

# Homelessness Response Tool-Kit

Developed in collaboration with



# Land Acknowledgement

*We acknowledge that Business Improvement Areas (BIAs) are located on Indigenous land that has been inhabited by Indigenous peoples from the beginning. We acknowledge that there are 46 treaties and other agreements that cover the territory now called Ontario. We are thankful to be able to work and live in these territories. We thank all the generations of people who have taken care of this land - for thousands of years. Long before today, there have been Indigenous Peoples who have been the stewards of this place.*

*We recognize and deeply appreciate the historic connection to land throughout what is known as present day Ontario. We also recognize the contributions of Metis, Inuit, and First Nations have made, both in shaping and strengthening our communities in particular, and our province and country as a whole.*

*As settlers, this recognition of the contributions and historic importance of Indigenous peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities.*

# Contents

<b>Land Acknowledgement .....</b>	<b>i</b>
<b>Homelessness .....</b>	<b>1</b>
<b>How to Get Up-to-Speed on Homelessness In Your Community.....</b>	<b>1</b>
<i>Talk to the Service Manager.....</i>	<i>1</i>
<i>Talk to Non-Profits That Deliver Homelessness and/or Housing Stability Services .....</i>	<i>1</i>
<i>Read Municipal Council Reports .....</i>	<i>1</i>
<i>Talk to Community Police Officers.....</i>	<i>2</i>
<i>Talk to your local Municipal Councillor .....</i>	<i>2</i>
<i>Request or Review Data.....</i>	<i>2</i>
<b>Why Can't People That Are Homeless In The BIA Just Be Taken To A Place That Can Help Them? .....</b>	<b>3</b>
<b>Getting Started .....</b>	<b>4</b>
<i>Create A Local "Who To Call" List .....</i>	<i>4</i>
<i>Create or Get Copies of A Local Homelessness Resources Guide .....</i>	<i>4</i>
<b>Common Concerns and Practical Responses.....</b>	<b>5</b>
<i>People Displaying Behaviours that Lead You to Believe they May Have a Mental Illness (e.g. Auditory Hallucinations) .....</i>	<i>5</i>
<i>Feeling Disconnected from The Homelessness Response System .....</i>	<i>6</i>
<i>Damage to Property/Business And/Or Theft .....</i>	<i>6</i>
<i>People Sleeping Outdoors in the BIA.....</i>	<i>7</i>
<i>Street Involved Behaviour in the BIA (e.g., Panhandling, Drug dealing) .....</i>	<i>8</i>
<i>Needle Disposal.....</i>	<i>8</i>
<i>Overdose in the BIA.....</i>	<i>9</i>
<i>People Looking for Food From Restaurants or Grocery Stores in the BIA.....</i>	<i>9</i>
<i>Trash.....</i>	<i>10</i>
<i>People "Dumpster Diving" in the BIA.....</i>	<i>11</i>
<i>Person in Distress.....</i>	<i>11</i>
<i>Encampment Establishing or Growing in the BIA.....</i>	<i>12</i>
<i>Using Private Business to Get Out of the Elements .....</i>	<i>12</i>
<i>Bathroom Access &amp; Human Waste.....</i>	<i>13</i>
<b>Glossary.....</b>	<b>14</b>
<b>Terms to avoid .....</b>	<b>27</b>
<b>Who to Call List .....</b>	<b>28</b>

# Homelessness

## How to Get Up-to-Speed on Homelessness In Your Community

There are several ways you can get up-to-speed on homelessness in your community and sometimes just the service area that encompasses your BIA. A combination of these will probably give you the best understanding of how many people are experiencing homelessness, how many people are sheltered nightly, how many people are contacted by street outreach, and how many people experiencing homelessness have exited for housing and are being supported. You may also want to know how much money is being invested in the response to homelessness in your community, and what that money is being spent on.

### Talk to the Service Manager

This is often the best starting point. There is usually one or more staff people of the Consolidated Municipal Service Manager (urban and suburban centres predominately) or District Social Services Administration Board (mainly smaller communities and rural areas) whose job it is to help develop the Community Plan detailing the homelessness response, monitor performance of contracted non-profits, collect and report data, convene meetings of the sector, and, create policy. Much of this work is then presented to decision-makers like a Municipal Council at set intervals, with recommendations. Developing a working relationship with the staff that perform the functions of the Service Manager is a way to both stay connected and have influence. If you do not know who the Service Manager is in your community, consider asking your Municipal Councillor or a local non-profit organization that serves people experiencing homelessness.

### Talk to Non-Profits That Deliver Homelessness and/or Housing Stability Services

To get an “on-the-ground” perspective of the service response in your community, determine which non-profits that serve people experiencing homelessness or supporting formerly homeless persons in housing overlap with the boundaries of your BIA. Some non-profits serve an entire community, while others serve geographical areas within a community. Street outreach, shelter, and drop-ins can all be important connection points. Make sure you are speaking with the service provider that can best provide you information, education, and their perspective. For example, asking a shelter about street homelessness is often pointless, as shelter staff may never leave the building and do all of their work indoors. The better course of action to gather this type of information would be to contact a street outreach provider.

### Read Municipal Council Reports

Funding announcements that impact a municipal budget, contract awards to non-profits along

with their performance are often reported to a municipal council. You can get a hold of reports from the past few years related to funding announcements, funding decisions, and performance, and get up-to speed on the investment and services in your community. Many of these reports also highlight issues that the municipality or non-profit service providers are facing, and where there are pressure points in the system.

### *Talk to Community Police Officers*

Community police officers are often the “go to” source when homelessness is visible in a community and businesses or residents have questions. Reaching out to the officers can be a great way to understand what police are seeing and any pressure points they face in doing their work. Police may or may not be connected into the broader system of services and supports to people experiencing homelessness, and may or may not be aware of the strategy and array of services available to support people experiencing homelessness.

### *Talk to your local Municipal Councillor*

Municipal Councillors can be an entry point into building connections and getting information on the homelessness response in your community. A Municipal Councillor can likely connect you to the staff responsible for day-to-day administration of homelessness programs. A Municipal Councillor can also likely connect you to the most appropriate police officers responsible for patrol and engagement in the BIA. If a Municipal Councillor does not immediately have the Municipal Council reports on hand where homelessness was discussed, they can likely connect you to the clerk to help locate those reports.

### *Request or Review Data*

Communities that receive provincial Community Homelessness Prevention Initiative (CHPI) money or federal Reaching Home money are required to report data. This may be in municipal council reports, or on a website, or reported out through dashboards that are updated on a regular basis. Some communities, like those participating in Built for Zero Canada have detailed data on things like inflow (new people experiencing homelessness) and outflow (how many people exited homelessness for housing). Take a look at outputs like how many contacts there were in street outreach, how many beds were filled in shelter, or how many meals were served in a drop-in centre and also examine outcomes like the difference the investment in services has made in helping people exit homelessness and remain housed. In addition, the following three data points can help you get up-to-speed on system performance: what is the mean and median length of time a person experiences homelessness; how many people experiencing homelessness were assisted in getting housed or reuniting with friends/family in housing; and, of those who were assisted with housing, how many returned to homelessness.



# Why Can't People That Are Homeless In The BIA Just Be Taken To A Place That Can Help Them?

Variations of this question come up a lot, usually from a place of both frustration and compassion. People experiencing homelessness (or at least thought to be homeless) are often encountered in the BIA. Some people, especially to a non-social worker, seem unwell. Customers, patrons and BIA members can be upset, bothered, concerned, or worried about people experiencing homelessness in the BIA and want to make sure people are being supported and served, and that they have access to food and a safe place to stay at night.

It is important to note that services to people experiencing homelessness are voluntary. There is no legal mechanism to force people to go to a service, use a service, or stay inside a homelessness serving facility. Even if it was legal, it would be ethically dubious. One of the hallmarks of the service work is empowering people experiencing homelessness to make choices and decisions about his/her/their own life. While trained professionals in the field know how to make use of assertive outreach and motivational interviewing as techniques in engagement, and many in the industry are persistent in problem-solving and charismatic in their engagement, the person that is experiencing homelessness has to make an informed decision to receive services.

There is only one exception to this rule and that is if the person experiencing homelessness is a clear danger to themselves or others. The Mental Health Act sets out the powers and obligations of psychiatric facilities in Ontario. The Act governs how admissions are done, the categories of admissions, as well as directives around assessment, care, and treatment. The Act also outlines the powers of police officers and Justices of the Peace to make orders for an individual - who has to meet certain criteria - to undergo psychiatric examination by an appropriate mental health professional. Patient rights are also referred to, including procedural details such as rights of appeal to the Consent and Capacity Board.

Being homeless is not illegal. Going back to 1994, the Courts have determined elements of vagrancy laws were unconstitutional because they interfered with life, liberty, and security of the person. Some of the behaviours exhibited by people experiencing homelessness or activities required for day-to-day survival may be subject to other laws or by-laws, but simply being without a permanent place to live does not render a person without rights, nor does it nullify the Canadian Charter.

# Getting Started

## Create A Local "Who To Call" List

To some degree, the actual person, governmental department or non-profit to call will vary from community to community throughout Ontario. At the local level, it can be very helpful to have a list of who to call in the event of some common occurrences in the BIA. Some of the more helpful contacts to have at the fingertips of the BIA are:

- Street Outreach
- Needles/Sharps
- Human Waste
- Mobile Crisis Team
- Harm Reduction Team
- Garbage/Abandoned Belongings
- Non-emergency Police
- Non-emergency Community Paramedics

## Create or Get Copies of A Local Homelessness Resources Guide

Some communities already have a resource guide for people experiencing homelessness. If a community does not have one, or the existing one is not specific to resources in or near the BIA, consider preparing this essential information for BIA members and/or people experiencing homelessness encountered in the BIA. The resource guide should include:

- Location of shelters and how to access the shelters (for example: do people just show up or do they need to go through a centralized intake point?)
- Location of meal programs by day(s) of the week and/or other resources that make food available
- Location of drop-in centres and hours of operation
- Location of housing help resources and/or Coordinated Access points
- How to contact street outreach providers
- Location of public washrooms
- Location of public showers and hours of availability
- Location and operating hours of warming/cooling centres
- How to access harm reduction supplies and/or where a safer injection site is located

For most of the above services, a map of availability in and near the BIA can be really helpful. Some of the services may change hours of operation or even location of services during the year. As such, if preparing the resource guide, focus on sharing the information and being able to update it regularly rather than a glossy product that may become outdated not long after printing.

# Common Concerns and Practical Responses

## *People Displaying Behaviours that Lead You to Believe they May Have a Mental Illness (e.g. Auditory Hallucinations)*

---

If you are concerned about the welfare and safety of a person because of their perceived mental state, or are concerned about the welfare of staff, business owners and patrons in the BIA because of the behaviour of a person seems abnormal, here are some considerations:

- If your community has a crisis intervention team** (usually a mental health professional paired with law enforcement), **activate that response**. If that doesn't exist in your community, and the person is in active distress and you are worried they may harm themselves or others, call 911.
- Educate yourself and fellow BIA members on the Mental Health Act** to better understand when, and under which conditions, the Act can be used, and what happens when it is used. It can be frustrating to some people to learn what is possible and not possible under the Act, but it is better to have the knowledge than be frustrated that nothing is being done.
- If you feel safe, and a crisis response is not necessary, but you are still concerned, consider the following:**
  - Ask the person if they are okay or need help.
  - Get the person a cup of water and perhaps a snack.
  - Ask if there is anyone you can contact for them.
  - Ask a bystander or coworker to stay with you.
- Consider a “See Something, Say Something” mentality** e.g. if this was your elderly grandmother, would you feel comfortable leaving her in the situation? If you are concerned about exposure, health issues, or other factors, you should act as if the person is someone you care about. If you see someone in danger, say something. You could very well save their life!
- If you are worried about contacting law enforcement, follow the resources you have found through the Service Manager** or your contacts with non-profit service providers. Service providers don't want to have people in unnecessary law enforcement situations either, so make a call, if you are able.
- Explore if a partnership with the non-profit sector and the municipality makes sense** to offer mobile hygiene facilities. These are normally showers and toilets on trailers that can be temporarily located for part or all of a day, at set intervals. It won't resolve all bathroom issues, but it can help.



## Feeling Disconnected from The Homelessness Response System

If the BIA is feeling disconnected from the homelessness response system, try one or more of the following:

- Meet with the Service Manager**
- Meet with non-profit homelessness service providers in the BIA**
- Inquire whether or not there is a community resource guide for people experiencing homelessness.** If one exists, get copies for yourself and fellow BIA members.
- Inquire how to get a seat on the Community Advisory Board** (if your community receives federal Reaching Home funding), and/or, how to attend Community Advisory Board meetings.
- Read reports made to your Municipal Council** pertaining to homelessness.
- Convene a meeting with the Service Manager**, relevant non-profits and community police officers so that all parties are in the same room together to talk about homelessness in the BIA and the response.
- Attend a Council meeting where homelessness matters are being discussed**, and make a presentation outlining the BIA concerns, where you think there are opportunities, and how the BIA can assist in realizing strategic objectives related to the homelessness response.
- Meet with staff involved in Coordinated Access in your community** to better understand the process from engagement through to realizing housing and supports.
- Invite the Service Manager to a meeting of the BIA to outline the community investment**, response and results.
- If your community has a centralized phone number for activating a street outreach response**, make sure it is known to all BIA members, and used regularly.
- Talk with people experiencing homelessness that live or spend time in the BIA about the services they use**, the services they like or do not like, and what they feel they need to exit homelessness for housing.

## Damage to Property/Business And/Or Theft

- Damaging property or a business, as well as theft, are illegal and police matters.** The homelessness response system is not equipped to intervene in these types of situations other than providing alternative service opportunities. However, law enforcement has considerably more tools at their disposal. Consider the following:
- If theft is directly related to procuring items for day-to-day existence**, work with local non-profits and the Service Manager to organize how those items can be made available to people that are homeless or street involved in ways that the individual does not need to interact with a business to get the item.
- If you actively see a person damaging a property or building, or engaging in theft**, take the same measures you would take if any person did the same thing, regardless of housing status.
- Work with community police to outline your concerns about damages and theft.** Ask what they can do to enhance their response and help stop this from occurring.

If there are certain areas like back alleys being vandalized, consider whether or not there are other security measures like cameras or lighting that can better protect the property. An audit with police or other safety professionals can often assist in this regard.

## People Sleeping Outdoors in the BIA

When people are sleeping outdoors in the BIA, you may feel concerned about them and their welfare. It is also possible that where people are sleeping directly impacts the business, such as sleeping directly in front of the doorway leading into the shop. Here are some actions you can consider:

- Ask yourself: is this a life threatening situation?** Is it freezing/too hot outside and the person is at risk of exposure? Is the person in imminent danger if they stay in this place? Consider these situations to be exactly like any other person found in distress in the BIA - homeless or not.
- If you feel safe to do so, check to see if the person is conscious or having a health emergency.** You can do this verbally, keeping a safe distance, and speaking loudly. If the person is unresponsive, the most appropriate action is usually calling 911.
- Invite the Service Manager to do a walk-through of the BIA** with you and fellow members to see where people are sleeping or hanging out, and request a service strategy to increase staff presence and engagement in the BIA, as resources allow.
- Inquire of your local Municipal Councillor** whether the community has a protocol or process for responding to people experiencing homelessness that sleep outside and/or serving people living in encampments. If there is one, learn what the process is for increasing services and escalating concerns.
- If you have a street outreach provider, do a walk through the BIA** with them and your fellow members. Be specific about the times of day people thought to be experiencing homelessness are encountered, and where. The more information you can provide, the easier it is for the street outreach provider to time their engagement in the BIA, and the approach they will use for engagement.
- If people thought to be experiencing homelessness are on private property**, the response will be different than if people are on public property. For private property owners, educate them on what is possible related to trespassing and enforcement.
- Thinking of getting a security detail to monitor the BIA after hours** to try and keep people away from sleeping in the BIA? A better approach may be to invest the same money in a dedicated street outreach professional or trained peer support worker to do the engagement. People that work in the sector are probably better equipped to engage, navigate available resources, and help people connect to services than a security guard.
- Have a reasoned conversation with the individual(s) experiencing homelessness** in the BIA about where they sleep, if it is impacting entry or exit from a business. Outline your concerns with access to the building. Ask whether there is another place they would feel safe sleeping that does not impede access to the business.
- Host a community meeting between the BIA and all people sleeping in the BIA** (or as many as possible). Outline your concerns as a BIA member and ask them how they can work with you to resolve the concerns.
- Avoid use of environmental measures** like music overnight, ground spikes, sprinkler systems, or flashing lights. These measures can result in negative reactions and create an adversarial relationship.
- Help advocate for additional support or housing resources in the community**, if warranted. Sometimes it isn't that the homelessness response sector doesn't want to help or deliver programming, it's that they lack the human resources or funding to deliver the services needed. Start as allies, finding common ground. Try not to make assumptions on what the service provider can/cannot do.

## Street Involved Behaviour in the BIA (e.g., Panhandling, Drug dealing)

Street involved activity can be unsettling for people who work or shop in the BIA. Some street involved behaviours are legal, while others are not. Sometimes it is how the activity is done that determines the legality. For example, asking people for money is not illegal, but stopping traffic to request money is not legal.

- Get copies of, or create, a resource guide** that can be distributed to people engaged in street involved behaviour in the BIA.
- If there are clearly illegal activities like drug dealing, work with police** to determine what their response will be. These types of activities are outside the purview of homelessness service providers.
- If there are activities that seem to violate local by-laws, work with your municipal enforcement** to understand how they go about investigating and responding to by-law violations. Ask how municipal enforcement integrates their response with social service providers - otherwise enforcement of by-laws can become adversarial and make it more difficult to resolve the situations.
- Host a forum for fellow BIA members to engage in conversation with service providers, first responders, and people experiencing homelessness** in the BIA to discuss your concerns, as well as to better understand the underlying reasons why people are engaged in this behaviour and why they are doing so in the BIA. Try to listen so as to understand. You may gain more traction helping people experiencing homelessness advocate to have their needs met (and then they vacate the BIA) than going solely down an enforcement route, which is unlikely to get a long-lasting, desired effect.
- Hire BIA ambassadors that are people with lived experience** to engage with people that are participating in street involved activities to have empathetic, peer-to-peer conversations about what is happening, why, how it impacts others, and what can be done.

## Needle Disposal

Whether for medical purposes or the use of injecting substances, needles present a hazard within the BIA if not disposed of properly. Here are some things you can do:

- Ensure there are bio-hazard containers readily available throughout the BIA**, and in public restrooms in or near the BIA. Consider providing smaller bio-hazard containers to specific people experiencing homelessness in the BIA that are known to inject substances. Ensure there is regular pick-up and replacement of the biohazard containers. Your local public health department, harm reduction service providers, street outreach providers, or a peer recovery program can often help with this, as can your local municipal Councillor.
- Map out all of the locations in or near the BIA where there is safe needle disposal.** Sometimes people just don't know where to go to put used needles.
- Meet with people experiencing homelessness or are street involved in the BIA** as part of a community meeting on the issue of needle disposal. Clearly and calmly outline your health and safety concerns with needles being left behind. Ask how you can support the people that use needles to more frequently dispose of them.
- If you have a clean-up crew** that involves people with lived or living experience, make sure they have the knowledge and equipment to safely pick up and dispose of needles found in the BIA.
- Host a harm reduction seminar or workshop for your BIA members** with the help of public health or a harm reduction service provider. Allow them the opportunity to outline how and why they deliver harm reduction. Ask them for strategies to reduce unsafe needle disposal in the BIA, and how you can work together to help achieve those aims.

## Overdose in the BIA

It can be distressing to see or know that people who use substances are overdosing in the BIA. Here are some things you can try:

- If someone is actively overdosing, unconscious, or it looks to be a health emergency, call 911 immediately.**
- Advocate to local elected officials, the Service Manager, and/or, Public Health for a safer consumption site** where people can use while being supervised and supported.
- Consider organizing Naloxone training for fellow BIA members** including how to administer it.
- Prepare or request a resource guide on supports for people that use substances**, from harm reduction programming in or near the BIA, to treatment and recovery options.
- Request overdose data from first responder engagement in or near the BIA** to understand the full extent of the issue.
- Consider, if resources allow, and overdoses are a massive issue in the BIA, requesting that harm reduction or addiction experts integrate with street outreach resources or do their own street outreach in the BIA.** Ideally, this would occur for a period of at least two weeks to start, to get a handle on the extent of substance use in the BIA, concerns of people that use drugs, and how we can work cooperatively (businesses, service providers, and people that use drugs).

## People Looking for Food From Restaurants or Grocery Stores in the BIA

- Food insecurity can be an issue for people experiencing homelessness in some communities.** Other communities have a robust network of meal programs and food banks. Depending upon your community, consider the following:
- Determine whether the restaurants or grocery stores see the request for food as an issue.** If it isn't an issue for them, there may be nothing for you to do. Distribution of food is a personal choice. It is not illegal to make food available to people.
- Consider approaching the person to see if they need assistance.** If someone is looking for food, provide the community resource guide that should include meal programs and food access.
- If the issue is transportation from the BIA to where meals or food is available**, work with a street outreach provider or the Service Manager to explore options for people to get to the programs.
- Consider working with your local food bank to create a satellite access and distribution opportunity** within the BIA. This often looks more like a community pantry than a full-blown food bank. This could be securing a vacant, usable space in the BIA, or delivered through mobile services like a van stocked with food available at certain times/days.
- Ask the street outreach provider if they offer emergency food assistance while doing their work.** If so, determine how people in the BIA can access that assistance, instead of going to restaurants or grocery stores.
- Develop consistent and informational talking points in response to requests for food**, if it cannot be provided on site. For example, "Sorry, we are unable to provide food; however, I can provide you with some information about meal programs in the community, if you would like."

## Trash

Concerns about trash in the BIA, especially related to where people experiencing homelessness or are street involved, live or congregate is a frequent concern. Some of the things you can try are:

- Create a social purpose enterprise with a local non-profit.** They hire people to do trash collection and clean-up in the BIA on a daily or regular basis. People get meaningful work. You get a cleaner BIA.
- Host regular BIA clean-up days at set intervals** (e.g., every two weeks) to do a deeper dive into cleaning up the BIA. For people experiencing homelessness or are street involved in the BIA, invite them to participate.
- Provide equipment to take care of trash to people experiencing homelessness or are street involved in the BIA.** It is hard to take care of trash if you don't have a garbage bag, a broom, or know which dumpster or trash receptacle to put the trash in, once cleaned up.
- Ensure there are a sufficient number of trash cans or dumpsters in the BIA** that are accessible to people that need to get rid of trash.
- Work with your local municipal Councillor and municipal staff to discuss trash issues,** the frequency of publicly funded trash clean-up and pick-up in the BIA, and whether or not it is sufficient for the BIA.
- Work with non-profit service providers in the BIA to collectively create a Good Neighbour policy** that includes routine examination of trash, its impacts, and what needs to collectively be done to keep the BIA cleaner.
- Involve municipal enforcement** if there is an ongoing issue with illegal dumping or trash scattered in the BIA and determine what solutions they recommend to decrease or resolve the issue.
- If personal belongings seem to be abandoned in the BIA,** consider how long they have been abandoned. A couple of hours without seeing a person with their belongings may just mean the person is currently elsewhere. However, abandoning items for a day or more can be a sign that the person has moved on. Work with street outreach to determine if the person is coming back, (for example, if the person is currently hospitalized or incarcerated for a short period of time). If no one knows the whereabouts of the person and the belongings have been left behind for 48 hours or more, considering implementing a multi-stakeholder protocol. Steps in that protocol may include:
  - Street outreach or another service provider scan belongings (without touching the belongings) for personal effects and valuables like money, medication, or identification that is in plain sight.
  - Often these services will store items like these for a temporary period of time. It is also possible another service organization like a drop-in centre may store items of value on a temporary basis.
  - Once personal effects and valuables have been scanned for items of value in plain sight, consider having a notice posted by municipal enforcement or the service provider that the belongings are considered abandoned and if not claimed within 24 hours will be removed on or after that time.
  - Then, it is up to various municipal departments and enforcement to take care of removing the belongings that have been abandoned, subject to local by-laws and policies.
  - If storage can be provided for a period of time after cleaning up all remaining belongings, that is recommended.

## People “Dumpster Diving” in the BIA

People experiencing homelessness or are otherwise street involved, may “dumpster dive” for a host of reasons - from looking for food to identifying valuables that they may be able to use or sell. If “dumpster diving” is concerning to you and fellow BIA members, consider one or more of the following:

- Approaching the person to see if they need assistance.** If someone is looking for food, this is an opportunity to connect with the resource guide to access the local food bank or meal service in town.
- Explore what parts of “dumpster diving” makes you or BIA members uncomfortable.** While this situation can make people uneasy, consider whether or not this is a safety concern for you, your customers, or the business itself.
- Post signage on or near dumpsters that are frequented,** outlining the availability of meal or food programs in or near the BIA.
- Engage with people that are doing the “dumpster diving,” if you feel safe doing so,** and ask why they are going into the dumpster. Try to be neutral and non-judgmental. See what need they are trying to fulfill by going into the dumpster. Redirect to other resources if there are alternate ways those needs can be met in the community.
- Track what times of day and locations where entry into dumpsters is happening most frequently.** Request that street outreach workers engage at those locations/times of day to assist people.
- If people are sleeping in the dumpster,** it can be very unsafe and result in death if trash is collected and they are inside. It is often engagement with police that is required if street outreach workers are unsuccessful at convincing people that the dumpster is not a safe place to sleep.
- Keeping dumpsters locked may have mixed results.** Yes, it may keep people out of the dumpster, but it can also increase the visibility of trash in the BIA if people do not have access to dumpsters to dispose of trash. If you go this route, track the impacts on the broader issue of trash in the BIA.
- If people in the BIA are not going into a dumpster, but are going through municipal trash bins or business trash,** the same strategies as noted above should be considered.

## Person in Distress

It can be disturbing or jarring to encounter a person in distress. It doesn't matter if they are homeless or not. If you see a person in distress, consider the following:

- Ask them if they need or require help.** Based upon their answer, you can do any of the following:
  - **Check the surrounding area for other parties** to ensure the safety of the person and yourself.
  - **Ask another bystander to stay with you,** while you assist.
  - **Ask the person in distress if they would like you to call 911 or a family/friend** to assist,
  - **Get the person a cup of water or a snack, if appropriate.** Only do this if you do not feel that 911 needs to be called.
  - **If the person does not respond, and assuming you feel safe to check, see if the person is conscious or having a health emergency. If so, call 911 immediately.** If it is safe, do your best to wait with the person or stay nearby.
  - **Is the situation life threatening? Is the person at risk of exposure if you do not assist? Is this person in danger if they stay in the situation because of traffic, weather, etc.? If the answer to any of these questions is yes, call 911 immediately.**

Your community might have a crisis response team. This often takes the shape of calling a number and having a crisis response team attend to someone in distress. If there isn't a specific number, it may also be through police. Asking community police officers whether this resource exists and how to activate it can be helpful.



## Encampment Establishing or Growing in the BIA

Encampments are very diverse, as are the people that live in them. A one-size-fits-all approach is unlikely to yield sustainable, long-term results. Each encampment needs to be assessed by social service professionals, often in combination with first responders and health professionals. Some things for your consideration to respond to encampments that are establishing or growing in the BIA:

- Ask the Service Manager and/or local non-profits in the BIA whether or not shelters are currently full** as it may be prompting people to sleep outdoors. If shelters are full, join the advocacy efforts to increase temporary shelter space for people.
- Distribute the resource guide or a map outlining which services are available** within or in proximity to the BIA.
- Ask your municipal Councillor if there are established, council-approved protocols** for responding to, assessing, and resolving encampments that encompasses all stakeholders. If none exist, suggest to the Councillor that protocols are necessary. If possible, volunteer to convene a meeting to kick start the discussion.
- If the encampment is on private property**, property owners can exercise their rights related to trespassing, if necessary.
- Avoid a tendency to sweep out the encampment and have people moved along.** This doesn't resolve their homelessness or the issue of encampments. It is just an expensive and trauma-inducing way of shuffling people along.
- If you are concerned about dangerous or unlawful behaviours in the encampment**, work with street outreach, law enforcement, and municipal enforcement to develop a response strategy.
- If there are public or physical health concerns regarding people residing in the encampment**, include public health and other health providers in your convening of a meeting to talk about response and community protocols.
- Try to negotiate with the Service Manager to have dedicated service hours from a non-profit service in the BIA** for a period of time each day to engage with people in the encampment.

## Using Private Business to Get Out of the Elements

At different times of the year, weather in Ontario can have an impact on people experiencing homelessness, when they are outdoors. As such, when it is cold, snowing, raining, windy, or too hot, people experiencing homelessness may seek an opportunity to get out of the elements, and want to use private businesses as the location to do so. If this is an issue for you or your fellow BIA members do not want or are uncomfortable with people experiencing homelessness seeking reprieve from the elements indoors in the BIA, consider the following:

- Know where local drop-in centres, warming centres, or cooling centres are located and share that information with people experiencing homelessness.**
- Know the locations of public buildings in or near the BIA where people experiencing homelessness can be redirected.**
- Ensure that people have transportation to get to where they can be inside.** If an outreach van is needed, or people need a bus ticket, work with service providers and the Service Manager to make that possible.
- Develop a decision-matrix of the extent of the weather situation, what constitutes an emergency**, and whether there are any weather circumstances, especially those that are temporary in nature (e.g. a tornado warning) where you may allow or even encourage people experiencing homelessness in the BIA to come into one or more of the business buildings in the BIA.

## Bathroom Access & Human Waste

Everyone has to “go” sometime. People experiencing homelessness are not an exception. But where are you supposed to do your business if you don’t have a place with a bathroom? Here are some considerations:

- **Map out the locations of every publicly accessible bathroom** in and near the BIA and the hours each of the bathrooms are available. Government offices, libraries, recreation centres, community centres - even police stations, parks, and arenas in some communities - provide access to public restrooms. Consider making this information available to everyone in the BIA - businesses, patrons, and people experiencing homelessness.
- **Convene a broader community meeting about public restroom access.** Don’t do it just as a homelessness response, though that should be part of it. Involve your local Councillor, municipal staff, businesses, and other stakeholders in the discussion of “How can we increase the number of public restrooms available to all people?”
- **If you feel comfortable doing so, speak with people experiencing homelessness in the BIA,** and ask them if they have the transportation means to get to a restroom when they need one.
- **Establish a port-a-potty pilot project. Provide one or more portable toilets in the BIA for a period of 60-90 days** and track whether or not having one results in reductions of human waste or creates other issues. If there are reductions in human waste and no other major issues created by having the portable toilets, work with the municipality to see about making the portable toilets permanent or available on a regular basis until there are more permanent public toilets available in or near the BIA.
- **Speak with non-profit service providers like shelters and drop-ins that are near or in the BIA about bathroom access for people that dwell or recreate in the BIA.** Is there a way to fast-track access to the bathroom within either of those facilities when a person that is staying outdoors needs access to the bathroom? Can the non-profit host the port-a potty pilot project?
- **Explore whether a partnership with the non-profit sector and the municipality makes sense to offer mobile hygiene facilities.** These are normally showers and toilets on trailers that can be temporarily located for part or all of a day, at set intervals. It won’t resolve all bathroom issues, but it can help.
- **Ask your local municipal Councillor what the municipal policy and process is for removing human waste from public spaces.** Determine how to activate that response whenever needed. Call or email every time it is encountered so that the municipality understand the extent to which it is an issue.

# Glossary

## Some Key Terms and Acronyms: A glossary for Business Improvement Areas

Speaking about homelessness can be delicate — how to share thoughts and perceptions without offending people that work in the field or people experiencing homelessness. Like any industry, the homelessness response system has a number of terms and acronyms that are reasonably well known and understood by individuals familiar with the industry, but may be foreign to an outsider. Here are some of those key terms and acronyms.

**211** – is a phone number that can be called for information on non-clinical health and human services in a community. The intention of 211 is to help navigate seemingly complex human services quickly. This service is available 24/7.

**Access Point** - any homelessness serving organization that is participating in Coordinated Access may be an “access point.” This is most often where the person experiencing homelessness is triaged or assessed, and begins the process of being added to the By Name List.

Acuity - the depth of support needs of the person experiencing homelessness. Acuity is generally talked about as high (would benefit from intensive supports for a long-time and perhaps permanently), moderate (would benefit from supports for a time-limited period), or low (can likely resolve their homelessness through mainstream services or natural supports).

**Affordable Housing** - while often used synonymously with social housing or community housing, affordable housing is any housing that does not use more than 30% of monthly income to afford. Social/community housing is affordable because the rent amount paid monthly is geared to the income of the household. Through rental subsidies, it is possible to access private market housing that is affordable.

**Assessment** - the process for determining the specific situation, strengths, and needs of a particular person, couple or family experiencing homelessness. As part of Coordinated Access, all homelessness service providers are expected to use the same approach to assessment. However, if there are health funded services that also engage and serve people experiencing homelessness, they may use a completely different assessment tool. Robust assessment is about figuring out where to go next in service delivery, as well as navigating eligibility for various programs. It is not intended to be a diagnosis.

**Basic Income** – is an idea that has been partially piloted where eligible couples or individuals receive payment monthly to ensure a minimum income level, regardless of their employment status. Basic income is different from social assistance because it is given to anyone that meets the income eligibility criteria, even someone that may be working but earning below the basic income level. It is also easier to administer than social assistance.

**Barring** - see **Service Restriction**

**Boundaries** - are limits on what type of information is shared with program participants, activities that will be engaged in with a program participant, and the nature of the relationship between the support worker and a client. For example, professional boundaries prevent workers in the sector from having personal or romantic relationships with the people they serve, completing personal favours for the household, or exchanging personal money or goods with the household receiving services. Professional workers are friendly, but are never friends with the people they serve.

**Built for Zero Canada (BFZ-C)** - a national movement spearheaded by the Canadian Alliance to End Homelessness, mirroring the Built for Zero movement in the United States that was pioneered and operated by the non-profit called Community Solutions. Using a specific change methodology, BFZ-C has been helpful in transforming some communities using the By Name List. In Ontario, BFZ-C is supporting all communities in creating a By Name List.

**By Name List (BNL)** - a list of all people in the community currently experiencing homelessness, in as close to real time as possible. Some communities allow a household to try and resolve their homelessness for a period of time before adding them to the BNL. Unlike a PIT Count that reveals the number of people experiencing homelessness at a fixed point in time, the BNL is a more accurate way of understanding period prevalence of homelessness in a community.

**By Name Priority List (BNPL)** - a subset of the BNL, the BNPL are households that are on the BNL, organized by depth of need, and have all of their paperwork and documentation in order so that moving into an available rental accommodation is possible.

**Case Manager** - a dedicated staff member of an organization responsible for working with a particular household, either to help them exit homelessness or to help them stay housed. Most case managers in the industry have a combination of formal education and on the job training, though some programs elevate peer supports into case manager roles. The case manager is often responsible for assessing client needs, planning services, establishing goals with the household receiving services, facilitating access to other programs and services through referral, accompaniment to appointments, and evaluating the effectiveness of the supports that are being provided. Case manager supports may be temporary (for example, a case manager that assists people while in shelter but does not continue to help the person if they move into housing) or can be permanent (for example, a person that moves into Supportive Housing and lives there indefinitely, all the while receiving daily supports from a case manager).

**Caseload** - the total number of households a case manager can support at one time. Caseload sizes vary depending upon the intensity of the supports provided.

**CHPI** - pronounced "chippy," this stands for Community Homelessness Prevention Initiative. This is the provincial funding program that flows to the municipalities for the local homelessness response, as planned for by the Service Manager. CHPI funds have two primary objectives: prevent people at risk of homelessness from becoming homeless; and, people experiencing homelessness gain access to and retain housing.

**Chronic Homelessness** - refers to individuals that are currently homeless and who meet at least one of the following criteria:

- They have a total of at least six months of homelessness over the past year;
- They have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months.
- Chronic homelessness includes time spent in an unsheltered location, staying in a homeless shelter or VAW shelter, staying temporarily with others without guarantee of continued residency or the immediate prospects for accessing permanent housing, or short-term rental accommodations (for example, motels) without security of tenure.
- Many program and housing types in Ontario either prioritize serving people experiencing chronic homelessness, or require that the person has experienced chronic homelessness as a pre-requisite to receive services.

**Client** - a person receiving a homelessness or housing stability program service. All services in the homelessness response system are voluntary. A person cannot be considered a client unless they have voluntarily indicated a desire to receive services, and provided consent to do so.

**Comorbidity** - when a person has two of the following three things happening at once: a mental illness, a substance use disorder, and a chronic health condition.

**Community Advisory Board (CAB)** - CAB is the local, organizing committee responsible for setting direction for addressing homelessness in the community. It's responsible for developing a plan, reviewing applications, and recommending funding for Reaching Home projects. Communities strive to have a range of interests and perspectives on the CAB, including business interests.

**Community Entity (CE)** - is the organization or government party that is responsible for managing

the federal Reaching Home funds. The CE is often the same as the Service Manager, but not always. When the CE is not the same as the Service Manager, there can be local tensions in planning and funding decisions, and the homelessness response system can seem fractured - or at least, not all on the same page.

**Community Plan** - every community in Ontario is required to have a housing and homelessness community plan. The plan covers multiple years, and provides direction for the community. Most community plans use a participative process in the development, bringing in the perspective of a broad range of stakeholders, while also using data from the homelessness response system, and evidence-based and evidence-informed practices. Some community plans are highly detailed blueprints of what the community is trying to accomplish with the resources it has, as well as describing why and how they will go about achieving the objectives in the plan. Most plans go through an approval process with the local municipal Council.

**Confidentiality** - the ethical principle and legal right that a social services professional will hold secret all information relating to a client, unless the client gives explicit and signed consent permitting disclosure. Housing status, health status, and addictions are all examples of information that is held confidential without consent to share. Even if a social service provider wanted to share with a BIA what is occurring with a particular person experiencing homelessness in the BIA, they would be unable to do so without explicit and signed consent to divulge the information.

**Consent** - people that receive services need to have the services explained to them first, and then

must explicitly indicate they want to receive those services. In the process, a helping professional will often seek permission to speak to other professionals about the individual, couple or family receiving services, and will seek explicit consent to share certain data and information with those other services.

**Consolidated Municipal Service Manager - (CMSM) - see Service Manager**

**Cooling Centres** - a seasonal facility operated from late spring until fall – or opened exclusively on days of high temperatures - where people experiencing homelessness can get out of the heat. Not every community has a cooling centre, and no community is required to have a cooling centre. While some cooling centres operate overnight, others do not. Many cooling centres are in essence a drop-in centre, though the services provided may be less than found in a typical drop-in facility. While some cooling centres allow people to sleep, others do not, or only allow people to sleep while seated in a chair. Cooling centres often try to be as low barrier as possible, including allowing people that are banned from services elsewhere to enter the facility. In communities that do not have 24/7 shelters and/or where there are large numbers of unsheltered persons, a cooling centre can make the difference between life and death.

**Coordinated Access** - a required feature of communities that receive federal funding to respond to homelessness, Coordinated Access levels the playing field of the homelessness response system. Instead of focusing on “first come, first served” or having a person achieve housing through luck (such as a case manager that is really dedicated and a fierce advocate), using a common assessment approach with all people experiencing homelessness in the community helps ensure all are known by name and that relative comparisons

can occur between depth of needs, eligibility, and availability of housing and supports.

**Culturally Appropriate** - affirming culturally diverse individuals, families, and communities in a way that is inclusive, respectful, and effective. Materials and instructions are inclusive of things like race, ethnicity, language, cultural background, immigration status, religion, disability, gender, gender-identity, gender expression, sexual orientation, and sexual behaviour. A culturally appropriate response to homelessness is about responding to the needs of the community being served as defined by the community, and demonstrated through things like needs assessments, capacity building, policy, strategy, and practice.

**De-escalation** – is an activity conducted by a trained worker in the homelessness service system that aims to avoid or prevent an escalation in problematic behaviour such as threats of violence. De-escalation is a form of conflict resolution, in some instances, and a form of crisis intervention in other situations. De-escalation is completed verbally.

**District Social Services Administration Board - DSSAB) - see Service Manager**

**Drop-in Centre** - most often a facility that is open from early morning until late afternoon or evening that provides people experiencing homelessness a place to go during the daytime. Many drop-in centres also provide meals and access to clothing, laundry, showers, and a toilet. Some drop-ins are operated by professional staff, while others are operated by volunteers. Many drop-ins are not exclusively for people experiencing homelessness, and also serve people who are formerly homeless or precariously housed.



**Encampment** - one or more people in a fixed location outdoors for a period of time. While most encampments are not sanctioned or approved by the municipality, an encampment that does become sanctioned turns into an outdoor living space, usually through tents, with support services. Municipalities have a range of responses to encampments, from rapid enforcement that moves people along, to housing-focused engagement intended to help end homelessness.

**Episodic Homelessness** - occurs when people have different episodes of homelessness, usually within a defined period of time. Consider a person that was housed, then homeless, then housed, then homeless, then housed again over a three-year period. During that timeframe they had two episodes of homelessness.

**ESDC (Employment and Social Development Canada)** - the part of the federal government responsible for Reaching Home, which is the federal investment in homelessness response and housing stability programs.

**Extreme Weather Alert (Extreme Cold Weather Alert or Extreme Heat Alert)** - is activated in the community when there are weather events at any time of the year that put people experiencing homelessness at greater risk because of the extreme cold or the extreme heat. During an extreme weather alert, the homelessness response system may add capacity, either through shelter beds or drop-in facilities, and often service restrictions are lifted or amended to increase the likelihood that people can get out of the weather. During an extreme weather alert, staff from homelessness assistance organizations cease their regular day-to-day tasks to focus on getting as many people inside safely as possible.

**Family/Friend Reunification** - the process of helping a person, couple or family experiencing

homelessness to reconnect with a housed friend or relative, with the intention of the friend or relative providing lodging for the household experiencing homelessness when it is safe and appropriate to do so. Many communities have funding sources to help people return to his/her/their home community if that is where the friends or family members are located.

**Fentanyl** - is a synthetic opioid typically used to treat patients with chronic severe pain following surgery or a major injury. While similar to morphine, fentanyl is about 100 times more potent. While fentanyl has legitimate medical uses, the bigger concern and impact on communities and people that use opioids, is that illicit fentanyl is often mixed with other drugs to increase the potency of the drug. Because of its potency and low cost, it is not uncommon for drug manufacturers and/or drug dealers to mix fentanyl with other drugs including heroin, methamphetamine, and cocaine, which increases the likelihood of a fatal interaction.

**Fetal Alcohol Syndrome (aka FAS) and Fetal Alcohol Spectrum Disorder (aka FASD)** - FAS is a condition that results from alcohol exposure during the mother's pregnancy, and causes brain damage and growth problems. The extent of the problems from FAS vary from person to person, but are not reversible. Signs and symptoms of FAS are often a mix of physical abnormalities, intellectual or cognitive challenges, and problems functioning and coping with daily life. Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include physical problems and problems with behaviour and learning. Hyperactive behaviour, difficulty with attention, poor memory, poor reasoning, and poor judgment skills are all commonly experienced by people living with FASD. Amongst the population

of people experiencing homelessness, there are higher rates of fetal alcohol impacting the person in their adulthood and can impact a person's ability to navigate services, stay connected to supports, and follow rules within a congregate environment.

**Frequent Service User** - a phrase used to describe a person that is experiencing homelessness that has considerable interactions with police, corrections, paramedics, crisis services, hospital emergency rooms, and/or, hospital in-patient stays. Frequent service use in addition to mainstream emergency services can also incorporate analysis of the frequency, intensity and duration of the same person using homelessness services like shelters or street outreach services. Frequent Service Users are generally considered the most expensive people to sustain in homelessness, where a move to housing with supports will reduce service use and save the public taxpayer money.

**Functional Zero** - is a dynamic milestone that indicates a community has solved homelessness for a population. Reaching and sustaining this milestone is in service of building a future where homelessness is rare, brief, and non-recurring. A community has ended chronic homelessness when the number of people experiencing chronic homelessness is zero, or if not zero, then either three or .1% of the total number of individuals experiencing homelessness, whichever is greater.

**Harm Reduction** - born through Public Health, harm reduction is any policy, program, or activity that actively works to reduce harm without requiring cessation of whatever activity was considered to be high risk. Most harm reduction initiatives in Ontario focus on substance use and/or participation in sex work. Harm reduction is part of a four pillar strategy of a community's response to drug use, with the other four pillars being treatment, enforcement, and prevention. Harm reduction is more than handing

out supplies like clean needles and condoms. A large part of harm reduction is education on how to reduce harm and ensuring a strong rapport is developed with the person to explore reductions in harm from substance use.

**HIFIS (aka Homeless Individual and Families Information System)** - pronounced "hi-fess," this is the federal government's national data system for homeless services. Each community in Ontario will use HIFIS or a comparable database to track all of the information they are required to report. Service providers enter data into HIFIS. The Service Manager extracts and analyzes data from HIFIS, and uses HIFIS data to report to the Province and Federal. When community planning processes occur, diving into data from HIFIS is common. Because data is entered in an ongoing and close-to-real-time basis in HIFIS, it is the best source of data for accurate, present-day service realities, outputs, and outcomes, as well as for understanding the demographics of people experiencing homelessness.

**High Barrier** - is when a service delivery agent has a litany of rules and expectations of service users that make it very difficult for vulnerable people with co-occurring issues to access the services and meet the requirements of the service provider. High barrier services can also increase unsheltered homelessness.

**Housing First** - can mean one of three things: a philosophy that sees housing as a right; an approach where there are no housing readiness requirements, people have choices, supports are customized, people are assisted with recovery, and people are assisted with integrating with the community and having meaningful social activities; and, a practice or intervention where something called a Recovery-Oriented, Housing-Focused Assertive Community Treatment program assists very vulnerable people, usually with mental illness, in accessing housing and supports in the community.

**Indigenous Homelessness** - homelessness amongst Indigenous Peoples is best understood through the 12 Dimensions of Homelessness as created by Jesse Thistle:

1	Spiritual Disconnection
2	Contemporary Geographic Separation
3	Cultural Disintegration and Loss
4	Overcrowding
5	Relocation and Mobility
6	Going Home
7	Nowhere to Go
8	Escaping or Evading Harm
9	Emergency Crisis
10	Climate Refugee
11	Historic Displacement
12	Mental Disruption and Imbalance

**Intensive Case Management** - a form of supports to people, most often once they have achieved housing. Intensity of “intensive case management” varies depending upon the population served and context. However, caseloads are generally smaller, and engagement between worker and client happens more frequently and is often longer in duration.

**Low Barrier** - an approach to service delivery that tries to make it as easy as possible for people with higher acuity to access services and resolve their homelessness. There are fewer rules or expectations. Things like sobriety are not necessary to access the services.

**Methadone** – is an opioid medication used to treat severe pain and opioid addiction. When used to treat addiction, methadone is a fruit-flavoured drink that is consumed orally once per day. When taken at the right dose, methadone is long-acting (24-36 hours) which means the drug acts slowly in the body for a longer period of time, and as such prevents withdrawal symptoms and reduces drug cravings.

**Mixed Income Housing** – a form of multi-unit, residential, rental accommodations where some units are available at market rate, and other rental units are affordable. The affordability can be rent geared to income, or simply below market rate.

**Narcan** - see **Naloxone**

**Naloxone** - an injection or nasal spray used to reverse the effects of an opioid overdose. It is lifesaving. As opioids increasingly get mixed with benzodiazepine, Naloxone cannot reverse the impacts of benzodiazepine overdose.

**Ontario Disability Support Program (ODSP)** - the Ontario Disability Support Program is one of Ontario’s social assistance programs. ODSP provides income and employment supports to eligible Ontario residents who have disabilities. In order to qualify, a person has to have exhausted all other sources of funds, be 18 years of age or older, live in Ontario, prove financial need, and have a disability as defined in the ODSP Act. The shelter allowance portion of ODSP, intended to cover rent, is \$497 and the basic needs portion of ODSP is \$672. Together, an individual without dependents will receive \$1,169 per month. It can be difficult to

get a client on ODSP as a source of income. While ODSP offers more income monthly, many housing markets in Ontario are still impossible to penetrate with the above mentioned amount, without being provided additional financial assistance for rent or a unit where the rent is geared to the person's income.

**Ontario Works (OW)** - general welfare in Ontario, which requires people to apply and demonstrate need in order to receive the income assistance. Ontario Works is divided into two components: shelter allowance which is intended to cover the cost of rent; and, basic needs which is intended to cover the cost of all other monthly expenses including food, transportation, clothing, and phone. In Ontario, a housed single adult without dependents receives \$390 for the shelter allowance and \$343 for basic needs. Even combining these two amounts (\$733 per month) makes it impossible to find rental accommodation in most communities throughout Ontario, let alone afford basic needs like food. If homeless, a recipient of Ontario Works is eligible for the basic needs portion.

**Opioids** - Opioids are a class of drugs naturally found in the opium poppy plant and work in the brain to produce a variety of effects, including the relief of pain. Opioids can be prescription medications often referred to as painkillers, or they can be so-called street drugs, such as heroin. In addition to controlling pain, opioids can make some people feel relaxed, happy, or "high," and can be addictive. Additional side effects can include slowed breathing, constipation, nausea, confusion, and drowsiness. When the likes of heroin are mixed with fentanyl overdoses are more likely and often deadly. Increasingly, opioids in parts of the country are being mixed with benzodiazepine, which renders the administration of Nalaxone after an overdose ineffective at reversing the effects of the opioids.

**Out of the Cold Program** - an Out of the Cold program is most often an overnight shelter, that may provide an evening meal and/or breakfast that is operated primarily by volunteers. Sometimes volunteers are assisted by one or more paid professionals in homelessness services. Volunteers and the space to operate an Out of the Cold program most frequently come from the faith community. Not all communities have or need an Out of the Cold program. Where Out of the Cold programs exist, it is rarely the same church, synagogue, temple or mosque that hosts every single night. Instead, the program rotates between sites in the community. While the Service Manager often supports the Out of the Cold program, this is not universal. In some instances, an Out of the Cold program makes it more difficult for the professional homelessness response system to stay connected to people.

**Outreach** - there are two main ways "outreach" is used to describe activities. Street Outreach are staff or trained peers (people with lived experience) that engage and work with people experiencing homelessness that are outdoors. Outreach, without "street" in front of it, may mean street outreach, but could also mean any activity where a worker from an agency provides services at a location other than their physical place of employment (e.g., going to schools, going to a drop-in centre that is not operated by their home agency).

**Peer Supports (Peers)** - occurs when people provide knowledge, experience, emotional, social, or practical help to each other based upon their own lived experience. Formalized peer supports are often used in the likes of street outreach programs so that the outreach worker can empathize, understand and help navigate services for the household from a place of deep appreciation of the stress and complexity of the situation.

**People Experiencing Homelessness** - a preferred way to talk about any person that is currently unhoused, using person-centred language. This is more preferable than saying “the homeless.”

**Person-Centred** - a way of supporting people that empowers the recipient of services to establish the goals on which they want to work, and have an active voice in articulating the supports they feel are necessary to achieve those goals. This is different than programs or services that impose various steps to be followed or have pre-established goals for all program participants.

**Persons with Lived/Living Experience (PWLE)** - a person that has (lived) or is (living) experiencing homelessness. Planning, program design, and evaluation often relies upon PWLE to provide input from their point of view. PWLE may also be asked to consider providing peer supports to others experiencing homelessness.

**Permanent Supportive Housing - see Supportive Housing**

**PIT Count (Point in Time Enumeration)** - a process communities are required to go through to determine the number of people experiencing homelessness over a fixed period of time - usually over a 24 hour period. This information is often used as a benchmark to compare changes in the overall homeless population over a period of time.

**Post Traumatic Stress Disorder (PTSD)** - a response to trauma such as childhood abuse, loss of a loved one, or sudden job or housing loss, that lasts longer than 30 days and impacts one’s worldview and day-to-day life. PTSD is a diagnosed, mental health condition, and requires a professional that is specially trained to make the diagnosis.

**Precariously Housed** – a description of a person that has housing, but the housing is not in great shape e.g. there is overcrowding, the individual

spends a grossly disproportionate amount of income on housing, and/or, the individual has no legal rights of tenure. Precariously housed people may be street involved and assumed to be homeless when they are not.

**Progressive Engagement** - rather than serving all people with the same intensity from the start, progressive engagement starts by seeing what people experiencing homelessness are capable of doing to resolve their homelessness or to maintain their housing first, and then increases in intensity if people are struggling. Sometimes the start of progressive engagement is called “light touch” services. Progressive engagement is aligned to the strengths-based approach and is intended to maximize the resiliency of people, and to ensure that households are not “over-served” if their support needs are not acute.

**Program Participant - see Client**

**Rapid ReHousing** - a form of housing and supporting people who are experiencing homelessness, usually with moderate or lower acuity. All rapid rehousing programs are supposed to offer assistance finding a place to live, rental assistance (which may be time limited), and supports to stay housed (which are almost always time limited).

**Reaching Home** - the federal funding source for homelessness response. This may flow directly to the Service Manager or a separate local body.

**Rent Geared-to-Income (RGI)** - almost all social (community) housing in Ontario is RGI. The rent amount expected each month is the equivalent of 30% of the household’s monthly income. Households that receive an RGI unit must demonstrate financial need every single year to be certified for the unit and remain housed. Wait lists for RGI units throughout Ontario demonstrate that demand for RGI units surpasses available RGI housing stock.

**Rent Subsidy** - either through a Housing Allowance or Rent Supplement, additional money is provided to help a person afford housing. Some rental subsidies are attached to a person, and as such, that person can live anywhere a landlord is accepting of the subsidy. Other rental subsidies are attached to a housing unit and are not portable. If a person leaves the unit, the unit remains affordable but the person that leaves no longer has the subsidy. Sometimes rental subsidies are paid directly to the landlord and sometimes they are paid to the individual that resides in the housing. Rental subsidies also vary in amount and duration. While some rental subsidies are called “shallow subsidies” when they provide a few hundred dollars per month or less, others are called “deep subsidies” and attempt to make the unit deeply affordable to a person living in poverty, and ensure the household is as close as possible to staying under 30% of monthly income spent on rent.

**Rooming House** - a house with multiple rooms rented out individually. In a rooming house, the bedroom is usually private, but the kitchen, bathrooms and common areas are shared. Throughout Ontario there are a combination of legal and illegal rooming houses. Some municipalities allow rooming houses and even license them, while other municipalities do not. Rooming house accommodation is often considerably less expensive than a conventional rental apartment. However, not all rooming houses are in a good state of repair or safe for residents.

**Rough Sleeping - see Unsheltered Homelessness**

**Safe Injection Site - see Supervised Injection Facility**

**Self Care** - Self-care is considered a core professional competency in social work practice. As part of a helping profession, staff that work

in homelessness response or housing stability services deal with frequent issues of high stress, limited resources, burn-out, compassion fatigue, and vicarious trauma. As such, it is important that workers take time to implement strategies, activities, and routines that promote their own health and well-being. A worker that does not take care of oneself is less likely to be effective at assisting.

**Serious Mental Illness (aka SMI)** - is defined as a mental, behavioural, or emotional disorder resulting in serious functional impairment, which substantially interferes with, or limits one or more major life activities. SMI is a small subset of the 300 mental illnesses listed in The Diagnostic and Statistical Manual of Mental Disorders (DSM). SMI includes disorders such as bipolar disorder, major depressive disorder, and schizophrenia.

**Service Manager**- the local entity, usually government, that is empowered by the Province of Ontario to plan the response to homelessness, make funding decisions of which organizations get resources, track data related to the response, convene committees and tables to respond to homelessness, and report back to the municipal council and the Province of Ontario. Some Service Managers are also responsible for federal funds for homelessness. The Service Manager is either a Consolidated Municipal Service Manager, in the case of most urban and suburban parts of the province, or a District Social Services Administration Board, in the case of more rural and northern parts of the province. In addition to homelessness, the Service Manager is responsible for the administration of Ontario Works and Early Years programming for children.



**Service Restriction** (aka Barring) - a process used by shelters, day services like drop-ins, or street outreach wherein a person who was receiving services is no longer welcome to receive services for a period of time because of unacceptable behaviours like threatening or assaulting staff. It is possible that many of the people experiencing unsheltered homelessness in the community are restricted from services that would allow them to be indoors.

**Shelter** - a physical location where people experiencing homelessness can stay, at least for the night. While some shelters are 24/7, others are not. Some shelters have congregate sleeping areas, while others offer more privacy. Each shelter usually caters to one or more population groups experiencing homelessness (e.g. a shelter specifically for women; a shelter specifically for families; a shelter specifically for youth).

**Single Room Occupancy (SRO)** - a house, apartment building, or residential hotel in which formerly homeless persons live in single rooms, with shared restrooms. Some SRO provide a private kitchen(ette) while others provide no cooking or meal preparation facilities at all.

**Social Housing** (aka Community Housing) - a form of permanent housing where rent is geared to the income of the households. In almost all instances, a resident of this form of housing pays 30% of their monthly income on housing. This form of housing is not exclusively for people experiencing homelessness and often has very long waitlists. Sometimes when people say “affordable housing” they really mean this form of housing; however, not all affordable housing is social housing. This form of housing may have supports to tenants through home visits, but rarely is there the availability of 24/7 provisions.

**Street Involved** - describes both homeless and housed individuals who socialize in outdoor spaces and are frequently involved in activities that are viewed as problematic behaviours by others such as panhandling, public consumption of alcohol or other drugs, and hanging out in public spaces for long periods of time. Many times public perceptions of homelessness is not (exclusively) people experiencing homelessness at all, and instead are precariously or under-housed people that have their daily needs met in public spaces.

**Strengths Based** - a way of supporting people that starts with understanding their personal and environmental strengths so they can be leveraged in the process. Strengths-based doesn't spin struggles into strengths, nor does it pretend there aren't significant issues. Simply put, by acknowledging and leveraging strengths, it is easier to help people work on other aspects of their life that are not going as well.

**Squat** - occupying an abandoned building for the purpose of sheltering.

**Substance Use Disorder (SUD)** - a mental disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. With a SUD, a person will continue to have uncontrolled use of a substance, regardless of the harmful consequences. Severe SUD is known as addiction. People with a SUD may have distorted thinking and behaviours. Changes in the brain's structure and function are what cause people to have intense cravings, changes in personality, abnormal movements, and other behaviours. Brain imaging studies show changes in the areas of the brain that relate to judgment, decision making, learning, memory, and behavioural control.

**Supervised Injection Facility** - medically supervised and legally authorized facilities designed to provide a supportive, hygienic location where people that use substances intravenously can inject. The intention of the facilities is often to provide access to sterile drug use equipment (e.g. clean needles), provide support and supervision while injecting and after injecting, education, counselling, and referrals as necessary. Facilities may also provide testing of the drug the person plans on injecting to detect the likes of fentanyl. Supervised Injection Facilities reduce overdose deaths and help decrease transmission of blood-borne illness.

**Supportive Housing** - a form of housing, usually for people that have experienced homelessness, that, in most instances, offers supports to residents 24/7. There are various forms of Supportive Housing, from congregate living environments with a private or semi-private bedroom, through to fully self-contained units. Supportive Housing has been demonstrated repeatedly to cost less operationally than having the same person remain in homelessness.

**Tiny Homes** - specifically related to the response to homelessness, tiny homes are seen as the opportunity to provide small dwellings on the same plot of land, while building community amongst the tiny home residents. The quality of tiny homes varies dramatically. Some tiny homes are completely self-contained, while others provide a private sleeping area with other services like meals, restrooms, and programming space in a common area. Tiny homes, when accounting for the entire development process, may or may not be less expensive than traditional, multi-unit, residential apartment development.

**Trafficking** - most often refers to Human Trafficking. Human trafficking involves the recruitment, transportation, harbouring, and/ or exercising control, direction, or influence over the movements of a person in order to exploit that person, typically

through sexual exploitation or forced labour.

**Transitional Housing** - Transitional housing is an intermediate step between a homeless shelter and permanent housing. Transitional housing most often looks like a regular, multi-unit, residential apartment building. Transitional housing is more long-term, service-intensive, and private than emergency shelters, yet remains time-limited to stays of several months up to years. People, including those experiencing chronic homelessness, do not need to prove they are ready for permanent housing after “graduating” from transitional housing. However, some people experiencing homelessness may choose a transitional housing opportunity to help them stabilize and learn various skills, while getting connected to other community resources. In Canada, a person residing in transitional housing is still considered to be homeless because they do not have security of tenure.

**Trauma Informed** - is an approach used in many social work fields that assumes the person they are supporting is more likely than not to have a history of trauma. This approach to engagement with people experiencing homelessness recognizes the presence of trauma symptoms and acknowledges the role that trauma may play in the person’s life. Through a trauma-informed approach, thinking is shifted from “What’s wrong with this person?” to “What happened to this person?” The intention of being trauma-informed is not to treat symptoms or issues related to sexual, physical, or emotional abuse - or any other form of trauma - but rather, to provide support services in a way that is accessible and appropriate to those who may have experienced trauma. When a trauma-informed approach is not used, the possibility for triggering or exacerbating trauma symptoms and re-traumatizing individuals increases.

**Triage** - a brief understanding of the current and most immediate, presenting needs of a household experiencing homelessness. It is usually conducted using a series of questions asked of the household experiencing homelessness. Triage should be followed by assessment as the household progresses through the service response system.

**Tri-morbidity** - when a person has a mental illness, a substance use disorder, and chronic health issue at the same time. People who are homeless and experience tri-morbidity are at increased risk of death.

**Unsheltered Homelessness** - people that cannot or choose not to use shelters in the community (or when the community does not have a shelter), such that the person(s) live in places not meant for permanent human habitation. People that are unsheltered cannot be forced to use services. Even if transported to a homelessness services setting like a shelter, there is no legal (or ethical) mechanism to force people to stay and use services.

**VAW see Violence Against Women**

**Vicarious Trauma** - the emotional residue of exposure that workers in the field may experience from working with people impacted by trauma, or by witnessing pain, fear, terror, or other catastrophic events in the life of the person they are supporting. Without additional professional counselling resources, vicarious trauma can have serious impacts on the ability of a worker in the sector to do their work well, and take care of themselves,.

**Violence Against Women** - this refers to women who are survivors of domestic/intimate partner violence. Shelters that specifically serve this population are referred to as VAW shelters. These shelters are often planned for, supported, and funded separately from the rest of the homelessness response system.

## **Warming Centre**

a seasonal facility operated from fall or early winter until late winter or early spring where people experiencing homelessness can get out of the elements. Not every community has or is required to have a warming centre. While some warming centres operate overnight, others do not. Many warming centres are in essence a drop-in centre, though the services provided may be less than found in a typical drop-in. While some warming centres allow people to sleep, others do not, or only allow people to sleep while seated in a chair. Warming centres often try to be as low barrier as possible, including allowing people that are banned from services elsewhere to enter the facility. In communities that do not have 24/7 shelters and/or where there are large numbers of unsheltered persons, a warming centre can make the difference between life and death.

# Terms to avoid

Some terms/phrases are considered offensive to people that work in the sector. Consider avoiding or using a different term if you are inclined to use any of the following words or expressions:

<i>Instead of saying...</i>	<i>Consider Saying</i>
The homeless	People experiencing homelessness
A bum	People experiencing homelessness
Junkie	Person living with addiction Person that uses substances
Crazy	Person living with mental illness Person with compromised mental wellness
Drug Addict	Person living with addiction
Hobo	People experiencing homelessness
Transient	People experiencing homelessness
Beggar	Person who is panhandling
Druggie	Person that uses substances
Welfare	Person receiving income assistance

# Who to Call List

Service	Name	Phone	Email
<b>Street Outreach</b>			
<b>Needles/Sharps</b>			
<b>Human Waste</b>			
<b>Mobile Crisis Team</b>			
<b>Harm Reduction Team</b>			
<b>Garbage/ Abandoned Belongings</b>			
<b>Non-Emergency Police</b>			
<b>Non-Emergency Community Paramedics</b>			

# OBIAA™

ONTARIO BUSINESS IMPROVEMENT AREA ASSOCIATION



Ontario BIA Association  
92 Lakeshore Road East  
Suite 201  
Mississauga, ON L5G 4S2



Toll Free: 1-866-807-2227  
GTA: 905-271-7222



[obiaa.com](http://obiaa.com)  
[kay.matthews@obiaa.com](mailto:kay.matthews@obiaa.com)