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**To:** Phillip Abrahams, General Manager, SSHA  
**Cc:** Joe Pennachetti, City Manager  
Brenda Patterson, Deputy City Manager  
**From:** Fiona Crean, Ombudsman  
**Date:** October 2, 2013  
**Re:** Shelter Provider Access and Client Services Survey

This memo is in response to Council's request (CD 19.1) on April 3, 2013 for an ombudsman consultation on customer service and equitable access to City shelter services.

Thank you for the opportunity to comment on the results of the survey undertaking. We have met with your staff; reviewed the survey material and its results; looked at this office's experience with relevant complaints and outreach to marginalized communities; and considered what the principles of access are in the context of good government and progressive administration that is fair and equitable.

You and your staff should be applauded for the review and work you are engaged in. It is a work in progress so in that regard please take my comments in that context.

**Access Principles:**

Housing is an inalienable right in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Examined through the lens of the *Ontario Human Rights Code* (OHRC) and the *Accessibility for Ontarians with Disabilities Act* (AODA), all residents have a right to shelter.

People seeking shelter have a right to accommodation in law on a variety of grounds, one of which is disability, which includes both physical and mental health. In reality, the most vulnerable, those with mental illness/ health challenges and drug users are among the most "chaotic" of shelter users who often have the greatest challenge in trying to access a bed and consequently are reportedly often not able to do so.

These individuals are also part of the shelter population that are discharged from hospitals and provincially operated institutions and often sent in a cab with high personal and medical needs.

Within the right to shelter is the question of choice. The reality is that few in poverty who are homeless can exercise choice from an access and equity perspective. While access for people with physical disabilities is being addressed by the City, there is a huge need for better addressing people with mental health challenges. This challenge is not the City's alone. It is a burgeoning need at all levels of government.

To ensure accessible and equitable treatment, organizational and individual practices need to be reviewed. The challenge is to ask: what does equity look like? A good case worker will take the time to find out "what is going on" without the judgment of the person's presenting behaviour. But that requires time and skill, both of which have resource implications. Training in "anti-oppression" competencies is likely a key requirement to meet some of these needs.

Key principles include:

- Access: ensuring the service is easy to access, appropriate to the resident, welcoming and respectful
- Individualization: meeting the specific circumstances of the person
- Equity : treating people differently to achieve a fair outcome
- Partnership: involving the person requiring the service
- Inclusion: ensuring that the person's perspective is included and that they are involved in the process
- Respect: for the person's dignity, confidentiality and privacy
- Language: simple, clear, and accessible
- Self-awareness: of stereotypes, bias, and judgment
- Communication: awareness of, knowledge about and use of different modes

### **Shelter Provider Access Survey Results:**

There are some significant results from the access survey that speak directly to issues of access and equity. I note those that struck the greatest chord from an ombudsman perspective.

Overall, the findings suggest City-funded homeless shelter providers must make some improvements. There appears to be a gap in the Toronto Shelter Standards document in several areas, which are referenced below.

Of the 290 mystery calls that were made, a quarter of the calls were unanswered. What is not clear is the service standard with respect to shelter providers answering calls? The Toronto Shelter Standards document does not appear to have any information pertaining to this.

Of the 75% of calls that were answered, 8 out of 10 callers were referred elsewhere and only one out of 10 was offered a shelter bed on the spot. Again, the service standard is unclear with respect to shelter providers offering shelter beds on the first call versus

redirecting callers to another shelter. The Toronto Shelter Standards document does not appear to have any information about this.

Some questions include: How important is it to offer a shelter bed on the first call? What are the implications of the callers' vulnerability on this matter? What is the likelihood that they will redirect their call as recommended versus not following up at all and prolonging their vulnerability? What are the procedural fairness implications of this process?

The survey findings suggest low customer service standards. Only half of callers thought staff were polite, more than half of callers (60%) said staff were inattentive; less than a third of callers (28%) said staff were empathetic, and half of the callers with a disability said staff did nothing to accommodate them. These are worrisome findings.

### **Client Service Survey Results:**

Overall, the survey findings suggest Toronto Shelter Standards fall short in supporting clients to end their homelessness. There appears to be a gap in some areas of the Toronto Shelter Standards.

The findings clearly indicate a strong satisfaction level among survey clients with respect to their overall experience but only a little over half of those surveyed (56%) indicated that staff helped them in planning and explaining housing options.

The Client Support Services Framework appears to address these concerns by stating in detail the services and appropriate timelines that must be offered by shelter providers when working with clients and families. However, there also appears to be a disconnect between stated policy and staff practice as almost half the clients surveyed (44%) did not meet with staff to develop a housing plan. At least in this regard, the divisions' standards are not being met.

A significant finding showed the aging profile of shelter users. It would be important to find out what proportion of these clients were former TCHC tenants and address the issue holistically.

Through our outreach and public education, we know that the transgendered community is very concerned about the shelter system in contrast to these survey results. There appears to be a disconnect requiring further examination.

Statistics that rely on vulnerable population groups to self-identify must be viewed with a critical lens. For example, the client service survey results state only 3% of the respondents identified as transgendered, which with a sample of 502 respondents, equated to approximately 15 people. Due to the sensitive nature of self-identification, reporting is likely to be under-stated so findings should be approached with caution. Also, the client services survey states that 77% of transgendered clients felt respected by staff. However, this contradicts findings in the shelter provider access survey which

states 74% of transgendered clients felt staff were not empathetic. The findings about transgendered clients require further review.

Twenty four percent believe the system is overcrowded and unsafe. This is a telling number, particularly since the survey was conducted during the summer months when occupancy may have been high but likely lower compared to winter time.

**Considerations:**

In its current form, the Toronto Shelter Standards fall short in providing clear service delivery standards to shelter providers and consequently, this impacts the quality of service delivery to shelter clients.

1. The Toronto Shelter Standards requires revision by a network of housing experts, past and current service providers, shelter clients, policy analysts and involved key stakeholders.

Principles of access and equity need to be clearly articulated and embedded into standard operating procedures.

2. That the above are completed and associated training, including anti-oppression training, be delivered to service providers.

These survey findings call out for a review of capacity, staffing and the gap between policy and practice.

3. That the survey results be examined in the context of current staffing and the gap between policy and practice be closed.



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Fiona Crean  
Ombudsman