Mid-Project Key Findings

September 12, 2023

The Plan
to End Chronic
Homelessness

**IN COMMUNITY,
BY COMMUNITY,
FOR COMMUNITY.**

#ThePlanWR

Reading the Report

This mid-project Key Findings Report reflects the developing collaborative partnership of the people leading and supporting the work to develop the Plan to End Chronic Homelessness. The report is a compilation of co-contributors including content developed by members of the Lived Expertise Prototyping Working Group, members of the Co-Creator Group, and members of the project team.Contributions will be attributed to the authors, and visual design (green bar) will be used to assist with clarity. We have collectively done our best to maintain nuance that exists within each contributor's writing/language styles, including terminology, while ensuring the flow and content of the report is as accessible as possible.

About the Report Contributors

Overlap Associates

Overlap Associates is a local design consultancy that puts people at the centre of our work and your solutions. Overlap works with organizations of all sizes on problems that matter most to them.

Region of Waterloo

The Region of Waterloo serves with caring and responsible public service, engages by listening and responding to community needs, and inspires by conducting business with openness to enhance public trust and confidence.

Social Develop Centre Waterloo Region

The Social Development Centre Waterloo Region is a learning organization that supports all voices in creation of community wide solutions ensuring that lived experience is the basis for collective action.

Rural Upstream - Engage Rural

A collaborative project involving eight local health and social services agencies in the four townships. Their objective is to map out local services, identify service delivery gaps, and gain insight into people's experiences with health and social services in the townships through community engagement

Green titles and green left margin bar are report sections that directly represent Lived Expertise Prototyping Group voices and content directly from the SDCWR

Blue titles and blue left margin bar are report sections that directly represent where Lived Expertise voices are integrated with other system voices

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Executive Summary

The number of people experiencing homelessness in Waterloo Region is unprecedented. Since the beginning of the COVID-19 pandemic, homelessness has risen in numbers and visibility. In the 2021 PiT (Point in Time) count, the Region found that more than 1,000 individuals were experiencing homelessness with over 500 of those individuals estimated to be experiencing chronic homelessness or homelessness for longer than six months.

Ending chronic homelessness requires equity-centred and systems-level solutions informed by the voices of those with lived/living experience. Working in community, with community, for community will strengthen relationships and build a shared ownership of solutions.

To achieve these aims, the two main project partners—Overlap Associates and The Social Development Centre Waterloo Region (SDCWR)—are collaborating with Region staff to develop The Plan to End Chronic Homelessness in Waterloo Region (The Plan). Overlap Associates is overseeing broad-based community engagement and plan co-creation. The SDCWR facilitates engagement with those who have lived/living experience of homelessness. The partnership with SDCWR is central to the work due to their equity and social justice advocacy mandate, as well as the strong long-term working relationships with those experiencing homelessness and housing precarity.

The Key Findings Report

Homelessness is a complex issue—our Key Findings Report is over 75 pages of dense information and yet still struggles to capture the colossal amount of data, opinion, promising practice examples, and ultimately the human tragedy playing out in our community.

This Key Findings report attempts to describe our iterative and co-creative process, resulting in an understanding of the current state of the housing stability system and the impacts on our community. We endeavor to provide a broad view of the system and human elements using both quantitative and qualitative data.

> *The Key Findings Report and the accompanying Regional Council report is meant to inform Regional Council ahead of The Plan structure and budget requests coming in November of 2023.*

The report first summarizes **what we did**—our methodological approach to the work and summarizes the activities of our teams. It then explores what **we have learned to this point**—the current state of the Housing Stability System in Waterloo Region; and a summarization of the local context. The report then shares the SDCWR Learning Journey—a crucial element of Lived Expertise input into The Plan. Next, the report details impactful trends, gaps and needs, as well as a synthesis of the Community Engagement Findings and Sense-Making in the form of a Community and System Narrative, Draft Plan Focus Areas and a summary of integrated Co-creator and Lived Expertise Team Sense-Making. Finally, we look outside the Region of Waterloo and

compare ourselves to other Ontario communities by reviewing critical successes and interesting examples of plans across North America and Europe.

The report then synthesize our Learnings, to this point, related to:

- Centering Lived Experience
- Learnings related to our Housing Stability System,
- Learnings related to our Community,
- and, Learnings related to the Causes of Homelessness

Lastly, the report details next steps and what to expect moving forward.

NOTE: *The following Executive Summary content will provide a high level overview of the flow and content of the report. It is meant to act as a "menu" of sorts to allow readers to sample report content and empower them to dig deeper into areas of interest further on in the document.*

Report Sections Summary

What did we do?

At the outset of this work there were two related yet separate processes—The SDCWR Lived Expertise Prototyping and the Overlap-led work to produce The Plan. Starting in April, it became clear that further integration of the processes was required to meet our main intention of centreing lived experience voices in The Plan. Moving forward, we envision the processes becoming further integrated.

Overlap-Led Process

- Phase 1: Project Initiation (Jan - Feb)—Alignment of Project Teams, Creation of a Project Charter, April 4th Regional Council Report
- Phase 2: Needs Assessment (Feb - June)—Environmental Scanning and current system data gathering through a Delphi Survey
- Phase 3: Design and Execution of Community Engagement (Mar - Aug)—Broad Community Engagement with 539 community members through an online survey, engagement labs and pop-up installations. The formation of a Co-Creator Group of key system interest-holders
- [Coming Soon] Phase 4: Ongoing engagement and System Transformation

The SDC Lived Experience Prototyping Process is based on the Presencing Institute U-Lab approach:

- Co-Initiating Process (Mar - Apr)— Shared agreement and context of work, as well as the lens to center lived expertise
- Co-Sensing (May - June)—Aligning our world-views and roles while identifying high level prototypes and principles for the prototyping process
- Co-Presencing (July - August)—Holding community conversations and shaping the first steps in prototyping

- [Coming Soon] Co-Creating (September- December)—Iterative learning through hands-on work on the prototype projects

What did we uncover?

Chronic homelessness in Waterloo Region has been increasing at an average growth rate of 28% year over year since 2020. As of January 2020, **chronic homelessness in the region has increased by 129%**.

- If the 28% annual increase in chronic homelessness continues, the community will have triple the number of residents experiencing chronic homelessness by 2028.
    - As of June 2023, the number of individuals on the Prioritized Access to Housing Supports (PATHS) list has increased 44% since January 2020.
    - The average number of days individuals on the PATHS list have been without permanent and safe housing is 1,070 days (2 years 11 months).
    - 12% of all chronically homeless individuals on the PATHS list identify as Indigenous. This is an over representation of Indigenous people experiencing chronic homelessness as they make up 1.7% of the total population of Waterloo Region.
    - The supportive housing program across fixed-site and scattered options has a current capacity to support approximately 570 individuals.
- The average shelter occupancy across Waterloo Region is 83%
    - In 2023, emergency shelters in Waterloo Region saw a 33% increase in refugees and asylum seekers accessing services. This is placing a significant strain on the system's capacity and resources to support specific needs of refugees and asylum seekers, while working on housing supports for individuals in shelters.
- In 2023, approximately $40 million will be invested into the local homelessness system in various service areas (outreach, prevention, shelter, supportive housing, etc.). Based on current state and future trends, this investment will not keep pace with the growing need for additional supports to end chronic homelessness.
- Generally, system interest-holders have been challenged to truly implement a Housing First Approach. This points to further learnings about difficulty with system alignment and collaboration.

    "To say we're a HF-community is ringing less-and-less true given the lack of wrap-around health supports that are inherent to the model and critical to its success."—Engagement Participant

Encampments are a significant concern in the community, with differing views on how to address them. Coordinated, proactive support services and housing resources are needed for people in encampments ensuring that lived experience is centred with Human Rights approaches developed throughout the systems. The number and experience of people in Encampments and the approaches for support services have changed over time, necessitating ongoing and improved coordination with community partners. A whole region picture of total people unsheltered and in encampments with greater depth of experiential knowledge will better align the system with the gravity of what is needed.

Individuals exiting the **Justice System** and experiencing homelessness lack support and resources for reintegration often resulting in releases into various forms of homelessness, such as into Emergency Shelter. Collaborations and resources exist to improve coordination and policy across Justice and Social Systems; however, without greater access to resources, and equitable support for marginalized groups in the Justice System, the cycles of homelessness and criminalization will persist.

A significant number of individuals experiencing homelessness in Waterloo Region are **Veterans**. The Royal Canadian Legions, Veterans Affairs Canada, community volunteers, and community agencies have been working to address Veteran homelessness with challenges faced by racialized, immigrant, Indigenous, and LGBTQ+ Veterans recognized, requiring tailored approaches. However, without greater emphasis on coordination in the system, housing specific resources, and focus on equity or reconciliation deserving populations, Veterans will continue to face disproportionate challenges with homelessness.

People with **Physical and Neuro-Cognitive Disabilities** have specific housing needs. People with Physical Disabilities need more than physical accommodation, as they may have day-to-day and support needs that often prevent access. Acquired Brain Injury (ABI) prevalence is high among those experiencing homelessness (estimated up to 75% of individuals requiring specialized services and housing resources. People with Developmental Disabilities face challenges accessing emergency shelter and permanent housing due to complex needs. Collaboration with Disability and ABI system partners is crucial to improving access and developing innovative housing models.

Our findings highlight the critical relationship between homelessness and **health**. Housing is a critical social determinant of health that impacts individuals' quality of life. The health sector's involvement in ending chronic homelessness is vital for better individual health outcomes and stable housing can reduce overall health system costs associated with cyclical health services. Integration of health and housing requires resources, capacity, and communication pathways.

Our findings show that **Indigenous** individuals who are chronically homelessness face various systemic barriers and shortcomings, including cultural insensitivity, lack of dedicated resources, and the ongoing impacts of colonial history. The KW Urban Native Wigwam Project's transitional housing stands as a bright spot of Indigenous-led responses to homelessness. However, the lack of a long-term property rental or ownership highlights challenges in providing sustainable and culturally appropriate support.

Chronic homelessness affects both urban and rural areas, but **rural homelessness** often goes overlooked. There is a need for investment, and appropriate support services for individuals experiencing homelessness in rural communities. The Rural Upstream Project is in Phase One of a two year strategy, focusing on eliminating barriers, improving collaboration and increasing understanding of both urban and rural perspectives. The development process of The Plan will continue to incorporate the ongoing findings from the Rural Upstream Project as it progresses through its project phases.

SDCWR Lived Expertise Prototyping Learning Journey

The process started with an open exploration by Region staff, SDCWR staff and lived experts and advocates of **personal and work experiences related to homelessness** that were profoundly devastating, stripping individuals of dignity and resulting in social isolation, trauma, and changed perceptions of culture we live in. Being in the process as a whole person, including senses, the emotional and the spiritual parts too, allowed for trust building, setting up the rituals and language of mutual engagement.

The first learnings delved into some of the root causes of homelessness that are preventing us from eliminating conditions that result in ongoing and intensifying displacement and marginalization of low income residents: **colonization and land privatization, discrimination, meritocracy, institutionalization of care, inequitable distribution of resources, and decision-making removed from the realities of marginalized populations.**

During the 3D mapping series of exercises, the project team identified the stakeholders and elements of the current state of housing and homelessness, as well as the desired state without housing precarity and homelessness. They articulated **what must end (violation of human rights and criminalization of poverty) and what is wanting to emerge (new commons/new social contract)** in order to make the overall community wide process to end chronic homelessness reach a point of radical transformation.

From these explorations, a Tree metaphor emerged to answer the question why no community achieved the end of homelessness yet. The **root causes** of homelessness are deep in the legacies of colonization and the globalized capitalist economy, the world-views and ideas that are not made explicit or made tangible and visible - and no community has actually worked from the roots up. Even at the level of the **trunk,** there are few examples where municipalities deal with the existing laws, bylaws, risk and liability, and broader systems of enforcement, to counter the effect of outdated legislation that perpetuates poverty and homelessness. Most of the time, the systems remain at the level of the **branches**, the proverbial rearranging of the deck chairs on the Titanic with no lasting and transformative impact.

The Community Conversations, shaped and led by the lived experts, supported by the researchers from University of Waterloo and Wilfrid Laurier University, brought additional insight to the nature and definition of chronic homelessness, especially through exploration of experiences of the hidden homelessness in immigrant, student and youth populations. **The connecting thread in understanding chronic homelessness is the human experience of discrimination and trauma**, rather than the length of the time someone is registered by the system. The conversations also confirmed the validity of the **identified prototyping projects** and started inviting the second cohort of lived experts and advocates to join the next phase of hands-on collaboration on the prototypes.

As the team members **identified the five high level prototyping projects,** the ongoing process of integration or work of the Region staff, service providers and lived experts is seen as the most important prototype - advancing the work of transformational change that started the day one. It will also continue making the intangible ideas and system behavior more tangible by describing

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what has to be done differently, towards the radical reform of governance, service management and resource allocation.

Our Delphi Survey was utilized to leverage the collective perspectives of those embedded in the Region of Waterloo's Housing Stability System to identify **trends, gaps, and needs** that are most impactful within the current state of homelessness in Waterloo Region.

Working with the Co-Creator Group we articulated an overall **Community and System Narrative** based on input from our Community Engagement:

- Capitalism and the free market context contribute to homelessness through income inequality, rising housing costs, unstable employment, and more.
- Financialization of housing makes it less affordable, leading to gentrification, rising rents, and housing instability.
- Homelessness is a chronic, urgent, and growing problem intensified by inequality, rising housing costs, and the COVID-19 pandemic.
- Current system design often works against progress due to coordination issues, funding allocation disparities, and policies valuing money over people.
- Homelessness is changing in terms of diversity and intersectionality, leading to a skewed perspective of those experiencing it.
- Holistic well-being and preventative action are key to achieving housing stability.

Also, built upon community engagement input the Co-Creator Group developed **Draft Plan Focus Areas** responding to the current state:

- Policy and legislation that drive affordability and equity
- Shifting roles, ownership, accountability in the housing stability system by including and prioritizing community and lived experience voices
- Greater system collaboration and integration—within and with other sectors
- Create more variety and quantity of housing offerings that respond to a spectrum of need and meet people where there are at
- Solve root causes of homelessness by being preventative and viewing those experiencing homelessness as a whole person
- Change the narrative and increase community empathy regarding homelessness

What did we learn?

The SDCWR Lived Expertise team saw commonality between their views and Co-Creators Group's narrative. Lived Expertise emphasized that Regional Council must choose to focus on non-profit and community-led solutions, echoing the role of government in safeguarding housing as a human right and pointed to comparison with the post-war creation of free and universal education and healthcare systems. Regional Council's role as a system actor and advocate were highlighted, urging them not to be immobilized by complexity and pervasiveness of the identified root causes. There is more discussion and work to unpack and validate these elements

The work of The Plan requires the balancing of many intersecting tensions. Initially sense making processes were done separately between the Co-creator group and the Lived Expertise Prototyping group. The Project team brought the findings of the Co-creator group to the Lived Expertise Prototyping group, to validate or contrast perspectives. It was a significant discovery that both groups were aligned on the overarching system tensions that must be addressed in order to truly begin to end chronic homelessness. The groups identified 5 major tensions:

- Prioritizing ending of chronic homelessness vs other forms of homelessness;
- Focusing our efforts on transformative vs. "bandaid" or reactionary solutions;
- Evaluating different types of interventions such as market tools (i.e. rental policy) vs. non-market tools (i.e. building social housing)
- Viewing housing as a free market commodity vs. a human right;
- Attributing the responsibility for housing of Municipal vs. Provincial vs. Federal Government;

It is along these lines that our community and local government must find consensus and make decisions.

Our **Key Learnings** underscore the need for urgent, transformative change within the Housing Stability System in the Region of Waterloo. They provide a foundation for informed decision-making and recommendations in the upcoming Plan to End Chronic Homelessness, emphasizing the importance of community engagement, collaboration, and a holistic perspective.

Our **Centring of Lived Experience learnings** highlight the necessity of involving lived expertise to gain a comprehensive understanding and develop transformational solutions. Additionally, it underscores the significance of addressing root causes and ideologies for substantial and lasting change.

The **Learnings about our System** highlight that we are in the midst of an urgent crisis due to an unprecedented surge in chronic homelessness. This surge is the result of intersecting factors like increased inflow of individuals into homelessness, lack of outflow to affordable housing options, and system challenges such as funding, staffing burnout, policies and frameworks. Current approaches to these challenges are disconnected from the realities of people experiencing chronic and hidden homelessness in the Region.

A radical reform of governance and service is needed—maintaining the status quo is not an option for ending chronic homelessness. One of the roles of the Service System Manager should be to create processes for community governance by shifting control and resources to community-led initiatives, which facilitates self-governance, and creates greater equity, transparency, and trust within the Housing Stability System and the broader community in general.

Homelessness is an equity issue. Currently, a Reconciliation, Equity, Diversity and Inclusion (REDI) lens is not fulsome in the Housing Stability System. The Plan creation process has seen

ROW staff begin to create relationships with relevant groups and tables, but there is much more to do.

Our **Learnings about Community** reveal the complexities of perceptions, attitudes, and reactions within the Region. They point to strong alignment between various engagement initiatives such as the Region's Strategic Plan, Upstream, and Immigration Partnership—we are hearing the same needs in multiple places.

There is a lack of understanding and trust between the Housing Stability System and the community the system is serving. Community learnings illuminate the rising level of community awareness of the issue of housing stability and its polarizing effects on things like treating homelessness as a crime—an approach that causes harm to individuals and fractures communities.

Finally, our **Learnings about the Causes of Homelessness** underscore the structural and historical influences that have shaped the housing crisis and its connection to broader societal dynamics. In essence, the hyper-financialized capitalist model of housing cannot be reconciled with housing as a human right. Increasing access to housing through private market-oriented solutions (e.g. portable rent assistance transfers public funds directly into private hands) will not address the financial roots of homelessness such as land privatization and the continued unregulated financial capital created from housing. Better options would include non-profit, co-op and community housing.

As the issue continues to impact a broader cohort of our community we are being forced to rethink our traditional definitions and perceptions of homelessness.

Next Steps for The Plan Creation Process

- SDCWR Lived Expertise Prototyping group will be building out, exploring, and testing the prototypes by the end of the year
- The group will be broadened to include a second cohort of lived experts and community advocates who have been involved in respective work already
- The Prototyping work will involve additional Region staff and invite staff from organizations represented at the Co-Creator group to ensure collaboration and integration in different parts of the system

- Continued integration of Lived Expertise into The Plan Co-Creator Group process through building trust and safety
- Continued process for the Co-Creator group to review findings and begin to formulate recommendations for The Plan—including results from the SDCWR Lived Expertise Prototyping process

- Continued development and strengthening of community partners at the table and expanding invites to join to broaden the representation
- Returning to Regional Council on November 7 with recommendations that will be the blueprint to end chronic homelessness in Waterloo Region. This Blueprint will include recommendations for 2024 budget:
    - Continued work on The Plan through co-implementation by a community-led process that is centered on Lived Expertise
    - Prioritized requests based on key learnings

"Everybody needs and deserves a safe place, it's a human right."—Engagement Participant

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Introduction

The process to create The Plan was initiated in response to growing the number of people experiencing chronic homelessness, as well as housing instability in Waterloo Region—making this work both important and urgent.

This is not the first time that the Region and its system partners have initiated a planning process to tackle the problem of homelessness. As such, we knew our approach needed to learn from these past processes and take a different approach. That different approach is co-creation. From the start we talked about this process as being different, as we wanted the Plan to be created *In Community, By Community, For Community.*

This Key Findings report describes our iterative and co-creative process, and resulting understanding of the current state of the Housing Stability System. We will provide a broad view of the system and human elements using both quantitative and qualitative data. The strength of these findings comes also from the diverse and sometimes differing perspectives from the community on the complex issue of chronic homelessness. With this diversity comes a rich dialogue, which deepens our collective understanding of the issues of homelessness and informs the recommendations to come.

SDCWR Lived Expertise Prototyping Project

SDCWR initiated a system transformation process with Region staff, and a group of lived experts and advocates to "allow the system to see and sense itself". That is, its role in the creation of the current homelessness crisis. The participants in this process are intentional in adopting ways to relate to each other that are currently absent in institutional settings, such as being aware of their wholeness, their sensations, emotions and spiritual identities in the work that they do. This work is grounded in critical analysis of the social, economic and political systems, grounded in understanding land appropriation as a legacy of colonization, as well as the human rights approach to housing and homelessness. As such, the process requires a radical departure from the dominant perspective on solutions to homelessness, as focus is put on societal root causes of homelessness. Engaging both Region staff and lived experts in developing prototype solutions is also crucial for this work, as reciprocity, co-dependence, and mutual accountability are developed, allowing for transformational change to occur in governance and systems of care. (See Appendix 1 for the full report)

The work of The Plan requires the balancing of many intersecting tensions. Initially sense making processes were done separately between the Co-creator group and the Lived Expertise Prototyping group. The Project team brought the findings of the Co-creator group to the Lived Expertise Prototyping group, to validate or contrast perspectives. It was a significant discovery that both groups were aligned on the overarching system tensions that must be addressed in order to truly begin to end chronic homelessness. The groups identified 5 major tensions:

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- Housing as a free market commodity vs. a human right;
- Housing being the responsibility of Municipal vs. Provincial vs. Federal Government;

It is along these lines that our community and local government must find consensus and make decisions.

What did we do?

Methodology

Overlap-Led Process

Our work is grounded in several key approaches:

Co-creation: Our core intention to co-create The Plan is part of what makes this journey different.

Our aim is to create a plan that is driven by community identified needs, gaps, and solutions. We will do this by working "in community, by community, for community".

We are committed to these ways of working:

- Shared solutions and implementation
- Centering the voices of those most impacted
- Transformational relationships and trust building
- Inclusive community engagement

We will enact these ways of working by deeply collaborating with a group of interest-holders (The Co-Creator Group).

Human-Centred Design: (or "design thinking") is a philosophy and approach for addressing highly complex, system-wide challenges. It is an empathy-fuelled, iterative process, which evolves solutions through prototyping and testing until solutions fit the needs of the people involved. Throughout the process, it holds the needs and experiences of the people experiencing a challenge at its core, whether they are service users, providers, or system-level decision makers.

Equity-Centred & Inclusive Design: We strive to design with and for all involved to ensure inclusivity and accessibility. We believe in the power and importance of learning from all perspectives, creating accessible methods for engagement, producing communication materials to make complex systems understandable to diverse audiences, and designing for a broad range of people in an effort to break down barriers to access.

Our equity-centered approach ensures we make space for the incorporation of diverse voices, experiences and perspectives. As designers, it is our duty of care to ensure designs are inclusive because when we 'design for the edges', we are removing barriers to enable full participation. By creating services that are accessible to all, humanity wins. Our combined team brings expertise in inclusive design, an approach that recognizes the broad spectrum of human diversity—including differences in abilities, age, gender, language, culture, learning styles, and experiences.

Agile Project Management: Using an Agile approach to project management enables us to flexibly respond to project needs and learnings, navigate unforeseen changes, and adapt our approach as we go, so we are always aligned with what delivers the most value.

SDCWR Lived Expertise Prototyping Project

The U-Lab process, prototyping, and centering of lived experience are all elements incorporated into this project. Incorporating the U-Lab process, developed from the Presencing Institute meant utilizing methods such as observation, and listening from an open mind, heart and will. This resulted in mutual interviews and ongoing group self-reflection, including heart of the matter statements that guide the group. Lived Expertise is deeply incorporated in this work through the direct involvement of people impacted by homelessness and marginalization.

Guiding Heart of the Matter Statements:

- We are all choosing to be here because we want to see and do things differently.
- We all come from different experiences and accept that we see the world differently, we all contribute to the larger whole.
- Ensuring that this process remains a safe space requires our ongoing attention. We are committed to having the necessary conversations that will bring us back together and help us overcome obstacles.
- We are explicit in the ways we value lived experience and expertise.
- Centre Lived Experience Lens: "We value what lived experience folks value."

Project Principles

Lived Expertise leadership throughout – in planning, implementation and evaluation phases of plans and strategies that impact their lives.

Acknowledge ongoing trauma, loss and death – through a recognition of how systems actively cause harm and remain unaccountable to people living the experience.

Everyone involved brings their whole self to this work of reconciliation - by using mind, heart, body and spirit to take appropriate actions and rebuild communities of care.

Reform government/governance and service systems through respect of human rights – requires a redistribution of power and resources to lived experience groups, advocacy groups, and community-based entities for the irreplaceable work they do alongside service providers.

Challenge the appropriation and privatization of the Indigenous land – partner with the Six Nations of the Grand River and local First Nations, Inuit and Metis communities; release public lands for alternative housing solutions outside of the private market.

Decriminalize poverty and homelessness – policing, bylaws enforcement, risk management, policies and procedures (e.g., neo-vagrancy bylaws) to be either removed or transformed to benefit the poor and the homeless.

Rebuild communities and involve the capacity of the whole community – residents, support groups, activists being a part of the continuum of care, from informal to system supports complementing each other.

Summary of Activities

At the outset of this work there were two related yet separate processes—The SDC Lived Expertise Prototyping Project and the Overlap-led work to produce The Plan. Starting in February the teams began discussing what touchpoints or inputs each process might offer the other. As the work emerged it became clear that further integration of the processes was required to centre lived experience voices in the Plan. This has happened in several ways:

- Including members of the ROW Staff within the SDCWR Lived Expertise Prototyping process
- Co-creating and presenting the April 4, 2023 Regional Council Update
- Adding SDCWR Lived Expertise Prototyping representatives to The Plan Core Project Team and the Co-Creator Group
- Cross-process sense-making of findings (The SDCWR Lived Expertise Prototyping team had a chance to review and discuss the output from Co-Creator Group sense-making in early August)
- Co-writing and synthesizing the Key Findings Report

Moving forward we envision the processes becoming further integrated.

Below is a combined schedule meant to show how the two streams of work have progressed.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Overlap Process											
Phase 1: Project Initiation - Discovery											
		Phase 2: Needs Assessment									
			Phase 3: Design and Execution of Community Engagement								
								Phase 4: Ongoing Engagement & System Transformation			
SDC/LEWG Process											
	Lit Review	Co-Initiating: *Identifying initial topics*		Co-Sensing: *Validating the topics to prototype*		Co-Creating: *Exploring solutions together*				Co-Shaping: *Planning next steps*	
Council Reporting	April 4 (today): Project Overview							Sept 12: Key Findings and Plan Outline		Nov 7: Opportunities for 2024	

Project Timelines

READER NOTE: Here we have laid out the activities of each process separately for reader clarity, however, the reality of the work is that these processes will continue to merge as much as is appropriate.

Overlap-Led Process

Since January of 2023, the Core Project team (Appendix 2) has been working to guide and execute the process of The Plan creation. We are now entering Phase 4: Ongoing Engagement and System Transformation

Phase 1: Project Initiation (Jan - Feb)

The Project Initiation Phase consisted of forming the project core team, holding a Project Kickoff Workshop with key project sponsors (Appendix 2), creating the Project Charter and preparing an initial Project Overview report and a joint presentation (SDCWR, ROW, and Overlap) to Regional Council on April 4th.

Phase 2: Needs Assessment (Feb - June)

Delphi Survey

The [Delphi Survey Method](#) was utilized to leverage the collective perspectives of those embedded in the Region of Waterloo's Housing Stability System to identify trends, gaps, and needs that are most impactful within the current state of homelessness in Waterloo Region.

This surveying process consisted of a select group of subject matter experts responding to two rounds of surveys. This included service providers, support and equity organizations, Region of Waterloo Housing staff, lived experience advocates, area municipalities, academia, and subject matter experts. Between rounds, results were analyzed and shared with respondents for validation and further nuance. Key features of the method include anonymity to minimize political and social pressures while allowing for equal say from all participants. Round 1 had 52 respondents and Round 2 had 27.

Environmental Scanning

The Core Project team gathered and reviewed relevant data and reports, and took part in consultations with key community groups to form an understanding of the current state of the housing stability sector. Examples of successful approaches taken in other parts of Canada were also analyzed.

Phase 3: Design and Execution of Community Engagement (Mar - Aug)

Broad Community Engagement

Community engagement was conducted in the months of June and July. Over 691 individuals were engaged, who represented a broad spectrum of community, including rural and township residents, area municipal staff, community and equity-based organizations, lived expertise and lived expertise advocates, the health sector, housing stability organizations, private sector, youth and youth-related organizations, Regional staff and the general public. The following community engagement activities were completed:

- Online Survey (476 individuals engaged with): A community wide survey was offered on the EngageWR page dedicated to The Plan.
- Engagement Labs (59 individuals engaged with): Virtual or in-person group data gathering sessions

- Pop-Ups / Street Teams (156 individuals engaged with): An engagement booth was set up at various community festivals and community locations across Waterloo Region

NOTE: Due to constraints within our process, the nuanced nature of relationships, and our inability to presently meet Indigenous cultural protocol, we were unable to facilitate the type of ongoing relationship required for robust engagement with Indigenous communities. At this point in time we have had limited formal engagement with Indigenous communities. However, including the current state of the system for Indigenous individuals and families remains crucial for reconciliation and understanding how the traditional Housing Stability System needs to evolve to provide adequate care and support for Indigenous communities . As such, we have summarized existing barriers for Indigenous individuals and families experiencing chronic homelessness from previous work and conversations between Indigenous partners and Region staff in the section of this report titled Indigenous Individuals and Families. Our next step will be validating this work with these partners.

Co-Creator Group

In addition to broad, inclusive community engagement, we recognize the importance of having a dedicated group of Co-Creators to support decision-making throughout this initiative. The Co-Creator Group is a collection of key system interest-holders who provide guidance, input, and support to the Core Project Team (Appendix 2) as they drive project tasks and deliverables. This group, through generative discussion and workshops will directly create key recommendations for The Plan.

Specifically, The Co-Creator Group:

- Helped shape the Phase 3: Community Engagement approach (June)
- Participated in and support Phase 3: Community Engagement (as appropriate) (June + July)
- Made sense of engagement findings through tools facilitated by Overlap (August)
- Develop and refine The Plan recommendations (Sept + Oct)
- Be directly involved and contribute to Phase 4: Ongoing Engagement and System Transformation discussions/labs (Sept - Dec)
- Become key champions and enactors of The Plan as we move toward implementation

The Co-Creator Group is made up of 34 individuals from prioritized groups involved with or impacted by the Housing Stability System:

- Lived and Living Expertise Consultants
- Equity-Deserving Groups
- Indigenous Partners
- Shelter and Housing Stability Organizations
- Health Sector
- Region of Waterloo Staff

These groups were identified during an interest-holder analysis session where the Core Team mapped key groups onto a modified International Association of Public Participation (IAP2) spectrum. These groups were identified at the Co-Creator level of the spectrum based on their knowledge of the Housing Stability System, their lived or living expertise, their ability to represent

the voices of equity-deserving groups in our community, and their positionality for the successful implementation of the plan.

The group size was capped to facilitate highly interactive and collaborative work. Members are expected to participate actively in all discussions and decision-making, and increasing the size of the group would hinder our ability to have these discussions.

SDCWR Lived Expertise Prototyping Project

For the past five years, the Social Development Centre Waterloo Region has been intensively collecting qualitative data on ongoing displacement and evictions, which are pushing people into homelessness, as well as the impact of homelessness, and the resiliency of the people who resist in the midst of devastating experiences. Our work on the Plan started from a set of clear recommendations that people living this reality and their advocates offered to us:

- Recognize the unique value of lived expertise in all phases of the project
- Apply a human rights approach that decriminalizes homelessness and poverty
- Rely on the capacity of the whole community and addressing socio-economic (class) divides
- Acknowledge the diversity of different forms of housing and communities where people have choice and control.

The project team was composed of members of the Lived Expertise Working Group (ABTC, Disabilities and Human Rights, Tent City), People's Action Group, and frontline staff supporting precariously housed and homeless (KW Urban Native Wigwam Project in the first phase, and Peregrine Outreach in the follow up phases), Region of Waterloo Housing staff, and University of Waterloo and Wilfrid Laurier University academic support. This group met weekly, starting in mid-March, and is continuing throughout the year to implement prototype projects based on direct input from people with living and lived expertise. Outlined below is a summary of the results of our work thus far.

Co-initiating Process

MUTUAL INTERVIEWS – These entailed sharing different roles in practicing listening from the body, heart and mind. Each team member had a chance to share stories, ask questions, as well as listen and observe in silence. Regardless of the titles and roles we hold, we are all deeply impacted, both personally and professionally by homelessness. We began to understand our respective roles as service providers and advocates, especially the disconnect between the two worlds. *"Social, political, and economic systems in our community, country, etc., are barriers to eliminating homelessness. Underlying causes that connect those systems come from our spiritual disconnect with the natural world and other human beings. We have lost the capacity to relate to the world around us and to feel the interdependence with all that exists."* Testimony of an advocate.

Co-Sensing Process

3D MAPPING – Through a series of sessions the current state of homelessness and the desired state without homelessness was collectively created. This process included verbal and non-verbal storytelling which involved using objects in a three dimensional space. The resulting

The Plan
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3D map produced (1) clarity on some of the steps required for the elimination of homelessness, (2) shared understanding of the stakeholders involved, and (3) a set of guiding principles for the work ahead from the perspective of people living the reality of homelessness.

Co-Presencing Phase

COMMUNITY CONVERSATIONS – Academic partners, Laura Pin from Wilfrid Laurier University and Brian Doucet from the University of Waterloo, aided in adapting participatory action research methods to the process at hand. They reflected on the aspirations, relationships, and creativity of lived experts and worked with us to adapt the interviewing process into a "community owned and led conversation process". Lived experts provided guidance in each phase of this process and led the community conversations, resulting in peer-led conversations, with SDCWR and Region staff in assistant roles to cover the administrative aspects (e.g., consent forms, recording the conversation). Peer-led conversations resulted in organic conversation to flow unimpeded between the lived experts and their connections.

Five focus groups/interviews were also conducted with settlement frontline workers and members of the Conestoga Student Advisory and Unsheltered Campaign. These conversations produced knowledge about the current state of homelessness for immigrant and refugee populations, and students.

The sense-making phase started by "staging" a living relationship with a chosen interviewee by having the group read the deidentified interview transcript and engage in dialogue. This dialogue allowed for different interpretations and understandings from the team members to emerge, while building a broader narrative around a personal story. All proposed prototype projects were further shaped and tested by the knowledge gathered through the community conversations.

Overall Approach to Transformational Change

As the work unfolded, so did the recognition of the challenges of siloed work and inclusion of lived experience and expertise voices in the overall process. Instead of replicating the "work as usual", we started relying on each other's questions, advice, and continually checked our own blind spots, assumptions and limitations of the roles we embodied while working separately from each other.

> *"You cannot understand a system unless you change it. You cannot change a system unless you transform consciousness. You cannot transform consciousness unless you can make a system see and sense itself. Unless I sense the pain of the collective, the grieving that we can feel, the pain of the other, unless I open my heart and feel it myself, profound change is not going to take place."*
> *Otto Scharmer, Presencing Institute*

The disconnect of the decision-making process and the life experiences of people experiencing chronic and hidden homelessness is a recurring theme in community-based advocacy work. From that starting point, we dedicated time to create commonality through shared intentions,

starting point, and a sense of common humanity, which resulted in the so-called co-initiating phase.

> *"The community implicated us, and we are implicated in the community",*—Testimonies about the process from a Region staff person.

The way we work is impacted by unspoken rules of organizational culture, life experiences and the roles we hold. Regardless, each person was able to identify the impact of homelessness deeply and personally. That diversity offered us a more holistic view of both the current state and the desired state of our relationships with the land, housing and homelessness – the process that started shaping the potential development projects, the prototypes, our co-sensing phase.

> *"Receive the ability to use heart, morals and what we should be doing for people has been validated as a guide to the work that I do." —Testimony about the process from a Region staff person.*

> *"Constant evolution of the process and the small openings that allow for disruption."—Testimony of a lived expert.*

The conversations held in our group were complemented through community conversations shaped by the lived experts. We are currently in the process of sense-making of the 32 in depth conversations shared by people living unsheltered and hidden homelessness, frontline workers, and populations such as immigrants and refugees, students, and community activists. This will support the prototyping process.

> *"Systems don't change unless they see themselves and nurture the ability to see destructive patterns within. ... putting value to what we are doing, whatever the final outcome and how it's received by funders and government," —Testimony of an advocate.*

As the project was evolving, we maintained the autonomy of the work of the Lived Expertise Prototyping Project. At the same time, working in collaboration with RoW Staff, we succeeded in developing mutual trust and respect as a foundation for doing this work together. Mutual reliance and support are spreading throughout the plan development process, which can be a model for the Co-creator group.

> *"Different core teams overlap, shift and change; more like a living organism..."*
> *—Testimony of an advocate.*

What did we uncover?

Housing Stability System: Current State

(Contributed by ROW Staff)

Addressing the increasing challenge of chronic homelessness in Waterloo Region, requires understanding of the current state of the Housing Stability System (HSS) and to project into the future based on the status-quo.

The Region of Waterloo is the provincially-designated Service Manager for Housing and Homelessness. In this role, the Region is responsible for program planning, service delivery, distribution of resources, and quality assurance of housing-first services that help people find and maintain permanent housing; this network of services is known as the HSS. The HSS supports individuals and families across Waterloo Region who are experiencing homelessness, at immediate risk of homelessness, and in the recovery stages from homelessness.

The Region has been attempting to implement Housing First (HF) initiatives to end homelessness since 2007. HF is a framework and approach to ending homelessness. "HF has two primary components: housing and support. Participants are given immediate access to permanent regular housing of their choice in

Housing First Model

the community, facilitated by a portable rent supplement that ensures they pay no more than 30% of their income on their housing." (Appendix 7 Letter from Dr. Nelson). HF is driven by a set of principles: choice, recovery, and community integration.

In 2014, Waterloo Region was the first community in Canada to join the 20,000 Homes Campaign, a national housing movement of communities working together to permanently house 20,000 of Canada's most vulnerable people experiencing homelessness by July 2018. As participants in this campaign, The Region exceeded its initial housing goal of 40 people by housing 50 in the winter of 2014/15, 96 people over 2015/16, and a further 115 people over 2016/17 (The Region of Waterloo, 2017).

Following the success of the 20,000 Homes Campaign, Built For Zero Canada (BFZ-C) was launched in 2019. The primary goal of BFZ-C is to help a core group of leading communities end chronic and veteran homelessness. BFZ-C's method uses a "structured, supportive and data-driven approach focusing on creating a sense of urgency, optimizing local homeless systems, accelerating the adoption of proven practices and driving continuous improvement" (Built For Zero Canada, n.d.). With the BFZ-C approach Waterloo Region achieved a quality By-Name List in September 2017 and

Quality Coordinated Access in June 2020. Waterloo Region continues work with BFZ-C and other BFZ-C communities across Canada to follow best practice for ending homelessness.

Since the beginning of the COVID-19 pandemic, the number of people experiencing chronic homelessness has grown, along with increasing complexity of needs . The pandemic deepened capacity pressures in Waterloo Region's emergency shelters, requiring a near doubling of emergency shelter spaces. Emergency shelters also moved to 24/7 operations to keep people safe, support isolation requirements, and in response to pandemic related restrictions (e.g., stay at home orders). These shifts both necessitated and strengthened the integration of health and housing services, with medical care and other services available on-site at shelters wherever possible. Street outreach staff are also reporting an increase in the number of individuals experiencing unsheltered homelessness, and are working to provide housing-focused services to all those experiencing unsheltered homelessness.

The Housing Stability System: A Network of Programs and Supports

The Housing Stability System is a network of Region-funded Service Providers who work with other community organizations and agencies from varying sectors to support the most vulnerable residents of Waterloo Region.

Locally, when specifically addressing chronic homelessness, a coordinated access system is used known as the Prioritized Access to Housing Supports (PATHS) process. A Coordinated Access System (CAS) is an essential element of any effort to prevent and end homelessness. A CAS is designed to streamline the process for people experiencing homelessness to access the housing and support services they need to permanently end their homelessness.

Vacancies into all supportive housing options (fixed-site and portable) are filled through the local PATHS process. Funded through the Ministry of Municipal Affairs and Housing and administered by the Region of Waterloo, the focus of the Supportive Housing program is to provide affordable housing to people with a history of homelessness, to help them build skills and connect to supports that will help them to keep their housing and reduce their risk of returning to homelessness. Currently across Waterloo region, there are 339 fixed-site supportive homes. The scattered-site supportive housing program supports households in market-rent units across Waterloo Region, who are recovering from homelessness. In addition to fixed-site supportive housing units, 231 households are supported in their homes across Waterloo Region. This style of supportive housing emphasizes personal choice and autonomy in the recovery journey.

Local Homelessness Data

The Homeless Individuals and Families Information System (HIFIS) is a federally-funded database used by all communities receiving federal funding. The use of HIFIS is mandated by the federal government and serves as both a reporting and monitoring tool, as well as a direct-service support tool used by staff across the system. All data is collected by direct-service and

management staff across the local Housing Stability System. All homelessness data used in this report is from HIFIS.

Locally, we recognize the historical challenges related to homelessness data. Often, community realities differ from information collected by the Housing Stability System. It is understood that the system is not a welcoming and inclusive space for all individuals and families experiencing chronic homelessness in Waterloo Region. Because of this, data from HIFIS reflects only a portion of the greater human experience. Qualitative, real time data gathered through peer-led engagement and oral history is required to validate any system generated quantitative data to identify and fill the gaps. As we look forward to ending chronic homelessness, it is critical to ensure a mix of qualitative and quantitative data is used for decision-making, and to accurately depict the holistic realities in the community.

Housing Stability System: A Snapshot

Before focusing attention on chronic homelessness and strategies and interventions designed to prevent and end chronic homelessness, it is important to examine the broader system or community levels of homelessness in all forms – both episodic and chronic. Chronic homelessness refers to individuals and families who are currently experiencing homelessness and meet at least one of the following criteria: a total of at least 6 months (180 Days) of homelessness over the past year, or an experience of at least 1.5 years of homelessness over the past three years.

The Region of Waterloo's Housing Stability System has demonstrated its ability to end chronic homelessness. In February 2020 the Region announced that a joint effort by emergency shelters, housing providers, and support services had ended chronic homelessness for families (Region of Waterloo, 2020). This was maintained for more than three months resulting in functional zero for families being achieved. The end of chronic homelessness for families was a result of upstream and preventative efforts targeted towards families experiencing housing precarity and collaboration between service partners to ensure families who became homeless were swiftly supported in alternative accommodations.

Recent pressures from an influx in refugee families to the region, housing unaffordability, cost of living increases, and the aftermath of the COVID-19 pandemic have resulted in an uptick in the number of families experiencing homelessness in Waterloo Region. Although the Housing Stability System is facing these pressures our prior experience ending chronic homelessness is a reminder that this is possible for families again and for all chronic homelessness.

Experiences of homelessness are as unique as the individuals and families that are currently without permanent housing. In the 2021 PiT Count, 31% of all individuals (335) were experiencing hidden homelessness or were not accessing Region-funded services (shelter, outreach, etc.) at the time. Additionally, 38% of individuals (412) were experiencing unsheltered homelessness/staying in encampments or living rough with another 6% (63) currently staying in local institutions outside of the formal Housing Stability System (hospitals, police custody, etc.).

The total number of people counted as experiencing any type of homelessness through the September 2021 PiT Count was 1,085, an increase from the 2018 PiT Count of 333 people. The growth in the number of people counted in 2021 is explained by different methodologies and engagement activities between the two PiT Counts, along with a noticeable increase in the number of people experiencing homelessness.

All Individuals Experiencing Homelessness (Total By-Name List) in Waterloo Region

May-2022: 1169
Jun-2022: 1176
Jul-2022: 1220
Aug-2022: 1237
Sep-2022: 1306
Oct-2022: 1224
Nov-2022: 1220
Dec-2022: 1223
Jan-2023: 1274
Feb-2023: 1305
Mar-2023: 1294
Apr-2023: 1347
May-2023: 1344
Jun-2023: 1377
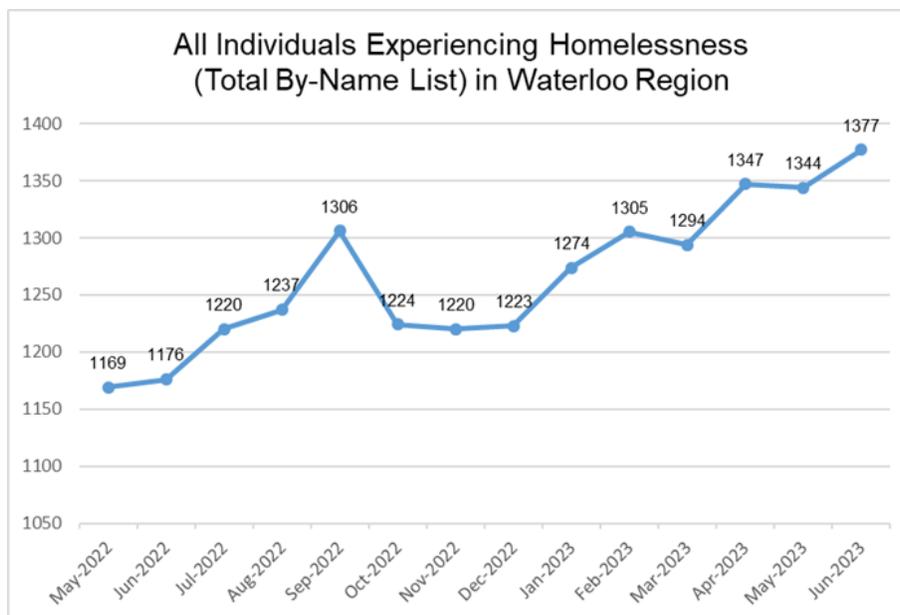
The figure above shows Waterloo Region's total levels of homelessness according to HIFIS, including individuals experiencing both chronic and episodic homelessness. From May 2022 to June 2023, local homelessness has risen by 18%. From January 2023 to June 2023, there has been an 8% increase in all homelessness in Waterloo Region.

Across Waterloo Region, there are 486 emergency shelter beds to support single adults, couples, and youth experiencing homelessness. In addition, the shelter system utilizes local motels and hotels to support individuals with complex health needs, those unable to access congregate shelter settings, and all families experiencing homelessness. The emergency shelter program has seen tremendous growth since 2020 with a170% increase in beds from 220 to 590. Even with this significant increase in beds, the shelter system continues to operate close to capacity.

The table below details shelter beds across Waterloo Region and the household type they support.

Service Provider	Total # Of Beds (Capacity)
Cambridge Shelter (Adult Singles)	85
House Of Friendship Sheltercare (Adult Men)	100
The Working Centre Shelter (Adult Singles, Couples)	100
YW Shelter (Adult Women)	78
Ship Shelter (Adult Men)	45
The Working Centre Erb's Road Shelter (Adult Singles, Couples)	50
Adult Totals	**458**
oneROOF (Youth 16-25)	18

Safe Haven (Youth 12-18)	10
Youth Totals	**28**
Total Emergency Shelter Beds	**486**
YW Motels (Families)	As Needed
YW Motels (Adult Single Women)	As Needed
Motels (Adults)	As Needed
Kinsmen Isolation Facility (Covid Isolation, Complex High Acuity Medical Needs)	24
University Avenue - Interim Housing (Adult Singles, Couples)	80
Overall Totals (Emergency Shelter Beds, Motels, Isolation, Interim Housing)	**590 + Motels, as needed**

Waterloo Region's emergency shelter system is approaching maximum capacity. Several emergency shelters are full on a nightly basis, and the average shelter occupancy across Waterloo Region is 83%. With no dedicated facility to support families experiencing homelessness, local partners use hotel and motel spaces to temporarily support families experiencing homelessness. In July 2023 an average of 74 individuals were provided with temporary shelter/accommodations per night in hotel rooms rented for families experiencing homelessness. The Region of Waterloo is currently spending $19M annually on emergency shelters.

Housing outcomes for individuals experiencing homelessness in Waterloo Region varies month-to-month given local housing markets. The figure to the right outlines total housing outcomes across the Housing Stability System for each quarter from March 2021 to June 2023.

Total Housing Outcomes in the Housing Stability System

Households supported into housing from homelessness: 181, 110, 103, 114, 167, 204, 148, 163, 174, 101

Chronically homeless households supported into housing through PATHS: 46, 49, 35, 35, 32, 67, 47, 53, 38, 56

X-axis: Mar 2021 (Q1), June 2021 (Q2), Sept 2021 (Q3), Dec 2021 (Q4), Mar 2022 (Q1), June 2022 (Q2), Sept 2022 (Q3), Dec 2022 (Q4), Mar 2023 (Q1), June 2023 (Q2)
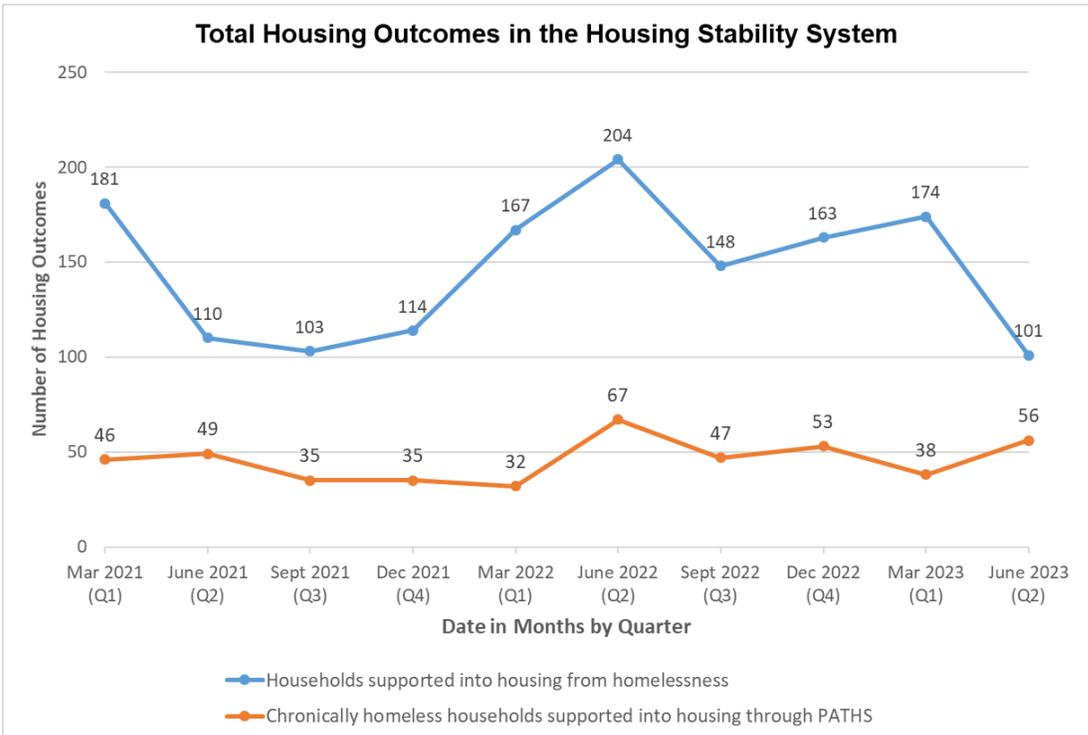
Chronic Homelessness in Waterloo Region: A Snapshot

Gender Identity of Individuals on PATHS

- Female 34%
- Male 64%
- Other
- Transgender 2%
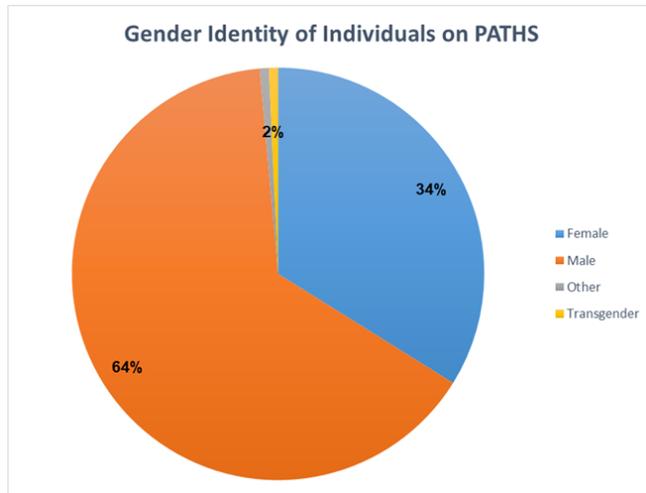
This section provides a highlight of the current data captured through HIFIS in Waterloo Region. Currently, there are approximately 561 individuals known to be experiencing chronic homelessness. Individuals experiencing chronic homelessness in Waterloo Region are incredibly diverse and, as such, it is important to highlight the differences in this group in order to develop varied strategies, interventions, and supports that support these differences.

The figure on the left describes the self-identified gender of individuals experiencing chronic homelessness in Waterloo Region. 64% of all PATHS participants identify as men with 34% identifying as women. In addition, 2% of all individuals on PATHS identify as Trans or Other.

12% of Individuals on PATHS self-Identify as Indigenous, which represents a disproportionate rate of homelessness for Indigenous people in Waterloo Region. Locally, 1.7% of the total population of Waterloo Region is Indigenous. However, 12% of all chronically homelessness individuals on PATHS are Indigenous. In addition, these numbers are likely to be under-reported given the legacy of colonialism and the lack of trust and safety felt by Indigenous people when disclosing their Indigenous status. The figure on the right shows the breakdown of self-reported Indigenous Status of individuals on PATHS.

SELF-REPORTED INDIGENOUS STATUS OF INDIVDUALS ON PATHS

- First Nations (Non-Status) 4%
- First Nations (Status) 2%
- First Nations: Off-reserve 2%
- Métis 2%
- No 78%
- Non-Status 2%
- Unknown 10%
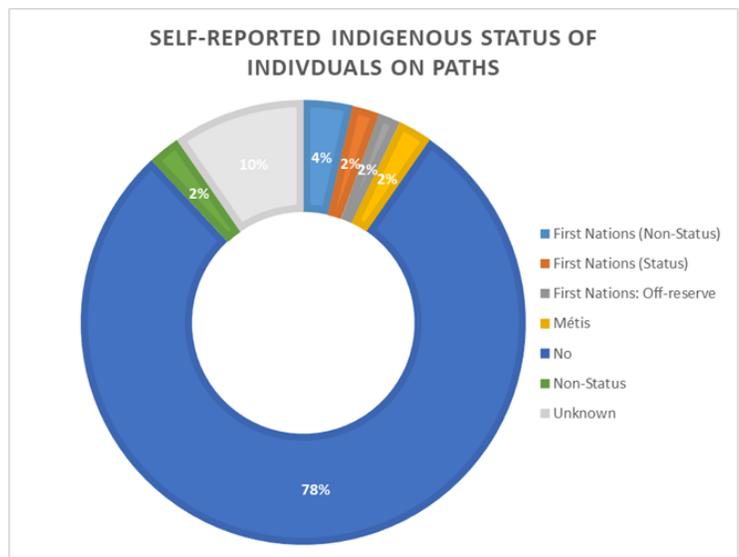
Currently, there is a local challenge of funding and securing permanent, safe, and suitable housing for individuals in our community with the deepest housing stability needs. Individuals with concurrent disorders (the presence of mental health diagnosis and a current substance use disorder) are faced with deep housing needs. Increasing the stock of permanent supportive housing is critical in ending chronic homelessness and we can look to encouraging supportive housing builds across our community as examples of this commitment.

Remaining homeless for extended periods of time has catastrophic impacts on the wellbeing of individuals experiencing chronic homelessness. Collectively, we must do better to address the

needs of individuals who have been living without permanent housing for years. The figure below outlines the total number of days since individuals experiencing chronic homelessness in Waterloo Region have been without housing. This ranges significantly from 10 days to 6,341 days (17 years). The average number of days individuals on PATHS have been without permanent and safe housing is 1,070 days (2 years, 11 months).

Chronic Homelessness is Increasing Rapidly in Waterloo Region.

This section outlines the current state of chronic homelessness in Waterloo Region along with projected increases in the future if the status quo remains. The Region of Waterloo was one of the first communities in Canada to create a chronically homeless by-name list, demonstrating the community's deep and historical commitment to preventing and ending chronic homelessness. By-name lists are now mandated across Ontario and needed to receive federal funding.

Chronic homelessness in Waterloo Region has been increasing at a considerable rate since 2020, with an average growth rate of 28% year over year. Since January 2020, chronic homelessness in Waterloo Region has increased by 129%. This growth in chronic homelessness has created system-level and community wide challenges as the system and its partners attempt to adequately respond to a growing crisis.

Ending chronic homelessness, will require a reduction of inflow into chronic homelessness and increase outflow into housing. Locally, we are experiencing a higher rate of inflow into chronic homelessness than we are seeing outflow, which is creating the high growth rate in chronic homelessness levels. Permanent housing outcomes for individuals experiencing chronic homelessness vary on a month-to-month basis depending on numerous factors, including the availability of market rental units and fixed-site supportive housing units. Since January 2020, a total of 571 individuals experiencing chronic homelessness have been supported into permanent housing.

The figure to the right outlines monthly housing outcomes for households on the PATHS list. If permanent housing outcomes for individuals experiencing chronic homelessness remain consistent, it will limit the extent to which ending chronic homelessness becomes a reality.

Permanent Housing Outcomes for Individuals Experiencing Chronic Homelessness on PATHS

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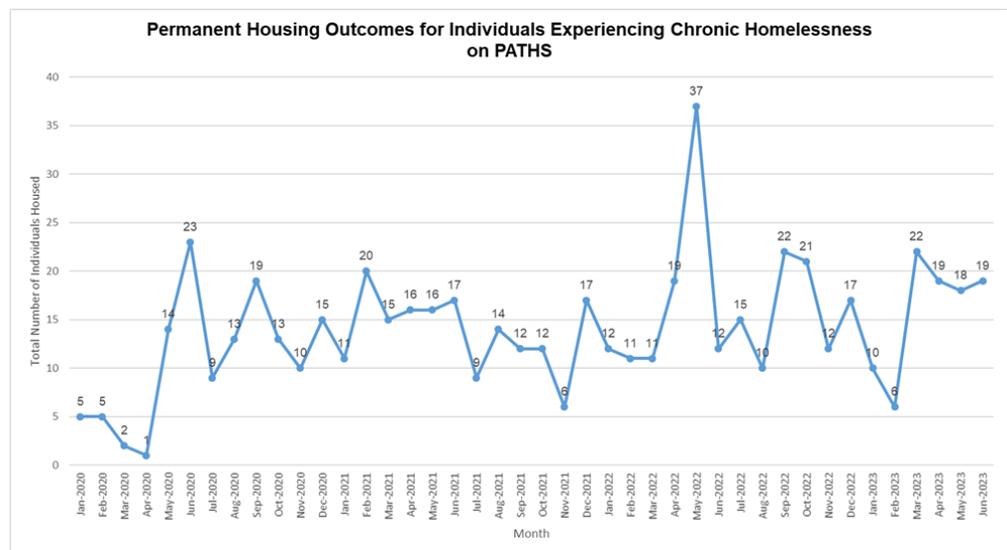
**Housing Stability System: At a Critical Juncture**

Waterloo Region is at a critical juncture as locally we are experiencing unprecedented levels of chronic homelessness. Without significant investment and cross-sectoral dedication, ending chronic homelessness becomes increasingly more difficult given local realities. Building on a Housing First commitment and history that exists in our community, it becomes possible to envision a future for Waterloo Region that includes a functional end to chronic homelessness.

The figure below projects the potential increase to chronic homelessness in Waterloo Region if there is no change in the growth rate of chronic homelessness. If a 28% increase in chronic homelessness continues each year, our community will triple the number of residents experiencing chronic homelessness by 2028. This is a concerning reality, which calls for immediate and sweeping action to stop this trajectory in Waterloo Region. **The next PiT count will be completed in Oct 2024 which will provide us with additional findings to be considered.**

Note: Through the concurrent work of the SDC/LEWG Prototyping project, the conclusion is that the definition of hidden homelessness does not necessarily include self-identification and needs to be looked at through a lens that includes lack of a lease in the person's name; repeated episodes of temporary accommodation; no financial means to secure housing; living in dwellings that are unsafe physically, psychologically, and emotionally; lack of knowledge about available supports or the means to follow through on accessing justice, housing or income support. The extent of undue harm, stress and lack of a sense of safety and security of life determines whether the person is homeless through this shared lived human experience.

Investment in Ending Chronic Homelessness

Solutions to the local homelessness crisis require dedicated, sustainable, and reliable funding sources to meet the growing and deepening needs in Waterloo Region. The investment information included in this report comes exclusively from the Region of Waterloo. We recognize that there are additional investments supporting an end to chronic homelessness such as, health sector, justice, etc.

Investment in the Housing Stability System
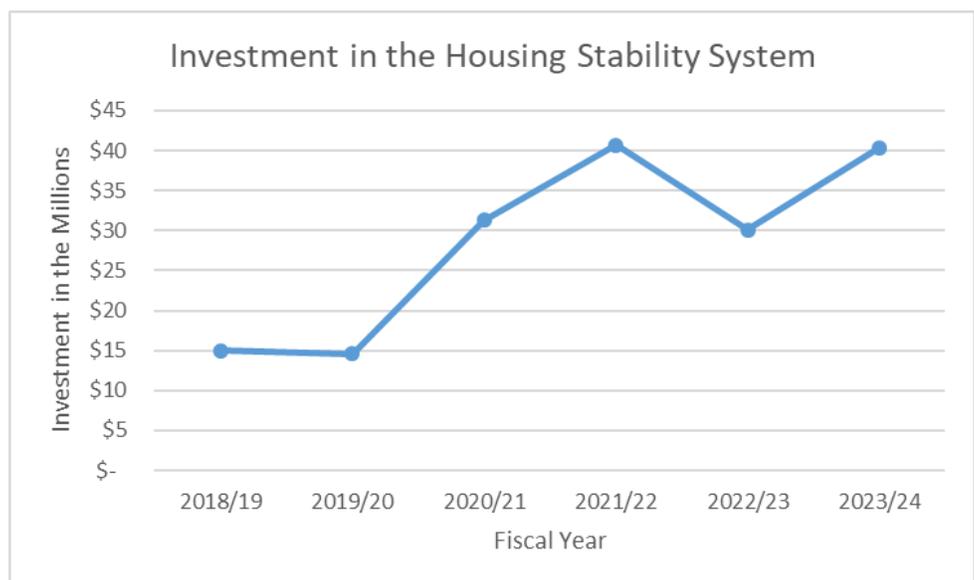
In 2023, approximately $40 million will be invested into the Housing Stability System. This includes service areas like outreach, prevention and diversion, shelter, supportive housing, and coordinated access. The figure above details investment in the local Housing Stability System since 2018. All financial information reflects the fiscal calendar of April 1 to March 31, in alignment with both provincial and federal fiscal calendars. All system investments are reflected here, including additional COVID related funding from federal and provincial governments that was available 2020-2022.

The Regional tax levy is increasingly supplementing the growing shortfall left from provincial and federal funding sources. Specifically, since 2021/22 COVID-relief funding ended and investment from the Regional tax levy has increased to make up the difference. While preventing and ending chronic homelessness is a shared responsibility, there is an immediate need for increased investment from all levels of government and other sectors across our community.

Investment in Supportive Housing
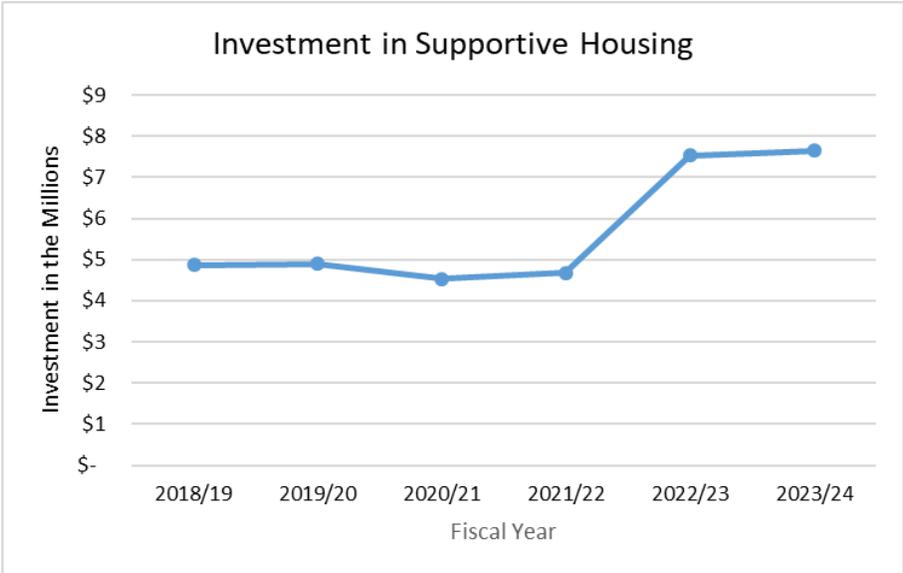
The supportive housing program is a part of the Housing Stability System especially relevant to ending chronic homelessness. Currently, the Region of Waterloo invests approximately 23% of all Housing Stability System funding towards Supportive Housing Programs (fixed-site and scattered). The figure to the left outlines investment in the Supportive Housing Program, which supports individuals recovering from homelessness into permanent housing. Investment information below does not include funding dedicated to portable rental benefits used in the scattered-site supportive housing program.

Our supportive housing program (includes both scattered and fixed site) can support approximately 570 individuals. To immediately support the current community needs related to supportive housing, the supportive housing system would need to double in its size. In order to meet the growing needs related to permanent supportive housing, it is critical that investment into this specific housing stability service area increases significantly to meet immediate and forecasted for supportive housing needs.

Municipal Comparison

Below is a preliminary comparative analysis, which provides further perspective on the current state of Waterloo region in the context of Ontario. A specific funding and governance context

exists in Ontario, where federal, provincial and municipal tax levy funds local Housing Stability Systems and municipalities operate as the Service Manager. In this preliminary analysis, two municipalities are compared to Waterloo Region. All three municipalities are similar in (1) population size, (2) location, and (3) expected growth as all three are within the Greater Golden Horseshoe Growth Plan Area and thus expected to continue to experience growth in the coming years (Ontario Ministry of Municipal Affairs and Housing, 2020). The comparative municipalities are anonymized for the purposes of this report and are referred to as Municipality 1 and Municipality 2. A more detailed comparison, which includes analysis of difference and similarity between other municipalities in Ontario, is forthcoming.

Funding Housing Stability Systems

The tax levy in Waterloo Region funds almost half (47%) of the Housing Stability System, which in comparison to Municipality 1 and Municipality 2 represents a significant difference. Municipality 1 funds almost a quarter of their system through the tax levy (22%), while Municipality 2 funds just over a third of theirs through the tax levy (36%). The percentage the federal government funds is similar between the three municipalities, as 16% of both the systems in Municipality 1 and 2 are federally funded, yet Waterloo Region's system is funded at a slightly lesser percentage at 11%. A significant difference exists between Municipality 1 and Waterloo Region in terms of the percentage funded by the province, however when analyzing the dollar amount both municipalities receive a similar amount of provincial funding at approximately $16M.

A significant difference exists between the three municipalities in terms of the total amount invested into the Housing Stability Systems. In comparing Waterloo Region, the greatest difference exists with Municipality 2's system, which is $17.6M greater than Waterloo Region's, despite having similar populations and number of individuals known to be experiencing chronic homelessness. While the total amount of money invested into these systems is significantly different, the difference between the amount Waterloo Region invests from the tax levy is drastically less significant, as Waterloo Region invests $18.8M, while Municipality 2 invests $20.6M.

There is also a significant difference between the cost of Waterloo Region and Municipality 1's system as Waterloo Region's costs $13.8M more than Municipality 1's. However, when controlling for the tax levy (i.e., excluding tax levy) the difference becomes drastically less significant as Waterloo region utilizes only $811K more federal and provincial funding than Municipality 1. Thus, while Municipality 2 and Waterloo

Homelessness and Supportive Housing System Funding by Muncipality and Funding Source
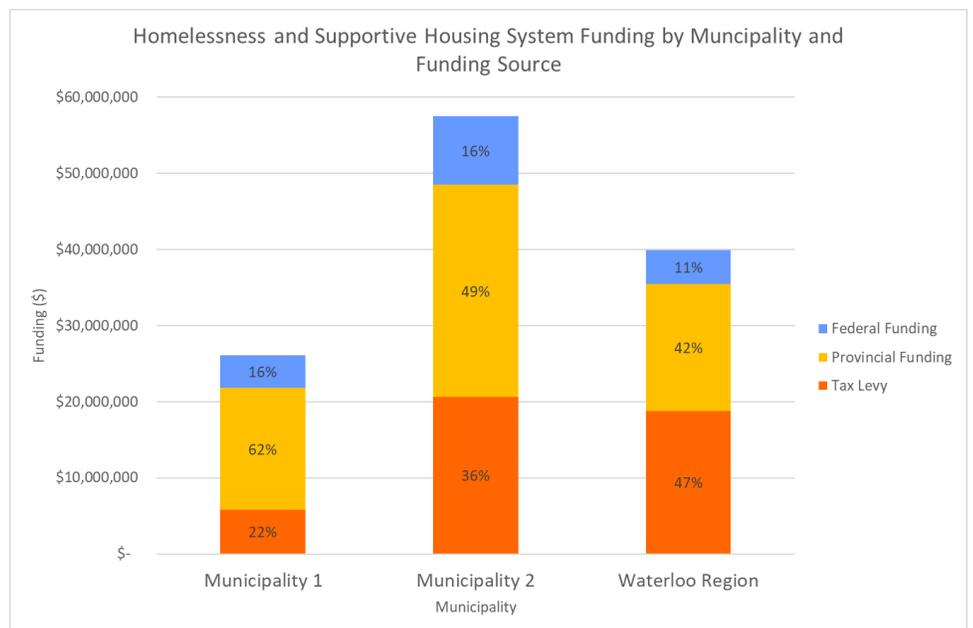
Region both put a similar dollar amount of the tax levy into their Systems, Waterloo Region receives far less federal and provincial funding. As such, without the tax levy, the system in Waterloo Region would be operating with a significantly lower budget, and would be much more similar to Municipality 1's.

Shelter Beds

The following are the ratio of shelter beds to the number of individuals currently experiencing chronic homelessness in each municipality:

- Municipality 1 has a ratio of one shelter bed for every 2.7 people known to be experiencing chronic homelessness
- Municipality 2 has a ratio of one shelter bed for every 1.5 people known to be experiencing chronic homelessness
- Waterloo Region has a ratio of one shelter bed for every 1.2 people known to be experiencing chronic homelessness

Waterloo Region's ratio of beds is even higher when considering the number of additional emergency spaces provided through motels, isolation facilities, and interim housing spaces.

	Municipality 1	Municipality 2	Waterloo Region
Total Population	699,460	569,355	647,540
Total Number of Emergency Shelter Beds	145	403	486

Target Populations Served by Shelter Beds

The majority of shelter beds in Waterloo Region and Municipality 1 are co-ed at 48% and 34%, respectively, while the majority of shelter beds in Municipality 2 are for adult men at 49%.

Waterloo Region has the lowest proportion of shelter beds for women at 16%, which is 10% lower than Municipality 2 and 15% lower than Municipality 1. Similarities exist between all three municipalities in the proportion of shelter beds provided for youth, which ranges from 5% to 7%. 20% of shelter beds in Municipality 2 are dedicated to families while neither Municipality 1 nor Waterloo Region have shelter beds specifically for families. The Region of Waterloo presently utilizes motel rooms to accommodate families experiencing homelessness.

Number of Shelter Spaces and Type by Municipality
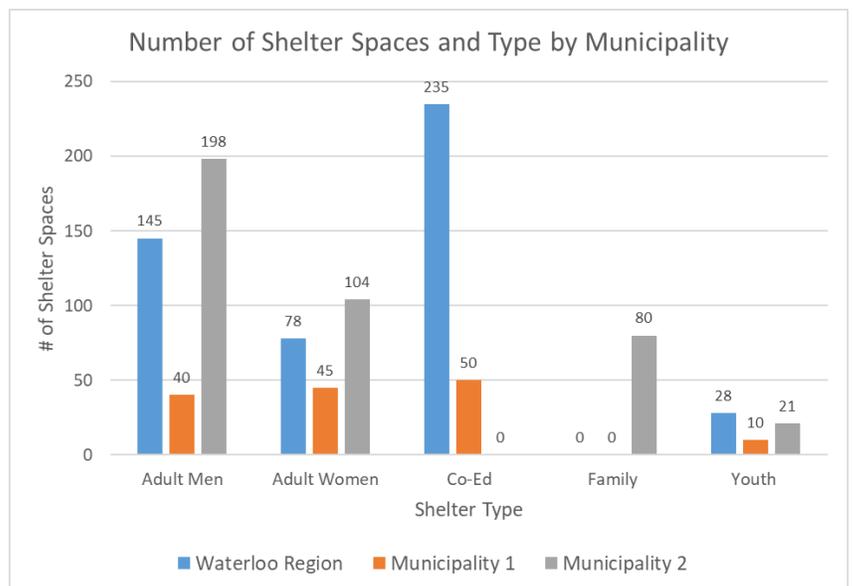
System and Community Context

Health Sector Integration and Equity focus

Regional Housing staff, who are part of The Plan's Core Team, are exploring opportunities for integration between the Housing Stability System and other sectors. At this stage of the process staff are actively building community connections and relationships with key advocacy and service organizations that serve the following sector and equity groups:

- Encampments
- Justice (incarceration and reintegration)
- Veterans
- Disability (neuro-cognitive and physical)
- Health and harm reduction
- Refugees, and asylum seekers
- Indigenous individuals and families

Staff participate on community tables and within networks to give input on housing strategies focused on unique needs. These specific needs and recommendations are being incorporated into the broader set of recommendations for The Plan being developed by the Co-Creator Group.

Note: It is recognized that there are other equity deserving and marginalized/vulnerable populations (e.g. seniors, 2SLGBTQIA+, African/Black/Caribbean communities) that need to be engaged and incorporated into The Plan recommendations as the process continues.

Encampments

(Contributed by ROW Staff)

Conversations and actions surrounding unsheltered homelessness in encampments is one of the most passionate areas of concern in this community. Historically, there have been differing views on how to approach this social challenge, which has resulted in tensions and actions that are remembered for the trauma that follows. There are also various community partners and staff who play different roles when it comes to encampments, this includes:

- Street Outreach,
- Specialized Street Outreach,
- Unsheltered Support Workers,
- Mobile Health Services,
- Grassroots Community Groups,
- Regional Bylaw,
- City/Township Bylaw,
- Region of Waterloo Police Services,
- Municipal Fire Prevention,
- Provincial Transportation and Forestries Ministries.

The dynamics within encampments, the number and frequency of people staying in encampments, and the support services provided to people staying in encampments are fluid and evolve over time. There is a need to coordinate the supports and services for people living rough

and staying in encampments, and a need to better understand what supports and services people want or do not want.

A number of encampment coordination activities have taken place over the past few years. This includes ongoing service coordination efforts to ensure that various partners and staff are working towards common goals and coordinated approaches to their varied work. Beginning in November of 2022, a weekly Encampment Operations Table was formed for partners to come together to discuss service coordination and support for three encampments in Waterloo Region that were identified as high visibility and high risk. The focus of the table has since broadened to include other encampments in Waterloo Region. Partners have also organized and implemented multi-partner service hubs and service fairs, which provide multiple health, income, and housing supports at central locations near each encampment.

These encampment coordination activities highlight that there is still significant work to do. There is a need to:

- ensure coordinated and proactive support and services are provided that meet the needs of people staying in encampments;
- ensure people with lived and living experience in encampments are given equal voice and engagement in discussions regarding encampments;
- enhance the community's housing stability and emergency shelter system to better support the needs of people staying in encampment; and
- provide ongoing and intensive services to people experiencing homelessness which ensure access to income support, physical and mental health support, and housing plan needs.

In addition to the experiential learnings that have occurred, current work on enumeration has tracked the effects of various events that have occurred at the three high-visibility encampments. The total number of structures within the three sites peaked in September 2022. There was a noticeable and long-term decline once the cold set in October 2022, pointing to the significance of invisible homelessness during the cold season. Since early spring 2023, the total structures has been fluid but has not risen to the heights of 2022. In this time the new Interim Housing Solutions such as Shelter Care, Erb's Road Shelter, and more recently Indigenous-Led Transitional Housing, alongside continuing new housing resources from Building Better Futures, as well as other system resources and new system approaches to working with community partners and people with lived expertise; have all come together for the Housing System to do better when supporting people experiencing unsheltered homelessness. Specifically, Shelter Care and Erb's Road Shelter were able to shelter more than half of the people encamped at the three high-visibility sites from a point-in-time perspective.

The coordination of encampment work and the current data indicate that there is a dynamic, complex, and nuanced environment of unsheltered homelessness in Waterloo Region, particularly around encampments. As the coordination of encampment and unsheltered work continues, it becomes increasingly necessary to better understand the lived experience of those living unsheltered and encamped in Waterloo Region, not just within three of the most highly visible

sites. What we've learned experientially is that this understanding also does not just involve knowing the numbers of structures or people at the sites, it involves knowing the people, as well as taking time and effort in how you get to know them and how you support them. This experiential knowledge adds depth to enumeration and brings forward the human elements that have shown to be essential in this work. This total unsheltered picture with encompassing dimensions, will better allow the housing system to determine the impact of future resources. Any additional Interim Housing solutions can better be understood for their impact when we're looking at the total picture, rather than a segment of it. If we know the total unsheltered picture and how it works with the total homelessness and chronic homelessness picture, we can better project how much of this population will be affected by new resources.

With our experiential learnings through coordination efforts, as a system of partners, being able to prototype and maintain human rights based approaches to supporting people in encampments and in conjunction with understanding and knowing what the larger picture of unsheltered homelessness looks like, we can use that knowledge to develop future resources that can potentially house and wrap-around support or bring people inside through a systems homelessness perspective. Experiential efforts that focus on building relationships with people experiencing unsheltered homelessness produce better situations, as we are able to work together to resolve individual homelessness alongside systemic responses to homelessness.

Justice Collaborations

(Contributed by ROW Staff)

A number of systems and partners intersect to support people involved with the justice system. Unfortunately, experiences from our system partners and from people experiencing homelessness in this community tell a story of significant gaps in resources and a lack of proactive community reintegration planning. Community members are discharged from incarceration with little to no support and resources. Literature on the topic and experiences of local partners overwhelmingly highlights:

- Increased need for improved discharge planning prior to release;
- Increased support and access to resources once back in the community;
- Need to ensure that reconciliation, equity, and diversity lenses and supports are coordinated to ensure that Indigenous, Black, and racialized community members (who are over-represented in the justice system and experiences of homelessness) are provided with tailored and culturally relevant resources which meaningfully address their needs.

There are services that exist to support people involved with the justice system. These include bail programs, Mental Health Diversion, and plans to launch a small six-unit corrections discharge housing program in partnership with the Health Sector. Additionally, collaborations like the Waterloo-Wellington Human Services and Justice Coordinating Committee (WW-HSJCC) exist to affect coordination, collaboration, and policy across local areas. As well, the recent implementation of Community Re-Integration Planning Tables and associated resources, through

the Solicitor General's Office, will support complex discharge planning of individuals being released from provincial incarceration. Despite these ongoing coordination efforts, there are insufficient resources to adequately support people's reintegration into the community following a stay in a correctional facility. This inevitably results in a rapid return to experiences of homelessness.

It is no surprise that Waterloo Region's Service Systems for people involved with the justice system are highly motivated to come together for collaboration and planning. Feedback from Justice Network partners have provided numerous stories of:

- consent barriers between institutions and service providers trying to support individuals quickly with bail plans;
- lack of communication around discharge planning for individuals dropped off at shelters with no notice or belongings;
- people losing their housing as they were unable to pay rent while incarcerated short term on remand or longer term with fixed sentences.

It is well known that one of the most significant challenges to planning at the policy level, collaboration across systems, and discharge planning for individuals, is the lack of housing resources available. People exiting incarceration into homelessness experience the challenges of homelessness while also being subjected to intersectional stigmatization, prejudice, and systemic racism. These challenges result in vicious cycles of criminalization and incarceration which further impede people's ability to secure housing and supports hindering their ability to reintegrate back into society and thrive.

Although there have been efforts to secure and operate transitional spaces for people leaving incarceration with recovery and planning needs in Waterloo Region, this remains a significant gap and challenge for the system; additional dedicated community reintegration housing units and housing stability supports are needed. A robust Crisis Beds or SafeBeds system that exists in many other regions are essential system components for marginalized and criminalized populations to transition into spaces that specialize in recovery supports and transitional housing. As well, opportunities to expand to provide staff and resources are needed that can enter the correctional institutions to begin working with individuals and follow them with intensive support while in community.

Veterans

(Contributed by ROW Staff)

A homeless count in Waterloo Region from 2014 found 5% of respondents reported military service. In 2021, PiT count found 28 individuals self-identified as Veterans. Conversations with local Veterans and Veteran supporting agencies indicate that experientially, Waterloo Region could have some of the highest per capita Veterans experiencing homelessness in the country. Experiential indications highlight that racialized, immigrant, and 2SLGTQIA+ Veterans face

additional intersectional marginalization and as a result, are less likely to be identified and supported as Veterans.

Although the planning for Veteran Homelessness across the Waterloo Region Housing Stability System is new, there already exists a significant base of key drivers and services. The Royal Canadian Legion (RCL) has an initiative, Leave the Streets Behind, which is their action plan to prevent and eradicate Veteran Homelessness. The relationship with RCL has been pivotal in planning out a Veteran Homelessness Strategy and interventions. RCL and Veterans Affairs Canada have an existing partnership to verify and confirm Veteran status urgently for those experiencing homelessness and have systems and resources to offer additional supports and benefits. The Waterloo Regional Police Service launched the Military Veteran Wellness Program aimed at linking Veterans with help and support needed. Many Veterans may find themselves in contact with the Justice System, and as such, this service has found therapeutic approaches to engaging Veterans involved with the justice system and have supported more than 52 Veterans since launching in the fall 2022. It should also be noted that various organizations, Churches and thriving Veterans have taken up professional and personal responsibilities for supporting Veterans, particularly those experiencing homelessness.

These are examples of numerous formal and informal systems acting to support Veterans experiencing homelessness in our community, with many mobilizing from lived expertise having served and understanding the experience associated with social, physical and health challenges that can come from having served. The Veteran Homelessness Plan has been working to build off of this existing community spirit, while coming together quickly to form a working group to:

- build a model around a grant request to the Federal Government
- galvanize efforts using existing community interest to start helping a sub-population in need right now with or without additional Federal resources
- convene newly interested parties across the Region to discuss what this work needs to look like and what we should begin doing while centering lived experience and lived expertise in these conversations and plans because notably, these are the people already doing the work.

Although work has begun on developing a Veteran ByName List, and supporting partners working with self-identified Veterans, there are clear needs for dedicated coordination resources, outreach resources and permanent housing resources as part of the strategy to reach Functional Zero for Veteran Homelessness

Disability (Neuro-Cognitive, Physical)

(Contributed by ROW Staff)

Through existing community engagement and collaboration activities, the Region has been working with partners who support Physical and Neuro-Cognitive Disabilities, specifically, Developmental Disabilities and Acquired Brain Injury (ABI). These collaborations have made it clear that there are distinct housing stability needs for these sub-populations.

Notably, there are existing modifications to spaces across the Housing Stability System for people with physical disabilities, however, these space and accessibility modifications may come up short for many needing to access the system that have more specific or individualized space and accessibility needs as well as specific and individualized support needs.

Street Outreach teams and emergency shelters are supporting a large number of individuals affected by Acquired Brain Injury (ABI). Data from screening assessments completed by Traverse Independence in 7 shelter and homelessness spaces from 2022 show that an average of 75% of the people voluntarily screened demonstrate a potential query of ABI. A similar, but slightly lower, prevalence is further supported by two studies completed in Toronto, which also found that the majority of individuals (87%) sustained their brain injury prior to experiencing homelessness. Experiencing homelessness and living with a brain injury is harmful to the well-being of the individual and their ability to recover and thrive. The current systems have some resources specializing in this area such as through Traverse Independence. Given the prevalence in the population of people experiencing homelessness and their multiple and complex needs, the availability of the service has difficulty meeting the level of need. Without specialized knowledge, supports and resources that can stretch to meet this need, this will be a subpopulation that will continue to languish with further risk of high prevalence and chronic homelessness.

Similarly to people with ABI, people with Developmental Disabilities can also have additional and complex needs. With resources and stewardship from the Ministry of Children, Community and Social Services, numerous community entities such as Community Living Agencies are funded with self-sustaining services, housing stock, varying housing models, and housing supports along a continuum of need from 24-hour supported environments to people living semi-independently with varying levels of support. This system built around people with Developmental Disabilities has well-structured system access points through Developmental Services Ontario. Many of the system pathways are created to be collaboratively-based and solutions-focused with specific levers and mechanisms to address system issues as significant as homelessness and relinquishment from care. Centralized Service Solution tables support temporary resolution to help return families to viable support systems as well as, individualized emergency funding models for the highest needs individuals such as those experiencing homelessness, support a fluid system that focuses on never leaving individuals behind.

There are significant numbers of people with undiagnosed and invisible Developmental Disabilities or ABI that enter emergency shelter who are not aware of and lack the support systems of Developmental Services or ABI partners as they have yet to be identified. As people with Developmental Disabilities or ABI access emergency shelter, they may have challenges moving towards permanent housing solutions given their extensive support needs that many times require greater levels of support than are available through the traditional Housing Stability System such as shelters and supportive housing models and thus find themselves feeling stigmatized and shut out from these systems.

There are many avenues where collaboration with disability and ABI system partners is necessary to support equity of access where marginalization and stigmatization have been historically embedded in the social narratives of people with disabilities. There is much to learn from disability

system partners about how to build innovative housing models, creating individualized funding models, structuring the built environment and support resources together to improve access, and finally, utilizing specialized knowledge and resources to address the housing needs of people experiencing homelessness where prevalence of disability is disproportionately high.

Health Sector

(Contributed by ROW Staff)

Housing as Social Determinant of Health and Homelessness as a Public Health Issue

Health is a measure of quality of life. The conditions in which we are born, live, play, age and work, are known as the social determinants of health (SDOH) and impact the individual and collective quality of life. Housing and access to safe, quality and affordable housing is a key social determinant of health improving and impacting health and wellbeing. As such, homelessness is a cause for public health concern as well as a mutual goal for health and social service sectors. Homelessness takes a toll on individuals' physical health, mental health, and quality of life, and exacerbates existing mental health conditions (MHCC, 2014). The impacts of homelessness intersect with and negatively influence other social determinants of health such as employment, family and social relations, etc. and are detrimental to community wellbeing.

Additionally, the impacts and causes leading to homelessness are interconnected with many aspects of the healthcare system, including but not limited to mental health care and support. According to the Mental Health Commission of Canada (MHCC), those with mental health issues are particularly vulnerable to housing instability and homelessness, leading to a cycle of poverty and poor health. In a study cited as part of MHCC's "At Home/Chez Soi" report, approximately 67% of individuals who were homeless reported having a mental health issue in their lifetime, which can increase the complexity and duration of their homelessness, resulting in many becoming chronically homeless (Goering et al, 2014).

The leading causes and impacts of homelessness are such that they require the access to and integration of health care supports, resources, and policies. Along with the social services sector, the health sector is a significant system player that can both benefit from and be a key actor to assist in the ending of chronic homelessness.

According to Public Health Ontario, housing and public health have been historically closely connected through various efforts around HIV, mental health, and substance use (Public Health Ontario, 2023). Stable housing has a direct positive impact on health, and is a pathway for supporting health needs (substance use, mental health, and others), engaging with social services, and meeting basic needs. It is necessary to build connections between housing and public health. The current approach is inadequate because it positions housing as a case management issue rather than a health intervention (Public Health Ontario, 2023).

A previous study (Patterson et al, 2008) found that caring for unhoused persons who use substances and need mental health supports cost the system over $55,000 per year, while providing adequate housing and support for them would drop the cost per person to $37,000 per year; total annual savings would be close to $211 million.

The Plan
to End Chronic
Homelessness

Hospitals as Key Collaborators & Beneficiary

Research (Canham et al, 2018) shows that the main point of entry into the healthcare system for individuals experiencing homelessness is often hospitals and emergency departments as a result of limited access to and use of primary healthcare. Individuals experiencing homelessness are commonly discharged from hospital settings to locations that do not support recovery or access to follow-up care (e.g. shelters or the street). This can be costly to both the healthcare system and to individuals' health and quality of life.

As per the findings in MHCC's "At Home/Chez Soi" report (Goering et al., 2014), main health sector cost offsets related to homelessness include: psychiatric hospital stays, general hospital stays (medical units), home and office visits with community-based providers, prison incarcerations, emergency room visits, and stays in crisis housing settings and single room accommodations with support services. Rooted in the recommendations for the Housing First approach per the findings in At Home/Chez Soi report is that for those who have high levels of chronic mental and physical illness, stable housing and the Housing First model shifts the care from institutions to the community. Institutional care is both costly, and doesn't meet the needs of such a highly vulnerable population that needs a people-centered approach to health including wrap-around supports. There is a positive net benefit to all systems involved, in shifting care from institutions into the community.

Overall, housing alone will not end chronic homelessness. Healthcare, and access to healthcare must be integrated into the housing journey. The goal of the health sector in ending chronic homelessness must be such that housing outcomes are supported, aligned and healthcare services and the health system are integrated for optimal service delivery to reach those in need. Housing must be seen as a healthcare issue, and subsequently, homelessness must be addressed as a public health issue.

Substance Use, Overdose Prevention, and the Opioid Crisis

The relationship between homelessness and substance use remains complex. There is a disproportionately high rate of substance use among those experiencing homelessness. However, substance use alone does not lead to homelessness (Homeless Hub, 2021). Federal PiT count data show that "addiction and substance use" was cited as a contributor to most recent housing loss, but in lower prevalence compared to "other" causes (Baker et al, 2022).

To respond to some of the harms associated with substance use in emergency shelter settings and their impacts on both shelter participants and staff, the Emergency Shelter Harm Reduction Integration Initiative (ESHRII) was proposed in 2019. This initiative, a key collaboration and partnership between the Region of Waterloo Community Services and Regional of Waterloo Public Health departments, along with community-based health organizations, is essential in building capacity of shelter staff in responding to substance use and opioid related overdose deaths. Additionally, in meeting the needs of the Indigenous community, the Region is exploring and building partnerships with local Indigenous leaders to further strengthen the shelter system in meeting needs of Indigenous individuals. The community has also expressed the need for grief and trauma support in responding to the opioid crisis, which Region staff are currently exploring along with community partners. However, as part of more sustainable and upstream solutions to

strengthen the system responding to the opioid crisis, it is necessary to have more partnerships and support from the health sector with regard to substance use and support in the emergency shelters, as well as in supportive housing.

Supportive Housing and Wrap-around Health Supports

In the current system, both scattered and fixed site supportive housing have referrals to external health supports, however, these supports are fragmented and uncoordinated in approach. The Supportive Housing Health Initiative (SHHI), which began in April of 2023, is intended to address some of these gaps between health and housing. The SHHI came about as a result of the 2021 PiT count recommendations in Waterloo Region. However, its launch is only the start of a need for much broader and high level intentional system level partnerships with the health sector to support individuals in transitioning and recovering from an experience of homelessness. Integration with the health system and health sector would involve resources, shared capacity, and better communication pathways. In the Housing Stability System, staff and workers are not equipped with the skills or knowledge to tend to the health needs of clients. Subsequently, due to lack of resources and capacity, the by-product of a 'coping mechanism' has turned the Housing Stability System to filling a gap required by the health system.

The Supportive Housing Health Initiative (SHHI) is intended to address some of these gaps between health and housing supports. Its launch will address some of the health needs for individuals in supportive housing but capacity will be a challenge and is only a stop-gap measure. System-level partnerships with the health sector are needed to adequately support individuals transitioning into housing to recover from their experience of homelessness.

Integration with the health system needs to include sharing of resources, capacity, and better communication pathways. Supportive housing staff do not have the requisite skills or knowledge to attend to the ever-increasing health needs of clients. As a result, housing staff are asked to go beyond their scope and deliver health support, affecting their ability to deliver on housing outcomes and leading to poorer overall service and increased staff burnout.

In addition to capacity and resource barriers needed from the health sector, integrated communication and health information systems are necessary for information and data sharing between health and housing sectors. Information and data sharing between the social services sector and health sector is much needed and would improve capacity for support and housing outcomes for individuals experiencing homelessness. Primary obstacles to achieving this include navigating municipal and health sector privacy legislation and system-to-system willingness to share client data. Appendix 3 details Current Health Partnerships & Projects in the Homelessness & Supportive Housing unit.

Current Health Partnerships

A chart of current health partnerships addressing homelessness in the Housing Stability System is listed and described in Appendix 3. These in-progress projects will map the direction for future and on-going health sector opportunities and partnerships as upcoming recommendations of The Plan based on the above Key Findings.

Refugees and Asylum Seekers

(Contributed by ROW Staff)

Over the course of 2023, emergency shelters in Waterloo Region have experienced a 33% increase in the number of refugees and asylum seekers accessing emergency shelters, while many more seek access but are diverted to other spaces. The number of refugees and asylum seekers accessing homelessness prevention and diversion services has significantly increased in 2023; from five in April to 57 in July, while the ability to divert refugees and asylum seekers from emergency shelters has fallen from 100% to 33%, demonstrating the strain the system is currently experiencing . Since January 2023, 31% of those who have accessed emergency shelters for families have been refugees. The number of refugees and asylum seekers accessing emergency shelters is expected to continue to increase for the rest of 2023, which will put increasing pressure on both prevention and diversion services, as well as emergency shelter services and staff.

Month in 2023	Total Refugees Called	Number Diverted	Percentage Diverted
April	5	5	100%
May	9	8	89%
June	23	16	70%
July	57	19	33%
TOTAL	**94**	**48**	**51% (average)**

In July 2023, 52% of individuals referred to emergency shelters in Waterloo Region were refugees and asylum seekers. At this time, refugee and asylum seekers occupy 10% of the Region of Waterloo's emergency shelter beds and 28% of hotel rooms rented for families, with the number of days spent in emergency shelter reaching upwards of 75 days. While many refugees and asylum seekers do not currently experience chronic homelessness (i.e., homelessness for over 6 months) in Waterloo Region, there is an increasing risk of this population beginning to experience this form of homelessness.

In the month of July 2023 the intake of refugees and asylum seekers into Cambridge Shelter alone has exceeded the total intake of refugees and asylum seekers from the eleven months prior.

Staff working in shelters need to dedicate hours to each refugee and asylum seeker, as intake includes shelter staff aiding in completing the requirements of arrival to Canada, further representing the support the emergency shelter system is providing to refugees and asylum seekers. Service providers have reported an increased need for staffing support for these reasons since September 2022.

There are currently no dedicated supports within the Housing and Homelessness system for refugees and asylum seekers, nor is there a coordinated access point such as a refugee dedicated shelter or welcome centre.

Indigenous Individuals and Families

(Contributed by ROW Staff)

Homelessness did not exist prior to the onset of settler colonialism on Turtle Island. Homelessness as an experience began through the displacement of Indigenous nations from their homes through forced removal, residential schools, and the dismantling of Indigenous sovereignty (Buccieri et al., 2022). Homelessness is thus deeply tied to settler colonialism and its continued existence is perpetrated through western understandings of land, relationships, and what home is (Thistle, 2017). Homelessness for Indigenous Peoples extends beyond western understandings of home and is tied to not only a lack of housing but also disconnection from land, place, water, family, kin, animals, languages, cultures and identities (Aboriginal Standing Committee on Housing and Homelessness, 2012; Thistle, 2017; Rodrigues, 2020). The following is a summarization of the current state of the response to end chronic homelessness for Indigenous individuals and families in Waterloo Region. This summarization includes barriers in the Housing Stability System, as well as highlighting the Indigenous-led response that exists to overcome some of these barriers. In these barriers is a consistent theme of compounding oppression perpetuated through continued legacies of settler colonialism and western understandings of home (and homelessness).

Barriers to System Entry

Currently barriers exist related to service entry for Indigenous individuals attempting to access the Region of Waterloo Housing Stability System from other service systems. When an Indigenous individual attempts to move from a different system (e.g. from a different municipality) without housing they cannot fully access housing and homelessness services within Waterloo Region until after they have experienced homelessness specifically within Waterloo Region for 6 months. This type of policy presents a barrier for Indigenous individuals, as two experiences are likely to occur. The first being the individual moves to the Waterloo region, but experiences a disruption in service access and support. The second is the individual remains unable to access their personal support network located in the Waterloo region if they stay in their current location.

Individualized solutions can overcome this barrier; however, these solutions come with the caveat of added time and resources putting increased pressure on the System as outreach workers and region staff, and other system supporters must work around the System to find a solution. These solutions also represent stopgap measures, which need to be actively pursued every time an individual experiences this barrier.

This form of barrier is also relevant when considering the lack of coordination between the justice system and the Housing Stability System, as individuals may exit the justice system into a service System area where they lack social support. This is specifically relevant for Indigenous individuals, who in Ontario in 2020/2021 had a 6.3 times higher incarceration rate than the non-Indigenous population (Robinson et al. 2023) which represents a continued impact of the legacy of settler colonialism.

Barriers for Accessing Culturally Appropriate Interim and Permanent Housing

NOTE: SN = Stated Need—See Appendix 4 for full list of Stated Needs

Indigenous individuals face increased barriers to accessing culturally appropriate spaces when they are experiencing chronic homelessness. In 2018, Wellbeing Waterloo conducted community conversations with local Indigenous allies and leaders. These conversations resulted in key concerns and calls to action, including the key concern [SN1] of attitudinal and systemic racism existing within services and systems that could support Indigenous communities. This key concern is specifically evident in the Housing Stability System when considering the prohibitions often placed on smudging in emergency shelters, supportive housing, or transitional housing. Smudging is an Indigenous cultural and spiritual practice that involves burning a variety of medicines, for a variety of different reasons, but ultimately involves the space and the individuals in that space. Restrictive policies against smudging often exist due to insurance and fire policies, which in turn enforce a lack of cultural competency related to Indigenous cultural and spiritual practices, as the act of smudging can result in Indigenous individuals being discharged, and/or restricted from emergency shelters, supportive housing, or transitional housing.

Restrictions placed on smudging can also result in creating designated smudging areas or limiting smudging to outdoor use only. However, this further distorts cultural competency, as the space smudging is done in is often of relevance for the practice. Through their work, Wellbeing Waterloo also identified the Call to Action [SN2] for holistic wellbeing models that recognize the importance of access to traditional culture and spiritual practices. This Call to Action holds relevance when analyzing the lack of cultural competency put forth when addressing smudging, but also when reviewing the lack of opportunities for Indigenous health and cultural services to be readily available and accessible within emergency shelters, and supportive housing sites. Wellbeing Waterloo specifically highlights that a holistic view of wellbeing includes, but is not limited to access to traditional culture and spiritual practices, connection to land, and positive community relations. Wellbeing Waterloo also includes the Call to Action [SN3] for Indigenous health services to be available in mainstream organizations, to allow for Indigenous services providers to deliver culturally appropriate care.

Lack of Housing Represents a Barrier for Keeping Indigenous Families Together

Access to housing is crucial for keeping families together. This is specifically relevant for Indigenous families whose children and youth continue to be overrepresented in Ontario child welfare (Ontario Human Rights Commission, 2016) There is also a correlation between Indigenous youth experiencing homelessness and involvement with the child welfare system, as 70.5% of Indigenous youth experiencing homelessness in Canada have been involved with the child welfare system (Gaetz et al, 2016) Within Waterloo region there are Indigenous families who struggle to maintain housing for a variety of reasons including lack of access to affordable housing, and lack of access to supportive housing. This lack of access to housing can result in an inability for Indigenous families to stay together and further perpetuates the systemic oppression and legacies of settler colonialism. Poor housing is also one of the key factors leading to the removal of First Nations from their families (First Nations Child and Family Caring Society of Canada , 2015)

Without specific wrap-around support and system pathways for Indigenous families to maintain housing and regain access to housing, the Region of Waterloo Housing Stability System is unable to adequately address Truth and Reconciliation Commission Call to Action 1.ii[SN4], which calls upon governments to keep Indigenous families together. The National Inquiry into Missing and Murdered Indigenous Women and Girls Call to Action 12.4 [SN5] also calls upon all levels of government to resolve issues of inadequate and substandard housing to ensure Indigenous families can succeed.

Barriers for 2SLGBTQIA+ Indigenous Individuals

There have been instances of anti-Indigenous transphobia within the Region of Waterloo's Housing Stability System. A demonstrated lack of understanding of the experiences of 2SLGBTQIA+ and a lack of dedicated supports for individuals who are 2SLGBTQIA+ has resulted in a system that is unable to support these individuals in a safe and responsive way when they experience chronic homelessness. The impacts of this are often compounding when an individual is both 2SLGBTQIA+ and Indigenous, as experiences of discrimination and oppression are both racialized and gendered. Without dedicated supports that are both Indigenous-led and responsive to the experiences of 2SLGBTQIA+ individuals the Region of Waterloo's Housing Stability System will continue to fail in meeting the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice. Specifically, Calls to Justice 4.6[SN6] and 4.7[SN7], which communicate the distinct need for 2SLGBTQIA+ individuals to access safe and culturally appropriate housing. The Distinctions-Based Calls to Justice 18.1[SN8], 18.18[SN9], 18.24[SN10], and 18.25 [SN11] also highlight the importance of dedicated resources and spaces for 2SLGBTQIA+ Indigenous individuals, specifically in relation to addressing homelessness.

Indigenous-led Response in the Waterloo Region

Kitchener Waterloo Urban Native Wigwam Project's (KWUNWP) recent opening of a transitional housing site is a project within the Waterloo region that aims to overcome and minimize barriers for Indigenous individuals experiencing chronic homelessness. The Region of Waterloo has worked with KWUNWP to secure a two-year rental property for this project and to ensure adequate funding is available for staffing and resourcing for the operation of the transitional housing site. The Region of Waterloo's support of this project aligns with the Nation Inquiry into Missing and Murdered Women and Girls Calls to Justice 4.7[SN12], which calls for all governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transitional homes, second stage housing, and services. It also aligns with the United Nations Declaration of the Rights of Indigenous Peoples, Article 23[SN13], which states that Indigenous people have the right to administer housing programs through their own institutions. However, the inability to secure a long-term property rental or ownership for the operation of this project represents the existing precarity within Waterloo Region for providing long-term and culturally appropriate support to Indigenous individuals experiencing chronic homelessness.

Townships: Rural Lens on Chronic Homelessness

(The Rural Upstream Project-Engage Rural)

Chronic homelessness is a pervasive issue in Waterloo Region, affecting individuals throughout both urban and rural areas. However, rural homelessness is often overlooked, resulting in a lack of investment in appropriate support and services. To effectively address this issue, a comprehensive regional approach is necessary, including an urban-rural strategy.

The Rural Upstream Project – Engage Rural - is a collaboration of eight health and social service agencies in the four rural townships. We are currently mapping services in the townships and engaging the community to better understand the changing and evolving needs to better deliver services in the townships.

As we work towards The Plan, we welcome the opportunity to be at the Co-Creator table and provide a rural perspective. We welcome the opportunity to contribute our insights and help ensure that the needs of all those experiencing homelessness, including those in rural areas, are fully addressed.

Homelessness in the Townships

The influx of people moving to rural communities has caused an issue with not only housing stock but also the affordability of housing in rural areas. There are fewer homes available hence the price is driven up and then there are fewer homes for people to rent. Housing insecurity is both a rural and urban issue.

The townships are growing and people moving into these communities have expectations for a certain level of services. This requires an investment in local Health and Social Services in the townships to meet the growing demand. In the past, rural homelessness was more hidden, with people couch surfing, sleeping in cars or living in buildings without heat or running water. Homelessness is starting to become more forward facing in the townships and local agencies are seeing more people on the edge of being evicted from their homes. In the townships, we find that people who find themselves homeless are likely to remain in their community.

Unlike in urban areas where varied methods are used to record the number of people living with homelessness, these methods often don't work in a rural setting and as a result, understanding the level of rural homelessness is often anecdotal. The root cause of homelessness is the same in rural and urban areas but our approaches to addressing it may look different. Together we can come up with a regional strategy that understands and strives to respond to each community and work towards creating equal opportunity for all and eliminating barriers.

Unique Challenges to Rural Homelessness

The challenges of servicing rural townships are multifaceted, with low population density and a large geographic area being key factors. Despite the relatively small number of chronically

homeless individuals in these areas, it is crucial to provide them with the same level of support and services as their urban counterparts. It is often individuals from within the community who experience homelessness in these areas, and they have strong ties to local people and services.

However, delivering services in these areas is not without its challenges. Agencies with a regional mandate often cite low population density as a reason for a lack of involvement in delivering services to these areas, exacerbating difficulties in accessing services in a large geography with limited transportation options.

To overcome these challenges, collaboration is essential to ensure local supports and resources are available to the homeless population. By working together with the townships, local service clubs and agencies we are developing innovative rural solutions. We believe that people have a better chance of getting to permanent, stable housing in a community that people understand and know and can be supported by.

As a result, we are committed to working across the region to develop a system-level solution. We are eager to better understand how we can all work together more effectively to address gaps in services and reduce duplication, ultimately ensuring that all members of our community have the support they need to thrive.

Key Areas

1. Ensuring Access and Relevance of Services and Resources in Rural Townships

    -   While rural agencies may be at capacity like their urban counterparts, the lack of alternative health and social service options in townships is a significant difference.
    -   Rural agencies enjoy a long-standing relationship of trust with the community and are instrumental in building a sense of community.
    -   Urban agencies often rely on rural agencies to deliver their services and connect with the township population. Many organizations acknowledge that reaching their target population would be impossible without these rural agencies.
    -   Unfortunately, some urban services duplicate the existing rural services in townships. To address service gaps, it is essential to gain a better understanding of who does what.
    -   Investing in rural agencies is crucial to ensure services are available to the community and to continue building on the collaborative model.

 2. Transportation

Access to transportation is a major issue in townships, hindering people from reaching vital resources such as food banks, health services, and shelters. This is particularly difficult for those without cars in rural areas where transportation options are limited. Despite a few GRT bus routes, many individuals are faced with a 3 to 4-hour round trip just to access a food bank.

3. Lack of Privacy

The downside of a tight-knit rural community is the lack of privacy it can bring. This can be especially damaging for those experiencing homelessness, as their situation may become known to everyone in the area, leading to stigmatization and potential difficulties in accessing housing. The problem is compounded by the fact that many people living with hidden homelessness may not seek out services or identify themselves as homeless, leading to further invisibility and barriers to support.

Rural Upstream Project Collaboration with The Plan to End Chronic Homelessness

The Rural Upstream Project is currently in Phase One of a two-year strategy. We are committed to working towards eliminating barriers people face and developing a deeper understanding of how we work together across the region. Working collaboratively at The Plan to End Chronic Homelessness Co-creator table helps us to better comprehend the system from an urban and rural lens. With the ultimate goal to eradicate chronic homelessness across the region, our voice provides specific emphasis on applying a rural lens.

It is hoped that the outcomes of our Engage Rural will serve as a valuable resource for both a Rural Strategy and Action plan, as well as the Regional Plan to End Chronic Homelessness. By creating more connections between agencies, government and grassroots groups, we can tackle systemic inequalities across the region and improve service delivery to rural areas. Our collaboration with The Plan to End Chronic Homelessness will enable us to address challenges together.

Local Reports and Frameworks

Housing First Approach

The Region has been attempting to implement HF initiatives to end homelessness since 2007. This work began with the Report of the Ad-Hoc Working Group on Persistent Homelessness in Waterloo Region (2007), which led to implementing the Supports to End Persistent Homelessness (STEP) Home program. With new research and learnings from various pilot programs, the evolution of the HF approach has led to the Region-funded Supportive Housing and Home-Based Support programs that operate today. Over time, the HF approach has expanded beyond housing support programs to create housing-focused programs and services across the Housing Stability System (e.g., emergency shelters, street outreach) to accelerate efforts to prevent and end homelessness. However, concerns exist regarding full adherence to HF principles in Waterloo Region.

Throughout our engagement and project work we heard from multiple sources that the Housing Stability System has struggled to adhere to a Housing First approach due to issues of lack of shared understanding and ability to coordinate/collaborate the full integration of health supports into housing. With the significant increase of unsheltered people, the Housing Stability System has shifted towards emergency response rather than a prevention focus to ending homelessness.

"To say we're a HF-community is ringing less-and-less true given the lack of wrap-around health supports that are inherent to the model and critical to its success."—Engagement Participant

Waterloo Region's Community Safety and Wellbeing Framework (January 2022)

This [emerging framework](#) has been a collaborative process to listen to the voices of many across our community, and to use those voices to create a framework for action and change. Building on the good work already underway in our community, this framework supports the goal of enabling every person who calls Waterloo Region home to feel safe, to feel like they are cared for, and to have the opportunity to thrive.

"Engage purposefully and let communities decide what makes them feel safe"

Community engagement through *Waterloo Region's Community Safety and Wellbeing Framework* resulted in a finding that "without any sense of power, communities could not flourish." Other notable insights from this engagement include:

- "Systems accountability starts with those responsible for creating and running the system."
- Collaboration and partnerships are key to building safe and well communities.

Source: Building a safe and well community for all: A journey towards transformational change Implement systemic changes for safety

Project WILLOW, experiences of gender-based violence among women experiencing homelessness in Waterloo Region (June 2022)

This research report reviews the layered experiences of gender-based violence encountered among women, trans, two-spirited and non-binary individuals who have experienced homelessness within the past three years. It shares recommendations for enhancement to the

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emergency services and justice systems in Waterloo Region. It outlines the following set of recommendations:

- Attitudinal shift around shelter use by service providers - "participants noted that service staff often try to dissuade women from using the shelter system, thus keeping them in more vulnerable positions and keeping them hidden and with less access to needed support in the community."
- Mental health and physical health supports - "Introducing more trauma and mental health supports inside the shelter system" was "seen as the first step forward for women accessing services."
- Enhancing safety measures
- Recreational and life skills programming
- Expanding models - need to move away from addressing all needs under one roof/one model of emergency shelters
- Emergency phone usage - pay phones are becoming more and more obsolete, folks need access to phones in order to call for emergency help and services
- Stronger engagement among systems - current systems needed for support are disjointed and filled with gaps
- Housing priority - "women are faced with less housing options in our community because of their safety needs." More affordable housing is needed.

Source: *Project WILLOW: Experiences of gender-based violence among women experiencing homelessness in Waterloo Region* (Gordon et al, 2022)

Region of Waterloo Draft Strategic Plan 2023 – 2027

The Region of Waterloo uses a Strategic Plan as a roadmap that helps us build the community we want for ourselves and the next generation. The Draft Strategic Plan will be approved by Regional Council and built collaboratively with input from the public. It sets the strategic direction and priorities for our municipality based on what our community needs, today and into the future.

The draft version for the Region of Waterloo Strategic Plan 2023 – 2027 identifies Homes For All as Strategic Priority 1. In the most recent resident survey, residents identified housing and homelessness as the most important issues facing the region. Community, staff and Council all articulated throughout the strategic planning process a future where all residents have safe, culturally appropriate permanent homes that meet their needs. To advance this priority the Strategic Plan identified the following:

1. Move quickly to create affordable, accessible, and equitable housing
2. Eliminate chronic homelessness and reliance on traditional emergency shelter models
3. Invest in upstream solutions to reduce housing and economic precarity
4. Unlock land that supports community growth

The Region's Strategic Plan is directly aligned with supporting the implementation of the recommendations to come from The Plan to End Chronic Homelessness as the Strategic Plan listed the following actions to actualize the end of chronic homelessness:

    a. Launch a region-wide task force to implement the Plan to End Chronic Homelessness;

b. Partner with community organizations to continue to implement the Interim Housing Plan with a focus on system accountability, outcomes and impact: and

c. Advocate with other levels of government to unlock new funding for supportive housing options.

Source: https://pub-regionofwaterloo.escribemeetings.com/filestream.ashx?DocumentId=4637 (Region of Waterloo, 2023)

SDCWR Lived Expertise Prototyping Learning Journey

"The work of SDCWR and the Region of Waterloo on the PECH stands out as a stark, and much needed, exception, a model of meaningful engagement that I believe can lead to real policy change."—Letter from Dr. Laura Pin (Appendix 6)

"...If the Region of Waterloo is serious about ending chronic homelessness, it must be open to approaches that shift our idea of what engagement looks like. The PECH project has created a unique opportunity to ensure that those who are most affected by homelessness have meaningful and integral voices in deciding the policies and programs that the Region will adopt."—Letter from Dr. Brian Doucet (Appendix 7)

MUTUAL INTERVIEWS

The process started with an open exploration by Region staff, SDCWR staff and lived experts and advocates of personal and work experiences related to homelessness that were profoundly devastating, stripping individuals of dignity and resulting in social isolation, trauma, and changed perceptions of culture we live in.

How has the experience of homelessness impacted you personally?

Even a brief personal experience of homelessness is devastating and strips a person of dignity. A personal experience of homelessness can result in social isolation, impact early childhood development, and change a person's perception of their own culture.

The assumption about who has and doesn't have a lived experience of homelessness is impacted by the roles we play in the current process. It is hard to quantify the impact of an experience of homelessness, as it changes over time and contexts. Even if the experience may not be present in someone's day to day life, a conversation can be a reminder and take someone back even if they worked through the experience.

"A certain vigilance sets in, not necessarily hyper protective or violent in that regard, however trauma can be present in all areas of life, and in the multiple sides of a person, the body, the mind, the spirit... like land mines never unearthed that activate when either us or others step on them." - Testimonies of Lived Experts

The harsh experience on the other side can be a "gift". It can turn into a strength to withstand the blows life throws at us. It primes you to be open, to hear others, and support them.

"Past experience of homelessness means you cannot turn a blind eye to people in need. Generational compassion, father worked at the 'poor house'. Would go there after school. Forgot that history with homelessness. Looking at others, I see them, feel their pain and want to help. Share the space and resources I have to help others." - Testimonies of Lived Experts

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What prevents us from eliminating homelessness? Why are we stuck (as communities, as a society)?

Social, political, and economic systems in our community, country, etc., are barriers to eliminating homelessness. Underlying causes that connect those systems come from our spiritual disconnect with the natural world and other human beings. We have lost the capacity to relate to the world around us and to feel the interdependence with all that exists.

"Colonization has broken our humanness by bringing this spiritual "sickness" to humanity, both in the colonizing and colonized places, and killed many, as smallpox did in the North American context. The physical sickness killed fast, while the spiritual sickness is killing us off slowly. We need to give up the existing governing structures, or radically renovate them. How can decision-makers make decisions when they haven't experienced the impact of homelessness, and when they remain removed from regular interactions with the people who are impacted?" - Testimonies of Lived Experts

Why We Are Stuck
- Colonization and privatization of the Land
- Discriminatory beliefs and fear mongering about those who are labeled "outside of the normal," those who are homeless, poor, and/or racialized
- One sided institutional risk management and liability frameworks
- Meritocracy, survival of the fittest and blaming the "victim" mentality
- Supposed scarcity of resources
- Disintegration of family and community
- Service systems unaware of the harm they perpetuate
- Decision-making removed from the realities of marginalized populations

3D MAPPING

Everybody contributed objects and images that represented their sense/understanding/view of the current state of homelessness. Once assembled on the table, the objects were arranged, one person at a time, into a cohesive image that expressed both the underlying thoughts, deep seated feelings and spirit permeating the storyline. The following questions guided the arrangements made by the group and resulted in the following answers, reached collectively.

What is ending in the current state? What must die (i.e., no longer continue)?

- Legacy of colonialism

- Denial among general population of the harm and loss
- Fracturing and disintegration of communities
- Each stakeholder needs to let go of something - we all need to self-reflect
- Violations of human rights and criminalization of poverty and homelessness

What needs to emerge (i.e., is waiting to be born)?

- Closing the distance between people and agencies, governments and the people on the other side of privilege and denial (general population)
- Hope and community, a rebirth of human and spiritual connections
- New commons/new social contract

The way the stakeholders were grouped in the presentation of the current and desired state are telling:

> **Current state** starts with: the monarchy with global exploitation, colonial states, privatization of land and capitalism, consumerism and greed, governments (federal to municipal, including CoK and RoW, encampment operations table) along with education and health systems, politicians, police, bylaw enforcement, landlords, business owners and drug dealers/organized crime connected to systems... institutions and social agencies, shelter system, all the way down to organizations who are closest to the people (and necessary intermediaries in transition?)...and overall nimbyism in the community, etc.

> **Desired state** starts with: Indigenous communities (Six Nations, local indigenous orgs and residents) and community members to lead the way forward through self-determination and equalization of power with renters and immigrants (homeless at Roos Island, 150 Main, 100 Vic...), then organized social justice groups and movements (unsheltered campaign, Yes in my backyard) along the international movement as the problem is global, followed by the healing/restorative communities/pilots like ABTC, Fight Back, Land Back, Allen Ryan People's Brigade, LEWGs; then education of the public and universal health care, the Shift (housing as a human right), and the governments following suit.

System Lens: Roots, Trunk and Branches:

The most important outcome of our work was the creation of the Tree Model. This framework guides the work of the Lived Expertise Prototyping and has also been equally applied to the sense-making of the Co-creator Group. This model conceptualizes:

- **The roots** of persisting homelessness as the values, beliefs, and the worldview shaping existing inequities.
- **The trunk** represents the systems, laws, and structures (i.e., governments, laws, courts, enforcement, education, health, services systems, etc.) that uphold the worldview in the roots.

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- **The branches** are the multitude of services, policies, and protocols that create a web of mutually reinforcing activities. The branches are an expression of the roots, upheld by the systems in the trunk (i.e., income supports, social assistance, housing services, outreach programs, etc.)

The Lived Experts ask that in the planning and implementation of the Plan, we address the roots and the trunk as much as the branches, which are traditionally the only area of focus. Focusing exclusively on the branches results in reactive and short-lived actions. While solutions at the branches level are required, they cannot be the only solutions implemented, otherwise we will perpetuate the status quo. Equally, individual issues such as shelter services, food services, eviction prevention, income security, all need to be examined alongside the body of the Tree - from its roots, the trunk that upholds them, and their multiple branches.

How do we ensure that we are working at the level of the roots? Most of what has been done so far seems to be very superficial, hence no community eliminated homelessness.

Branches & Fruit (Consequences)
- impact to daily lives such as access to services, protocols, rules and regulations, risk management process, research, consultations, etc.

Trunk (Enforcing Structures)
- systems such as laws/courts, policing/criminalization, hierarchies, governments, education, health care, etc.

Roots (Causes)
- divides created by colonization, capitalism, land theft and privatization, spiritual disconnect to land, Western rational thought and dogmatic beliefs, etc.

COMMUNITY CONVERSATIONS - **Preliminary themes**

Redefining chronic homelessness

In the stories shared, it all starts with precarious housing. The impact is lasting and far worse for children who are used to the lack of safety and security of housing as they are growing up. Even if considered housed, families living in unhealthy, substandard, crowded, and unsafe conditions do not have any control on where, how, with whom they live and are deprived of the control of their circumstances. In many regards, the definition of chronic homelessness is limited and limiting. Some suggest we need to focus entirely on housing as a human right, and prevent vicious cycles of inadequate and unaffordable housing that exposes them to harassment,

discrimination and lasting trauma. It also limits us in seeing the big picture and mobilizing for bigger picture actions recognizing inherent injustices that avoid the systemic root causes of current economic, social and political inequities (i.e., who owns the land, who builds, what is being built, and what the connection is between the private and the public interests).

Harm Caused by Disconnected Systems

The lack of responses over the previous decades from health, social, governance and political systems; in the form of the lack of income security, employment protections, and rental housing - which are exemplified in the gentrification crisis - are all considered by many with lived experience and advocates as "state sanctioned violence". Abuse and violence, ageism and ableism, often direct discrimination, racism and homophobia, on the part of landlords, creates repeated harm and trauma that further diminish an individual's capacity to self-regulate or develop a healthy self-appreciation. Youth being shuttled in and out of foster homes, families couch surfing, individuals sleeping in cars while on community housing waiting lists, all reinforce a feeling of abandonment and lack of worth. Many have repeated experiences of being in and out of rehab or jail, which furthers their difficulties in adjusting to service rules and regulations. These individuals seek safety in tents and rooming houses, or live in hiding from homeowners, security, bylaw or police officers in the crevices of cities or in wooded and bushy areas. This often leads to a spiral of self-medicating with accessible substances, while also becoming prey to loan sharks, drug traffickers and prostitution. Substance use is a short and debilitating break from reality; old and new survival conflicts impose constant vigilance; while chronic health problems and unhealed injuries cannot be treated within the current health system without prejudice and judgment. All of these are aggravated by mental health issues and the breakdown of a sense of self, ultimately resulting in a loss of life from heat or cold exhaustion, fighting, sickness, or overdose.

Importance of Relationships and Communities

The accompanying factor in today's stigma-riddled society is isolation. Isolation (e.g., to keep their kids, to protect themselves from abuse, to protect their immigrant status, to keep their jobs) is preventing many from seeking or accessing existing supports, or being heard in their exasperated calls for change from service frameworks. Over and over again, fractured family environments are determining many life paths, yet, many still build strong and lasting relationships with their peers and friends, who become their families.

Through the group's work "love" is a recurrent theme in many of the conversations we had and as such we wanted to hear from people who are un-homed about how love resonated in their lives. It is hard to imagine that love is still a hard currency in highly volatile conditions of the unsheltered and criminalized communities. Love is also not part of the vocabulary in social services yet, but in community-based and more informal networks of support, it is more often than not, the ingredient that saves lives and saves souls. Those who find a place in temporary housing such as ABTC, despite an unusually permissive and warm approach, adapt in many ways to retraumatizing conditions and lack of control over their livelihood. These individuals are also adjusting to a constant influx of additional numbers of people seeking limited support and

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resources, which increases conflicts and risks due to outside criminality. If love persists in the harshest of circumstances such as ABTC, it has to be recognized and reinstated as a crucial part of care in and outside of service systems.

"No visitor" policies in shelters are harsh and disrupt relationships people need to feel safe and supported. Taking away a trusted relationship, be it a pet or a human, is like "taking a soother from a baby" as described by an encampment resident.

Hidden Homelessness

"Further, the report estimated that as many as 80% of Ontario's homeless population experiences "hidden homelessness" such as couch surfing, sleeping in abandoned buildings or camping under bridges and in remote locations." (Office of the Auditor General of Ontario, 2021).

Reaching the hidden homeless is difficult. The team connected to the frontline workers who support populations who are either not accessing the shelter system, such as immigrant and refugee populations, as well as students, especially international students. Yet, in terms of all the populations who strive to remain invisible to the criminalization in different forms (trespassing charges, loss of the housing allowance, to the violations of the visa related requirements), we have barely uncovered the tip of the ice-berg of individuals who have been stripped of their human and Charter rights through concerted systemic and institutional discrimination. More seniors, youth and immigrants are coming to shelter doors, but many more are remaining hidden from the systems.

As already stated, we previously assumed that hidden homeless individuals had to self-identify as homeless to be considered as such. The conversations with settlement workers and with international students and their advocates revealed that most of the 'hidden homeless' rarely think of themselves as being homeless. The word itself does not have the same meaning for a range of ethno-cultural communities because the concept does not exist in their countries of origin. Communal and cultural contexts are far more permissive of cohabitation in different forms, while dependence on friends and relatives, for shorter or longer periods of time, is a norm when compared to the individualistic and privacy-focused North American context. Communal and mutually-involved, spirituality and culturally infused cohabitation is still dominant for certain immigrant communities, where they can have their household privacy and at the same time have an immediate access to social groups and supports embedded in the physical space and building forms in which they cohabitate. This is especially shown in refugee experiences relating to refugee camps where dwellings would be clustered to allow for relatives to live together amidst the broader ethnic and cultural groups. "Were it not for such communities, most refugees would not be able to survive the years in camps" in words of a settlement worker.

Communal co-reliance, however, becomes a very different experience in the neoliberal North American context, embedded in exploitative rental practices where landlords' lack of

accountability and respect of Residential Tenancies Act, and the lack of enforcement of the legislation, makes the situation way more harmful to people's well-being and relationships.

Our conclusion is that the definition of hidden homelessness does not necessarily include self-identification and needs to be looked at through a lens that includes lack of a lease in the person's name; repeated episodes of temporary accommodation; no financial means to secure housing; living in dwellings that are unsafe physically, psychologically, emotionally and spiritually; lack of knowledge about available supports or the means to follow through on accessing justice, housing or income support. The extent of undue harm, stress and lack of a sense of safety, determines whether the person would be experiencing homelessness or simply temporarily staying with a friend or a relative.

These findings validate the context and knowledge of the SDCWR Lived Expertise Prototyping work through which the prototyping projects were identified. Further analysis of the community conversations will focus on defining specific elements relative to each of the prototypes as they move through the implementation process and include more people with lived experience and service providers.

PROTOTYPES - real time development projects that emerged from the first phases of the project

PROTOTYPE 1 - The SDCWR Lived Expertise Prototyping process

PROTOTYPE 2 - Reviewing bylaws and risk-management process and integration of human rights framework

PROTOTYPE 3 - Continuum of care through direct supports to the unsheltered and hidden homeless

PROTOTYPE 4 - Utilizing land for quicker creation of alternative types of housing

PROTOTYPE 5 - Intentional and self-governing community pilot

Principles for the Prototyping Work - Drivers for Change

What is the first step in bringing an emerging future to life?

- Rebuild communities
- Reach out to the general population
- Transform service systems
- Transform governments
- Involve People with Lived Experience
- Redistribute power to make a change

Prototyping Projects

The prototyping process will require a "care-ful" process in bridging between service providers in the housing and homelessness system on the one hand, and lived experts and community advocates on the other. Channels of communication and mutual

accountability are yet to be established so we can move the needle on homelessness elimination and reinstating the human right to housing through joint advocacy and hands-on work to dismantle the current inadequate and unresponsive systems in place.

We will need to create processes that loosen those constraints:

- Include diverse stakeholders to join the process of prototyping, particularly those perceived as "difficult" to work with, advocates and activists with lived experience;
- Allow for more time to build relationships and trust among different partners, alongside the appropriate allocation of resources;
- Relinquish tight structures and control of any one entity, especially the ones who possess the most power and resources municipality such as the regional and city governments;
- Adopt flexibility of procedures and protocols that enables unlike partners, Region staff and Council, service providers, mutual-aid groups and social justice activists, to create ways towards co-reliance, interdependency and mutual accountability as they do hands-on work together.

System Expert Trends, Gaps and Needs (Delphi Survey)

Trends

Using a Delphi Survey Method we engaged with a broad range of system actors. Experts were asked to rank the impactfulness of trends in the system. Here we have presented the top 11 trends identified.

Most Impactful Trends on Regional Housing Stability as Voted by System Experts		
Rank	**Trend**	**Average Ranking**
1	Demand for rental units increasing average market rental rates	4.53
2	Increasing inflation and cost of living	4.30
3	Lack of funding/capacity for innovative solutions - sector and supports are overburdened, constantly reactive, never proactive	4.11
4	Insufficient or absent government, policy and social supports	4.00
5	Cost of purchasing / financing a home - high-interest rates, shifting market-value of houses	3.98
6	Health system capacity and access challenges	3.94
7	Financialization of real estate - (i.e. investment properties, short-term renting such as Airbnb, housing as a vehicle for wealth and investment, etc)	3.83
8	Gentrification leading to **legal and illegal** renovictions and displacement of current residents	3.73
9	Housing development policies hindering the production of housing units **and insufficient housing policies** - (e.g. the permitting process)	3.63
10	Systemic racial inequities within the housing stability system	3.51
11	The opioid crisis—specifically as it relates to issues like criminalization and safe supply	3.46

We asked respondents to point to which trend from the list feels most *uncertain or most difficult to predict?* They highlighted:

- Trends related to **cost of living and housing** because of larger global forces like pandemics, economic crises and supply chain issues
- **Land relationships with Indigenous communities** as these are deep rooted issues related to colonialism and capitalism
- **Government policies** (local, provincial, federal) as these are very dependent on the political landscape and the will of elected officials.

Gaps and Needs

The survey also asked participants to articulate and then rank Gaps and Needs they see within the system. Here are the top 11 Gaps and Needs highlighted:

Highest Ranked Gaps and Needs Related to Regional Housing Stability as Voted by System Experts	
Rank Trend	**Average Ranking (out of 5)**
1 Better intersection or partnerships between Health and Homelessness programs, spending or systems (wrap-around and intersectional supports).	4.65
2 Affordable housing stock	4.40
3 Supportive Housing that includes wrap-around supports to keep tenants housed—(Wrap-around supports may include but are not limited to family and social, employment and mental health - 24/7 supports)	4.22
4 Housing (after experience of chronic homelessness) that includes wrap-around supports to maintain tenancy —(Wrap-around supports may include but are not limited to family and social, employment and mental health - not 24/7)	4.22
5 Lack of supportive housing options such as "step up, step down housing", more levels of transitional housing amongst other programs (i.e. coming out of incarceration, addictions and rehabilitation, veterans)	4.22
6 Strategic collaboration between system partners	3.90
7 Emergency shelter offerings that includes wrap-around supports - (e.g. mental health, addictions, housing search)	3.87
8 Meaningful collaboration with and participation of those with lived or living expertise of chronic homelessness—(e.g. involvement in decision-making)	3.76
9 Data integration between health and social services	3.72
10 Streamlined access to affordable housing (i.e. Community Housing Waitlist)	3.70
11 Public awareness of and engagement with issues surrounding chronic homelessness - (i.e. reducing stigmatization of homelessness and those who are unhoused)	3.68

We asked respondents what system changes you feel are required to address these gaps? They pointed to:

- **A Centralized Approach**—a command centre style team (like you would in any emergency response) with clearly defined and measurable aims leveraging a centralized data system
- **Balance of Funding and Responsibility among services providers**—Current structure creates fracturing of responsibility and funding, equal funding distribution to ensure fair collaboration.
- **A shift in mindset and policy about affordable housing**—Publicly owned social housing that is viewed as more than just a block of apartments cut off from the world, it should still be a space for community building and flourishing.
- **Increased long-term housing supports**—services like addictions counseling, employment assistance, and mental health support will help keep people housed

NOTE: We did not get statistically significant data due to number of responses, our main objective was for coverage of key system actors and those who would have technical understanding to complete the survey.

Community Engagement Findings and Sense-Making

Our Community Engagement activities resulted in a broad pool of data. The raw data was lightly themed then presented to the Co-Creator Group to collaboratively sense-make the data. This involved the group clustering data points and assigning titles to clusters. The data was sorted using the Tree Model offered by the SDCWR Lived Expertise process. This initiated conversations about the depth and pervasiveness of the root causes of homelessness, as service providers at the Co-Creators Group do not have frequent opportunities to look at larger systemic causes.

Community and System Narrative: Co-Creator Sense-Making

We're working within a capitalist / free market context

Capitalism and the free market contribute to homelessness in various ways—income inequality, rising housing costs, gentrification, unstable employment, lack of safety nets, access to credit issues, and insufficient affordable housing policies are some factors. Additionally, our individualistic worldview makes it difficult to take the required collective action to intervene.

"Assuming that capitalism has the solutions to this issue. The government needs to properly fund social service programs for all. Homelessness will never disappear without getting to the root causes."—Engagement Participant

Finanicialization is making housing less affordable

The financialization and politicization of housing is intensifying housing inequality. Profit and political driven decisions lead to gentrification and rising rents, increasing the risk of eviction, inequitable land use and contribute to overall housing instability.

"Shift thinking from making profit to caring about each other."—Engagement Participant

Homelessness is a chronic, urgent , and growing problem

Homelessness is intricately tied to human suffering and therefore has always been an urgent problem. Worsened by deepening inequality, rising housing costs and the recent COVID-19 pandemic, the problem of homelessness intensifying the Region.

"Everybody needs and deserves a safe place it's a human right."—Engagement Participants

Many aspects of current system design actively work against progress

Difficulties coordinating and collaborating within the system, varying tiers of funding allocation across providers and policies that value money over people all actively counter the system's purpose to reduce / eliminate the experience of homelessness in our community.

"We call it a system, but it's not a system"—Engagement Participant

The face of homelessness is changing (diversity , intersectionality)

This mix of factors is broadening the percentage of our community that is precariously housed, hidden homelessness, and housed in non-market options. This is giving us a skewed perspective of homelessness and those experiencing it in our communities.

"It is shocking, we are how close to having people dropping off a cliff?"—Engagement Participant

Stability comes from holistic well-being + preventative action

Housing stability only comes from taking a preventative approach that accounts for the whole individual.

"If we can't fix whatever led them to homelessness, we aren't going to solve it"—Engagement Participant

Plan Draft Focus Areas

The below high-level Plan Focus Areas are in *draft form.* They emerged from our collaborative sense-making activity with the Co-Creator Group. The data we used was from our Community Engagement and Needs Analysis. These Focus Areas will be used as categories for final plan recommendations—tangible actions that the Plan will detail out. These focus areas represent groupings of possible solutions articulated by the community and Co-Creator Group.

Draft Plan Focus Areas (More detail on the contributing data in Appendix 8)

- Policy and legislation that drive affordability and equity
- Shifting roles, ownership, accountability in the housing stability system by including and prioritizing community and lived experience voices
- Greater system collaboration and integration—within and with other sectors
- Create more variety and quantity of housing offerings that respond to a spectrum of need and meet people where there are at
- Solve root causes of homelessness by being preventative and viewing those experiencing homelessness as a whole person
- Change the narrative and increase community empathy regarding homelessness inequities.
- There is interest in making the intangible ideas more tangible, demonstrating how they play out in our day to day work, in order to make changes at the level of root causes.

The resulting Community & System Narrative and Plan Focus Areas emerged from these workshops. They were then shared with the SDCWR Lived Expertise Prototyping team and resulted in further integration of the sense-making process and shared learnings.

Integration of Co-creators and SDCWR's Lived Expertise Team Sense-making

The SDCWR Lived Expertise Prototyping team reviewed Community & System Narrative and Plan Focus Areas developed by the Co-Creators Group finding significant alignment in terms of naming causes of housing unaffordability such as financialization of housing where the market tools gained primacy over the public and non-profit solutions. It was agreed that Regional Council can choose to not support market tools and solutions and focus their government role in strengthening Region of Waterloo Housing stock, non-profit housing and to resource community-based and community-led solutions as well. Governments also need to reassert their role in ensuring and protecting human rights over housing as an investment and commodity.

Parallels were drawn to the approach taken to education and health care. Ultimately, Regional Council has a role and agency, not to be paralyzed due to the lack of understanding, fear, and the scope of the problem.

The group looked at the Focus Areas, and had a productive conversation about the importance of having a broad conversation with invested parties about the intersection of criteria that would allow Council and the community to assess best responses to the current state of homelessness, looking at for-profit vs. non-profit solutions, short term vs. long term, and transformative vs. bandaid solutions.

Critical Successes and Interesting Examples of Plans

Our Environmental Scanning included a review of other communities who have created and implemented plans of note. We reviewed plans or approaches in the following communities:

- Kelowna, British Columbia
- Edmonton, Alberta
- London, Ontario
- Helsinki, Finland
- Newcastle, Uk

Some common elements across examples we looked at include:

- Adaptive approaches to their work (i.e. real-time course correction based on evidence)
- Housing First approach with integrated health supports and services
- Focus on preventative and upstream action
- A mix of increased and varied housing options and market interventions (e.g. landlord collaboration, rental policies)
- Viewing housing as a social good and human-right
- Data-Driven Investments and Community Wide Operations Management
- Sustainable, Affordable & Diverse Housing Options
- Continuum of Integrated Supports
- System Navigation Hub
- Youth Homelessness
- Housing-Focused Shelter Transformation
- Peer Navigators across all Service Models
- Indigenous Safe Spaces and Services
- Regulatory Frameworks
- Sector Capacity Building
- Whole of Community response model through the development of a broad, cross-sectoral community-led table to co-design and develop a collective impact implementation model that includes accountability framework.

Further detail on each of the examples we looked at can be found in Appendix 9

What did we learn?

The purpose of this report is to articulate the current state of the Region of Waterloo's Housing Stability System. Specific focus has been put on providing a broad view of the system and highlighting human elements. The process of distilling learnings and meaning from this information is ongoing. Below is an articulation of initial key learnings organized into four focus areas. These learnings will inform actions and recommendations in the forthcoming Plan to End Chronic Homelessness.

Learnings

Centring Lived Expertise

1. Embedding lived expertise, specifically through the SDC-led process, into the project has created immeasurable value. This process has built on the existing relationships held by SDC with some of the key lived experience advocates in the community. Their input into this work has allowed the Housing Stability System to better see itself.

2. The complexity of the problem is reflected in the complexity of the work. As a result the Core Team has worked to balance the need for expediency to meet the demands applied by the Regional government system with the thoughtful, relational and intentional approach that is required to effect change and engage appropriately with different interest holders. *"Change happens at the speed of trust."*

3. Lived expertise is an essential ingredient for systems transformation. Without these perspectives, the system struggles to "see itself" and change. For example, there is an abundance of data being captured by system players, but without a lived expertise lens, accurately translating this data is impossible and creates a situation where the system is perpetuating trauma on those it is trying to serve.

4. Lived experts, advocates, service providers, and residents of Waterloo Region testify to the harms and trauma from their respective perspectives and experiences, that are caused by the same economic and political causes rooted in capitalist and colonial systems.

5. Recommendations in The Plan need to address all three levels, the root causes and ideology, the trunk that sustains them, and the branches as visible expressions of the ideology and its enforcement at the policy and service level. Historically, the focus remained at the branches level and no matter what we did, the situation progressed from bad to worse. The value of the SDC-led process is bringing the attention to the importance of working on all three levels at the same time, with the critical investment

being at the level of roots and the trunk and making the unspoken beliefs and enforcement practices visible if we are to move to a needed radical transformation to end chronic homelessness… hope some of the suggestions would be useful.

Learnings about our System

6. Waterloo Region is at a critical juncture as locally we are experiencing unprecedented levels of chronic homelessness. If we continue to experience a 28% increase to chronic homelessness each year, we will approximately triple our current number (1,632) of residents experiencing chronic homelessness by 2028. This is a concerning reality, which calls for immediate and sweeping action to correct this trajectory in Waterloo Region.

7. The Housing Stability System is currently experiencing an elevated inflow of people, as more people are becoming homeless at a faster rate than previously experienced. This increase is driven by a rising cost of living, emergent issues such as an influx of refugees and asylum seekers without housing into Waterloo Region, and an inadequate amount of appropriate social housing.

8. The Region of Waterloo's Housing Stability System and the people within it are burnt out. The System has been overextended for a long time, resulting in unsustainable working conditions for staff and a perpetual cycle of human resource challenges.

9. Homelessness is an equity issue. Currently, the Reconciliation, Equity, Diversity and Inclusion (REDI) lens in the Housing Stability System is not fulsome. The Plan creation process has seen ROW staff begin to create relationships with relevant groups and tables, but there is much more to do. We recognize there are other equity deserving and marginalized/vulnerable populations (e.g. Indigenous peoples, seniors, 2SLGBTQIA+, African/Black/Caribbean communities) that need to be engaged and incorporated into The Plan recommendations as the process continues. Examples of a lack of REDI lens are the Emergency Shelter and PATHS (Priority Access to Housing Supports) frameworks that need revision.

10. The current siloed and underfunded system dynamics have created a loss in common understanding related to what is happening. This has resulted in a shared trauma experienced by both Lived Experts and Service Providers. Silos and underfunding have also created an adherence to top down policies and regulations that are disconnected from life in Waterloo Region communities.

11. The Housing Stability System has struggled to adequately implement a Housing First approach. This manifests in many forms including (1) a failure to move people experiencing chronic homelessness into permanent housing that includes the provision of adequate support and services, as suited to each individual and family; (2) placing requirements on an individual for initial and continued access to permanent housing (i.e., maintaining sobriety); and (3) a lack of housing options in the private market that are

affordable for those accessing income support and portable rent assistance programs such as Ontario Works (OW), Ontario Disability Support Program (ODSP), and Canadian-Ontario Housing Benefit (COHB). When fully implemented, Housing First focuses on the provision of permanent housing, and the supports attached to this housing including employment, education, physical health, and mental health and addiction supports, as well as community resources. (See Appendix 5)

12. A radical reform of governance and service is needed—maintaining the status quo is not an option for ending chronic homelessness. One of the roles of the Service System Manager should be to create processes for community governance by shifting control and resources to community-led initiatives, which facilitates self-governance, and creates greater equity, transparency, and trust within the Housing Stability System and the broader community in general.

13. The most effective Housing Stability Systems include a high-level of integration with Health Systems. Currently within the Region of Waterloo there is a lack of fulsome integration and shared accountability between these two systems when addressing chronic homelessness. This lack of integration contributes to insufficiencies in funding, formal collaboration, and access to and delivery of care.

14. Investment by all levels of government into permanent supportive housing is critical in efforts to end chronic homelessness, especially when examining local community needs, which emphasize the need for targeted strategies to support individuals with the deepest housing stability needs in Waterloo Region. These individuals are those who are experiencing chronic homelessness and also have the presentation of concurrent disorders (mental health and substance use disorder) combined often with primary health needs. Specialized interventions are critical for this cohort that prioritize the integration of health and other supports.

15. Housing alone will not end chronic homelessness. Healthcare, and access to healthcare must be integrated into the housing journey. The goal of the health sector in ending chronic homelessness must be such that housing outcomes are supported, aligned and healthcare services and the health system are integrated for optimal service delivery to reach those in need. Housing must be seen as a healthcare rather than a case management issue, and subsequently, homelessness must be addressed as a public health issue.

16. The Region of Waterloo puts significant investment into the Housing Stability System, however this investment is not matched by provincial and federal funding.

Learnings about our Community

17. There is strong alignment of community input from the other engagement initiatives such as the Region's Strategic Plan, Upstream, and Immigration Partnership that support/validate community input via the The Plan engagement. A direct example of this

is the close alignment between The Plan to End Chronic Homelessness and the inclusion of "Homes for All" as the first strategic priority of the Region of Waterloo Strategic Plan 2023-2027.

18. A lack of shared understanding and trust within the Housing Stability System and communities in Waterloo Region is paralyzing. This coupled with the complexity of the issue and its roots in seemingly intangible forces like capitalism, the financialization of housing, and settler colonialism, results in the feeling of ending chronic homelessness being "too big to tackle".

19. The current heightened awareness of homelessness and housing related issues is polarizing. There is a potent mix of increased fear and concern driving "Not in My Backyard" sentiments (NIMBYism) and stigmatization, along with an equally potent upswell of compassion and empathy as community members see family and friends impacted by the rising challenge of finding affordable, safe, adequate, and permanent housing.

20. Treating homelessness as a crime is causing harm to individuals and is fracturing communities. Continuing to treat homelessness as a crime perpetuates the stigmatization of those who experience it, while simultaneously devaluing their knowledge in how to end homelessness in all its forms. The inclusion and valuation of Lived Expertise is crucial for creating appropriate solutions, while meeting people where they are at.

Learnings about the Causes of Homelessness

21. Private market-oriented policies and outdated legislation from the 1980s have resulted in compounding impact throughout all spheres of life including housing. This includes the relegating of Human Rights to feel-good phraseology, a relic from the post war era, which results in equally detrimental impacts on both underserved and marginalized communities, and people working in housing-related services.

22. The hyper-financialized capitalist model of housing cannot be reconciled with housing as a human right. Increasing access to housing through private market-oriented solutions (e.g. portable rent assistance transfers public funds directly into private hands) will not address the financial roots of homelessness such as land privatization and the continued unregulated financial capital created from housing. Better options would include non-profit, co-op and community housing.

23. The definitions of homelessness used within the Housing Stability System—chronic, episodic, hidden, etc.—are too narrow. Narrow definitions of homelessness and chronic homelessness create inaccuracies in the reported data, further perpetuating existing stigmas against those experiencing homelessness, and leading community members to incorrectly self-report.

24. Homelessness is deeply tied to settler colonialism and its existence continues through western understandings of land, relationships, and what home is. Barriers to care and

The Plan
to End Chronic
Homelessness

support within the traditional Housing Stability System exist because of a lack of valuation placed on Indigenous understandings and experiences of homelessness. Indigenous-led responses to homelessness overcome the shortcomings often present in the traditional Housing Stability System.

Next Steps for The Plan Creation Process

- SDCWR Lived Expertise Prototyping group will be building out, exploring, and testing the prototypes by the end of the year

- The group will be broadened to include a second cohort of lived experts and community advocates who have been involved in respective work already

- The Prototyping work will involve additional Region staff and invite staff from organizations represented at the Co-Creator group to ensure collaboration and integration in different parts of the system

- Continued integration of Lived Expertise into The Plan Co-Creator Group process through building trust and safety.

- Continued process for the Co-Creator group to review findings and begin to formulate recommendations for The Plan—including results from the SDCWR Lived Expertise Prototyping process

- Continued development and strengthening of community partners at the table and expanding invites to join to broaden the representation;

- Returning to Regional Council on November 7 with recommendations that will be the blueprint to end chronic homelessness in Waterloo Region. This Blueprint will include recommendations for 2024 budget:

  - Continued work on The Plan through co-implementation by a community-led process that is centered on Lived Expertise;

  - Prioritized requests based on key learnings

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Appendices

Appendix 1: SDCWR Lived Expertise Prototyping Project Report August 2023

To see the full report, please visit the Social Development Centre's website.

Appendix 2: The Plan Project Key Actors List

The Co-Creator Group

Role - Contribute to The Plan creation process and final output

Responsibilities

- Provide guidance, input and support to the Core Project Team
- Create key Plan recommendations
- Ideally, become champions of The Plan and contribute to the implementation

The Core Project Team

Role - Central project working group made up of Regional staff, SDCWR and Overlap.

Responsibilities

- Set and oversee project timelines
- Coordination and execution of all major project deliverables

Regional Council

Role - Approval of the final Plan

Responsibilities

- Review and approve the final Plan output

Region Staff and Leadership

Role - Key project sponsors, supports and champions

Responsibilities

- Work collaboratively with community to shape and implement The Plan
- Report and present The Plan to Regional Council for approval

Social Development Centre

Role - Leading Lived and Living Expertise Prototyping Process exploring responses to chronic homelessness

Responsibilities

- Completion of all project deliverables related to the Prototyping process
- Sharing learnings and input into overall Plan creation process
- Ensure The Co-Creator Group's work interfaces and aligns with the work of lived expertise consultants.

Overlap Associates

Role - Lead project consultant

Responsibilities

- Overall design and direction of the plan development process
- Execute all phases of The Plan project approach (Appendix 3)
- Coordination, delegation and/or execution of all project deliverables and tasks
- Drafting the plan
- Leading change management initiatives

Appendix 3: Current Health Partnerships & Projects in the Homelessness & Supportive Housing Unit

Project	Purpose	Partners	Connections to Other Work/Projects
Urgent Public Health Needs Site (UPHNS)	To provide space(s) for people active in their substance use in shelter in order to reduce overdose deaths.	House of Friendship (HOF), YW , Sanguen/ACCKWA, The Working Centre (TWC)	Connections to CTS / ESHRII
Aids Committee of Cambridge Kitchener, Waterloo and Area Multi-Agency Community Space (ACCKWA MACS) at 150 Main	To provide low barrier day drop-in space with access to food, services, supports for people who are unsheltered or precariously housed	Lutherwood, oneROOF, Traverse Independence, Veterans Canada, Sexual Assault Support Centre, Eviction Prevention, Sanguen, Langs (IPC team), Rapid Access Addiction Medicine Clinic (RAAM Clinic)	ACCKWA, Sanguen Bus (HIV, STI, Hep C etc.)
Motels	Initiated during COVID-19 pandemic in order to provide an alternative temporary sheltering space other than emergency shelter. Prioritized often for individuals with medical conditions which would be difficult to manage in a congregate setting.	TWC, HOF, YW, Thresholds, SHIP, CSC & Kinsman, Lutherwood	Coordinated Access Some individuals in motels have experiences including: Wheelchair use, immunocompromised individuals, complex mental health needs, on dialysis and on medications whereby individuals are best supported in non-congregate settings.

Project	Purpose	Partners	Connections to Other Work/Projects
ShelterCare	Primary purpose is to provide emergency shelter. Staff will specialize in supporting individuals experiencing homelessness to obtain permanent housing as quickly as possible. The Program will partner with agencies to provide primary care, mental health, addictions, and other housing stability needs.	HOF (operator), OW Housing, Stability System Caseworkers	Connection to Encampment Ops Table/Outreach (Offers for ShelterCare were made to those living in encampments through work with Outreach before shift to First Connect); supportive housing matching table
Emergency Shelter Harm Reduction Integration Initiative (ESHRII)	To reduce harms associated with substance use in emergency shelter settings including opioid-related overdose deaths and their impact on emergency shelter participants and staff.	ROW Public Health, Sanguen, ACCKWA, Healing of the Seven Generations (H7G)	
PATHS & Here 24/7 Waitlist Integration	To enhance information sharing practices between sectors and coordinate housing stability resources.	Canadian Mental Health Association -Waterloo Wellington, Thresholds, Lutherwood	Coordinated Access

Project	Purpose	Partners	Connections to Other Work/Projects
Alternate Destination Clinic	Community-led project exploring a new healthcare model where paramedics can bring eligible mental health and addictions patients to a community clinic instead of taking them to the Emergency Department.	Community members with Lived Experience including Association of Parent Support Groups in Ontario Cambridge North Dumfries Ontario Health Team (CND OHT) Community HealthCaring KW Canadian Mental Health Association -Waterloo Wellington Grand River Hospital St. Mary's General Hospital Cambridge Memorial Hospital Langs Lutherwood Kitchener-Waterloo, Woolwich, Wilmot, Wellesley Ontario Health Team (KW4 OHT) Camino Wellbeing Porchlight Counseling & Addiction Services	

Project	Purpose	Partners	Connections to Other Work/Projects
		Region of Waterloo Public Health & Paramedic Services Region of Waterloo Community Services Region of Waterloo Police Services University of Waterloo School of Public Health Sciences	
Kinsmen	Older Adult and medically complex transitioning facility where individuals can receive treatment and recover from illness.	Operated by Cambridge Shelter Corporation (CSC)	
Supportive Housing Health Initiative	To provide coordinated health support for individuals transitioning into supportive housing from homelessness.	Sanguen Health Centre Porchlight Counseling Community Health Caring (CHC) Supportive housing partners	
Supportive Housing and Health partnerships	Supportive housing sites recognize the need for health supports for their tenants and make connections on an as-needed basis. Not a coordinated strategy.	Supportive housing partners Community health agencies/organizations	

Project	Purpose	Partners	Connections to Other Work/Projects
Indwell Supportive Housing	A new supportive housing partner that integrates their housing work with health supports and coordinates with the ministry of health and health partners intentionally.	Indwell Ministry of Health Grand River Hospital	
Hospital discharge policy *(in progress)*	To provide medical clearance for individuals experiencing homelessness and those at-risk for homelessness who are being discharged to shelter.	Grand River Hospital St. Mary's General Hospital Cambridge Memorial Hospital	Connection to all shelters and service providers in planning, through FirstConnect
Medical clearance shelter policy *(in progress)*	Shelters are not safe and ideal places for medically unwell individuals and this poses a risk in such congregate settings. Additionally, some shelter participants and homeless individuals cite stigma from hospital settings/staff and subsequently decline seeking medical assistance due to experiences of stigma. Service providers need to implement a policy whereby non-medically cleared individuals are unable to gain entry to shelters per public health risk.	Emergency shelters and Interim Housing sites. Hospital partners to communicate this policy to: Grand River Hospital St. Mary's General Hospital Cambridge Memorial Hospital	

Appendix 4: Indigenous Housing and Homelessness Stated Needs

[SN1]<u>Wellbeing Waterloo Key Concern 1</u>: Attitudinal and systemic racism. **Attitudinal and systemic racism was cited as present in many of the mainstream services and systems that could support the Indigenous communities**. Gaps in awareness on the part of healthcare providers of the impact of historical and present day colonization factors experienced by Indigenous people, and how these factors greatly influence their wellbeing was cited by all. (Wellbeing Waterloo Region, 2018) (Regional Municipality of Waterloo Council , 2021)

[SN2]<u>Wellbeing Waterloo Call to Action 4</u>: **Recognition for holistic wellbeing model. Indigenous wellness models are, by nature, holistic.** Creating an understanding of this model with the wellbeing sector is key to delivering culturally appropriate services. The conceptualization of wellbeing considers the balance and maintenance of the physical, emotional, spiritual, and mental aspects of a person. This model promotes an understanding of the interconnectivity of all aspects of one's being, along with the interconnectivity of oneself and one's connection to the community and the natural environment. In a wellness framework, this **recognizes that numerous factors affect a person's wellbeing, including access to traditional culture and spiritual practices, connection to land, and positive community relations**. (Wellbeing Waterloo Region, 2018) (Regional Municipality of Waterloo Council , 2021)

[SN3]<u>Wellbeing Waterloo Call to Action 9</u>: Support Indigenous Health Services. **Address the gaps in primary and mental health/addictions services and respect Indigenous methods of healing, including holistic care**, Elders and spiritual ceremonies were noted by many of the participants. **Make the funding long term instead of seed or demonstration grants. Make resources and the space available in mainstream organizations for Indigenous service providers to deliver culturally appropriate care.** (Wellbeing Waterloo Region, 2018) (Regional Municipality of Waterloo Council , 2021)

[SN4]<u>TRC Call to Action 1.ii</u>: We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by **providing adequate resources** to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to **keep children in culturally appropriate environments, regardless of where they reside**. (Truth and Reconciliation Commission of Canada, 2015)

[SN5]<u>National Inquiry into MMIWG Call for Justice 12.4</u>: **We call upon all governments to prohibit the apprehension of children on the basis of poverty and cultural bias. All governments must resolve issues of poverty, inadequate and substandard housing**, and lack of financial support for families, and increase food security to ensure that Indigenous families can succeed. (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN6]<u>National Inquiry into MMIWG Call for Justice 4.6</u>: We call upon all governments **to immediately commence the construction of new housing and the provision of repairs for existing housing to meet the housing needs of Indigenous women, girls, and 2SLGBTQQIA people**. This construction and provision of repairs must ensure that **Indigenous women, girls, and 2SLGBTQQIA people have access to housing that is safe, appropriate to geographic and cultural needs, and available wherever they reside**, whether in urban, rural, remote, or Indigenous communities. (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN7]<u>National Inquiry into MMIWG Call for Justice 4.7</u>: We call upon all governments to **support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second stage housing, and services** for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. All governments must **ensure that shelters, transitional housing, second-stage housing, and services are appropriate to cultural needs and available wherever Indigenous women, girls, and 2SLGBTQQIA people reside.** (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN8]<u>National Inquiry into MMIWG Distinctions-Based Call for Justice 18.1</u>: We call upon all governments and service providers to **fund and support greater awareness of 2SLGBTQQIA issues, and to implement programs, services, and practical supports for 2SLGBTQQIA people that include distinctions-based approaches that take into account the unique challenges to safety for 2SLGBTQQIA individuals and groups.** (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN9]<u>National Inquiry into MMIWG Distinctions-Based Call for Justice 18.18</u>: We call upon all governments and service providers to **educate service providers on the realities of 2SLGBTQQIA people and their distinctive needs, and to provide mandatory cultural competency training for all social service providers**, including Indigenous studies, cultural awareness training, trauma-informed care, anti-oppression training, and **training on 2SLGBTQQIA inclusion within an Indigenous context (including an understanding of 2SLGBTQQIA identities and Indigenous understandings of gender and sexual orientation). 2SLGBTQQIA people must be involved in the design and delivery of this training**. (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN10]<u>National Inquiry into MMIWG Distinctions-Based Call for Justice 18.24</u>: We call upon all governments to **address homelessness**, poverty, and other socioeconomic barriers to equitable and substantive rights **for 2SLGBTQQIA people.** (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

[SN11]<u>National Inquiry into MMIWG Distinctions-Based Call for Justice 18.25</u>: We call upon all governments to **build safe spaces for people who need help and who are homeless, or at risk of becoming homeless, which includes access to safe, dedicated 2SLGBTQQIA shelters and housing, dedicated beds in shelters for trans and non-binary individuals, and**

2SLGBTQQIA-specific support services for 2SLGBTQQIA individuals in housing and shelter spaces. (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

 [SN12]<u>National Inquiry into MMIWG Call for Justice 4.7</u>: We call upon all governments to **support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second stage housing, and services** for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. All governments must **ensure that shelters, transitional housing, second-stage housing, and services are appropriate to cultural needs and available wherever Indigenous women, girls, and 2SLGBTQQIA people reside.** (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019)

 [SN13]<u>UNDRIP Article 23</u>: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, **Indigenous peoples have the right to be actively involved in developing and determining** health, **housing** and other economic and social **programmes affecting them and, as far as possible, to administer such programmes through their own institutions.** (United Nations, 2007)

Appendix 5: Letter from Dr. Geoffrey Nelson

Department of Psychology
Faculty of Science
Wilfrid Laurier University

July 24, 2023

To: Peter Sweeney, Commissioner of Community Services, Waterloo Region

c.c. Ryan Pettipierre, Director of Housing, Housing Services, Waterloo Region; Chris McEvoy, Manager, Housing Policy & Homelessness Prevention, Housing Services, Waterloo Region

Re: Ending Chronic Homelessness in Waterloo Region

Dear Commissioner Sweeney,

I would like to communicate to you and your staff my thoughts about ending chronic homelessness in Waterloo Region. I am Professor Emeritus at Wilfrid Laurier University and Co-Chair of the Canadian Housing First Network. I have more than 40 years of experience with housing and mental health, both locally and internationally.

During my training in Clinical-Community Psychology, I did an internship at the Mendota Mental Health Institute in Madison, Wisconsin, where I worked in the original Assertive Community Treatment Program. In 1979, I took a position as Assistant Professor of Psychology in Wilfrid Laurier University. My area of focus is community psychology and community mental health. Since the 1980s, my research has focused on housing for people with serious mental illness. I was a co-founder of the Waterloo Region Supportive Housing Coalition that operated from 1985-1990 and was instrumental in creating much needed supported housing for people with mental illness, largely through Waterloo Regional Homes for Mental Health (now Thresholds) (Nelson, 1994). I also served on the board of directors from 1982 to 1991, including a term as the President of the Canadian Mental Health Association/Waterloo Region Branch.

Beginning in the 1990s, Waterloo Region and other Canadian communities saw the rise of homelessness, that particularly affected people with mental illness. I was a member of the National Research Team of the At Home / Chez Soi Demonstration Project that tested the effectiveness of Housing First (HF) for people with serious mental illness and a history of homelessness in five Canadian cities. Following the At Home / Chez Soi study, I worked with Waterloo Region, bringing in training and technical assistance in HF with its founder, Dr. Sam

Tsemberis, and conducting research with one of my graduate students, Ms. Courtney Pankratz, on the importance of rent supplements for people experiencing chronic homelessness. This research demonstrated the addition of rent supplements to the existing STEP Home program dramatically reduced homelessness and improved the quality of life of participants relative to those who received STEP Home without rent supplements (Pankratz, Nelson, & Morrison, 2017). At a six-month follow-up, 88% of participants who received a rent supplement were housed compared with 32% of participants who did not receive a rent supplement.

Recently we have witnessed in Waterloo Region and across Canada a visible growth in homelessness with tent encampments and rough sleeping. Much of the current response to homelessness seems to be focused on managing it, like the cabins near the city dump, more shelter beds, and tiny homes. However well-intentioned, "managing homelessness" is a crisis response, not a solution to ending homelessness. My belief is that more resources need to be allocated to ending chronic homelessness and preventing it from occurring in the first place. We need a response that is guided by compassion, justice, and evidence. We live in a very compassionate community, but not one whose primary emphasis is housing as a human right and evidence-based practices.

Based on my knowledge of the research in the field of homelessness and my experience, my belief is that ending chronic homelessness in Waterloo Region, and more broadly in other communities and nations, requires two components: 1) HF programs for people experiencing chronic homelessness and 2) efforts geared at the prevention of homelessness.

Housing First

Many programs today call themselves Housing First, but they often bear little resemblance to the Pathways Housing First model. Thus, it is important to clarify what HF is. HF was developed by Dr. Sam Tsemberis, a Canadian community-clinical psychologist, in New York City. It was specifically developed for people experiencing serious mental illness (i.e., psychosis, severe depression) and chronic homelessness, often with co-occurring substance use problems.

Key components. HF has two primary components: housing and support. Participants are given immediate access to permanent regular housing of their choice in the community, facilitated by a portable rent supplement that ensures they pay no more than 30% of their income on their housing. The housing can be either private market rentals or social housing. The support component of the program involves Assertive Community Treatment (ACT), Intensive Case Management (ICM), or some other evidence-based approach that provides participants with intensive support aimed at promoting housing stability, recovery, community integration, and achievement of life goals. Rent supplements and support services are available to participants for as long as they need them; they are not time-limited. There are no pre-conditions with regard to level of functioning, participation in treatment, or abstinence from substance use. HF programs work to move people out of homelessness and into housing as quickly as possible.

Principle-driven. HF is driven by a **set of principles** (Tsemberis, 2015). These principles are well researched and explicated. The first principle is **consumer choice and self-determination**. HF utilizes an empowerment approach in which the consumer is viewed as the expert on his/her experiences and aspirations (Nelson & Aubry, 2020a). Professionals supporting individuals

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function as facilitators of helping consumers with their choices. In this regard, it is critical to begin by asking consumers where they want to live. A large body of research has shown that 84% of participants want to live independently like everyone else in regular housing (Richter & Hoffman, 2017). Rent supplements provide people the means to access this kind of housing (Nelson & Aubry, 2017).

Choice is also important in participants' support services, that is closely aligned with the second principle of *recovery*. *Recovery* is a treatment orientation that refers to a participant's journey of growth and self-improvement in the direction of achieving life satisfaction. Pursuing one's hopes and goals, meaning and purpose, self-determination while managing one's health issues are all part of recovery. The third principle is *community integration.* Whereas people with mental illness who are homeless often experience segregation, exclusion, and stigma, *community integration* on people become physically, psychologically, and socially integrated in the community (Nelson & Aubry, 2020b). In HF, housing is separate from support and people live anonymously in scattered-site apartments. Staff are not present on-site, nor are participants congregated in one building with other participants that is a mini-institution in the community.

For HF to be effective, it must have the key components of rent supplements and support services, be based on the principles of choice, recovery, and community integration, and program practices that reflect the principles. HF researchers have developed a measure of fidelity that allows programs to assess the extent to which the critical ingredients of a HF program are operational. Research has shown that a high level of *fidelity to the model* is crucial for achieving positive outcomes, such as housing stability and improved quality of life (Goering et al., 2017). The Canadian Housing First Network has developed a manual to assist programs to conduct an evaluation of their fidelity HF standards of practice (Aubry & Nelson, 2019).

HF is also *adaptable* to culture, context, and population. The basic principles and practices of HF have been retained in HF programs for youth, Indigenous people, racialized populations, and women experiencing interpersonal violence.

Evidence-based. Unlike many other approaches to homelessness, HF is evidence-based. The original Pathways HF program in New York City and the expansion of it into suburban New York City demonstrated through rigorous research that homelessness among HF participants was quickly eliminated relative to those receiving usual care or staircase services (Gulcur et al., 2003; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000).

The Canadian At Home / Chez Soi study examined HF programs in five Canadian cities (Vancouver, Winnipeg, Toronto, Montreal, Moncton) with more than 2,000 participants experiencing homelessness and mental illness. Support through HF combined with ACT was provided to participants with high needs; HF with ICM was provided to participants with moderate needs. HF was found to be more effective than usual treatment in all five communities in ending homelessness for participants and helping them to achieve housing stability (Aubry et al., 2016; Goering et al., 2014; Stergiopoulos et al., 2015). Over the two years of the study, HF participants spent 73% of their time stably housed compared to only 32% for those receiving treatment as usual. A six-year follow-up of the Toronto site participants showed that these outcomes persisted over time (Stergiopoulos et al., 2019).

HF participants with moderate levels of need reported greater improvements in their quality of life and community functioning compared with participants receiving usual services over the two-year period of the study (Stergiopoulos et al., 2015). In comparison, HF participants with a high level of needs reported greater improvements in quality of life and community functioning in the first 12 months that those receiving usual services, but these differences in improvement between the two groups were no longer present at 24 months (Aubry et al., 2016). Analyses of cost offsets associated with HF programs found that HF with ICM offset 46% of the costs of serving people with moderate needs and HF with ACT offset 69% of the costs of serving people with high needs through reduction in health and social services and reduced involvement in the judicial system ((Latimer et al., 2019; Latimer et al., 2020).

Researchers in France randomly assigned 700 participants experiencing mental illness and homelessness in four cities (Marseille, Lille metropolitan area, Toulouse and Paris) to HF or usual treatments. Participants were interviewed over a period of 24 months. The Pathways HF approach was used with ACT as the service model, using a recovery orientation. Compared with those in usual treatment, the HF group was more stably housed, spent significantly fewer days in in-patient hospital admissions, and scored significantly better on a measure of quality of life over the two years of the study (Tinland et al., 2020). A comparison of the costs of HF with ACT with usual treatment showed the reduction in use of services by HF recipients to exceed the cost of the HF program in large part because of a significant reduction in hospitalizations and duration of hospital stays for HF participants compared to individuals receiving usual services (Tinland et al., 2020).

Recent systematic reviews have found that HF reduces homelessness, but there is mixed evidence for its impact on other outcomes (Aubry et al., 2020; Jacoby et al., 2022; Kilaspey et al., 2022; Moledina et al., 2022). Based on this research, it is clear that HF is an effective evidence-based program for people experiencing homelessness and mental illness. Study after study has shown that HF dramatically reduces homelessness.

Scaling up. There is also evidence that large-scale implementation of HF at the city level or even the national level has resulted in dramatic reductions in homelessness (Nelson, in press). For example, the City of Milwaukee, that invested significantly in HF, reduced its unsheltered population by 92% since 2015. Similarly, the City of Houston, after adopting Housing First as a central strategy to combat homelessness has moved 25,000 people off the street into their own homes, a 63% reduction in homelessness since 2011.

The Housing and Urban Development-Veterans' Administration Supportive Housing (HUD-VASH) in the United States began in 2008 during the Obama administration when a report from the annual national Point in Time (PIT) count estimated that there were more than 75,000 veterans with a disability who were experiencing homelessness (Shinn & Khadduri, 2020b). The VA and and HUD collaborated on a HF initiative to end homelessness among veterans by 2015. HUD provided rent supplements and the VA provided support services. The VA Medical Centers in 14 cities with the largest number of veterans implemented HUD-VASH programs for chronically homeless people with complex needs. In 2014, Pathways HF trained VA staff to implement and operate HF programs in an additional 25 cities. From 2010 to 2016, veterans' homelessness declined by 47% (Henry et al., 2020). Moreover, HF policy has ended homelessness for veterans in 82 cities across

the US (https://usich.gov). A VA report on cost savings related to HUD-VASH showed that veterans in the program had substantially reduced their use of medical and behavioral health services (Byrne, Roberts, Culhane, & Kane, 2014).

Finland has shown more progress in reducing homelessness than any other country in the world. In 1987, the International Year of Shelter for the Homeless by the United Nations, the Finnish government made ending homelessness an official policy goal (Juhila, Raitakari, & Ranta, 2022). Finland adopted its own version of HF. Led by the government housing ministry and the nonprofit Y-Foundation, scattered-site HF programs, like the Pathways HF model, have been one plank of the strategy to end homelessness and constitute about 75% of the housing available to clients (Turunen , 2021). As well, shelters were converted into private apartment units. So, Finland's approach has been a combination of scattered-site apartments and congregate facilities (Shinn & Khadduri, 2020b). Finland uses ICM as its support model for clients. While perhaps less influenced by HF research, Finland has a strong political consensus and has funded housing for people experiencing homelessness. Finland also focuses on prevention of homelessness through eviction prevention (Juhila et al., 2022). Unlike other nations that change directions in homelessness policy, like the United States and Canada, Finland has been committed to and made progress towards ending homelessness over a 40-year period. Homelessness has decreased from around 18,500 in 1987 to just 4,133 in 2021, a decrease of nearly 78% (ARA, 2022). The goal is to eliminate homelessness by 2027 (Kaakinen & Turunenm 2021).

Preventing Chronic Homelessness

Research clearly shows that rent supplements are an indispensable component of homelessness prevention. In their recent book, Homelessness Is a Housing Problem, Greg Colburn and Clayton Page Aldern (2022) found that what is driving homelessness is the cost and availability of rental housing combined with a growing group of people living in extreme poverty. Affordable rental units are needed, and a rent supplement or housing benefit is a strategic and effective way of making rental units affordable for people. In their book reviewing the extensive research on strategies targeted to end homelessness, In the Midst of Plenty, Marybeth Shinn and Jill Khadduri (2020a) concluded that rent supplements are the most effective approach to preventing homelessness in addition to being a critical ingredient to end chronic homelessness.

Recommendations

1. I agree that efforts to end chronic homelessness in Waterloo Region should be guided by people with lived experience of chronic homelessness. It seems to me that currently people who are homeless are placed by staff from different agencies in some type of setting. Participants should have choice over where they live. Thus, I recommend that the Region implement a consumer preference study of where chronically homeless people want to live as has been done elsewhere. Based on several different studies noted earlier, I believe that roughly 85% of participants will want to live in their own apartment.
2. With rising rents in the region (about $1850 per month for a one-bedroom apartment) we estimate that a HF program (i.e., rent supplements and community support) would cost about $28,000 per person per year. For the 50 people living in the cabin village of the west side of the twin cities, it would cost $1.4 million to assist them to exit homelessness on a permanent basis using a HF approach. If the region allocated $20 million funding to HF,

over 700 people could be supported to exit homelessness on a permanent basis. That would be "a giant step forward."

Given the high costs of rental, this will be a costly endeavor. However, the At Home / Chez Soi study found a 49% cost savings for those receiving Housing First with ICM associated with reduced use of health care, social services, and justice-related services. That means that the costs per person are cut in half to about $14,000 dollars per person per year.

Currently, the Paths2Home program is the HF program for Waterloo Region. Several additional HF programs need to be implemented. And some of those HF programs will be need for high need participants, thus requiring ACT as the support model.

3. The Region needs to launch a Homelessness Prevention Benefit in the form of a rent supplement. This benefit would need to be targeted at people at risk of homelessness through eviction.

Please feel free to contact me if you need clarification or further information. I look forward to seeing the outcomes of this planning process.

Sincerely,

Geoffrey Nelson, Ph.D.
Emeritus Professor, Department of Psychology
Wilfrid Laurier University
Co-Chair, Canadian Housing First Network

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Appendix 6: Letter from Dr. Laura Pin

LAURIER
WILFRID LAURIER UNIVERSITY

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Dear Waterloo Regional Council Members,

I'm writing to provide feedback on the Plan to End Chronic Homelessness (PECH), specifically the component on unsheltered homelessness involving partnership between the Social Development Centre Waterloo Region (SDC) and the Region of Waterloo.

As an academic researcher and program evaluator, I have over five years of experience working with individuals with lived experience of homelessness and housing insecurity in policy and program development. While there is growing recognition among all levels of government of the importance of lived expertise in leading policy changes that will address homelessness and housing insecurity, in practice it is rare that communities have developed the tools needed to meaningfully engage with lived experts. *The work of SDC and the Region of Waterloo on the PECH stands out as a stark, and much needed, exception, a model of meaningful engagement that I believe can lead to real policy change.*

There are a number of reasons why this process works, where other similar efforts have fallen short. First and foremost, grounding the process in a community organization, SDC, with longstanding relationships and trust among people experiencing homelessness and housing insecurity has been invaluable in creating a space where people are able to come together and collaborate. Second, the integration of Regional staff involvement from the beginning of this work ensures that the work of lived experts does not remain siloed from policymakers and implementers, and provides an opportunity for staff and lived expert to grow and learn together, and to rebuild trust.

I have reviewed some of the preliminary data and prototypes emerging from this process and can say with confidence that the work of SDC and the Regional staff is capturing perspectives often excluded from policymaking concerning homelessness and housing insecurity. More than capturing perspectives, the emergent work is honest, multilayered, and focused on immediate action in the realm of housing and homelessness.

I have been privileged to engage with the lived experts, SDC staff and Regional staff moving forward the PECH work in some small ways on this project. I support the ongoing continuation of this partnership, and hope it is a model that other municipalities are able to learn from.

Sincerely,

Dr. Laura Pin
Assistant Professor and Interim Director
Department of Political Science and LISPOP
Wilfrid Laurier University

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Appendix 7: Letter from Dr. Brian Doucet

The PECH project involving the Social Development Centre Waterloo Region and the Region of Waterloo constitutes a unique partnership that has rapidly moving beyond merely consulting individuals and communities with lived experiences of homelessness, towards actively incorporating those experiences, and that knowledge into developing solutions to end chronic homelessness in our community. I have been privileged to be part of this group. This is difficult work for everyone involved, and can only be made possible with the tireless efforts and dedication of SDC staff who have built up trusted relationships with a number of important communities.

The research that the PECH group has been conducting is rigorous and methodologically sound. It is extremely difficult to conduct field work in this context; it relies on the trust that has been built up both within the PECH group, and with members of the community who are experiencing homelessness. This trust is not easy to obtain but is necessary to move beyond superficial responses and engagement. The many years of work by the SDC in particular gives this research project a validity and authenticity that cannot happen easily, or overnight. What is being presented constitutes the best knowledge assembled about the experiences of homelessness and what those with that lived experience see as the solutions.

It is important to stress the idea of 'nothing about us, without us,' which has been central to the ethos of the PECH group. The project not only listened to many important stories and experiences (a major feat of research and meaningful engagement in and of itself), but its composition, including members with ongoing lived experiences of homelessness constitutes an important and unique approach to the broader work of ending chronic homelessness in Waterloo.

The PECH group is developing a number of important prototypes that have emerged from this research and the many conversations team members have had. They are genuinely bottom up ideas that centre lived experiences within the solutions to end chronic homelessness. In this sense, they address the questions of 'what does ending chronic homelessness in the Region of Waterloo look like *for those who are experiencing homelessness?*" Any meaningful, long-lasting and transformative solutions must focus the question in this way.

I urge members of Council to continue to offer their support to this important project. If the Region of Waterloo is serious about ending chronic homelessness, it must be open to approaches that shift our idea of what engagement looks like. The PECH project has created a unique opportunity to ensure that those who are most affected by homelessness have meaningful and integral voices in deciding the policies and programs that the Region will adopt.

In my view as a Canada Research Chair in Urban Planning at the University of Waterloo, the PECH project is best-positioned to achieve equitable, just and transformative outcomes that will significantly address the homelessness crisis within our community.

Dr Brian Doucet
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Appendix 8: Co-Creator Group Draft Plan Focus Areas

Policy and Legislation that drive affordability and equity	Shifting roles, ownership, accountability in the system by including and prioritizing community and lived experience voices	Greater system collaboration and integration— within and with other sectors	Create more variety and quantity of housing offerings that respond to a spectrum of need and meet people where there are at	Solve root causes of homelessness by being preventative and viewing those experiencing homelessness as a whole person	Change the narrative and increase community empathy regarding homelessness
Legislation to prevent and/or limit the financialization of housing (i.e. inclusionary zoning for all new building, build more community housing)	Shifting role / ownership / accountability in the system	Greater collaboration and integration with the health care system	Creating housing offerings that respond to a spectrum of need and meet people where there are at	Solve root causes of homelessness by being preventative	Change the narrative, dispel myths + misconceptions, combat nimbyism through storytelling, education, building relationships with the media
Rental policies to drive affordability - (i.e. rent cap, rent control, restriction on renoviction,)	Leadership and system governance needs to include and empower more community-led initiatives	Support and promotion of collaboration + coordination within the housing stability system	Expand housing options - (i.e. affordable, supportive, RGI, tiny homes, mid-rising housing)	Community upstream approach	Training and education to build awareness within housing stability and the community
Provide more supplemental or universal income (i.e. UBI, increasing ODSP, OW, COHB)	Equity and reconciliation is at the core / trunk	Greater support, empowerment and utilization of outreach workers (i.e. Sanguen van)	Community housing access	Proactive supports to avoid folks shifting to survival mode and preventing homelessness	Improve our available system data, reporting and storytelling
Offer supports that lessen the gap/improve ability to achieve employment	Indigenous-led goverance processes for housing and homelessness-related decision-making	Review of our application of Housing First Principles	More equitable housing options for justice, veterans, Indigenous and those living with disabilities	Provide services and support that promote quality of life alongside housing offerings	
Increased transparency of housing rules and relationships with landlords	Including + Prioritizing those most impacted (living / lived it)	Increase and reallocation of sources of funding	Create more supportive and affordable housing options	Viewing folks experiencing homelessness as whole person including all contributing factors— promoting understanding and empathy, caring for one another, no judgement.	
	Understand the role of regionalization - how it might impact things like: a) individual access to services b) how we approach our work / system building	Close side doors into the system (for agencies)		Stop discharge into homelessness from institutions	
				Developing a deeper understanding of and supports/services for rural homelessness	

The Plan
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Appendix 9: Critical Successes and Interesting Examples of Plans

Kelowna, British Columbia

Homelessness in Kelowna

Based on a 2018 PiT Count, on any given night, 286 individuals experience homelessness, with an additional 319 individuals living in temporary housing. Overall, 2,000 people experience homelessness at some point during the course of one year in Kelowna, which is a 23% increase from 2016.

The Journey Home Strategy

The Journey Home Strategy was developed "by Kelowna, for Kelowna" and published in the summer of 2018. The strategy charts a pathway to bring homelessness in Kelowna to functional zero, setting specific targets to be met within a five-year timeline.

The Journey Home Strategy started with 2,000+ points of community contact through Community Summits, Design Labs, the development and execution of a Lived Experience Circle, Youth Focus Groups, and a Public Survey. The Journey Home Strategy Framework was developed as a result of this community engagement.

Within the five year span of implementation, challenges such as the COVID-19 pandemic, the opioid crisis, housing affordability and cost of living increases had an impact on the Journey Home Strategy. To recalibrate the Journey Home Strategy, a Design Lab Series in March 2022 convened 70 staff and people with lived experience from 30 agencies. The following 10 key priorities were a result of this recalibration:

1. Data-Driven Investments and Community Wide Operations Management
2. Sustainable, Affordable & Diverse Housing Options
3. Continuum of Integrated Supports
4. System Navigation Hub
5. Youth Homelessness
6. Housing-Focused Shelter Transformation
7. Peer Navigators across all Service Models
8. Indigenous Safe Spaces and Services
9. Regulatory Frameworks
10. Sector Capacity Building

Along with these key priorities, key performance indicators and targets have also been identified to continue the work towards each of the 3 pillars of the original Journey Home Strategy into 2026.

Source: The Journey Home Strategy

Edmonton, Alberta

In 2009, Edmonton committed to ending homelessness and released *A Place to Call Home: Edmonton's 10 Year Plan to End Homelessness*. In the 8 year span from 2009-2017, Housing First programs housed and supported more than 6,000 people. With this effort, point-in-time homeless counts also fell considerably. "We've made progress by applying proven interventions, and correcting course in real-time based on evidence" states Edmonton's updated plan.

Edmonton's Housing First Approach

Housing First acts as the guiding philosophy across components and interventions of Edomonton's homeless-serving system. In 2008, Edmonton had just 2 Housing First programs, which grew to a total of 20 teams in 2017 with the capacity to house more than 1,000 households annually, and to support 1,500 program participants at any given time in maintaining their housing. These programs included scattered site and place-based intervention models of case management teams, clinical teams, and supportive housing.

Plan Update

Edmonton's 2018 Plan update includes three key strategies and and focus areas to continue plan implementation:

Strategies:

1. End Chronic and Episodic Homelessness
2. Prevent Future Homelessness
3. Develop an Integrated Systems Response to Homelessness
4. Community governance structure through Homeward Trust

Focus Areas:

1. Reconciliation
2. Targeted Interventions
3. Accountability
4. Responsiveness
5. Effectiveness
6. Focus
7. Sustainability

Source: endhomelessnessyeg.ca

London, Ontario

London's Health & Homelessness Summits and the Whole of Community System Response

The City of London like other cities in Canada is experiencing a health and homelessness crisis. In 2022, the City of London heard from their community that something needed to change to "more effectively deliver healthcare and housing for marginalized Londoners experiencing homelessness, and to address the whole of community impacts of this crisis". This call for change led to London's *Health & Homelessness Summits and the Whole of Community System Response* (City of London, 2023).

London's Health & Homelessness Summits

The Plan
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The City of London and various health partners collaboratively hosted three summits between November 2022 and January 2023. At these summits:

- 200 individual leaders representing 70 local organizations from various backgrounds attended
- Attendees developed a pledge of statements that all participants could agree to and would inform how the group would do things differently
- 20 priority needs and considerations were identified across four categories – Foundations & Governance, Service Delivery, System Resources, and Advocacy, Engagement & Communications
- Collaboration took place to define the specific requirements for the Whole of Community System Response

Whole of Community System Response

The Whole of Community System Response was authored collectively by all summit participants. It proposes a system that aims to support those who are most marginalized, those working in the system, and those trying to provide support, including businesses and community members experiencing impacts of the housing crisis. The system response:

- Identifies a common purpose powered by shared values, principles, and foundations
- Recognizes that housing is healthcare and a fundamental human right
- Places the highest priority on providing direct connections to the right housing and housing supports for every individual
- Will ensure a culturally safe response that follows the lead of Indigenous colleagues and supports an Indigenous led system response

The work of the new system is anchored by two foundational elements, hubs and housing. The response would realize the creation of 10-15 hubs and 600 highly supportive housing units within the next 3 years, with 5 hubs and 100 units in place by the end of 2023. Hubs will be purpose built with common core functions, such as multi-agency intake, access to health and wellness services, basic needs, income supports, and integrated care planning. They are accessed through a no wrong door referral approach and support a timely and direct pathway to housing.

While work on the Whole of Community System Response takes place there will continue to be a strong focus on prevention and advocacy to other levels of government to address the systemic issues that cause health and homelessness issues.

Community Leadership

The implementation work has started with the convening of a leadership group to co-design and discuss a Collective Impact implementation model.

While the design of the Strategy and Accountability Table is finalized and the work begins, additional implementation tables are being set up to focus on hubs, Supportive Housing, and Encampments followed by additional implementation tables.

Soon to be added to the system implementation:

- Lived and living experience focus groups
- Business reference table
- Developers reference table
- Workforce development implementation table

Helsinki, Finland

Helsinki's Housing First approach has successfully decreased street homelessness. In the mid-1980s, 20,000 people were reported homeless. Since 2008, Housing First has been a national policy in Finland, and to date there are up to 3,000 Housing First units in Helsinki. Recent numbers show only 3950 people were homeless in 2021. This decline in numbers of those experiencing homelessness is a result of a few key pieces to Helsinki's approach:

Housing First vs. Staircase System

Housing First - ends an individual's homelessness by moving them quickly into independent and permanent housing (a home) and then providing additional support and services as needed, for as long as needed.

Staircase System - a progression from shelters to temporary accommodation and finally long-term housing.

So, why does Housing First work? Upfront costs may be high, but evidence shows that in the long-term, Housing First saves money considering the costs that would be incurred with the staircase system through emergency healthcare, social services and criminal justice involvement.

Social Landlord System

Another key piece of Helsinki's Housing First approach is their social landlord system. The municipality of Helsinki owns 70% of the land in the city, including over 60,000 social housing units, and maintains a housing policy that increases this housing by around 6,000 units a year. District housing laws limit segregation, ensuring that 25% are social housing with the rest a mixture of purchased and private rented sector. In many global cities, the financialization of housing has led to catastrophic housing inequalities.

The Y-Foundation is one of the largest social landlords in Finland with approximately 18,500 apartments across 57 cities and municipalities. They played a leading role in a policy that is on target to end long-term homelessness in Finland. To ensure there can be quick access to permanent housing for people experiencing homelessness, the Foundation builds, renovates and leases buildings in towns and cities across Finland for use in Housing First projects through partnerships with municipalities and non-governmental organizations. Most of its homes are in central city locations, meaning that residents are able to be close to work opportunities, amenities and support services.

Why was Housing First successful in Helsinki?

The success in Helsinki, led by organizations such as Y-Foundation, demonstrates what can be achieved by adopting a Housing First approach *within a context* of a well-functioning welfare state and commitment to national homelessness policy and to increasing social housing supply.

Source: [Helsinki is still leading the way in ending homelessness - but how are they doing it? - World Habitat](#)

Newcastle, United Kingdom

Newcastle addressed homelessness by tackling upstream approaches such as:

- Policy of no evictions into homelessness
- Multi-agency allocations and sustainability panels
- A ready to live program of bringing back into use long term voids
- A whole housing system approach
- Psychologically Informed Environment support from their two main landlords
- An Active Inclusion Newcastle Program to include Safeguarding
- Health services

Source: [Upstream programme inspires other cities to think about how they prevent homelessness](#) (Munslow, 2023)