

OVERVIEW:

Operating Principles for The Salvation Army Emergency Shelters, Canada & Bermuda Territory



**The Homelessness Task Team of the National Advisory
Board and the Territorial Social Services Department,
The Salvation Army in Canada and Bermuda**

August 2015

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Purpose and Use of the Operating Principles

The seven Operating Principles presented here are intended to:

- Align emergency shelter services with evidence-informed, outcomes-focused best practices and a Housing First approach
- Record and honour the ideas and best practices shared by Salvation Army staff and clients
- Balance consistency and clarity across Canada with flexibility and responsiveness at the local level
- Provide emergency shelters with information, evidence, and language they can use to inform their contributions to planning tables and negotiations with funders
- Support The Salvation Army leadership as it contributes to national, provincial, and local discussions on strategies to end homelessness

Summary of Operating Principles

1 We take a person-centred, holistic approach and ensure that people with particular vulnerabilities are supported.

Salvation Army staff have seen, and research has shown, that using a person-centred approach is effective in helping people stabilize their lives and achieve positive housing and health outcomes. Providing “person-centred” services in an emergency shelter context means ensuring that all interactions staff have with clients are trauma-informed, culturally sensitive, strengths-based, and respectful of client choices. Our person-centred approach is also holistic. Spiritual care plays an essential role in meeting human needs and supporting people to transform their lives. Salvation Army emergency shelters are dedicated to being as accessible and inclusive as possible.

2 We help people experiencing chronic and episodic homelessness to access stable, positive housing and appropriate supports.

In Canada, about 84% of emergency shelter users stay for a brief time and typically do not return. This means that emergency shelters are fulfilling their purpose and helping a majority of clients to move on. However, 16% of shelter clients are falling through the cracks, taking up 61% of bed nights and either living in shelter (“chronic” pattern) or cycling in and out of shelters, jail, hospital, rough sleeping, and housing (“episodic” pattern). Salvation Army emergency shelters are committed to helping these clients access the more intensive services and housing supports that they need to stabilize in the community.

3 We use harm reduction principles to guide services to clients and behaviour-based criteria for restricting access to shelter.

Harm reduction principles are different from harm reduction programs. Salvation Army emergency shelters are committed to applying harm reduction principles – taking a non-judgmental approach, using behavioural rather than abstinence standards for intake and discharge criteria, and assisting clients to minimize the harmful consequences of homelessness, alcohol/drug dependency, sex work, and other high-risk activities and life challenges. The Salvation Army does not offer harm reduction programs (e.g. needle exchanges) except through partnerships with other agencies.

4 We ensure people who have high needs receive accompaniment and follow-up services.

Accompaniment is when a worker physically goes with a client to meet with a service provider, view an apartment, or access a resource. Accompaniment helps to reduce the barriers clients may have to accessing services, including financial, systemic, physical or cognitive disability-related, language, and emotional barriers. Follow-up supports help a client settle in to a new home, make connections with local service providers and resources, and develop a safety net of supports. Both accompaniment and follow-up are resource-intensive. Some Salvation Army shelters provide these services directly; others partner with external agencies to ensure clients have access to these services.

5 We aim to make every discharge from shelter an organized departure.

Nobody should ever be discharged to homelessness. When a client is discharged from an emergency shelter and goes to another shelter, or sleeps rough, or returns to an abusive or exploitative household, they are leaving one form of homelessness for another. An “organized departure” occurs when a client leaves the emergency shelter for another type of housing that better suits their current needs. Ideally, this housing is stable and positive permanent housing. In some cases, clients may prefer to access a transitional housing program first. The Salvation Army provides transitional housing options and supports these choices, but does not require a client to complete any predetermined steps before assisting them to access permanent housing.

6 We coordinate services and participate in planning with community partners.

For many clients, Salvation Army emergency shelters are the “front door” to a broader system of health, mental health, housing, income support, legal, and other services. Most challenges that a client is facing are not going to be resolved during their shelter stay; for that reason, Salvation Army emergency shelters bring in external service partners who are able to continue the care relationship with the client after the client has left the shelter and resettled in the community. Salvation Army also participate in planning tables, networks, committees, advocacy groups, and community forums, ensuring that the voices and ideas of Salvation Army staff and clients are part of discussions on how to integrate homelessness services and achieve system changes.

7

We track and analyze outcomes to inform planning and policy decisions and continuously improve services.

The following measures give us the information we need to accurately assess our effectiveness, continuously improve services, and contribute leadership to homelessness services systems planning:

- *The emergency shelter's occupancy rate, turn-away rate, recidivism rate, and staff-to-client ratio*
- *The number of clients reporting satisfaction with emergency shelter services*
- *The number of clients whose discharge meets criteria for an organized departure*
- *The number of care relationships established between clients with high needs and community-based service providers that continue after the client leaves the emergency shelter and is housed in the community*
- *The number (and percent) of total clients using the emergency shelter chronically and episodically. Of this group:*
 - *The number who leave the emergency shelter to move into stable, positive housing (as opposed to leave for another shelter, the streets, or provisional accommodations)*
 - *The number who return to the emergency shelter after being housed*
 - *The number who remain housed at 3, 6, and 12 months*

Background

The Salvation Army

Motivated by our love for God and the needs of humanity, The Salvation Army began opening rescue homes and shelters in Canada in 1886. Since then, we have grown to be the largest non-governmental provider of social services in this country.¹ We have 53 emergency shelters and operate nearly 1 in 5 of all emergency shelter beds.²

The Operating Principles in this document provide The Salvation Army with a framework for delivering emergency shelter services. They affirm and renew our longstanding commitment to helping people find hope, transform their lives, and move on from homelessness.

Housing First

The context in which we provide emergency shelter services has been changing. For the past three decades, the number of people experiencing homelessness has been increasing.³ Within the last ten years, the average number of nights that individuals and families are spending in shelters, along with the median lengths of stay, has been increasing dramatically.⁴ To address these issues, many funders have begun to shift resources towards coordinated systems responses that focus on re-housing people as quickly as possible and helping them access the supports they need to stabilize in the community. This new approach, termed “**Housing First**,” has been adopted by governments across Canada, the United States, and Europe.⁵

The Operating Principles are aligned with Housing First, but driven by The Salvation Army Mission and best practices identified by frontline staff and clients.

Funding & Services

In Canada, over half of The Salvation Army emergency shelters have been asked by a funder to take a Housing First approach, and this number is growing.⁶

However, few Housing First approaches identify a specific role for emergency housing. This has presented challenges and opportunities, as individual Salvation Army units have worked to develop responses to new contract requirements, Requests for Proposals, and funding applications.

The Value of Emergency Shelters

While “Housing First” is focused on long-term housing and supports for people with multiple challenges, emergency responses also play a valuable role. For someone facing a winter night on a park bench, access to an emergency shelter can sometimes mean the difference between life and death. However, the value of shelters goes beyond meeting immediate needs. Emergency shelters often serve as the “front door” to a broader system of supports. Salvation Army staff’s extensive knowledge and strong community partnerships help to ensure that our clients access the resources and services they need to stabilize in the community.

In most Canadian cities, shelter occupancy rates are high; 70% of Salvation Army emergency shelters have an average occupancy rate above 90%.⁷ Rental vacancy rates are dropping, affordable housing stock is being lost as low-income neighbourhoods are gentrifying, social housing stock is diminishing, and social assistance rates and minimum wages are not adequate to secure housing stability.⁸ It is important that people experiencing homelessness have somewhere to go – immediately – and access to supports that can help them move on.

These Operating Principles affirm the value of emergency shelters as an intervention that saves lives, helps people find housing, and supports people to access the resources they need to achieve housing stability.

Development of the Operating Principles

The National Advisory Board of The Salvation Army struck a Homelessness Task Team⁹ in 2013 with the following mandate:

1. To understand **what is best for those experiencing homelessness** in terms of program delivery.
2. To understand **what funders identify as best** for persons experiencing homelessness currently and in the future.

3. To identify the **processes and systems** needed to respond to emerging opportunities, best practices, and funder policy directions.
4. To provide **recommendations** to The Salvation Army to ensure effectiveness and efficiency of The Salvation Army's response to homelessness, including benchmarking, best practice, evidence-based and research-informed responses, program definition, partnerships, and the development of **national service standards**.

The Task Team's scope focused on **emergency shelter services** and the impact of **Housing First** approaches on these services. Between January and October 2014, the Homelessness Task Team conducted an extensive literature review, surveyed all 53 Canadian Salvation Army emergency shelters, visited shelters and other service providers in 7 cities, and consulted with 319 individuals¹⁰:

- 207 Salvation Army officers and staff
- 39 service providers, researchers, funders, policy-makers, and other sector leaders
- 73 Salvation Army clients (38 men and 35 women)

The 7 site visits took place in Calgary (ANT), London (ONG), Winnipeg (PRA), Montreal (QUE), Vancouver and Abbotsford (BC), and St. John's (NL).

In January 2015, the National Advisory Board endorsed the Operating Principles. In February, the Territorial Management Board endorsed the Operating Principles and directed that they be implemented in emergency shelters in Canada and Bermuda.

Operating Principles

1

We take a person-centred, holistic approach and ensure that people with particular vulnerabilities are supported.

“The client needs to be the centre. Not the system.”

~ TSA shelter staff

“I tell my staff, we have to put relationships before rules.”

~ TSA shelter manager

“I love [staff name]. She’s very open minded. They’re all pretty good. They’re there if you need them. They’ll help you with problems. If they’re not busy, you can just hang out with them. Just talk. When I moved out, they said, call us, make sure you stay in touch, and I did. When I started school, the floor staff were so happy.”

~ TSA shelter client (youth)

The way change happens is through relationships of trust, care, and consistency.¹¹ Salvation Army staff have seen, and research has shown, that using a person-centred approach is effective in helping people end their homelessness, stabilize their lives, and achieve positive health outcomes.¹² Providing “person-centred” services in an emergency shelter context means ensuring that all interactions staff have with clients:

- are **trauma-informed**. We understand that most people coming into shelters have been affected by trauma, and that homelessness itself is a traumatic experience. Behaviours like aggression, hoarding, substance use, and refusing to bathe may have developed as survival skills in response to experiences with neglect, abuse (sexual, physical, emotional), violence, rape, exploitation through human trafficking, loss of loved ones, incarceration, war, natural disasters, and colonization. We are also aware

that institutional processes (e.g. intake and assessment; enforcing rules around access to resources; etc.) may trigger traumatic memories for people.

- are **culturally sensitive**. We recognize that clients come from a range of different cultural backgrounds and have world views and ways of communicating. On an individual level, our culturally sensitive approach involves awareness, patience, and active listening. On a system level, we work to bring on staff who come from a range different backgrounds and speak a variety of languages.
- are **strengths-based**. Rather than focusing on problems, strengths-based conversations focus on a client’s thinking skills, abilities, supportive relationships, and other resources. A strengths-based approach emphasizes past decisions and actions that a client feels good about, and helps a client to reframe decisions they are not happy about.
- **respect choices**. We support clients to feel in control over the decisions that affect their lives. A staff’s role is to provide access to resources and help a client navigate a system of available services, not to make the decisions. This is part of a non-judgmental approach to service that can help clients reduce their exposure to harms. (See **Principle 3** for more information.)
- are **empowering**. We invite clients to share their feedback on services and involve clients in discussions and projects on creating solutions to address homelessness. (See **Principle 7** and the **Sample Tools** section for more information on ways to engage clients and hear feedback, including client surveys, exit interviews or exit questionnaires, focus groups, residents’ meetings, etc.)

The Salvation Army’s person-centred approach is also **holistic**. This means we ensure that the client has access to supports for their physical, emotional, psychological, and spiritual needs. The Salvation Army believes that spiritual care plays an essential role in meeting human needs and supporting people to transform their lives. Salvation Army emergency shelters dedicate chaplains to this work. Chaplains “are trained to assist individuals to identify, affirm, and use

their own spiritual and religious beliefs, human values, and faith to support, sustain, and inform them in times of crisis, need or recovery” (The Salvation Army Canada and Bermuda Territory, 2014)

People come to homelessness from all walks of life, and emergency shelters work best when they are the “front door” to a broader system of supports. It is generally not our role to provide specialized supports directly, but to connect people to the appropriate agencies or partner as appropriate to best deliver such supports. (See **Principle 6**) Our person-centred, holistic approach allows us to be generalists who provide individualized assistance. Our strong community partnerships help us ensure that our clients access the supports they need to stabilize in the community. With that said, different demographic groups require different shelter services. For example, a youth shelter is different from a domestic violence shelter. A women’s shelter is different from a men’s shelter. A shelter with a high proportion of clients who have Aboriginal heritage is different from a shelter with a high proportion of newly arrived refugees and immigrants. See the **Sample Practices** section for brief backgrounders on best practices for meeting the needs of different demographic groups in emergency shelters.

People who are **transgender** and people with physical disabilities receive special mention in this principle because staff need to be trained and buildings need to be adapted simply to ensure these clients can access a shelter and its services the way that other clients can. See the **Sample Practices** section for further information.

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

2

We help people experiencing chronic and episodic homelessness to access stable, positive housing and appropriate supports.

“We all look at it as: ‘We’re going to work our way out of a job.’ We had 40 chronic people who had been using this shelter since it opened – very hard to house – and we housed the last one last year. It was an amazing feeling. [...] We operate as a triage – we are the emergency room of homelessness. We assess needs and connect people to the services they need. [Agency] comes here, does intake – it works really well, because, as you know, if you try to send people to four different offices, they’re not going to make it.”

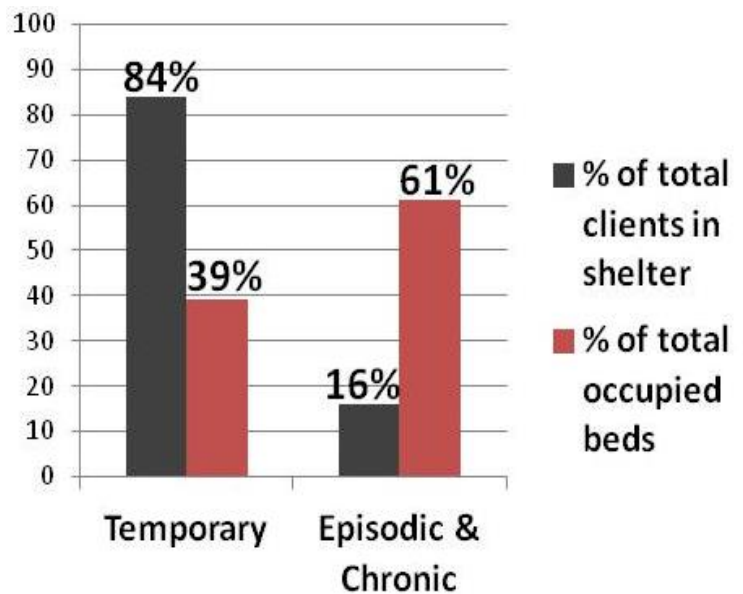
~ TSA shelter manager

People with high needs are falling through the cracks – and we catch them.

Data from shelters across the United States and Canada, including Salvation Army shelters, show that a majority of clients come once, stay for a short period of time, and typically do not return. This pattern of shelter use is called “temporary” homelessness. However, a small population of individuals experiencing serious mental health challenges, physical health issues, addictions, or other ongoing challenges, use about half the bed nights.¹³ This small, high-needs group shows a pattern of either “**chronic**” or “**episodic**” shelter use:

- **Chronic** pattern of shelter use: People access a shelter and stay for a long time. Some people see the shelter as their permanent housing.
- **Episodic** pattern of shelter use: People cycle in and out of shelters, staying for relatively short periods of time, but continually return. They may leave because a shelter has a limited length of stay. They may leave because they find housing; or they may move in with a partner, friends, or family members; or they attend a treatment program; or they are incarcerated; or they spend time in hospital.

Figure 1: Patterns of Shelter Use in 7 Cities in Canada¹⁴



The patterns suggest two things – first, a large majority of emergency shelter clients are accessing the supports they need and are successfully moving on. Second, a small group of chronic and

episodic shelter users require more intensive, long-term assistance to find and maintain stable, positive housing. “Stable” housing is affordable, well maintained, and has enough bedrooms to accommodate the household. The person had choice in the location and roommates and they have security of tenure. “Positive” housing provides a living space where the person feels safe, secure and comfortable. (See **Principle 5**)

Emergency shelters play a vital role, but lasting success depends on strong partnerships with government and community social service providers. We understand the role of Salvation Army shelters in helping to resolve chronic and episodic homelessness as follows:

- We provide a welcoming environment and our staff work to establish relationships of respect and trust with clients. (See **Principle 1**)
- We ensure that people with particular vulnerabilities are able to access the supports they need. (See **Principle 1**)
- We assess clients to determine their level of need, or coordinate with external service providers who conduct this assessment.
- We help clients find stable, positive housing, whether through direct assistance from staff or by connecting them with housing-focused service providers. (See **Principle 5**)
- Our staff have extensive knowledge of available resources, and they help clients connect with the appropriate supports and navigate the system of services and applications.

- We bring service providers into the shelter who are able to develop relationships with clients that continue out into the community. We coordinate with other Salvation Army service providers (including corps, Community & Family Services, addictions services, correctional services, supportive housing, and others) who are able to develop relationships with clients that continue out into the community. (See **Principle 6**)
- We provide accompaniment services where possible, and we provide “warm transfers” rather than cold referrals where possible.¹⁵ (See **Principle 4**)
- We ensure clients who have high needs receive accompaniment and follow-up services, and, where possible, we provide **bridging** services to help clients stabilize in housing. (See **Principle 4**)
- We track and analyze client outcomes to assess the effectiveness of our services and to provide evidence-informed contributions to planning tables. (See **Principle 7**)

This list is our understanding of what role emergency shelters play within a broader response to helping people experiencing chronic and episodic homelessness find stable, positive housing and access appropriate supports. We believe this approach to be compatible with a systems-based **Housing First** approach.

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

3

We use harm reduction principles to guide services to clients and behaviour-based criteria for restricting access to shelter.

“Keeping the best interests of a client in mind – that’s key. It’s hugely important to remember that we’re holding their lives in our hands.”

~ TSA shelter staff

“The greeting used to be ‘Have you been drinking?’ Now, it’s ‘hi.’ We do a lot of core value training: This is who we are... [Our shelter is about] being client-centred, and having respect, honour, and dignity for individuals.”

~ TSA officer

Shelters save lives. At a fundamental level, emergency shelters exist to provide “**harm reduction**” in that they reduce the harms associated with sleeping outside, staying with strangers, or remaining in an unsafe home. These harms may be environmental (extreme heat, cold weather, rain or wet conditions, staying in places not fit for human habitation) or interpersonal (attacks, sexual assaults, exploitation).¹⁶ Given the role that shelters can play in meeting basic needs and protecting people from serious harms, The Salvation Army is committed to ensuring that our shelters are as accessible and welcoming as possible.

“Harm reduction” can refer to either:

- a set of general **principles** that may be applied in any service setting with any group of people. Staff working in alignment to harm reduction principles take a **non-judgmental** approach and assist people to **minimize the harmful consequences** of homelessness, alcohol dependency, drug dependency, sex work, and other activities and life challenges that carry a high risk.

or:

- a set of specialized **programs** that are designed to meet the needs of specific groups of people within specific settings. Examples of programs include needle exchange programs, clean mouthpiece distribution programs, managed alcohol programs, methadone maintenance treatment programs, naloxone distribution programs, supervised injection sites, and sex worker harm reduction programs (these often include “bad date” reporting, condoms, health services, legal services, and night access to resources). Harm reduction program best practices include professional counselling, provision of information and referrals, recovery-oriented activities, and peer supports.¹⁷

The Salvation Army is committed to using harm reduction principles to guide its emergency sheltering service delivery.

In general, The Salvation Army does not directly provide harm reduction programs. In some cases, however, an external agency with specialized training, resources, and insurance coverage may come into a shelter to provide a needle exchange program, distribute clean mouthpieces, provide specialized supports to sex workers, or offer other harm reduction programming.¹⁸ The Salvation Army does not permit use of alcohol or drugs on site, so clients seeking managed alcohol programs (MAPs), supervised injection sites, or other similar programs, are referred to other service providers where they are available.

“We believe that abstinence is the most certain way to avoid and overcome dependencies on harmful substances. Regardless of the choices people make, we are committed to loving and supporting individuals through to recovery.”

~ Territorial Position Statement on Substance Abuse (The Salvation Army Canada and Bermuda Territory, 2002)

Emergency shelters serve people who are deeply dependent on alcohol or drugs, people who are struggling to maintain their sobriety, and people who may drink or take drugs occasionally but are not addicted. Shelters must also manage their own risks and liabilities. Balancing these various needs is not easy and there is no

perfect solution. The Salvation Army works to maximize access to shelter while maintaining a safe environment. Emergency **shelter intake and discharge criteria are based on people's behaviours**:

- In communities where there are few emergency shelter options available, The Salvation Army places as few limits as possible on client behaviours to ensure that anyone who needs shelter has access. In these cases, people may be turned away or discharged from emergency shelter only if they pose a health or safety risk to themselves or to others.
- In communities where people have access to no-barrier or low-barrier emergency shelters,¹⁹ The Salvation Army may set higher expectations for client behaviours. In these cases, people may be turned away or discharged from shelter for actively disturbing others and not responding to staff interventions. However, in cold, rainy, or extreme heat weather conditions, restrictions on access to shelter are lowered as needed to encourage people to come inside and reduce their risk of injury, illness, or death.
- In all cases, restrictions on admission are based on behavioral standards, and not on absolute sobriety.²⁰ When applying the rules, Salvation Army staff (in their own words) “err on the side of compassion,” “think in the grey” (as opposed to black and white), “put relationships over rules,” and “listen with ears of learning, not ears of judgment.”²¹
- Where possible, staff ensure that clients who are discharged or turned away have a bed at another shelter or another place to stay. (**Principle 5**)

If a client is worried that admitting to using substances will lead to discharge from emergency shelter, the client is likely to hide and lie about substance use to staff. This reduces staff opportunities to provide meaningful supports. Using a person-centred, harm reduction-based, non-judgmental approach has been established as a key best practice for developing the kind of honest, trusting relationship with clients that can lead to positive life change.²² (See **Principle 1**)

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

4

We ensure people who have high needs receive accompaniment and follow-up services.

Salvation Army staff feel strongly that accompaniment and follow-up supports are the key interventions for helping people with **high needs** break the cycle of homelessness,²³ and this position is supported by the available research²⁴:

- **Accompaniment** is when a worker physically goes with a client to meet with a service provider, access a resource, or attend another type of appointment (e.g. rental unit viewings / housing interviews, court appearances, medical appointments, mental health appointments, other support services, assistance moving into housing). Accompaniment helps to reduce the barriers clients may have to accessing services, including financial barriers (e.g. transportation costs); systemic barriers (e.g. discrimination); disability-related barriers (e.g. physical disabilities limiting access to locations and transportation to locations; cognitive disabilities that make remembering dates, times, and other instructions difficult); communication barriers (e.g. if the client speaks another language or is not able to read or understand applications and other forms); and emotional barriers (in particular, building on a relationship of trust with a current service provider to begin to build a new relationship of trust with different service providers).
- **Follow-up supports** (also called aftercare supports) help a client settle in to a new home, identify local resources (e.g. library, food bank, thrift store), make connections with other service providers in the area (e.g. primary care doctor, Alcoholics Anonymous or other support groups, English or French classes, legal clinic), and develop a safety net of support to connect with if or when issues arise (e.g. friends, family, sponsor, faith community, etc.). Follow-up supports may be offered by case workers, peer support

workers, or other specialists. These workers may be employed by the shelter, or they may work for an external agency and provide the service in partnership with the shelter.

For examples of this type of service offered through Salvation Army shelters, please see the **Sample Practices** section. These professional supports may be complemented by friendly visiting programs that help with housing stabilization and community integration. **Friendly visiting services** may be offered by shelter-based chaplains or community-based volunteers. The Salvation Army in Toronto has developed the Causeway Initiative, a program that matches people from faith communities with people who are leaving shelter to go into housing. The volunteers arrange regular meet-ups for coffee or social events with the newly housed person. This program does not serve a casework function, but it does help to build friendships, foster integration with the community, and reduce the social isolation that many newly housed people can feel. (See the description of the Causeway Initiative in the **Sample Practices** section.)

Both accompaniment and follow-up are **resource-intensive**. Some Salvation Army emergency shelters provide these services directly; others partner with external agencies to ensure clients have access to these services. The **Sample Practices** section for this principle provides a range of strategies for shelters operating with different levels of resources in different community contexts. Even where Salvation Army shelters do not have the resources to provide a full program, chaplains will often offer these supports to the extent that their time permits.

Not all clients require this level of service; only those clients who are assessed as being **chronically homeless, episodically homeless**, or as otherwise having **high needs** (e.g. serious, ongoing mental health challenges, physical health challenges, cognitive challenges, substance use challenges, or other challenges). Assessing a client's level of need is sometimes done directly by the shelter, and sometimes by external service providers in partnership with the shelter. (See **Sample Tools** section for more information on different types of assessment processes.)

Where resources are available, Salvation Army staff provide a **bridging** function, where they support a client with high needs for a period of time after they leave the shelter. They help people to stabilize in their new housing and they help to facilitate connections between clients and longer-term follow-up support services. They also help clients settle in to their neighbourhoods and connect with local resources. Trust and good rapport are the necessary foundation for service relationships that can help someone effect change. Over the course of the few days or months that a person stays in a shelter, Salvation Army staff have the opportunity to develop a positive connection. (See **Principle 1**) Accompaniment and follow-up services say “I care about you”; “There’s hope”; and “I’m going to make sure you don’t fall through the cracks.”²⁵

In all situations, shelters **coordinate as much as possible with other service providers** in the community so that clients have a variety of supports to draw on as they stabilize in their housing and integrate into their neighbourhood. A key partnership is often with the local Salvation Army Community & Family Services. (See **Principle 6**)

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

5

We aim to make every discharge from shelter an organized departure.

“Deadlines should be on ourselves [staff], not on our participants. We don’t just want them out, we want them to go into something sustainable.”

~ TSA shelter manager

Nobody should ever be discharged to homelessness. When a client is discharged from an emergency shelter and goes to another shelter, or sleeps rough, or returns to an abusive or exploitative household, they are leaving one form of homelessness for another. Salvation Army shelters aim to make every discharge an “**organized departure.**” This means that when a client leaves the shelter:

- it is their choice (i.e., it is a planned and client-led departure rather than a staff-led discharge) and
- they are leaving for another type of housing that better suits their current needs.

Ideally, this housing is permanent housing. In some cases, clients may prefer to access an addictions treatment program or a transitional housing program first. The Salvation Army provides these options and supports these choices, but does not require a client to complete any

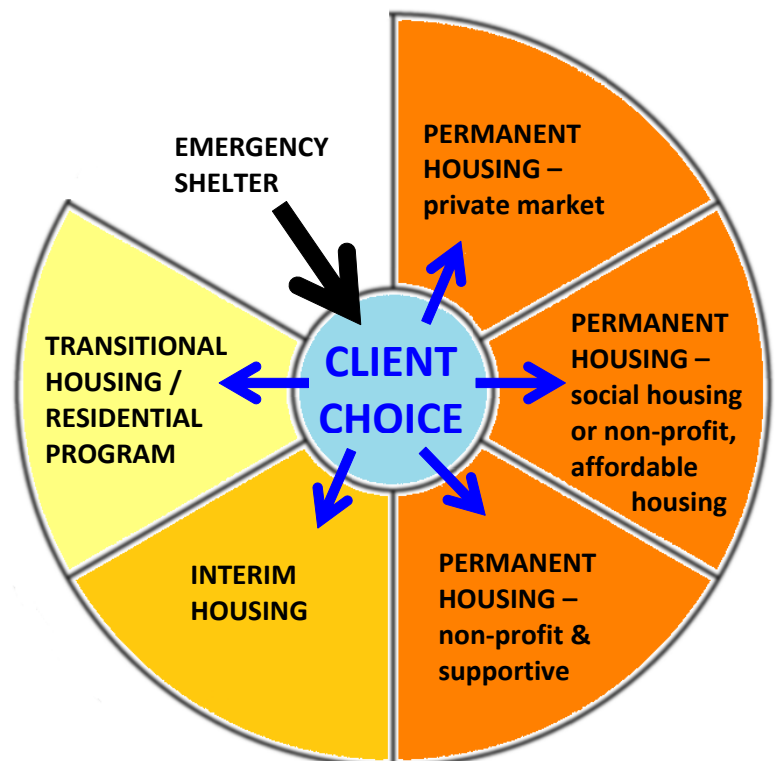


Figure 2: Visual Description of Organized Departures

predetermined steps before assisting them to access permanent housing. Whether the housing is time-limited or permanent, it should be **stable, positive housing**. See **Table 1**, below, for definitions.

Table 1: Checklist – Stable, Positive Housing²⁶

LEGEND:	HOUSED	AT RISK OF HOMELESSNESS	HOMELESS
<p><input checked="" type="checkbox"/> STABLE HOUSING</p> <ul style="list-style-type: none"> - Affordable – ideally, rent and utilities should take up less than 30% of a household’s pre-tax income - Adequate – not in need of major repairs - Suitable – there are enough bedrooms to accommodate the household’s size and composition (e.g. people of different genders & ages and cohabiting couples) based on Canada’s National Occupancy Standards (NOS) - Choice – The person was able to choose the location and building that they felt would meet their needs 	<p><input checked="" type="checkbox"/> POSITIVE HOUSING</p> <ul style="list-style-type: none"> - Safe – The person feels safe, secure, and comfortable - The person has a level of control over their environment and their living situation is not abusive or exploitative - Decent – The housing is good quality and the person has a basic level of privacy and personal space 		
<p><input checked="" type="checkbox"/> PRECARIOUS HOUSING</p> <ul style="list-style-type: none"> - Housing that does not meet standards for affordability, adequacy, or suitability - Situations where the household is facing other challenges that have the potential to lead the tenants to lose their housing 	<p><input checked="" type="checkbox"/> NEGATIVE HOUSING</p> <ul style="list-style-type: none"> - The person is experiencing physical, emotional, sexual, or financial abuse from others living in their unit or building; from a landlord; or from anyone else with regular access to their home - The person’s sexual or physical labour is being exploited by others living in their unit or building; by a landlord; or by anyone else with regular access to their home 		
<p><input checked="" type="checkbox"/> TEMPORARY HOUSING</p> <ul style="list-style-type: none"> - Examples include: <ul style="list-style-type: none"> ○ Temporary stays (“couch-surfing”) with friends, family, acquaintances, or strangers ○ Emergency shelter 			

The key to an organized departure is client choice and self-determination – and the availability of a range of affordable and appropriate options. Supporting client choice is not an easy task given the limited availability of affordable rental housing and the long waiting lists for supportive housing and subsidized housing in most Canadian cities.²⁷ In some communities, a client who is on a wait list for a residential program or permanent housing may also have access to “interim

housing.” (For definitions and comparisons of the range of residential and housing options, please see the **Glossary**.)

Implications for Length of Stay and Program Definition

It’s a wonderful facility. I’ve got a roof, meals, structure, routine – but also stress! I have 10 days and then I’m out on the street. We are allowed to stay for one month, and we get a notice 10 days before we’re discharged. We have to appeal in order to stay longer, and then we have to appeal again. How can I focus on my goal if I’m worried about being evicted? They should give us at least 3 months BEFORE they start with the notices. ~ TSA shelter client

“Emergency shelters” have often been defined by their short-term length of stay. Some funders or communities place a limit on shelter stays (e.g. 30 days) or set targets for re-housing people (e.g. 7 days). This Framework shifts the evaluation of shelter effectiveness from process (e.g. number of people leaving the shelter within a specific time period) to outcomes (e.g. number of people leaving the shelter for stable, positive housing). (See **Principle 7**)

If a funder requires a Salvation Army shelter to enforce a short length of stay, that contract may take priority over this Framework in the short term. However, when contracts are being renewed, or when other opportunities arise to discuss evidence-informed effective practices with funders, staff may work to renegotiate terms based on evidence-informed principles in this Framework.

Salvation Army emergency shelters have seen that most people exit shelters fairly quickly, often within two weeks. However, people who are experiencing chronic and episodic homelessness are rarely able to have an organized departure within this time. (See **Principle 2**) Where short lengths of stay are enforced, people experiencing chronic and episodic homelessness often leave one shelter for another, or they may sleep outside until the shelter rules permit them to return. (See **Principle 3**) In these situations, shelter staff often feel frustrated – they have begun work on a case plan and have started to build a rapport with someone,

only to see them leave for another shelter to start that process over again with new workers, and then to see them return. (See **Principle 1**)

Ideally, a person will be able to leave the shelter as quickly as possible. However, if a client is planning to move out into private market housing with mobile case managers or an Assertive Community Treatment (ACT) team following up, the client may wish to stay until the supports are in place. Similarly, a client may wish to stay in the shelter (or in interim housing, where available) while completing a multi-stage application process or while on a wait list for a transitional housing program, a residential treatment program, a permanent supportive housing program, or another type of supported or subsidized housing option.

It can take time to help someone find housing that they can stabilize in and, ideally, prevent a return to homelessness. Housing quality, neighbourhood, client choice, and living environment all impact housing stability over the long term.²⁸ The available evidence shows that even well-resourced programs typically take two to three months to help people with high needs find appropriate housing:

Table 2: At Home / Chez Soi Time from Recruitment to Housing and Contextual Factors in Montreal and Toronto²⁹

	Montreal	Toronto
Time between HF program recruitment and moving into housing	“almost all ... were housed within about 3 months”	69 days (mean)
Rent supplement	\$375 (average)	\$600 (all)
Number of participating landlords	73	53
Vacancy rate (mid-study – Spring 2011)	2.5%	1.6%
Average rent for a one-bedroom apartment (mid-study – Spring 2011)	\$626	\$969

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

6

We coordinate services and participate in planning with community partners.

“It’s staff who are making phone calls, looking for things, finding things out. When I think about the needs that our clients have – it’s staff who have, over time, built up connections, worked to link to resources. It’s the human touch; it’s leg work. Without that, clients wouldn’t be able to navigate through complicated red tape.”

~ TSA shelter manager

“Relationships [with corporate and community partners] need to be fostered; people need to be engaged. A collaborative approach, sharing an agenda, offers the opportunity to have a collective impact.”

~ TSA officer

Salvation Army shelters have a critical role to play in helping people break the cycle of homelessness – but we can’t do it alone. Effective services to this population require a community effort that brings together partners from health, mental health, housing, addictions, and other sectors. Salvation Army shelters:

- **Coordinate services** with other agencies to ensure that clients connect with the full range of services they need, and that these connections are designed to continue after the clients leave the shelter. (See **Principle 4**)
- **Participate in planning** tables, networks, committees, advocacy groups, and community forums, ensuring that the voices and ideas of Salvation Army staff and clients are part of discussions on how to integrate homelessness services and achieve system changes. (See **Principle 7**)

For many people, shelters serve as the “front door” to the homelessness service system. Many clients arrive at the shelter hoping to meet their immediate need

for safety, food, a bed, and a roof over their head, but with little knowledge of the range of programs and services that are available to people experiencing homelessness. Shelters often function as a service hub, bringing specialized service providers into the shelter on a regular basis (e.g. daily, weekly, biweekly, monthly). Most challenges that a client is facing are not going to be resolved during their shelter stay; for that reason, **Salvation Army shelters try to bring in external service partners who are able to continue the care relationship with the client after the client has left the shelter and resettled in the community.**

For services that are not available in the shelter, Salvation Army shelter staff provide clients with referrals and, where possible, “warm transfers.” A “warm transfer” is a face-to-face introduction where the client is accompanied by one service provider whom they trust and is introduced to a second provider whom they don’t know. (See Principle 4)

The key is a “no wrong door” approach, where all staff “do what it takes” to help solve a person’s problem. Often, this can include a prevention aspect, helping to connect people to the resources they need to avoid homelessness altogether.³⁰

Salvation Army shelters often begin coordinating and planning with Community & Family Services, the local corps, and other local Salvation Army ministry units. Other productive partnerships include funders, other service providers, community members, student placements, and research collaborations with local universities. (See **Sample Practices** for further discussion.)

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

7

We track and analyze outcomes to inform planning and policy decisions and continuously improve services.

“Data is key. Perceptions lead to decisions. [Our funder] told us we were supposed to only do referrals, no case management. I took the data back to [the funder] and said, ‘Look, this is the impact.’ So we kept the funding.... We are always collecting data and doing participant surveys. Through the data we were able to realize that we weren’t serving 70% of the people who needed us. So we began letting people who were intoxicated use the shelter. We have to be creative and always willing to make a change, and do it quickly. We have to constantly be asking questions. How do I know if I’m meeting my goals if I’m not collecting data?”

~ TSA shelter manager

What gets measured, gets done. So what are we measuring? Funders have traditionally requested information on outputs – measures that focus on staff effort as a proxy for client success. For example, a funder may ask how many clients a caseworker serves in a day and how many referrals were provided to each individual. This would incentivize the caseworker to see as many people as possible and hand out as many brochures and phone numbers as possible.

Measuring outcomes is more difficult, but it gives us the information we need to accurately assess the effectiveness of services. Armed with this information, we are able to:

- Continuously improve services within our shelters to ensure that increasing numbers of clients are able to break the cycle of homelessness

- Provide solid, evidence-based proposals to government funders and community decision-makers that can guide the direction of homelessness services system planning. Rather than reacting to new funder directions, we can help to lead the way.

How Are Emergency Shelters Helping to Achieve Mission?

The table below shows the ways in which the Operating Principles proposed in this Framework connect with The Salvation Army mission and the evaluation processes that are already consistently applied in Salvation Army shelters. The blue boxes in the table below indicate areas for evaluation that are either inconsistently applied or do not yet exist.

Table 3: Evaluating Mission and Operating Principles with a Focus on Outcomes

MISSION	SHELTER CONTEXT	FRAMEWORK PRINCIPLES	EVALUATION (TSA & FUNDERS)	EVALUATION (SHELTER)
To share the love of Jesus Christ	Compassion, non-judgment, spiritual care	Principle 1 (person-centred care & service to the most vulnerable) and Principle 3 (harm reduction principles)	- Territorial & Divisional Program Plan approval process - Territorial Accreditation (every 3 years) and follow-up Divisional action plans	- Community Council strategic planning - Client surveys - Other client feedback? (suggestion box? regular focus groups? resident meetings?)
To meet human needs	Safety from violence; protection from the elements; access to basic necessities such as food, bed, washroom, clothes, etc.	Principle 4 (accompaniment & follow-up), Principle 5 (organized departures), and Principle 6 (service coordination w/ community partners)	- Government funder contracts - THQ & DHQ Program Plan - THQ Accreditation & DHQ Action Plan	- Community Council strategic planning - Client surveys - Other client feedback? (suggestion box? regular focus groups? resident meetings?)

MISSION	SHELTER CONTEXT	FRAMEWORK PRINCIPLES	EVALUATION (TSA & FUNDERS)	EVALUATION (SHELTER)
To be a transforming influence in the communities of our world	Help people to find stable, positive housing and connect with the ongoing, community-based services they need to break the cycle of homelessness	Principle 2 (chronic & episodic homelessness), Principle 6 (planning & advocacy work w/ community partners), and Principle 7 (tracking outcomes)	- Government funder contracts?	*** See list of indicators, below ***

The list below identifies the measures that can assess client outcomes and, more broadly, the impact that Salvation Army shelter services are having. The **outcome measures** assess Salvation Army shelters’ effectiveness in helping clients break the cycle of homelessness, and the **general shelter use measures** provide important contextual data for interpreting some of the factors affecting outcomes.

Outcome Indicators

- The number and percentage of **chronic and episodic shelter users** in the shelter (**Principle 2**)
- The number of chronic and episodic shelter users who leave the shelter to move into **stable, positive housing** (as opposed to leaving for another shelter, the streets, or provisional accommodations) (**Principle 2** and **Principle 5**)
- The overall total of shelter users whose discharge meets criteria for an **organized departure** (**Principle 5**)
- The number of **care relationships** established between clients with high needs and community-based service providers that continue after the client leaves the shelter and is housed in the community (**Principle 4** and **Principle 6**)
- The number of chronic and episodic shelter users who **return to the shelter** after being housed (**Principle 2**)

- The number of chronic and episodic shelter users who **remain housed at 3, 6, and 12 months (Principle 2, Principle 4, Principle 5, and Principle 6)**

General Shelter Use Indicators

- Client satisfaction with shelter services (**Principle 1 and Principle 3**)
- Annual shelter occupancy rate (**Principle 3**)
- Number of prospective clients turned away each year (**Principle 3**)
- Annual shelter client recidivism rate (**Principle 2**)
- The number of staff trained to connect clients with community-based resources (i.e. via referrals or warm transfers) and the ratio of the number of staff trained in this way to the number of clients in the shelter (**Principle 1 and Principle 2**)

Each shelter is encouraged to set targets that they feel are realistic but also aspirational, based on their resources, client population, community, service partnerships, and other factors.

NOTE: To support the implementation of the Operating Principles, Sample Practices, Sample Tools, and a Glossary are being developed. For an update, please contact your regional consultant at Territorial Headquarters.

Endnotes & References

NOTE: A bibliography is available upon request. Please contact Alison Kooistra, special project consultant for the Territorial Emergency Shelter Initiative, at alison_kooistra@can.salvationarmy.org, or contact your regional consultant at Territorial Headquarters.

¹ The phrase “motivated by love for God and the needs of humanity” is from The Salvation Army’s Mission & Values statement (The Salvation Army Canada and Bermuda Territory, n.d.). Information on the history and reach of The Salvation Army is from (Pedersen & Moyles, 2013).

² The number of Salvation Army shelters (53) and their locations (every province and territory except for New Brunswick and Nunavut) is information that came through the Homelessness Task Team’s survey in May–July 2014 (Homelessness Task Team, Kooistra, & Ahrens-Embleton, 2014; Homelessness Task Team & Kooistra, 2014b). The statistic of “nearly 1 in 5 shelter beds” is a calculation using data from two sources: (Employment and Social Development Canada, 2012; Harris & Scheer, 2012). The Employment and Social Development Canada’s 2012 Shelter Capacity Report identified 15,595 emergency shelter beds from all providers across Canada. The raw data from The Salvation Army’s 2012 Environmental Scan showed 2,904 Salvation Army emergency shelter beds in Canada, which puts its contribution at 18.6% of the total. For further discussion, please see the Homelessness Task Team’s Phase 1 report (Homelessness Task Team & Kooistra, 2014a).

³ (Hulchanski, Campsie, Chau, Hwang, & Paradis, 2009; Hulchanski, 2011; Laird, 2007; The Wellesley Institute, Shapcott, & Salazar, 2006)

⁴ (Segaert, 2012)

⁵ For an in-depth definition and discussion of Housing First, please see the Homelessness Task Team’s Phase 2 report (Homelessness Task Team & Kooistra, 2014b). Two resources available on the internet that provide helpful introductions to Housing First approaches are: Stephen Gaetz, Homeless Hub (2013):

www.homelesshub.ca/housingfirst and the Mental Health Commission of Canada (MHCC) and the Homeless Hub, The Canadian Housing First Toolkit (Polvere et al., 2014): www.housingfirsttoolkit.ca.

⁶ (Homelessness Task Team & Kooistra, 2014b)

⁷ Eight Salvation Army shelters (15.1%) reported an average occupancy rate of 90 to 94%; twenty-one shelters (39.6%) reported an average occupancy of 95% to 100%; and eight shelters (15.1%) reported an average occupancy greater than 100%. (Homelessness Task Team et al., 2014) See **Principle 7** in this Framework for further discussion of occupancy rates.

⁸ For a focused discussion of these structural issues and their impact on shelter services in Canada, please see the Homelessness Task Team’s Phase 1 Report (Homelessness Task Team & Kooistra, 2014a). For more wide-ranging analyses of these trends, please see the following sources: (Falvo, 2009, 2010; Gaetz, Donaldson, Richter, & Gulliver, 2013; Golden, Currie, Greaves, & Latimer, 1999; Hulchanski et al., 2009; Laird, 2007; Ontario Non-Profit Housing Association, 2013; Perkins, 2014; The Wellesley Institute, 2010; Toneguzzi, 2014).

⁹ Homelessness Task Team of The Salvation Army’s National Advisory Board: Daniel Burns (chair), Suzanne Herbert (past chair), Mary Ellen Eberlin, Joanne Tilley, Lieutenant-Colonel Ray Moulton, Major Les Burrows, Major Michael Hennessy, Karen Livick, Dr. Stephen Hwang, Robert MacFarlane, Susan Doniz, and Alison Kooistra.

¹⁰ For a detailed methodology and list of stakeholders consulted, please see the Homelessness Task Team’s Phase 2 Report (Homelessness Task Team & Kooistra, 2014b).

¹¹ (Baker Collins, 2013; Davis, Tamayo, & Fernandez, 2012; Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Gates, Reynolds, Wyk, & Amos, 2013; Hopper et al., 2010; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005; Najavits & Hien, 2013; Olivet, Bassuk, Elstad, Kenney, & Jassil, 2010; B. M. Pauly, 2005)

¹² (Aubry, Klodawsky, Nemiroff, Birnie, & Bonetta, 2007; City of Toronto, 2007; Hwang, Wilkins, Tjepkema, Patricia J O’Campo, & Dunn, 2009; Mental Health Commission of Canada, 2014b; Nelson, Sylvestre, Aubry, George, &

Trainor, 2007; S Tsemberis & Eisenberg, 2000; Waegemakers Schiff & Rook, 2012; Waegemakers Schiff, Schneider, & Schiff, 2007)

¹³ The “small population” of episodic and chronic shelter users ranges from 6% to 16% using depending on the community. (Aubry, Farrell, Hwang, & Calhoun, 2013; Segaert, 2014)

¹⁴ The numbers in this graphic include three years of data from aggregated from almost 20,000 clients staying in shelters in seven Canadian cities (Segaert, 2014). While the numbers vary across locations and in different types of shelters, the basic pattern – a small minority of individuals using a disproportionate number of bed nights – remains the same. An earlier study of aggregated shelter data from three cities in Ontario (Guelph, Ottawa, and Toronto), found that 10% of single adult shelter users used 48% of bed nights (Aubry et al., 2013). In Calgary, 16% of single adult shelter users occupied 72% of bed nights (Calgary Homeless Foundation, 2014). Among families in Ontario, the ratio is 15% of households to 43% of bed nights (Hwang, Aubry, Farrell, & Calhoun, 2010). Research from the United States on single adults and families shows the same pattern (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Kuhn & Culhane, 1998)

¹⁵ In a shelter context, a “cold referral” is when a shelter worker recommends that a client connect with an external service provider and gives the client the contact information or a brochure. A “warm transfer” is when the worker accompanies the client to the external service provider, or provides an in-person introduction when staff from the service provider come to the shelter.

¹⁶ (Austen & Pauly, 2012; Baggett et al., 2013; BC Coroners Service, 2014; Davidson et al., 2014; Davis et al., 2012; Golden et al., 1999; Goodman, Fels, & Glenn, 2006; Holton, Gogosis, & Hwang, 2010; James Pratt Consulting, 2009; Paradis, Novac, Sarty, & Migrant, 2009; B. M. Pauly, 2005; Bernie Pauly et al., 2013; Sam Tsemberis, Gulcur, & Nakae, 2004; Tutty, Weaver, & Rothery, 1999; USICH, 2010; YWCA Canada, 2014)

¹⁷ (CCSA, 2005; Harm Reduction Coalition, n.d.; Hunt, n.d.; Kidorf, King, Peirce, Kolodner, & Brooner, 2013; Kornør & Waal, 2005; B. M. Pauly, 2005; Bernadette Pauly, 2008; Bernie Pauly et al., 2013; Poole, Urquhart, & Talbot, 2010; Rekart, 2005; Strathdee et al., 1999; Strike et al., 2013)

¹⁸ All Salvation Army shelters developing a program (either alone or in partnership with another organization) submit a Program Proposal to Divisional Headquarters and the Territorial Social Services Department. Program Proposals are reviewed for their fit with The Salvation Army mission, and assessed for practical considerations such as insurance coverage, human resources, and financial resources, volunteer involvement, and impact on existing programs.

¹⁹ “No barrier” and “low barrier” shelters permit people who are intoxicated to come in; do not require people to commit to a treatment plan or other program; and do not exclude people based on their criminal history, mental health diagnosis, or lack of identification. “No barrier” shelters typically do intake 24 hours a day; admit both men and women; permit people to bring in their pets; permit clients to bring in harm reduction supplies, such as clean mouthpieces and clean needles; and offer more storage than most other shelters for clients’ personal effects, collected empty bottles, and shopping carts. Some may permit substance use on site; others may store clients’ alcohol and other legal items overnight and give them back in the morning. “Low barrier” shelters (also called “minimal barrier” or “damp” shelters) may offer some of these program elements but not others.

²⁰ During the consultations, 73 clients were consulted. Many of these clients said they appreciated the relative peace and safety that a sober (or mostly sober) environment offered. However, they were more concerned about behaviours, about people who were out of control while under the influence, than they were about people who were just under the influence. Clients suggested that rather than discharge, a client coming in under the influence should be able to go to a private room to “sleep it off” and, once the client was sober, staff should talk to the client about their substance use and offer counselling and other resources to help them.

²¹ (Homelessness Task Team & Kooistra, 2014b)

²² (Baker Collins, 2013; Davis et al., 2012; Elliott et al., 2005; Gates et al., 2013; Goering et al., 2014; Goodman et al., 2006; Guarino, Soares, Konnath, Clervil, & Bassuk, n.d.; Hopper et al., 2010; Hwang, Stergiopoulos, O’Campo, & Gozdzik, 2012; Hwang et al., 2005; Jennings, 2008; Mental Health Commission of Canada, 2014a; Najavits & Hien, 2013; National Alliance to End Homelessness, 2012).

²³ This idea was strongly emphasized during the site visits and consultations with Salvation Army staff that the Homelessness Task Team conducted in spring and summer 2014 (Homelessness Task Team & Kooistra, 2014b). In 2008, Salvation Army staff also recommended that services could be improved through providing increased follow-up and shelter-to-housing transitional case management supports (Harris & Katz, 2009, pp. 5, 38, 47). Evaluations of Salvation Army follow-up programs have also established their effectiveness in helping people stabilize in housing (The Salvation Army Booth Supportive Services, 2014; The Wiseman Centre, 2013).

²⁴ See, for example: (City of Toronto, 2007; Goering et al., 2014; B. M. Pauly, 2005; S Tsemberis & Eisenberg, 2000).

²⁵ Quotes are from staff feedback during the Homelessness Task Team's consultations.

²⁶ **Note:** The National Occupancy Standards are available at www.statcan.gc.ca/concepts/definitions/dwelling-logement-06-eng.html. **Sources:** Descriptions of "stable" housing are adapted from CMHC's "affordable," "adequate," and "suitable" housing (CMHC, 2014) and Holton et al.'s "decent," "stable," and "appropriate" housing (Holton et al., 2010). "Precarious housing" and "provisional accommodations" definitions adapted from (CHRN, 2013). The Calgary Homeless Foundation uses the terms "positive destinations" and "negative destinations" to present a list of facilities (e.g. a unit "owned or rented by a client" is a positive destination, while "jail/prison" and "hospital" are negative destinations). However, CHF acknowledges that "positive" and "negative" have an important subjective aspect as well – for example, going to jail/prison may be positive for someone "deal[ing] with outstanding warrants ... as part of their path to self sufficiency" and going to a hospital may be positive for "someone ill seeking medical treatment" (Calgary Homeless Foundation, 2012, p. 16). The definitions of "positive" and "negative" used in this Framework were developed as a way to account for experiences of homelessness that are not represented in most definitions of homelessness (H4W, 2013); specifically, the experiences of women and people who are being trafficked or exploited for their sexual or physical labour.

²⁷ For a focused discussion of these structural issues and their impact on rates of shelter use, please see the Homelessness Task Team's Phase 1 Report (Homelessness Task Team & Kooistra, 2014a). For more wide-ranging analyses of these trends, please see the following sources: (Falvo, 2009, 2010; Gaetz et al., 2013; Golden et al., 1999; Hulchanski et al., 2009; Laird, 2007; Ontario Non-Profit Housing Association, 2013; Perkins, 2014; The Wellesley Institute, 2010; Toneguzzi, 2014).

²⁸ (Anucha & Lenk, 2003; Aubry et al., 2007; City of Toronto, 2007; Hwang et al., 2009; Mental Health Commission of Canada, 2014b; Nelson et al., 2007; S Tsemberis & Eisenberg, 2000; Waegemakers Schiff & Rook, 2012; Waegemakers Schiff et al., 2007).

²⁹ Sources: Montreal: All information from (Latimer et al., 2014, pp. 7, 12). Toronto: Mean number of days (Personal communication from Dr. Stephen Hwang, August 20, 2014); Rent supplements: (Stergiopoulos et al., 2014, p. 10); Landlords:(Mental Health Commission of Canada, 2012, p. 10); Vacancy rates and average rents: CMHC statistics quoted in (Goering et al., 2014, p. 39 Appendix B)

³⁰ See, for example: (Crane, Warnes, & Fu, 2006; Culhane, Metraux, & Byrne, 2010, 2011; Culhane, 1992; Harris & Katz, 2009; Herman, Conover, Felix, Nakagawa, & Mills, 2007; Homeless Link, 2013; USICH, 2010; Wireman, 2007) "No wrong door" and "do what it takes" are quotes from Salvation Army staff collected during the Homelessness Task Team's consultations in 2014.