sentiments expressed by research participants about the need for adequate incomes; affordable and appropriate housing; and quality health care, social and community supports, it also seeks to emphasize the common overarching solution identified by each of the eight research studies: **inclusion and accountability**. Efforts to address homelessness must be accountable to and inclusive of those with experiences of homelessness. Inclusion requires an acknowledgement of the lived realities and challenges facing those experiencing homelessness. Only then can their engagement and collaboration in such activities as program planning and service delivery be structured in ways that are supportive, meaningful and realistic. In addition, an inclusive approach means involving a diversity of homeless people in policy-making, program planning and service delivery efforts, in order to represent the diverse identities and experiences of the homeless population. It is crucial to recognize the diverse realities of individuals experiencing homelessness in order to develop and implement effective solutions to homelessness.

**“They assume you are lazy because you are sitting there. And it’s like, do you ever take time and stop and ask people, are they sick? Are they mentally ill? So don’t assume, just because they are sitting there that they like being there.”**

Participant from *Coming Together* project

As homelessness continues to grow in Toronto, there is an urgent need to respond in meaningful and effective ways to the challenges faced by diverse people experiencing this issue. **Homelessness - Diverse Voices, Common Issues, Shared Solutions: *The Need for Inclusion and Accountability*** outlines the common needs identified by diverse homeless people in our studies (based on inclusive methodologies) and presents a set of realistic and practical solutions to address homelessness in Toronto. These solutions were identified by many or all of our research projects.

*Immediate action is needed to meet the common and unique needs of diverse homeless people by:*

- I. Ensuring that policy-making, planning and service delivery are inclusive of and accountable to diverse homeless people
- II. Ensuring adequate incomes
- III. Improving and creating affordable and appropriate housing
- IV. Creating flexible and responsive health, social and community supports



*Exploring Food Security with Young Aboriginal Moms*



*The Street Health Report 2007 and Street Health Stories*



*Coming Together: research team members*

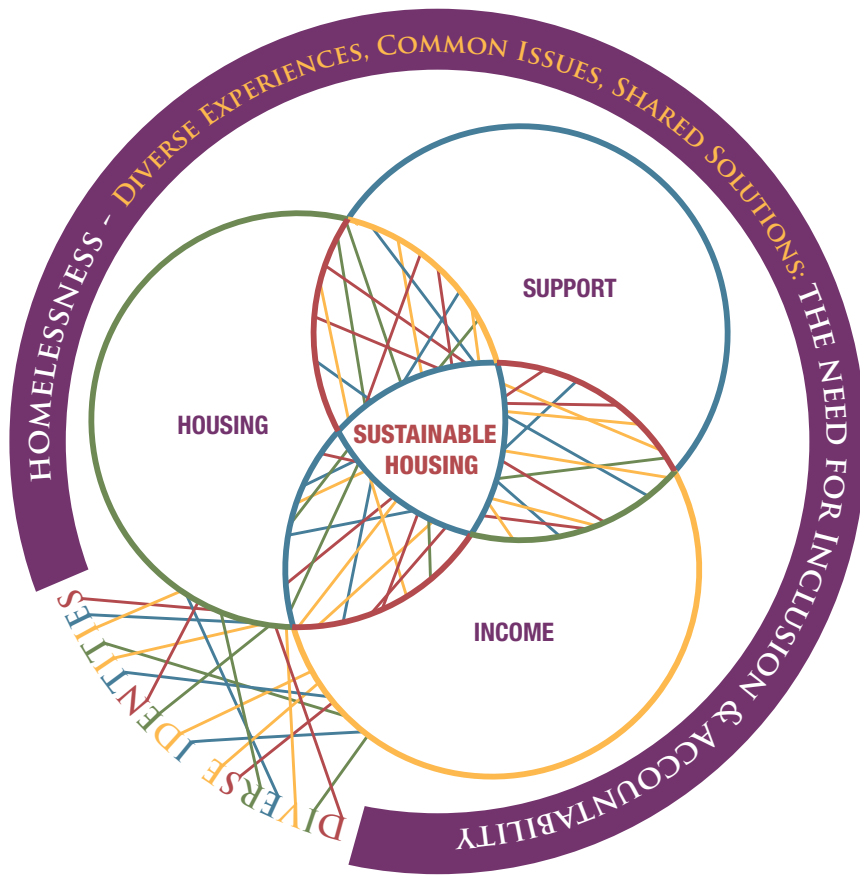


*I WAS HERE: Photo by Keneisha*

- Outcast:** A person who is rejected from society or home.
- Outcast:** Friendless, excluded from a society.
- Outcast:** One who has been excluded from a society or system.
- Outcast:** Alone in the world with no one to care.

With stress on my shoulders and burdens to bear, I am a one-woman army. Battles I fight, struggles I overcome, sitting at times wondering, why me, why have I chosen this life

- Keneisha, *I WAS HERE* project



**Inclusion and Accountability:** Diverse identities need to be in the picture to address homelessness

### ***Inclusion and Accountability:***

**Diverse identities need to be in the picture to address homelessness:**

In order to address homelessness, we need to focus on housing, income, and community/health/social supports together as intersecting issues, not as separate ones.

Encompassing these three factors in addressing homelessness are the issues of inclusion and accountability that affect equitable access to housing, income and support. Through inclusion and accountability, we are taking into consideration the diverse identities and experiences of marginalized people who are homeless. This report includes the voices of women, people with disabilities, trans people, young mothers, Aboriginal peoples, and other homeless people with diverse experiences. These diverse voices make our report unique, and allow us to identify solutions that are responsive to the diverse faces and realities of homelessness.

### **Empowerment and Anti-Oppressive Perspectives<sup>v</sup>:**

This Collaborative Project builds on the shared assumption that people who are marginalized are resourceful and have strengths and assets that are often unacknowledged in human services and policy making. Each of the eight research projects presented here included individuals experiencing homelessness as team members and participants in the design, implementation and dissemination stages of the research process (including the planning and execution of the Collaborative Art Exhibit at Metro Hall, Toronto, in October 2008, where this report was released).

This project draws from anti-oppressive, empowerment, and strengths-oriented perspectives that recognize individually experienced issues such as homelessness can only be addressed by (1) acknowledging the assets of individuals/groups/communities that are marginalized; (2) understanding that multiple identities and experiences of oppression intersect with each other, leading to unique experiences and standpoints; (3) facilitating structural analyses of power and of the root causes of the issues and how they affect individuals, families and groups; and (4) recognizing that the role of professionals and those who are housed is to facilitate the participation and capacity building of those who are marginalized by systems and structures of oppression (people who are homeless, in this case), rather than deciding for them what the solutions should be. This approach also emphasizes the significance of critical consciousness<sup>3</sup> and of working collaboratively towards social justice.

<sup>3</sup> Critical consciousness is the process of continuously reflecting upon and examining how our own biases, assumptions and cultural worldviews affect the ways we perceive differences and power dynamics. It also includes taking actions to correct power differentials and working towards achieving social justice (Freire, 1994; Sakamoto & Pitner, 2005 – for details see Endnote vi in Appendix A: References).



## **Diverse Experiences: About the Community-Based, Arts-Informed Research Studies in this Report**

This report presents shared findings and recommendations from eight community-based, participatory research projects on homelessness in Toronto; six of the eight projects used arts-informed or arts-based research methods<sup>4</sup>. The eight research projects were conducted by community members, peer researchers, community agency staff and academics, who came together to identify and highlight shared insights and findings while also learning from the differences among team members and their respective projects. Peer researchers refer to those who have experienced first-hand the social issues under study. In this Collaborative project, peer researchers are those who have experienced homelessness or have been at risk of becoming homeless, and who became part of the Collaborative as researchers.

**Community-based participatory research (CBR/CBPR)** is a research approach developed out of the recognition that traditional social research has failed to reflect or appreciate the needs and interests of communities and community members. For members of marginalized or stigmatized groups, this failure has been most extreme, leaving them with a sense of being ‘the objects of study’ rather than being recognized as collaborators in the research process. Uniquely, CBR/CBPR is an approach that strives to recognize the strengths of the community as the core of any research endeavour and promotes the equitable involvement of all partners in the research process including academic researchers, community agencies and community members. Those who use CBR/CBPR seek to make their research more action-oriented and relevant to the community with which they work<sup>vii</sup>.

Each research project involved in this collaboration, like the process of the collaboration itself, has aimed to make space for individuals whose lives are typically framed in highly stigmatizing and negative, ‘deficit’-based terms. Our collaboration is innovative and unique in that the involved projects recognize homeless people as the ‘experts’ of their own experiences, whose insights can inform real-world solutions to the lived experiences of homelessness. The participation of community members and peer researchers was critical to the success of all projects, and some of those peer researchers have continued to actively participate in this Collaborative, undertaking various roles related to the decision-making and implementation of multiple aspects of the collaboration.

**Arts-informed research**<sup>viii</sup> uses various art forms to generate knowledge, whether by collecting data, analyzing data, or disseminating research results using arts. Out of the eight studies in this Collaborative, six employed a variety of arts-informed research methodologies. All of our respective arts-informed studies provided study participants, who had experiences of homelessness, with the opportunity to use art to capture and express their daily experiences and challenges as they related to health, poverty, social exclusion and other day-to-day struggles, as well as their hopes, vision and resiliency. Homeless citizens have found that being part of arts-informed research has afforded them a space to think critically about problems and solutions from their communities’ perspectives, and to work toward social change<sup>ix</sup>. Further, the arts used in these research projects help to elaborate, contextualize and expand upon what has escaped broader social attention: namely the strengths of people who are homeless. Although the six arts-informed projects in this Collaborative employed different arts-based research methods and worked with people with different identities and experiences of homelessness, they came to many of the same conclusions. A consensus was reached across all eight projects on the recommendations about what needs to be done to address homelessness in Toronto.

---

4 *Count Us In!* project and *The Street Health Report 2007* did not use arts to collect research data. However, *The Street Health Report 2007* used various art forms to build on their findings through *Street Health Stories*, and *Count Us In!* provided particular insights and expertise through their model of “inclusion research.”

As a consequence of forming this Collaborative, we are contributing to the growing body of knowledge around arts-informed, community-based participatory research with people with experiences of homelessness. This constitutes an important accumulation of local evidence, built by lived experience. The knowledge challenges many of the assumptions that exist about homeless peoples' lives, recognizes the strength of arts-informed methods in research, and confirms the power of CBR/CBPR as a tool for social change.

# The Projects

The eight projects featured in this report are as follows (the last entry is dedicated to one of our funders, a supporting organization whose work centres on community-based research related to homelessness):



**a day in the life: Stories and Photographs of Health and Homelessness in Toronto** is a community-based research project that provided a forum for homeless and under-housed people in Toronto to present their lived experiences of homelessness, poverty, social exclusion and health through photographs and stories. Project participants captured and expressed their daily experiences, challenges and struggles through photography and written testimony. Project partners included Street Health and York University.



**The Street Health Report 2007** presents the findings of a comprehensive community-based survey of the health status and access to health care of homeless adults in Toronto. The report reveals a detailed picture of the health and daily living conditions of homeless people in Toronto, and outlines an action plan consisting of program and policy solutions to improve the health of homeless people and to ultimately end homelessness. The study was conducted by Street Health, involved extensive community partnerships and employed a team of peer researchers with experiences of homelessness.



**Coming Together: Homeless Women, Housing and Social Support** is an arts-based, community-based participatory research project exploring how women and transwomen who have experienced homelessness build support networks with each other in order to survive. Through painting, drama and photography

(staged photography), women and transwomen depicted their visions and stories of inclusion, friendship and safe spaces. Project partners included the University of Toronto Factor-Inwentash Faculty of Social Work, Regent Park Community Health Centre and Sistering – A Woman's Place.



**asleep in Toronto** is a community-based project where members of the homeless community used Photovoice to examine and document their experiences of homelessness, under-housing and health. Project participants used art to explore housing issues and health, while also engaging in social development and conversations about social change, self-determination, and social-auto/biographies. Project partners included Street Health, Centre for Arts-informed Research at the University of Toronto and York University.

### Count Us In! Inclusion and Homeless Women in Southeast Toronto

is an inclusion research project conducted by the Ontario Women's Health Network, with project partners Ontario Prevention Clearinghouse, Toronto Christian Resource Centre, Toronto Public Health and homeless and underhoused women living in Downtown East Toronto (Inclusion Researchers). The project examined how health and social services in Toronto and in the province of Ontario could be made more inclusive in the promotion of the health and well-being of marginalized groups.



**I WAS HERE** is a participatory action research project (PAR) which used Photovoice and film as tools for self-expression, communication and exploration. Young pregnant or parenting women with lived experiences of homelessness learned to photoblog and use digital cameras to present their artwork and their concrete ideas for social and political change. **I WAS HERE** is a project of the National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital.



### Struggles, Strengths and Solutions: Exploring Food Security with Young Aboriginal Moms

is an arts-based research project from Ryerson University School of Social Work, which implemented Aboriginal research methodologies and cultural protocols. This project explored issues of food security with young Aboriginal mothers in Toronto, including the connections between food security and housing/homelessness, child welfare involvement, poverty and health. Participants used storytelling circles and created an art mural to tell their stories of struggles and strengths.



### Street Health Stories is a photo and sound installation, as well as a short film, which tell the personal stories behind the statistics of The Street Health Report 2007. A sub-sample of 28 survey participants from The Street Health Report 2007 participated in qualitative interviews about their experiences of homelessness and health, and had their portrait photographs taken. The installation and film were produced by the National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital and employed a team of young women with lived experiences of homelessness to conduct the interviews and take photographs.



**Wellesley Institute (WI)** is the funder for many of the projects in this Collaborative, as well as a funder and a supporting organization of the Collaborative itself. The WI is a Toronto-based non-profit and non-partisan research and policy institute. It works in diverse collaborations and partnerships for social innovation and progressive social change, supports community-based research, and identifies policy alternatives and solutions to issues of urban health and health equity.



# Common Issues, Shared Solutions: What Diverse Homeless People in Toronto Need

## I. Inclusion and Accountability

The studies in this report represent the voices of diverse people who are affected by multiple issues of marginalization, and who identify with different experiences and identities that often overlap with one another, including homelessness and under-housing, poverty, women, trans people, young mothers and young parents, Aboriginal peoples, immigrants, people of colour/racialized people, people who use substances, and people with physical and mental health issues and disabilities. These diverse and overlapping experiences and identities result in a multiplicity of needs, which cannot always be met by one-size-fits-all systems, services, programs and policies.



*Exploring Food Security with Young Aboriginal Moms*

Diverse homeless people who have partnered in these studies have identified many barriers and gaps that can only be effectively addressed if the systems, services, programs and policies that affect homeless people are reoriented to include them and to be accountable to their needs. They identified how the systems and service providers they dealt with did not reflect awareness, understanding and sensitivity about their experiences and strengths, as well as the barriers they faced as people living with poverty, homelessness and other types of marginalization. They pointed out that these services and systems did not provide them with the information necessary to find and access the supports they needed. In addition, these services often did not address the barriers diverse homeless people faced, such as the need for child care, affordable transportation and physical accessibility. Many people in these studies described how they were excluded from the policy development and service delivery that affected them. They also identified that the failure of systems, services, programs and policies to meet the needs of homeless people was partly due to this exclusion and lack of accountability.



*Coming Together: language barriers for women with experiences of homelessness.*

**“Not everyone on the streets is there ‘cause they want to be. I was married, had a good job, had a house and this is where I am right now though. I needed stitches in my head last year ‘cause somebody cracked me with a bottle, I sat in the emergency ward for three and a half hours and I saw people go in there with nothing wrong and I just walked out and had buddy just tape up my head, I was alright. You get a lot of hassles, don’t have a health card, and then they find out that you’re on the street and right away the whole mood changes. And these are people that are supposed to be helping you. I’ve seen both sides of it now.”**

Participant from a *day in the life* project



*a day in the life*



*Coming Together: transwomen wearing masks for protection and supporting each other.*

Diverse homeless people in all of these studies described how accessing services could be stigmatizing and how they felt judged, disrespected and ignored. They discussed services that operated from a deficit model that only recognized their weaknesses and what they lacked, rather than recognizing their knowledge, strengths and abilities to define and implement their own solutions. They reported experiences of discrimination, and how the services they accessed were not culturally sensitive or culturally appropriate, and did not offer language-specific services or interpretation. They discussed how the trauma and violence they had experienced as people with multiple issues of marginalization were not acknowledged or appropriately addressed, and therefore how attempts to access services often resulted in re-traumatization.

**“When I had gone in earlier that day I was feeling suicidal, and they just sent me away without even listening.”**

*Participant from Count Us In! project*

People with experiences of homelessness have important insights into their own lives and are aware of the changes that need to occur in order to end homelessness. As policy makers and service providers often do not have direct experiences of homelessness, they are not able to perceive the fundamental changes that may need to take place in the same way that those with direct experiences of homelessness would. Having both perspectives (lived and professional) at the table would allow us to draw on the strengths of diverse insights to develop solutions that are relevant both to those experiencing homelessness and to policy makers and service providers.

**“I think it’s very unfair to all women or families to say it’s their own fault to not have. The cards are stacked against us (minorities, single parent families, Aboriginal peoples). When one says this I feel they are taking away from the very real struggles that people endure every day.”**

*Participant from Exploring Food Security with Young Aboriginal Moms project*

*In order to truly address the needs of diverse homeless people, it is imperative that the systems, services, programs and policies that impact and address homelessness include and are accountable to people experiencing homelessness and are based on their strengths and the diversity of their lived experiences.*

# Ensuring that Policy-Making, Planning and Service Delivery are Inclusive of and Accountable to Diverse Homeless People

**“The workers at the agencies should be evaluated by the users of the services.”**

Participant from *Count Us In!* project

Recommendations	Specific Solutions	Who is Responsible
<p>1. Ensure that policies affecting homeless people are accountable and responsive to diverse homeless people’s unique and common needs</p>	<ul style="list-style-type: none"> <li>i. Directly involve diverse people who have experienced homelessness in revising and developing government policies, laws and protocols, as well as hospital and community-based agency policies. For example, develop an Aboriginal Family Services Act in partnership with diverse Aboriginal people which addresses the impact of colonization and Aboriginal worldviews about family.</li> <li>ii. Provide education and training for policy makers, politicians, judges and other government stakeholders, as well as funders, managers and board members in health and social service organizations to increase awareness and understanding of the various issues affecting diverse homeless and low-income people.</li> </ul>	<p>The appropriate government departments at all levels, hospitals and community-based agencies providing health and social services</p>
<p>2. Ensure that health and social services are accountable, accessible and responsive to diverse homeless peoples’ unique and common issues and needs</p>	<ul style="list-style-type: none"> <li>i. Directly involve diverse people who have experienced homelessness in designing, leading and delivering health and social services.</li> <li>ii. Improve and create health and social services that promote capacity building and reflect the strengths, knowledge and skills of the people they serve, rather than operating from a charity model that only considers people’s weaknesses and deficits.</li> <li>iii. Ensure that discrimination is challenged and actively resisted by service providers and managers in the places where health and social services are delivered. This includes ensuring that services are provided in respectful, non-judgemental ways that are responsive and sensitive to the unique needs of the individuals being served. For example, create drop-in counselling specifically for women and transpeople who are homeless.</li> <li>iv. Reduce barriers to accessing health care and social services by providing increased flexibility, timely and relevant information about resources available and eligibility rules, and by meeting specific needs such as physical accessibility, language-specific services and interpretation, child care and assistance with transportation costs. For example, make transit tickets and passes available, as they are during Cold Alerts, so that people who are homeless or low-income would be able to travel to doctors appointments and other services.</li> <li>v. Train and adequately support health care and social service providers in government, hospital and community-based services to: increase their awareness and understanding of the various issues affecting diverse homeless and low-income people; to be respectful, non-judgemental, responsive and sensitive to the people they serve; to operate from empowerment and anti-oppression perspectives; and to provide trauma-informed service delivery, which takes into account knowledge about the physical and emotional impact of trauma and incorporates appropriate strategies for providing services.</li> </ul>	<p>The appropriate government departments at all levels, hospitals and community-based agencies providing health and social services</p>

**“Women should be able to say what they want, when they want, without fear of persecution or prejudice.”**

Participant from *Count Us In!* project

## **WISE PRACTICE<sup>5</sup>: *Count Us In!* Charter for Offering Services to Women**

*Count Us In!: Inclusion and Homeless Women in Downtown East Toronto* (2006) investigated how health and social services in Toronto could be made more inclusive, and in turn, promote the health and well-being of marginalized groups. This led to the creation of a 10-item Charter for Offering Services to Women. The second phase of the study designed a template to assist services to implement the charter recommendations. The template included the voices of women related to each charter item with specific goals and markers to help organizations follow their own progress.

Two agencies agreed to serve as pilot sites, and each took on one or two charter items. The agencies found the process “very useful for them to establish clearer checks and balances in how they held themselves accountable to their service population.” One agency was developing a new service and “staff were excited at how this clarified and in a way simplified the daunting task of initiating a program and ‘getting it right’.”

**“I think it would be a great idea for some of these food banks to deliver food to parents who do not have a vehicle or childcare.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project

**“I think that there should be more widely spread organizations in different areas of the GTA [Greater Toronto Area]. It is harder for single families to access these agencies when they’re not in the same area as where you live. Certain resources are needed to access food or housing but cannot be when they’re all downtown.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project

**“Everyone, especially doctors, assume you’re straight. It is hard when you have to correct them.”**

Participant from *Count Us In!* project

**“I think that there should be special training for people who have mental disabilities [sic]. Such as the ACET [Assistant Cook Extended Training] program at George Brown College.”**

Participant from *Count Us In!* project

## **WISE PRACTICE: Inclusion of Trans People with Lived Experience of Homelessness**

The Trans Access Project is run by the 519 Church Street Community Centre. It is a team of trans women and trans men funded to develop and provide workshops and policy assistance to homeless shelters, hostels and detox centres, with the aim of making services more accessible to transsexual/ transgendered people. This highly successful project is funded by the Government of Canada’s Supporting Community Partnerships Initiative, Province of Ontario, the City of Toronto and by private and voluntary organizations. For more information please visit: [http://www.the519.org/programs/trans/access\\_project/index.shtml](http://www.the519.org/programs/trans/access_project/index.shtml)

**“Take the time to talk to a person. I have been sent home so many times and they think that because I have mental health issues, there is nothing wrong with me.”**

Participant from *Count Us In!* project

---

5 “Wise Practice” is a phrase that was suggested by Percy Lezard, Wolf Clan, Okanogan Nation, Educator, 2-Spirited People of the 1st Nations.

# Common Issues, Shared Solutions: What Diverse Homeless People in Toronto Need

## II. Adequate Incomes

People become homeless and stay homeless largely because of poverty. In *The Street Health Report 2007*, 78% of homeless people interviewed named economic factors, including low incomes, unemployment and the high cost of rent, as one of the most important reasons they were homeless<sup>x</sup>. Inadequate incomes and insufficient government income support were emphasized by all of the studies collaborating in this report as key issues affecting people's ability to be housed and healthy. Currently, social assistance benefits and full-time minimum wage work do not provide enough income for people to afford safe, appropriate housing and to meet other basic needs.



*asleep in Toronto*



*a day in the life*

Lack of an adequate income also has an important impact on health. Research has shown that people living in poverty are more likely to die from certain diseases, including cancer, diabetes and respiratory diseases, and particularly cardiovascular disease<sup>x</sup>. There is also an extensive body of research linking poverty with an increased likelihood of experiencing poor mental health<sup>xi</sup>.

**“The physical part is one thing, but keeping your mental health is hard because you do not have a place to live - no job, no money - even for the telephone.”**

Survey Respondent from *Street Health Stories*

In addition to inadequate incomes, many of the studies presented in this report identified specific gaps in the services and benefits provided by social assistance in Ontario as having an important impact on diverse homeless people. Many people faced barriers in accessing social assistance, particularly Ontario disability benefits. They also experienced great difficulty learning about and accessing income supplements such as the Special Diet Supplement or Medical Transportation Allowance. The eligibility rules for many of these income supplements were not broad or flexible enough to meet the needs of diverse homeless people. For example, pre-natal vitamins cost about \$16 per bottle and many women are prescribed iron tablets by their doctors, which cost \$19 a bottle. If a pregnant woman receiving the social assistance Special Diet Supplement of \$40 is taking these vitamins, that leaves her with \$5 per month for extra fruit and vegetables (*Exploring Food Security with Young Aboriginal Moms* project). Another important issue identified in many of the studies was how social assistance rules did not encourage or help to enable social assistance recipients to participate in training/work placements or education programs that could lead to permanent employment.

**“OW be updated [financially] to a place where [recipients] can prepare themselves to contribute to society by getting ahead and going to school so they don't have to be on assistance for long.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project



*There is an urgent need to ensure that everyone has adequate incomes to reduce and prevent homelessness, and to improve the health of people who are homeless.*

## Ensuring Adequate Incomes

**“When the cheque arrives, you have to ask yourself if you are going to buy groceries or pay this month’s rent. Trying to live on OW [Ontario Works] is a constant juggling act where women ‘have to steal from Peter to give to Paul’, as the saying goes.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project



*a day in the life*

Recommendations	Specific Solutions	Who is Responsible
3. Increase Social Assistance rates	i. Increase benefit levels for OW and ODSP by at least 40%, a level that reflects an adequate minimum standard of living, then index and adjust rates annually to meet this minimum standard of living.	The Ontario Ministry of Community and Social Services
4. Improve access to ODSP benefits	i. Streamline the decision-making process for ODSP eligibility to further reduce wait times and improve quality of service. ii. Increase the availability of accessible up-front supports and support workers to assist applicants in navigating the application process.	The Ontario Ministry of Community and Social Services
5. Increase transparency and accessibility to improve access to income supplements	i. Mandate and train OW and ODSP workers to educate and support their diverse clients in accessing all the income supplements that they are entitled to. ii. Create a simple brochure with a checklist of all available supplements and eligibility requirements, and make this brochure available to all OW and ODSP recipients. iii. Broaden eligibility for income supplements to ensure that they adequately support and address people’s individual needs. For example, provide funding for traditional Aboriginal foods through the Special Diet Supplement.	The Ontario Ministry of Community and Social Services
6. Support OW and ODSP recipients to participate in employment and education that leads to employment	i. Allow people to access employment, training and education while receiving social assistance benefits. ii. Allow diverse low-income people to receive both social assistance top-up benefits and student loans while enrolled in post-secondary education, and increase the social assistance top-up benefits available to ensure that students and their families are able to meet an adequate minimum standard of living.	The Ontario Ministry of Community and Social Services



*Coming Together: women finding strength through healing and helping each other*

**“I’m not asking welfare to pay for my schooling, I’m just asking them to allow me to do that on my own and still continue to receive support. Like they have no problem with me sitting and doing nothing, but me paying for an education, they have a problem with that, which is ridiculous. Once my son is in school, then I can actually have a good paying job with a good education but no. I can sit on my ass for four years until he goes to school but I can’t go to school.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project

**“For the welfare situation, welfare doesn’t even give you enough – if you’re a mom with two kids, you only get enough for like basically a mom and one kid. You don’t get enough for your other kid to have a room.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project



*Exploring Food Security with Young Aboriginal Moms*

**“If anyone thinks we are surviving on this – we’re not. We are surviving on the good hearts of those who are running programs on their own, who are trying to make food available.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project

**“I think that it should be the worker’s responsibility to inform the young women about all of the money they’re eligible for. I’m tired of mothers have to find out from other mothers, oh, you’re eligible for this, and eligible for that. Like I think it’s the workers’ responsibility, and that they need to tell them “you are entitled to this much money.” Instead of it being a big secret, like it’s coming out of their own pockets, I think they need to be able to give all of these lessons and information to these young moms up front.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project



*Coming Together: surviving trauma and addictions*

**“Parents receive a metropass for transportation in their assistance so that they can get around to different agencies where they can find good resources and get help if needed.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project

**“I don’t agree with the pregnancy allowance that women receive. \$40 a month is just plain ridiculous when you have to provide yourself with pre-natal vitamins and proper fruits and vegetables for a whole month.”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project

**“Everybody needs money to survive. Some people get so depressed that they cannot afford housing etc. that they drink and do drugs. Then they have to borrow money in order to pay their bills. It is a vicious circle.”**

Participant from *Count Us In!* project

**“You can’t get out of poverty, no matter how you try. Nothing works together. They have systems but they don’t work together. Believe me, I have tried every possible way but you can’t. For three years I’ve been going around in a circle. And I can’t get out of it. I’m very resourceful, I’m intelligent and I’m not lazy. I’m sure people give up but I keep going.”**

Survey Respondent from *The Street Health Report 2007*

# Common Issues, Shared Solutions: What Diverse Homeless People in Toronto Need

## III. Affordable and Appropriate Housing

In addition to low incomes, the lack of accessible, affordable, adequate, safe and supportive housing is a key factor contributing to homelessness in Toronto. Currently in Toronto, there are about 70,000 households on the social housing waiting list and an estimated 150,000 households are spending more than half of their income on housing, putting them at high risk of becoming homeless<sup>xiii</sup>. The lack of affordable and appropriate housing was found to be a key issue affecting homelessness by all of the studies represented in this report.



*asleep in toronto*

**“... Home is where the heart is. If I have a room, is that a home? If I am not allowed cooking, hot and cold running water – is that a room or a home? I believe that is still a room. When I am in jail I am in a room, when I am in a hospital I am in a room, but it’s not a home. A room is still not a home.”**

Participant from a *day in the life* project



*Coming Together: women supporting each other*

Often diverse people experiencing homelessness face systemic discrimination and negative stereotypes, which makes it even more difficult to access housing. Many of the diverse homeless people in these studies have found that the available affordable housing is physically, socially, and psychologically unsafe, making it impossible for them to maintain their housing situation over the long term. Others have found that the affordable housing available to them has not allowed them to continue to access the social support, communities and networks they depend on for survival. Placement in geographically distant or unfamiliar communities is often a reality for people seeking supportive housing. Even when housing is offered in appropriate geographical settings, the rules of housing programs may limit access to social support and social networks, such as restricting visitors or socialization on-site.

In *The Street Health Report 2007*, 33% of homeless people surveyed said that they became homeless because they could not afford the rent, demonstrating the severe lack of affordable housing in Toronto<sup>xiii</sup>. Many homeless people have physical and mental health needs that must be addressed and supported in housing. Thirty-three percent (33%) of homeless respondents in *The Street Health Report 2007* said their physical or mental health conditions were preventing them from finding and keeping housing, indicating a strong need for supportive housing to help address their specific needs.

*It is essential that there is enough accessible, affordable, adequate, safe and supportive housing, to reduce and prevent homelessness, and to improve the lives of people who are homeless.*

# Improving and Creating Affordable and Appropriate Housing

“There are a lot of trans women living on the street only because they can’t access shelters and are rejected by housing workers for subsidized housing...when they go for the interview for housing, whoever the person is doing the interview sees that they’re trans and turns them down automatically.”

Participant from *Coming Together* project

Recommendations	Specific Solutions	Who is Responsible
7. Increase the availability of affordable, adequate and supportive housing	<ul style="list-style-type: none"> <li>i. Construct new affordable and supportive housing, provide rent supplements, and renovate existing sub-standard affordable and supportive housing to meet current housing needs.</li> <li>ii. Provide adequate transitional supports for people who are moving from homelessness to long-term housing.</li> <li>iii. Ensure new and existing social and supportive housing is flexible and responsive to the strengths and needs of people with diverse experiences and identities. This includes: providing accessible housing for people with disabilities; supporting specific cultural needs; facilitating access to physical and mental health care; providing harm reduction housing to support those with alcohol and substance use issues; providing psychological and physical safety; and allowing people to continue to access their social supports and networks.</li> <li>iv. Allocate at least two director’s positions on the board of Toronto Community Housing Corporation (TCHC) to be held by people with lived experiences of homelessness.</li> </ul>	The City of Toronto and the Toronto Central Local Health Integration Network (for supportive housing), with adequate funding from the Governments of Canada and Ontario

## WISE PRACTICE: Advocacy Strategy for Community-Based Research (CBR) for Health and Homelessness

Over the past several years, the Wellesley Institute has supported a number of local research studies addressing topics related to health and homelessness and conducted research on homelessness more broadly. These reports have been written on a variety of issues associated with homelessness and health (for example, identifying sub-groups of homeless people who are vulnerable in specific ways, such as women, youth and trans men and women) and have used diverse methodologies (quantitative surveys, detailed qualitative studies, and arts-informed methods). A recent study by the Female to Male Transgender Project at the 519 Community Centre demonstrates the power of this work, shedding light upon men who have experienced extreme situations in homelessness, with few if any options for support and shelter.

Common to this work has been attentiveness to inclusiveness in research through CBR. Moreover, increasingly this work has sought to recognize the value of bridging local innovative knowledge and experience with well-established bodies of evidence related to homelessness. Recent work on supportive housing by The Dream Team, for example, has offered invaluable insights into the ways in which communities have reconciled the tensions between supportive housing programs and local opposition (NIMBYism). This work utilizes the existing research conducted elsewhere and demonstrates that CBR work can contribute to generalizable evidence around both needs for supportive housing and its role as one of the solutions to address homelessness.

**“We still need to make shelters safer... When I come home I just want to be secure. I just want a place that I’m safe, in peace”**

Participant from *Coming Together* project (transwoman)

**“Many shelters only allow clients to bring one suitcase or one duffel bag with them. This means that many women have to leave behind all of their belongings and start from zero. It’s very discouraging and depressing, especially when you’ve worked really hard to get the things you had. It’s another level of loss.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project



*Exploring Food Security with Young Aboriginal Moms*

### **WISE PRACTICE: Culturally Appropriate and Self-Determined: Addressing Aboriginal Homelessness**

Underlying the gross overrepresentation of Aboriginal peoples in the homeless population is a history of colonization that attempted to destroy Aboriginal cultures, leaving a legacy of severe social marginalization. In order to be effective, efforts to address Aboriginal homelessness and marginal housing must also address this colonial history and associated social implications for Aboriginal peoples. Urban Aboriginal housing initiatives, which provide culturally appropriate, geared-to-income housing that is accountable to the Aboriginal community they serve, are a growing means of recognizing the right to self-determination of Aboriginal peoples and addressing the social inequities occurring as a result of colonization.

In Toronto, urban Aboriginal housing initiatives are expanding and are innovative – for example, a recent partnership between Wigwamen Incorporated (Ontario’s oldest and largest urban Native housing provider), the Jean Tweed Centre and the Toronto YWCA was formed to develop the YWCA Elm Centre. The Centre is designed to provide “affordable and supportive housing for low-income women and their families, for women living with mental illness and substance misuse, and for families of Aboriginal ancestry.” The Elm Centre is set to open in 2010, with fifty of the three hundred units dedicated to families of Aboriginal ancestry, including ten specifically for Aboriginal women fleeing violence.

([http://www.ywca-toronto.org/shelter\\_housing\\_support/housing/elm\\_centre.htm](http://www.ywca-toronto.org/shelter_housing_support/housing/elm_centre.htm))

# Common Issues, Shared Solutions: What Diverse Homeless People in Toronto Need

## IV. Health, Social and Community Supports



*a day in the life*

Currently health, social and community supports are not adequately meeting the needs of diverse homeless people. There are many barriers to accessing health and social services and community supports, including systemic discrimination, lack of physical and emotional safety and lack of flexibility to address people's diverse needs and experiences. Diverse homeless

people in the studies presented in this report identified a lack of shelter beds, as well as substantially poor conditions and inadequate safety in shelters overall. These issues were magnified by the way in which shelters failed to accommodate people with various identities and experiences such as trans people, people with disabilities, couples and families.

It is broadly recognized that people experiencing homelessness have much poorer health than the general population. The research studies featured in this report identified serious physical health problems, emotional and mental health issues, and physical and mental disability as key issues affecting many diverse homeless people. These studies also highlighted how homeless people face severe social isolation and exclusion, as well as alarming levels of exposure to physical and sexual violence.

### Poor Health, Social Isolation and Exposure to Violence

Statistics from a survey of 368 homeless people in Toronto (outlined in The Street Health Report 2007) show how poor physical and mental health and high levels of social isolation and violence are impacting an alarmingly high number of homeless people:

- Three quarters of homeless people (74%) had at least one serious physical health condition
- More than half (56%) experienced serious depression in the past year
- 1 in 10 (12%) attempted suicide in the past year
- 1 in 3 (37%) said they had no one to help them in an emotional crisis
- 1 in 3 (35%) had been physically assaulted in the past year
- 1 in 5 homeless women (21%) had been sexually assaulted or raped in the past year<sup>xiii</sup>

**“We need to find more resources for these healing circles in the city. More funding for healing circles here. Non-Aboriginal agencies should allocate funding for Elders to come into their programming. This will make it easier for those out there to access the help. Implement the use of teachings into programs. Bring in those people who have overcome the lifestyle of living on the streets for other people struggling on the streets. So make it real so other people can identify with that type of lifestyle change. They can talk about their own experiences when they used to live on the street.”**

Participant from *Coming Together* project

Participants have described how the quality and quantity of food at meal programs and food programs did not meet their needs, and how drop-ins were not safe or comfortable for them to access because of their gender identity, because they were a parent or because of other identities and experiences, such as being survivors of trauma or individuals struggling with addictions. In shelter settings, individual health and well-being are further compromised by the lack of accessible health care, counselling and mental health care. The lack of availability of substance treatment, detox and harm reduction services requires serious attention, as does the lack of appropriate dental care, vision care and prescription drug coverage.



*Exploring Food Security with Young Aboriginal Moms*

**“Sometimes I don’t eat at all, some days. Sometimes the food is not available, you know, especially on the weekends – it’s hard. A lot of places ain’t open as frequently as they are through the week. So, I just do whatever I can. I see the health bus, I get vitamins.”**

Survey Respondent from *The Street Health Report 2007*

Diverse homeless people in these studies also identified a range of support needs to help enable them to participate more fully in society. Financial assistance available to attend post-secondary education is severely limited and does not provide adequate funding for low-income people with diverse realities, such as low-income single parents and caregivers. The lack of employment and training programs for diverse people, such as women and people with mental health and substance use issues, continues to be an issue, as are unanticipated barriers such as ‘age’, which can sometimes limit access to such programs. Additionally, participants described other barriers including the lack of quality, affordable childcare spaces, as well as being financially or physically excluded from accessing Toronto’s public transportation system.



*The Street Health Report 2007 and Street Health Stories*

**“People can’t afford and need help to get bus fare. There are lots of services they can’t access. TTC can donate tickets if people advocate for it.”**

Participant from *Count Us In!* project

**“Make women more aware of the services that are available to them.”**

Participant from *Count Us In!* project

*There is an urgent need to ensure that homeless and low-income people’s daily survival needs, including food, shelter and health care, are met. Ongoing access to quality health care, education and training, childcare, transportation and emergency services are necessary to reduce and prevent homelessness.*

## Creating Flexible and Responsive Health, Social and Community Supports

**“There should be specific places/facilities for women with disabilities where women can get extra rest (and not be forced outside during the day) and get special diet requirements met and have counsellors.”**

Participant from *Coming Together* project

Recommendations	Specific Solutions	Who is Responsible?
<p><b>8. Improve access to and quality of emergency services in Toronto, including shelters, drop-ins, meal programs and food banks</b></p>	<p>i. Increase the number of beds in the shelter system while improving and enforcing shelter standards to address issues such as over-crowding, safety and nutrition.</p> <p>ii. Ensure adequate funding to expand the hours of service of community-based meal programs, year-round, and increase the quantity and quality of food served so that diverse homeless people can access three nutritious meals, seven days a week</p> <p>iii. Ensure adequate funding to expand the hours of service of community-based drop-ins, so that diverse homeless people have a safe, indoor space to spend time and connect with other people</p> <p>iv. Ensure adequate funding to increase the quantity, quality, diversity and accessibility of food available at food banks and meal programs.</p> <p>v. Ensure that emergency homeless shelters and drop-ins are responsive and flexible to diverse needs and experiences. For example, this includes:</p> <ul style="list-style-type: none"> <li>• ensuring that shelters are more flexible, less institutional, and designed to support the safety and well being of diverse homeless people, including ensuring accessibility, and operating from a harm reduction philosophy.</li> <li>• offering activities at drop-ins, such as skills that decrease social isolation and help diverse homeless people connect with each other and with their communities.</li> </ul>	<p>The City of Toronto with adequate funding from the Governments of Canada and Ontario</p>
<p><b>9. Improve access to and quality of public transit</b></p>	<p>i. Improve the quality and accessibility of public transit for homeless and low-income people in Toronto, by increasing service and making fares affordable.</p>	<p>The City of Toronto with adequate funding from the Governments of Canada and Ontario</p>
<p><b>10. Improve access to quality health care and support for homeless and low-income people</b></p>	<p>i. Expand comprehensive, multidisciplinary, low-barrier models of health care, such as community health centres and family health teams. These services should: provide easy access through practices such as unscheduled walk-in hours and no health card requirements; include expanded community health work such as outreach, harm reduction, case management and counselling; include dental and vision care; and offer services during evenings and on weekends.</p> <p>ii. Create and expand comprehensive, alternative models of community-based mental health and addictions services, including outreach, peer support, informal and flexible drop-in counselling, 24-hour non-medical crisis support, and case management that addresses the social determinants of mental health and addiction.</p> <p>iii. Increase the number of drug and alcohol detox beds in Toronto, as well as residential, short- and long-term treatment options for diverse people with addictions</p> <p>iv. Build on and expand community-based harm reduction strategies in Toronto, e.g., safer injection and crack use kits, outreach services and support programs for diverse substance users.</p>	<p>The Ontario Ministry of Health and Long-term Care (MOHLTC) and Toronto Central Local Health Integration Network (LHIN)</p>



Recommendations	Specific Solutions	Who is Responsible?
11. Ensure access to dental, vision and prescription drug coverage for all low-income people	<ul style="list-style-type: none"> <li>i. Provide dental, vision and prescription drug coverage to all low-income people in Ontario</li> <li>ii. Extend dental services for all Ontario Works recipients to cover all basic dental care, as well as emergency care</li> </ul>	The Ontario Ministry of Community and Social Services and the appropriate Ontario Government Ministries
12. Increase access to education and training for diverse homeless and low-income people	<ul style="list-style-type: none"> <li>i. Increase access to post-secondary education by increasing funding available through the Ontario Student Assistance Program to reflect the real cost of living for diverse people seeking post-secondary education.</li> <li>ii. Increase access to employment training opportunities by offering more employment and training programs that meet the needs of diverse people, such as women and people with mental health and addictions histories, and minimizing barriers such as age restrictions to training programs.</li> </ul>	The Governments of Canada and Ontario, the Ontario Ministry of Training, Colleges and Universities and Human Resources and Social Development Canada
13. Ensure access to quality child care for all low-income parents	<ul style="list-style-type: none"> <li>i. Ensure that all low-income parents in Toronto can access the childcare they need, by increasing the number of subsidized, licensed day care spaces.</li> </ul>	The Ministry of Children and Youth Services and the City of Toronto

**“There are very few stations where you can go with your stroller. You always have to rely on people to help you.”**

Participant from *I WAS HERE* project

**“This [experiencing greater food insecurity] is because of racism and being brown. How come straight white men are the smallest group in our society, but everything is tailored to them?”**

Participant from *Exploring Food Security with Young Aboriginal Moms* project



*Exploring Food Security with Young Aboriginal Moms*



*The Street Health Report 2007 and Street Health Stories*

**“The workers at the food banks are outright rude... [For example,] for you to get food, you need a referral, but if you do not have a referral and you are desperate, they tell you to pick some expired food at your own risk.”**

Participant from *Count Us In!* project

“When I went to apply for school and they tell you, ‘take the student loan, take it, take it.’ They don’t tell you that there’s three parts to it and you have to pay back three parts and you’re only getting a certain amount of money coming in for the whole time you’re in school. Like even that is not enough for you and your children because you’ve got to buy your school stuff, you’ve got to buy your groceries, buy your kids’ clothing, and support all of them. It’s not enough. I think that they should have a separate bank for mothers and their children.”

Participant at *Young Parents Speak Out, I WAS HERE* project

“When I ended up in the hospital after my stabbing, I wasn’t too bad. They looked after me pretty good. But I was there for a week and my OHIP expired. They didn’t set up homecare for me, so I went into walk-in clinics, but because my OHIP had expired they wouldn’t dress my wound. So I ended up getting an infection because the wound stayed exposed for a week.”

Participant from *Street Health Stories*

## **WISE PRACTICE: The Crack Users Project: Creating a Healthy Space for Crack Users**

The *Crack Users Project* is an innovative, community-based peer support program in Toronto that has enabled street-involved drug users to reduce many of the harms associated with the use of crack cocaine and improve their access to physical and mental health services.

The project is a collaboration between Regent Park Community Health Centre and Street Health. Its two major components are a drop-in exclusively for crack users and harm reduction training and capacity-building activities for smaller groups of project participants. Integrated into both of these components is the provision of services and supports that address and improve all aspects of participant health. This includes access to health care, peer support, individual counselling, housing support, healthy food and opportunities for pro-social behaviour.

Participants in The *Crack Users Project* report an improved sense of self-worth, greater awareness of crack issues and safer crack use practices, an increased sense of community, a reduction in crack use, and a more positive outlook on life.

“**[There is] only one detox with 6 beds for women in the whole city [of Toronto] – it’s insane, while men have many detoxes.**”

Participant from *Count Us In!* project



*a day in the life*

*Coming Together:*  
women/transwomen  
with experiences  
of homelessness  
supporting each other  
and advocating to the  
government to meet  
their needs.

**“They don’t make it very home-like. They make it a shelter. Your bed sheets fall off your bed. Basically you’re sleeping on plastic. Your beds feel like rock. You might as well go to jail and sleep there for the night. And your kids, your kids look at it and call that home? It’s not a home, it’s a room.”**

Participant at *WE ARE HERE Youth Speak Out - I WAS HERE* project

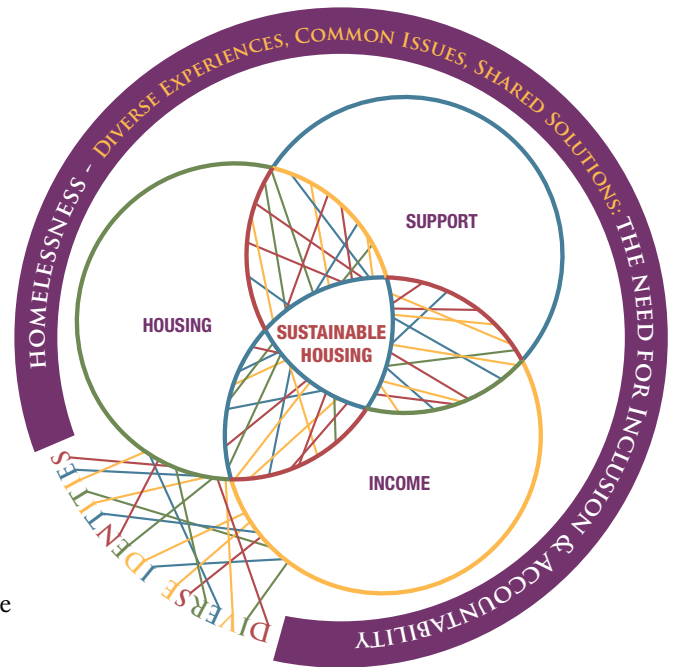
**“What do I want? To be able to live free, not be harmed, to be around love and respect and understanding and lots of happiness with some sense of security so that if I ever get stuck or anything like that I know I can talk to somebody or go somewhere I can hang out if I want to sit or sleep or whatever. That’s what we need.”**

Participant from *Coming Together* project

## Be Part of the Solution

“Stop procrastinating and get on with it.”

Participant from *Coming Together* project



### Get Political.

Vote for politicians in the Canadian, Ontario and City of Toronto governments who are committed to addressing issues of poverty and homelessness. Information about how to vote and what candidates are running in your riding can be found at:

- [www.elections.ca](http://www.elections.ca) for federal elections
- [www.electionsontario.on.ca](http://www.electionsontario.on.ca) for provincial elections
- [www.toronto.ca/elections](http://www.toronto.ca/elections) and [www.mah.gov.on.ca/Page219.aspx](http://www.mah.gov.on.ca/Page219.aspx) for municipal elections

Ask candidates what they are doing to address poverty and homelessness and how they will be inclusive of and accountable to diverse homeless and low-income people. Call, send an email or attend an all candidates meeting.

Organize a group to meet with your Member of Parliament, Member of Provincial Parliament or City Councillor. Bring them a copy of *Homelessness – Diverse Experiences, Common Issues, Shared Solutions: The Need for Inclusion and Accountability*. Ask them what they are doing to address the **Common Issues** and **Shared Solutions** in this report.

### Take action: Talk about these issues at your workplace and make changes.

If you are a policy maker, manager or service provider at a government, hospital or community organization serving homeless and low-income people, review your policies, practices and services. Can your organization develop processes where people who are homeless can be at the planning table and provide direction? Are your organization and its services sensitive to, responsive to and respectful of the people they serve? Can you create employment opportunities within your organization for homeless and low-income people? Are your policies and practices inclusive of and accountable to diverse homeless and low-income people? Talk to your co-workers and managers about how to eliminate barriers and discrimination from the services you provide. Create an action plan about how your organization can become more inclusive and accountable.

### Raise awareness about issues of homelessness in your community.

Show people *Homelessness – Diverse Experiences, Common Issues, Shared Solutions: The Need for Inclusion and Accountability* and tell them about the issues. Tell people about the projects in this report, listed in Appendix B. Send people to our website to learn more: [www.artsandhomeless.com](http://www.artsandhomeless.com).



*a day in the life*

### **WISE PRACTICE: Hold the Government of Canada Accountable to Its International Human Rights Covenants**

An important tool in our hands is to frame local issues in terms of an international human rights framework. This could include a wider range of rights as Canada is a signatory to many international human rights agreements, including the International Covenant on Economic, Social and Cultural Rights. FORWARD (For Women's Autonomy, Rights and Dignity), a social action group of low-income women, utilized this wise practice to create change for women who are homeless and marginalized. Through workshops and engaging women with lived experience of poverty, marginalization and homelessness, FORWARD produced and submitted a report to the review of Canada by the UN Committee on Economic, Social and Cultural Rights. They are continuing to advocate to the United Nations for social change for women in Canada and are preparing a report to the next review of Canada by CEDAW, the Committee to End Discrimination Against Women. This advocacy strategy is both inclusive of the women who have lived experiences of homelessness and is also holding the Canadian government accountable to the international covenants that it signs.

# Coming Together Home Should be Safe and Fun



“When (we) get together...it’s just to have fun and enjoy each other’s company... So the little bit of joy, the ray of sunshine, the pat on the back, the piece of bannock...that enriches (us ) a lot.”



“Bare-bones housing without support is unsustainable and isolating for women.”



“Coming Together: Homeless women, housing and social support” is an arts-based community research project exploring how women and transwomen who are marginally housed build support networks with each other in order to survive. This research project collected data and identified key themes that were then explored in the art making process with other women and transwomen at drop-in centres across the city. Through painting, drama and photography women and transwomen depicted their visions and stories of inclusion, friendship and safe spaces.

Supported by: Wellesley Institute, University of Toronto Faculty of Social Work, Regent Park Community Health Centre, Sistering - A Woman's Place, The University of Toronto Faculty of Social Work, Royal Bank Fellowship, Social Sciences and Humanities Research Council of Canada Institutional Grant, The Adelaide Resource Centre for Women, The Native Women's Resource Centre & 519 Community Centre.

## Appendix A: References

- i. United Nations Human Settlements Programme (UN-HABITAT). Housing rights legislation: Review of international and national legal instruments (2002). Office of the High Commissioner for Human Rights (OHCHR). Retrieved on September 9, 2008 from <http://www.ohchr.org/Documents/Publications/HousingRightsen.pdf>.
- ii. City of Toronto. (2003). *The Toronto Report Card on Homelessness and Housing 2003*. Toronto: author.
- iii. Shapcott, M. (2006). *TO's "sheltered" homeless: Up or down?* Toronto: Wellesley Institute.
- iv. Baskin, C. (2007). Aboriginal youth talk about structural determinants as the causes of their homelessness. *First Peoples Child and Family Review*, 3(3), 31-42.
- v. Dominelli, L. (2002). *Anti-oppressive social work: Theory and practice*. Hampshire, UK: Palgrave Macmillan; Gutierrez, L. & Lewis, E. (1999). *Empowering women of color*. New York: Columbia University Press; Sakamoto, I. & Pitner, R. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *British Journal of Social Work*, 35(4), 420-437.
- vi. Freire, P. (1994). *Pedagogy of the oppressed*. New York: Continuum; Sakamoto, I. & Pitner, R. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *British Journal of Social Work*, 35(4), 420-437.
- vii. Flicker, S. & Savan, S. (2006). *A snapshot of CBR in Canada*. Toronto: Wellesley Institute; Israel, B. A., Schulz, A. J., Parker, E. A. & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-201; Minkler, M. & Wallerstein, N. (2004). *Community-based participatory research for health*. New York: Jossey-Bass.
- viii. For more information on various approaches to arts-informed and arts-based research, please see: Barone, T. (2001). Science, art, and the predispositions of educational researchers. *Educational Researcher*, 30(7), 24-28; Finley, S. (2005). *Arts-based inquiry: Performing revolutionary pedagogy*. Thousand Oaks, CA: Sage; Mullen, C. A. (2003). A self-fashioned gallery of aesthetic practice. *Qualitative Inquiry*, 9(2), 165-181; Wang, C. C., & Burrell, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369-387.
- ix. Halifax N. V. D., Yurichuk, F., Meeks, J., & Khandor, E. (2008). Photovoice in a Toronto Community Partnership: Exploring the Social Determinants of Health With Homeless People. *Progress in Community Health Partnerships: Research, Education, and Action*, 2(2), 129-136; Sakamoto, I., Ricciardi, J., Pyle, J. & Wood, N. (2007). *Coming Together: Homeless women, housing and social support*. Toronto: Centre for Applied Social Research, Faculty of Social Work, University of Toronto.
- x. Raphael, D. (2002). *Social justice is good for our hearts: Why societal factors – not lifestyles – are major causes of heart disease in Canada and elsewhere*. Toronto: CSJ Foundation for Research and Education; Khandor, E. & Mason, K. (2007). *The Street Health Report 2007*. Toronto: Street Health.
- xi. Beiser, M., Hou, F., Hyman, I., & Tousignant, M. (2002). Poverty, family process, and the mental health of immigrant children in Canada. *American Journal of Public Health*, 92(2), 220-227; Nazroo, J. (2003). The structuring of ethnic inequalities in health: Economic position, racial discrimination, and racism. *American Journal of Public Health*, 93(2), 277-284; Raphael, D. (2001). Increasing poverty threatens the health of all Canadians. *Canadian Family Physician*, 47, 1703-1706.
- xii. Shapcott, M. (2006). *The Blueprint to end homelessness in Toronto*. Toronto: Wellesley Institute.
- xiii. Khandor, E. & Mason, K. (2007). *The Street Health Report 2007*. Toronto: Street Health.

## Appendix B: Project Information

a day in the life: Stories and Photographs of Health and Homelessness in Toronto  
<http://www.endhomelessnessottawa.ca/events/documents/ADayintheLife-PostertextNov.222006.doc>  
<http://anagraphia.blogspot.com>

**Researchers:** Nancy Davis Viva Halifax (York University Graduate Program in Critical Disability Studies), Erika Khandor (Street Health), Jim Meeks (Street Health & peer researcher), a day in the life artists  
**Funded by:** Wellesley Institute

asleep in Toronto  
<http://anagraphia.blogspot.com/2007/05/asleep-in-toronto.html>

**Researchers:** Nancy Davis Viva Halifax (York University Graduate Program in Critical Disability Studies), Jim Meeks (Street Health & peer researcher), Erika Khandor (Street Health), asleep in Toronto artists  
**Funded by:** Toronto Arts Council Grants Program Artists in the Community/Workplace

Coming Together: Homeless Women, Housing and Social Support  
<http://www.socialwork.utoronto.ca/aswri>  
<http://www.comingtogether.ca>

**Advisory Board Members/Peer Researchers:** Brandi Nashkewa, Sheila Samuels, Leahanne Swan, Marie, Katherine, Tiesha Anderson, Lida  
**Researchers/Artist:** Izumi Sakamoto (University of Toronto Factor-Inwentash Faculty of Social Work), Josie Ricciardi (Regent Park Community Health Centre), Natalie Wood (Independent Artist & Inspirations Studio at Sistering - A Woman's Place), Jen Plyler, Aisha Chapra (formerly of both Regent Park Community Health Centre and University of Toronto Factor-Inwentash Faculty of Social Work), Matthew Chin, Billie Allan, Rose Cameron, Bixidu Lobo-Molnar, Lily Grewal (University of Toronto Factor-Inwentash Faculty of Social Work)

**Community Collaborator:** Angela Robertson (Sistering – A Woman's Place)

**Funded by:** Wellesley Institute, Social Sciences and Humanities Research Council of Canada Institutional Grant and University of Toronto Factor-Inwentash Faculty of Social Work Royal Bank Fellowship

Count Us In! Inclusion and Homeless Women in Downtown East Toronto  
[http://www.owhn.on.ca/Count\\_Us\\_In\\_Final.pdf](http://www.owhn.on.ca/Count_Us_In_Final.pdf)

**Inclusion Researchers:** Marcia Jarman, Farida Athumani, Kathy Kunsmann, Karleen Spence, Laura Sparks, Kim Nichols, Karen Haan, Trish Dumelie

**Project Partners:** Ontario Women's Health Network, Ontario Prevention Clearinghouse, Asset Mapping Research Project of the Toronto Christian Resource Centre, Toronto Public Health

**Funded by:** Wellesley Institute

### I WAS HERE

[http://www.nfb.ca/filmmakerinresidence/blog/?page\\_id=9](http://www.nfb.ca/filmmakerinresidence/blog/?page_id=9)

**Artists/ Peer Researchers:** Adrienne, Jess, Keneisha, Meghan and Nicole; Davida Nemeroff (independent photographer)

**Project Team:** Kat Cizek, Heather Frise, Dawn Wilkinson, Jennifer Humphries, Gerry Flahive, Donna Cowan, Jane Gutteridge (National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital); Alice Gorman (Toronto Public Health); Catherine Moravac (St. Michael's Hospital); Rebecca Fortin, Daniella Guerriero (University of Toronto students); Erin Clarke (Ryerson University student)

**Co-Researchers:** Joel Ray, Catherine Moravac, Sarah Noble (St. Michael's Hospital); Alice Gorman (Toronto Public Health); Rebecca Fortin (MSc student, University of Toronto); Merry Little (independent consultant); Karen Smith (PhD student, University of Toronto)

**Funded by:** National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital & the Li Ka Shing Knowledge Institute of St. Michael's Hospital

### The Street Health Report 2007

<http://www.streethhealth.ca/Downloads/SHReport2007.pdf>

**Researchers:** Laura Cowan, Erika Khandor, Kate Mason (Street Health); Dr. Stephen Hwang (Centre for Research on Inner City Health, St. Michael's Hospital)

**Funded by:** Wellesley Institute, Metcalf Foundation, United Way of Greater Toronto, Human Resources and Development Canada - Homelessness Knowledge Development Program of the Homelessness Partnering Secretariat & Canadian Institutes of Health Research - Interdisciplinary Capacity Enhancement Grant on Homelessness, Housing and Health

### Street Health Stories

<http://www.nfb.ca/streethhealthstories>

<http://www.youtube.com/watch?v=-omQ5rr3GUk>

**Team Members:** Adrienne, Jess, Keneisha, Meghan ("I WAS HERE" / Young Parents No Fixed Address Network); Davida Nemeroff (independent photographer); Kate Mason, Erika Khandor (Street Health); Kat Cizek, Gerry Flahive, Heather Frise, Dawn Wilkinson, Jennifer Humphries (National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital)

**Researchers:** Joel Ray, Janet Parsons, Catherine Moravac (St. Michael's Hospital); Alice Gorman (Toronto Public Health), Kate Mason & Erika Khandor (Street Health), Kat Cizek & Heather Frise (NFB)

**Funded by:** National Film Board of Canada's Filmmaker-in-Residence program at St. Michael's Hospital & the Li Ka Shing Knowledge Institute of St. Michael's Hospital

Struggles, Strengths and Solutions: Exploring Food Security with Young Aboriginal Moms  
<http://www.ryerson.ca/foodsecurity/Cyndy%20Baskin%20Summary%20Report.pdf>

**Researchers:** Cyndy Baskin (Ryerson University School of Social Work), with peer researchers, Nadya Melanson and Cheryl Osawamick and artistic consultant, Amanda Murray

**Funded by:** Centre for Urban Health Initiative (CUHI), University of Toronto



# Acknowledgements

As lead researcher of this project, I would like to take the opportunity to extend my appreciation to the many people who have made this project possible, and whose support has led to the creation of this policy document. Over and above what could be expected of a collaborative effort, so many individuals and organizations were tremendously generous with their time, knowledge and resources in order to ensure the project's success.

First, I would like to thank all of the research participants and peer researchers from each individual project represented in this Collaborative for generously sharing their personal experiences with homelessness through interviews, expressive arts, and the planning of the Collaborative Art Exhibit. This has allowed peers and professionals to come together and make our collaboration a reality.

Thank you to the Collaborative Team! Our peer researchers' participation was integral to sustaining this Collaborative. Thank you also to our agency partners and their representatives for their support and advice in putting together the exhibit and this document. We would also like to thank our Collaborative Creative Committee for providing us with the conceptualization of applying the Medicine Wheel as a guide to bring us all together, which has been a great learning for us all.

We would like to extend our sincere thanks to all others who have helped with this Collaborative in immense ways: our designers, Meera Sethi, Syrus Ware, and John Hupfield, and our copy-editor, Manuela Popovici. Assistance provided by Joanne Daciuk and Faye Mishna (Centre for Applied Social Research, Factor-Inwentash Faculty of Social Work, University of Toronto) in applying for research grants from SSHRC and the Wellesley Institute was invaluable. Thanks also go to housing experts, David Hulchanski (Centre for Urban and Community Studies, University of Toronto) and Michael Shapcott (Wellesley Institute) for their suggestions in improving this document. Additional support was provided by Kat Cizek, Alice Gorman, MJ Rwigema, Amanda Murray, Cheryl Osawamick, Malcolm Katt and Jess. Thanks to Patricia Cummings-Diaz and Emily Paradis for the information about FORWARD.

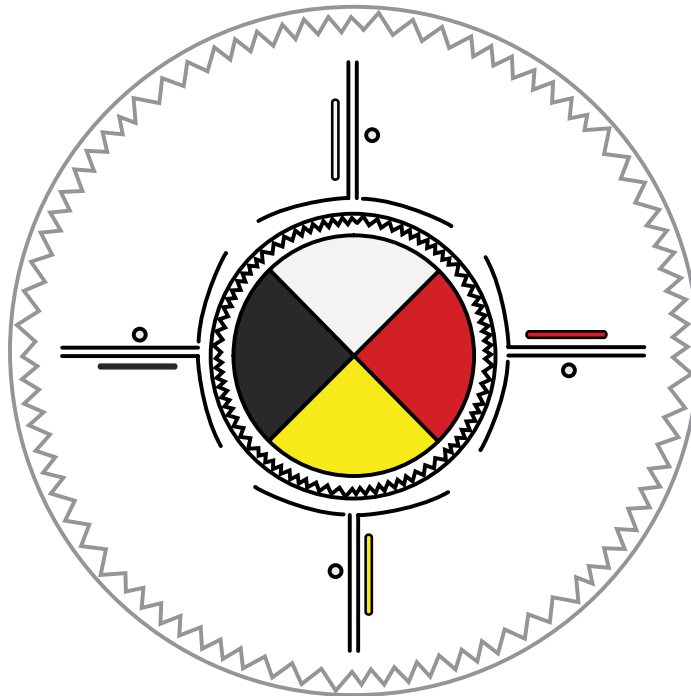
Funding for this study was generously provided by: Social Sciences and Humanities Research Council of Canada (SSHRC), the Wellesley Institute, and the Centre for Urban Health Initiatives at the University of Toronto.

Last but not least, I'd like to express my immense gratitude to two of our very competent Project Co-Coordinators, Aisha Chapra and Matthew Chin. We have worked together as a team in this Collaborative since December 2007. Without Aisha and Matthew's efforts, dedication, and countless email messages and conversations (often occurring late into the night and during weekends), we would not have been able to pull together this research report or the Collaborative Art Exhibit. Thank you!

In Appreciation,

Izumi Sakamoto

## About the Medicine Wheel



*Artwork by John Hupfield*

### Why the Medicine Wheel?

We chose to organize our projects according to one of the versions of the teachings of the Medicine Wheel of the Anishinabe (Ojibwe) peoples. We recognize that there are many versions of the Medicine Wheel according to the several Aboriginal Nations in Canada and our intention is not to value any particular version over another. Our decision to implement this version of the Medicine Wheel was based on our commitment to acknowledge and honour those peoples on whose territory we all have the privilege to live. This idea was initiated by one of the projects in our Collaborative (led by Dr. Cyndy Baskin), which focused exclusively on Aboriginal peoples in Toronto and was then supported by the many Aboriginal peoples who also participated in our collaborative initiative. We agreed that the Medicine Wheel symbolizes a good fit amongst all of our projects as it represents unity. The Medicine Wheel is a representation of bringing people together which, in the case of our projects, focused on those with experiences of homelessness or at risk of becoming homeless, as well as community agencies and academics that work in this area. The unifying point for the projects in this Collaborative was to find solutions to homelessness. Implementing the Medicine Wheel as a symbol of our collaborative works also seemed appropriate because Aboriginal peoples are over-represented amongst those with experiences of homelessness, which is due to historical and contemporary colonization. Is there any greater irony than the fact that so many Aboriginal peoples are homeless in their own homeland?

At the Collaborative Art Exhibit at the Metro Hall Rotunda (October 1, 2008, Toronto), where this report was released, we intentionally organized the exhibition so that each of the eight research projects was placed in a specific direction/location of the circular hall that corresponded with the Medicine Wheel. This is because each direction of the Medicine Wheel (East, South, West, and North) has a specific meaning, and each of the projects in the Collaborative was matched to the most appropriate direction based on these meanings and the nature of the project. To learn more about this Exhibit, please visit our website, [www.artsandhomeless.com](http://www.artsandhomeless.com), starting in November 2008 when updated photos and records of the Exhibit will be available.

Our Funders:



Social Sciences and Humanities  
Research Council of Canada

Conseil de recherches en  
sciences humaines du Canada

Canada



The views and opinions expressed in this report are the Collaborative Team's, and do not necessarily reflect those of the Social Sciences and Humanities and Research Council of Canada, the Wellesley Institute or the Centre for Urban Health Initiatives at the University of Toronto.

Supporting Agencies:





**Homelessness – Diverse Experiences, Common Issues, Shared Solutions: *The Need for Inclusion and Accountability***

Factor-Inwentash Faculty of Social Work, University of Toronto

**October 2008 ISBN 978-0-9811128-0-0 (book)**