

# **Attachment Summary Metro Hall Warming Centre (MHWC) Evaluation**

## **Introduction**

As per Council directive, the Shelter, Support and Housing Administration Division (SSHA) opened the Metro Hall Warming Centre (MHWC) Pilot on January 6, 2014 in order to provide additional resources to vulnerable populations during extreme cold weather alerts (ECWAs).

The specific objectives of the MHWC Pilot were to:

- Provide access to a warm space for all persons at risk during extreme cold weather;
- Provide basic services including snacks, mats and referrals to clients of the MHWC Pilot;
- Identify any gap(s) in current shelter services available to the homeless during extreme cold weather; and
- Make recommendations regarding the scalability of the warming centre operations, determining key elements of an appropriate service model.

SSHA approached the operation of the MHWC Pilot with the intent to provide a low-barrier/low-threshold service in an accessible and pet-friendly environment. SSHA adopted a client-centred model and a learning approach in order to allow operations to respond and evolve based on the emerging needs.

The scope of services offered at the MHWC Pilot included the following:

- Referrals to shelter and other services;
- Provision of instant foods and snacks (e.g., oatmeal, soup, coffee, tea, water, fresh fruit);
- Sleeping arrangements including high-quality mats and blankets;
- Access to the washrooms on the ground floor of Metro Hall; and
- Distribution of transit tokens.

## **Evaluation Methodology**

Both quantitative and qualitative methods were used to collect and analyze primary and secondary data and information for this evaluation. Stakeholders including City staff, service users, service providers and representatives of community/advocacy groups were engaged to review the MHWC pilot operations and provided feedback and input to SSHA. An in-person survey specifically targeted at service users of the MHWC Pilot was conducted. Qualitative data from the consultations and survey was documented in real-time, and then subjected to content analysis during which prominent themes emerged.

### Stakeholder Consultations

SSHA engaged stakeholders in multiple consultations to validate preliminary findings of the evaluation and to gain further insight and perspectives regarding the MHWC Pilot. The MHWC Pilot evaluation was informed by discussions with the following individuals and organizations:

<b>Stakeholder</b>	<b># of Participants</b>
Community Members	2
Fred Victor Centre	3
Dixon Hall (administrator of OOTC programs)	2
University Settlement Resource Centre (USRC)	1
Evangel Hall Mission (OOTC service provider)	1
Good Neighbours Club	1
Parkdale Activity and Recreation Centre (PARC)	1
St. Stephen's Community House	2
St. Christopher House	2
Young Men's Christian Association of Toronto (YMCA)	1
Margaret's Housing and Community Support Services	1
Change Toronto (non-profit organization with peer workers)	2
Ontario Coalition Against Poverty (OCAP)	1
Sherbourne Health Centre	1
Ve'ahauta Street Outreach	2
Multi-Disciplinary Outreach Team (MDOT)	3
Toronto Drop-In Network (TDIN)	1
Canadian Red Cross	1
Anishnawbe Health Toronto	2
Facilities Management (City of Toronto)	3
Hostel Services/SSHA	19
Streets to Homes/SSHA	3
Policy, Planning and Project Consultant/SSHA	1
Housing Stability Policy & Strategic Investment Unit/SSHA	5
Partnership Development and Support/SSHA	2
<b>Total</b>	<b>63</b>

### Service User Survey

An in-person survey was administered during one of the busier overnight periods of the MHWC Pilot. The purpose of the survey was to determine satisfaction with the services offered and to ask clients for their thoughts about how services could be improved going forward. The survey had thirty-two (32) respondents. While the intention of the survey was to have a statistically representative sample of respondents, this was not possible given that many clients chose not to be interviewed.

### **Analysis of Key Findings**

The MHWC served 793 unique clients from which 2778 intakes were recorded. Client intake information was initially captured on manual forms, and subsequently inputted into the Shelter Management Information System (SMIS). The highest number of unique clients served in one session was 292 (February 5-12, 2014), and the highest number of unique clients who stayed overnight was 119 on February 11, 2014. The average overnight occupancy across all sessions was 63 clients.

The vast majority of the clients of the MHWC self-identified as male (84.6%) with 15.2% identifying as female and 0.25% (or three unique clients) identifying as transgender. With

respect to age, 60% of all unique clients self-reported to be 41 years or older, with 30% reporting to be between 25 and 40 years. 10% fell into the senior category (i.e., 61 years or older), and youths (16 to 24 years) constituted 5% of all clients. 5% chose not to disclose their age.

In an effort to deepen its understanding of the MHWC client population, SSHA cross-referenced the data captured in SMIS from the MHWC with existing client information. From this exercise it was determined that 34.5% of all MHWC clients had had no previous shelter stay, and that roughly 22% had stayed at an Out of the Cold (OOTC) or University Settlement Resource Centre (USRC) program during the course of the MHWC Pilot. These results provide some support to anecdotal knowledge of a distinct client group, one whose members consistently avoid the shelter system regardless of the challenges posed by extreme weather conditions.

Only 6.5% of all unique clients of the MHWC Pilot reported that they had some form of housing. Most housed clients claimed that their residence lacked appropriate heating, and so they sought out a warmer space to spend the night. For homeless clients with a history of shelter use, around 12% were found to have one or more service restrictions at the same time the MHWC Pilot was operational. It is likely that these clients assumed that the MHWC Pilot was their only option for shelter given the availability of beds in shelters from which they were not restricted.

The following table summarizes the client survey results:

Variable	Totals (32 n)
Male respondents	29
Female respondents	3
Transgender respondents	0
Average age: Male	41 to 60 years
Average age: Female	25 to 40 years
Senior respondents (61+ years)	1
Youth respondents (< 25 years)	1
Aboriginal respondents	2
Respondents with one or more MWHC stays	28 (88%)
Respondents with shelter stays (this Winter)	21 (65%)
Respondents w/ regular drop-in use (this Winter)	20 (63%)
Respondents who used OOTC (this Winter)	23 (72%)
Respondents with one or more visits to SHARC (this Winter)	22 (68%)
Respondents' rating of food quality	Average to Good
Respondents' rating of staff quality	Good to Very Good
Respondents' rating of interior space	Good to Very Good
Respondents' rating of MHWC location	Good to Very Good
Length of residence in Toronto: 0 to 2 years	4 (12.5%)
3 to 5 years	4 (12.5%)
6 to 10 years	5 (15.6%)
11 to 20 years	1 (3%)
Lifetime (20+ years)	18 (56.4%)
Last time had housing: Less than 1 year ago	9 (28%)
1 to 2 years ago	11 (34%)
3 to 5 years ago	4 (12.5%)
6 to 10 years ago	3 (9%)
More than 11 years ago	4 (12.5%)
Never (as an adult)	1 (3%)

Furthermore, MHWC Pilot occupancy rates and patterns were compared against those of the existing shelter system in order to determine if there was any discernible impact caused by the former to the latter. SSHA has concluded that there was no discernible impact on shelter system occupancy during the MHWC Pilot sessions. The strongest evidence of impact simply reiterated the fact that many in the client group under study preferred to use the OOTC and USRC programs, and did so with a high level of consistency.

## **Lessons Learned**

Taking into account all of the data analyzed in respect of the MHWC Pilot, the following are the key lessons learned:

- MHWC Pilot operations and expectations was significantly different from those of cooling centres and conventional warming centres;
- MHWC Pilot operated more like a 24-hour drop-in;
- A low-barrier/threshold service model appeals to clients who avoid shelters;
- Location is a key determinant of use by clients: a 24 hour extreme cold weather alert service program should be set up in a central location for easy access;
- Municipal office buildings are not well suited for hosting warming centre operations or 24 hour drop-in services because of health and safety risks, client privacy issues and lack of showers and laundry facilities;
- The need for staff who are well-trained to deal with disruptive/aggressive behaviours and prevent/diffuse conflict situations;
- Providing a pet- and couple-friendly space helped expand choices for the client group served by the MHWC Pilot;
- Hot meals should be considered for future warming centre operations or a 24 hour drop-in services;
- The collaborative staffing model (cooperation during each shift between staff from City-operated shelters staff from community organizations) was generally effective;
- Except for the inherent uncertainty regarding when to start and stop operations, the MHWC Pilot, the service models employed by drop-in centres, Out of the Cold programs and the SHARC Respite program share common characteristics in terms of client group and scope of services delivered;
- A system-integrated approach to providing warming centre operations or a 24 hour drop-in services is likely to be more effective than a stand-alone model and it allows greater coordination between the shelter system and the various support services available; and,
- Some interest was expressed by representatives of the Out of the Cold programs and drop-in sector in providing a 24 hour warming centre/drop-in service provided that City support/resources are provided.