



## STAFF REPORT INFORMATION ONLY

### Update on Feasibility of 24-Hour Drop-in Services for Women

<b>Date:</b>	January 7, 2014
<b>To:</b>	Community Development and Recreation Committee
<b>From:</b>	General Manager, Shelter, Support and Housing Administration
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### SUMMARY

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This report updates Community Development and Recreation Committee (CDRC) on the progress of consultations with community agencies and service users to determine the feasibility of opening a 24-hour safe drop-in for women and/or a women-only low-barrier harm reduction shelter.

Research and consultations conducted to date support the need for an overnight low-threshold drop-in to address the needs of street involved women. Additional consultations and focus groups with service providers, service users and legal and public health professionals are planned for January and February to help define service delivery details.

Staff will report to the April 17, 2014 meeting of CDRC on the results of the consultations, including options for a service delivery model, appropriate services, suitable location and the financial impact.

#### Financial Impact

There is no financial impact associated with this report.

#### Equity Impact

Housing and homelessness services, including Toronto's shelter system, serve a range of equity seeking groups including people experiencing homelessness, the working poor, youth, seniors, Aboriginal people, and other vulnerable groups. Consultations on the need

and feasibility of establishing a 24-hour drop-in and/or harm reduction low-barrier shelter for single women will take into account various stakeholder needs including the experience of Aboriginal women, members of the LGBTQ community, sex workers, women with substance use and mental health challenges, women with disabilities, and seniors.

## **DECISION HISTORY**

On October 28, 2013, Community Development and Recreation Committee directed the General Manager, Shelter, Support & Housing Administration to consult with women's homeless service providers and stakeholders to review the feasibility of establishing a 24-hour safe drop-in for women, review existing services and available funding for Capital Improvements, and report back in the Spring of 2014 on the consultation.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD24.7>

On December 4, 2013, Community Development and Recreation Committee recommended adoption of CD25.10 and directed the General Manager, Shelter, Support & Housing Administration to expedite the consultation with women's homeless service providers and stakeholders on the feasibility of establishing a 24-hour safe drop-in for women and/or a women-only low-barrier harm reduction shelter and review existing services and available funding for Capital Improvements and provide a progress report to the January 21, 2014 meeting of the Community Development and Recreation Committee.

<http://app.toronto.ca/tmmis/viewPublishedReport.do?function=getDecisionDocumentReport&meetingId=6840>

## **ISSUE BACKGROUND**

The single women emergency shelter system currently has 575 beds, supplemented by 35 flex beds, across 11 shelters, administered directly by the City of Toronto and through purchase of service agreements. In addition, single women can access beds in co-ed shelters and street-involved women are also able to seek respite at the Streets-to-Homes Assessment and Referral Centre (SHARC). Over the past few years, the occupancy rate for the single women's sector has consistently been near or at capacity which has compromised timely access to emergency shelter beds.

SSHA has responded to this pressure by opening an additional temporary shelter in November 2013 with 30 beds for women, which will remain open until April 30, 2014. Staff are currently reviewing responses to a Request for Expressions of Interest to open a permanent 30-50 bed emergency shelter for women in 2014.

While these initiatives are increasing bed capacity in the single women's emergency shelters, they may not be sufficient to meet the service needs of women who do not access emergency shelters, are street involved, in the sex trade or may have serious substance use and/or mental health issues.

As described in community deputations to CDRC, street-involved women may choose not to access the shelter system, or may have difficulty staying in the shelter system due to disruptive behaviour, often resulting from serious substance use and/or mental health issues. The needs of this population of women must be assessed to ensure the right types of spaces and services are available to offer a safe place to rest, when required, and effective case management within a Housing First framework.

This report provides an update on the work undertaken to date in response to the CDRC directives on October 28 and December 4, 2013.

## **COMMENTS**

Preliminary stakeholder interviews have been conducted with agencies in Toronto that serve street-involved women. Current service gaps were discussed, as well as service considerations associated with operating a low-threshold 24-hour or overnight drop-in to meet the needs of street-involved women. These discussions point to a need for a low-threshold 24-hour or overnight service for women.

Staff have also undertaken an environmental scan of services that are available in other jurisdictions to identify potential lessons and models for Toronto.

Further consultation in January and February 2014 will allow the Division to gather feedback from a broad representation of service users and providers in order to better define what drop-in or shelter service models will best meet the needs of street-involved women in Toronto.

## **Environmental Scan**

While a wider range of jurisdictions were investigated, the most meaningful lessons for Toronto appear to come from North American examples.

There are no 24-hour or overnight drop-ins currently operating in the City of Toronto. Co-ed drop-ins are open at various facilities from 8 am to 9 pm every day, with additional hours weekday mornings. There are two women's-only drop-ins in the City with some co-ed sites offering women-only hours. Services are available for women at various facilities from 10 am to 3 pm every day, with varied additional hours before and after.

Outside Toronto, the vast majority of overnight services for homeless and marginally housed individuals are bedded programs at shelters. The primary difference between an overnight drop-in and a shelter is the availability of beds. Drop-ins generally allow clients to sleep in chairs, but offer neither beds nor mats. There are few overnight or 24-hour drop-in centres in operation across North America. Where such services exist, the primary client group is people who are street-involved and choose not to access the shelter system. Within this population are sex workers and people with severe addictions and/or mental health issues.

Some key characteristics of the overnight drop-in services reviewed include:

- Low-threshold, or low-barrier, service provision is required to make the space safe and welcoming.
- Peer-led and peer-supported programming can be effective at stabilizing clients.
- Staffing levels, including security personnel, must be intensive in order to meet client needs.
- The location of the organization is important to connect with clients (i.e., a chair where I am now is better than a bed across town).
- Hot meals, showers, and laundry are heavily used services; most facilities offer medical and mental health services in addition to case management.

Vancouver and New York City provide good examples of how overnight drop-in services are offered.

#### ***Vancouver: WISH Drop-In Centre Society***

The WISH Drop-in Centre is for women only and sex worker specifically. WISH had been established as a drop-in for 28 years when, as a result of the Missing Women's Inquiry in 2012, the organization was offered provincial funding of \$750,000 annually to run a 24-hour drop-in centre for women engaged in the sex trade.

Starting in March 2013, the WISH Drop-In Centre went from being open five hours a night (6:00 p.m.—11:00 p.m.) to seventeen hours a night (6:00 p.m.—11:00 a.m.). Between 80 and 100 women use the service every day. Basic services include: serving hot meals, providing shower facilities, dispensing make-up, hygiene items, and clothing, providing on-site nursing care, and making referrals to detox, treatment and shelters.

#### ***New York City***

New York State has established the legal right to shelter for homeless individuals. Drop-ins are viewed as an auxiliary service, accessed only by those people who do not want a shelter bed. A 24-hour co-ed drop-in is located in each of New York City's boroughs. Drop-ins partner with churches and synagogues that offer overnight beds, and will bus clients to these facilities at night and pick them up in the morning. This model is able to serve only a small portion of clients and those who choose to remain at the drop-ins overnight sleep in chairs. Both drop-ins highlighted below have 24-hour security, with anywhere from 1 to 4 security personnel onsite at all times.

### ***The Living Room/Safe Haven, Bronx***

The Living Room/Safe Haven is operated by BronxWorks in the Bronx. The Living Room is a 24-hour co-ed drop-in for street involved adults, located in the same facility as Safe Haven, a 50-bed temporary shelter. Basic services include: housing placement and benefits assistance; medical and psychiatric care; nutritional assistance; medication monitoring; substance abuse counselling; and drug and alcohol treatment referrals. Laundry and shower facilities are available and hot meals are served 3 times a day.

The Living Room serves those individuals who choose not to access the shelter system and has an outreach program for street-involved adults. The drop-in serves approximately 100 people each day. Case workers are available during business hours only.

### ***The Olivieri Drop-In Center, Manhattan***

The Olivieri Drop-In Center, operated by Urban Pathways, is located in Manhattan. It is a 24-hour co-ed drop-in for street-involved adults. Basic services include: on-site medical care, mental health and substance abuse assessments, access to meals, clothing and showers, referrals to rehabilitation and recovery programs, individual counselling, entitlement assistance, banking facilities, vocational training, money management and instruction in other independent living skills.

When the Center started in the 1980s, it offered only daytime hours and has since extended its hours overnight. Prior to 2009, the Center served only women. Program staff believe the co-ed model is working well, and there is less conflict between clients now than when the program was women-only. Case management is offered during the day.

## **Preliminary Stakeholder Interviews**

Preliminary interviews have been conducted with the following community-based shelter and drop-in providers and City staff to gain a better understanding of the current need for an overnight or 24-hour safe drop-in for women:

- 416 Community Support for Women
- Fred Victor Centre
- Sistering
- Streets to Homes Street Outreach
- Toronto Public Health, Toronto Drug Strategy
- The 519 Church Street Community Centre
- Maggie's

These main findings from these conversations are summarized below.

## *Need*

Service providers believe that there are sufficient daytime hours available at various drop-ins for women to access. They identified that the greatest need is for an overnight drop-in that is closely connected with the existing daytime drop-in support network. While a 24-hour drop-in would provide some continuity of service delivery, it may also duplicate services already available during the day. Critical hours for women to access services are evenings, overnights, and early mornings.

Women accessing a drop-in overnight would be high needs clients and the facility would have to be low-threshold, with a high tolerance for disruptive behaviour. The drop-in would have to offer a safe and welcoming space, be receptive to everyone, including trans-women and operate with a harm reduction approach. The facility must be accessible to women with serious mental health and substance use issues. Providers noted key client groups to include in consultations are women in the sex trade, Aboriginal women, seniors, women with disabilities, women with serious health issues, and transgender women.

## *Service Considerations*

An overnight drop-in or low-threshold shelter should be located where women would be most likely to use the service. The downtown core would be the most accessible.

Safety of clients and staff will be an important consideration. In addition to maintaining a welcoming and calming atmosphere within the space, it would also be necessary to ensure safety from external parties that prey on vulnerable women and perpetuate drug use, prostitution and various illegal activities. It is likely that higher levels of staffing and security would be required than is currently available in shelters and drop-ins. In addition, the physical assets in a facility of this type would be used intensively and require frequent cleaning and maintenance. This could be particularly challenging in a 24-hour drop-in.

Staff must be trained in harm reduction principles in order to understand and manage a range of behaviours associated with substance use and/or mental illness.

Service providers indicated that it would be important to allow unlimited barrier-free access to the facility. Services would have to be coordinated with street outreach staff in order to engage women and provide appropriate referrals.

A 24-hour drop-in or low-threshold shelter must provide a range of services and follow-up supports to meet client need. For example, there may be greater need for crisis intervention and immediate supports, as well as onsite medical and mental health services. It would be important to offer case management onsite or through partnerships, but this must not be a requirement for service. Development of a peer support network should also be considered in order to more appropriately meet the diverse needs of this client group. Snacks should be available at different times throughout the night.

Further consultations with service users are planned to help to better define the service needs for women.

## **Next Steps**

The environmental scan and preliminary service provider interviews point to a need for a low-threshold overnight service for women, particularly those who appear to be reluctant to use the emergency shelter system. Consultations with service users are planned for January and February 2014. These will include:

- 1 town hall-style meeting for service users in the Dundas Street East/Sherbourne Street area
- 2 focus groups with service users at the following locations:
  - Streets-to-Homes Assessment and Referral Centre (129 Peter Street)
  - Sistering (962 Bloor Street West)
- 2 focus groups with service providers, including shelters, drop-ins, and outreach teams (one with a focus on harm reduction programs)
- Key stakeholder interviews, including with transgender women and Aboriginal women, and agencies serving these groups

These consultations will focus on potential service models for both a 24-hour drop-in and a low-threshold shelter, including resources required, and how to design these services to most effectively meet women's needs.

Considerations will include:

- What does an accessible service look like for women accessing a drop-in or a low-threshold shelter overnight?
- What service model will best help to meet the needs of street-involved women?
- What services should be offered?
- What hours of service will meet client need?
- Where should the facility be located?
- Is there community capacity to operate such a service?

In addition, SSHA will consult City Legal on the City's obligations and liabilities around managing and funding locations, specifically through purchase of service, that allow on-site drug use. SSHA will also consult the Medical Officer of Health on the City's obligations surrounding the safe use of drugs.

Staff will report to the April 17, 2014 meeting of CDRC on the results of the consultations, including options for a service delivery model, appropriate services, suitable location and the financial impact.

## **CONTACT**

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## **SIGNATURE**

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