

10 CASE MANAGEMENT, SUPPORTS AND SERVICES



10.1 CASE MANAGEMENT AND SERVICE PLANNING

- (a) Shelter providers will provide housing, case management and other support services to clients in a safe and non-judgmental environment, free from harassment, abuse, discrimination and violence.
- (b) All shelter providers will offer some degree of case management and service planning to their clients.
 - (i) Where possible, family shelter providers will assign a child/children their own client support staff person who can focus on the specific service needs of the child/children.
- (c) As part of the case management and service planning, shelter staff will
 - (i) Provide clients with preliminary information about case management (e.g., service plan expectations, available resources from the client support staff, support services available onsite) upon admission or no later than twenty-four (24) hours after admission
 - (ii) Work with clients to determine their immediate needs/concerns (e.g., health, harm reduction needs, safety considerations) upon admission or as soon as possible thereafter and no later than thirty-six (36) hours after admission
 - (iii) Work with clients to document a service plan by conducting an initial assessment of the client's needs, strengths, challenges and preferences as soon as possible and no later than seven (7) days after admission
 - (iv) Use the SMIS Consent Form to obtain consent from clients to share information with relevant support services and health care providers, as described in section 12.6.4 Sharing/Disclosure of Client Information.
- (d) An initial assessment of a client may include, but is not limited to identifying, documenting, or updating the following items
 - (i) Reason(s) for service
 - (ii) Family/household members who are not present in shelter
 - (iii) Specialized supports for 2SLGBTQ+, Indigenous, senior and youth clients
 - (iv) Cultural/communication considerations

- (v) Ability and mobility issues
 - (vi) Need for personal identification documents
 - (vii) Need for health and mental health supports
 - (viii) Need for substance use and harm reduction supports
 - (ix) Need for financial supports as they relate to the client's housing plan
 - (x) History of housing, homelessness and current housing needs
 - (xi) Employment history and employability needs
 - (xii) Educational goals and supports
 - (xiii) Legal issues affecting the client
 - (xiv) Need for daily living/life skills supports
 - (xv) Service/supports currently provided by other organizations
 - (xvi) Client identified concerns.
- (e) Shelter providers may request and collect immigration status information to assist clients to obtain or replace identification or determine eligibility for social assistance programs (e.g., housing subsidy programs, OW/ODSP, OAS, and CPP) or services (e.g., Housing Help, health care) that require this information.
 - (f) Shelter providers will request Next of Kin/Emergency contact information and record client's response in SMIS. The absence of providing this information does not preclude a client from receiving service.
 - (g) Shelter providers will ensure that the collected information is appropriately added into the STARS Intake and Triage and Housing Checklist modules in SMIS.
 - (h) Shelter staff will work with each of their clients to develop and implement a service plan that is collaborative, respectful, client-centered, approached from an anti-oppression and trauma-informed care perspective, and guided by the principles of harm reduction.
 - (i) Consistent with a Housing First approach, a client's service plan must, at a minimum, include a housing plan and a financial plan.
 - (i) The Housing First approach may be modified for youth clients who may be going through significant developmental changes (e.g., physical, cognitive, emotional, social) and/or lack the life skills that adult clients may have. This may include modifying accommodation types, prioritizing family reconnections/reunification, and prioritizing supports for youth development within the client's service plan/housing plan.
 - (j) A client's housing and financial plan must, at a minimum, include the following documentation to support and enable client access to housing opportunities, subsidies, and supports
 - (i) Source of income
 - (ii) Valid Canadian status document and photo identification

- (iii) Notice of Assessment from the most recent tax year
 - (iv) Active and up-to-date housing application(s), including an Access to Housing application.
- (k) As part of a client's housing plan, shelter providers will, at a minimum
- (i) Complete the STARS Housing Checklist module.
 - (ii) Review a range of housing options with clients, including private market rental housing, social housing and supportive housing and support all shelter clients in completing all appropriate housing applications.
 - (iii) Ensure that all clients are provided an opportunity to be placed on the Centralized Waitlist with local priority status, Disadvantage Code ("DA Code") for rent-geared-to-income (RGI) housing.
 - (iv) Assist clients to apply for any resources and supports they may be eligible for and interested in, including but not limited to housing benefits, income supports, and follow-up supports.
 - (v) Record and document all reference numbers and information, including housing application numbers and registration emails in the STARS Housing Checklist module.
 - (vi) Document what support was offered and what efforts were made to engage the client, if a client refuses support.
- (l) Shelter providers will ensure that Indigenous clients are aware of Indigenous-specific supports and services.
- (m) Depending on a client's needs, the overall service plan may include other sub-plans. Examples of sub-plans include, but are not limited to an employment plan, an education plan, a family reunification plan, an immigration plan, a substance treatment plan and an elderly client support plan.
- (n) Shelter staff will offer to provide a written copy of the service plan to the client, in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information.
- (o) At a minimum, shelter staff will meet monthly with a client to review and update their service plan as needed for the duration of the client's shelter stay.
- (p) When reviewing a service plan with a client, shelter staff are encouraged to
- (i) Identify goals and priorities in collaboration with the client
 - (ii) Break down goals into manageable steps (immediate, medium- and long-term)
 - (iii) Identify who needs to be involved (case conferencing, referrals, advocacy)
 - (iv) Identify the person responsible for each action/activity
 - (v) Implement steps toward stated goals in collaboration with the client and relevant stakeholders
 - (vi) Identify challenges and recognize achievements

- (vii) Problem solve and guide the client in problem solving and skills development
- (viii) Review progress to date and update the service plan at the start of each meeting and at the point of service transition (e.g., when the client transitions to another support program, service, shelter provider or agency).
- (q) Shelter providers will ensure that the STARS Intake and Triage and Housing Checklist modules are updated in SMIS if new information is shared during service planning.
- (r) Upon a client's planned discharge, shelter staff will
 - (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports
 - (ii) Review consent forms and summarize information for the client or next shelter provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information
 - (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention activities.
 - (iv) Update the STARS Housing Checklist module with any housing-related supports provided following their discharge.
- (s) Service plan components and the prescribed timelines set out under section 10.1 Case Management and Service Planning may be modified in consultation with SSHA.
- (t) Shelter staff will document all meetings with clients in a clear and consistent manner and include such service plan notes in a client's service plan file. All service plan notes will, at a minimum, include the following information
 - (i) The date of the meeting
 - (ii) The date of the case note(s)
 - (iii) The location of the meeting
 - (iv) The name and role of the person making the note(s)
 - (v) Contact information for all third parties named in the note(s)
 - (vi) Scan/copy of all relevant supporting documentation.
- (u) Shelter staff will update service plan notes at a minimum of once per week, even if there is no contact with a client. Such documentation will also include all appointments missed by a client including those with physicians, other support services workers, etc.
- (v) Shelter staff will summarize service plan notes every two (2) months and upon significant events (e.g., prior to a client transferring to another shelter provider, prior to a client's discharge from shelter, upon the resumption of shelter support services after a substantial hiatus, etc.)

- (w) Service plan summaries will describe, at a minimum, key information and the status of the current service plan, including but not limited to
 - (i) Goals identified in the service plan
 - (ii) Actions/activities the client has completed
 - (iii) Outstanding goals or actions.
- (x) Appropriate management staff or designates will review and sign-off on service plan summary notes.

10.1.1 FINANCIAL/SAVINGS PROGRAMS

- (a) Shelter providers will encourage and work with clients to establish financial savings in order to help offset the initial costs of moving to housing and to build their capacity to manage their financial affairs.
- (b) Shelter providers will offer or refer clients to supports that will increase their capacity to manage their finances including, but not limited to programs that offer credit counseling and household budgeting.
- (c) Shelter providers will encourage and work with clients to open a bank account if the client does not have an active account.
- (d) Shelter providers will encourage and work with clients to participate in a voluntary trusteeship or use the services of the Office of the Public Guardian and Trustee, where such services would be appropriate or benefit the client.
- (e) Shelter providers that offer an in-house savings program as part of their case management will
 - (i) Have a policy and procedures regarding client savings including, but not limited to, the collection, safe keeping, recording and disbursement of client funds, the handling of abandoned client funds, and who is authorized by the shelter provider to access client funds
 - (ii) Determine savings goals with the client
 - (iii) Ensure that clients have access to their savings whenever they request, regardless of any savings goals
 - (iv) Work with clients to gradually move their savings to a bank account under their own management or a trusteeship program.

10.2 HEALTH AND MENTAL HEALTH SERVICES

- (a) Shelter providers will support clients who seek to address their health and mental health care needs. At a minimum, shelter providers will
 - (i) Assist clients with finding appropriate support services and make referrals when a shelter cannot provide the requested health and mental health services, including treatment, harm reduction and abstinence-based services and supports

- (ii) Ensure that Indigenous clients are aware of Indigenous-specific supports and services
- (iii) Issue a Leave with Permission for clients who seek non-emergency health and mental health care services at another institution in a manner that complies with the requirements of section 8.5.4 Leave with Permission
- (iv) Make every effort to accommodate ill clients at their shelter by providing daytime access as described under section 8.5.6 Daytime Access
- (v) Provide additional food servings and/or dietary supplements to clients who have been medically diagnosed as undernourished or underweight or refer clients to another shelter or service that provides the relevant dietary supports in a manner that complies with the requirements of section 9.2.2 Dietary Restrictions and Accommodation and section 8.2 Referrals.

10.2.1 HARM REDUCTION

- (a) Shelter providers will
 - (i) Have a harm reduction policy and procedures that will make explicit that the shelter operates using a harm reduction approach. The policy and procedures will include, at a minimum, prevention and response to overdose; wellness checks; and how supplies are distributed, collected and disposed
 - (ii) Have a policy and procedure in place that outlines under which circumstances it is and is not appropriate to contact Children's Aid Services or Toronto Police Services when clients have dependent children
 - (iii) The policy will indicate that substance use in itself is not sufficient cause for contacting Children's Aid Services or Toronto Police Services
 - (iv) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Shelter providers will facilitate the establishment of an onsite harm reduction advisory committee to ensure services are informed by resident needs and input, in a manner that complies with Section 6.1 Client Input.
 - (i) The committee will be led by clients with living experience of substance use and supported by site staff or harm reduction agency workers
 - (ii) Shelter providers will support resident-led or community-based harm reduction initiatives (e.g., peer-led programs, resident requests for room checks, etc.).
- (c) During admission, in conjunction with the requirements of section 8.3, shelter providers will explain what harm reduction services are available and will make explicit that
 - (i) The site is a harm reduction positive location
 - (ii) Harm reduction supplies and naloxone are readily available, onsite or through mobile community services
 - (iii) All clients will be offered a naloxone kit and training upon admission

- (iv) Substance use in and of itself is not a reason for service restriction; abstinence-based programs may be exempt and must comply with section 8.6 for Discharge, 8.6.2 for Service Restriction and section 10.2.2 of Abstinence-based programs
 - (v) Staff are concerned about the safety of people who use drugs at the site and are available to help with safety planning and arranging post-drug use safety checks.
- (d) Shelter providers will ensure naloxone kits (injectable and/or nasal spray) are available at all sites for staff and resident use.
- (i) All program staff on each shift will be trained in overdose prevention, recognition and response, including the administration of naloxone.
- (e) Shelter providers will post signage in communal, semi-private and private washrooms and washroom stalls and other visible areas (e.g., hallways, entrances, stairwells, etc.) noting
- (i) Overdose prevention initiatives available onsite
 - (ii) Availability of naloxone and other harm reduction supplies (i.e., safer injection equipment, safer smoking equipment, and safer sex products) (if available)
 - (iii) Encouragement of substance users to let another client or staff member know they are using.
- (f) Shelter providers will provide safer drug use equipment, safer sex products, training and related supports to clients (if qualified to do so).
- (i) Shelter providers will ensure that supplies will be easily accessible 24/7, for example, through zero barrier access in open common areas, peer satellite programming, site staff, or visiting harm reduction staff.
- (g) Upon the request of a client, shelter providers will refer clients to Toronto Public Health's The Works program, The Works Van service, or an organization listed by Toronto Public Health or similar program that offers harm reduction supplies, training and related support services for
- (i) Opioid agonist treatment (buprenorphine, methadone, etc.)
 - (ii) Supervised consumption services
 - (iii) Free testing for sexually transmitted and blood borne infections
 - (iv) Free vaccinations
 - (v) Naloxone distribution and training
 - (vi) General nursing services (e.g., assessing injection-related abscesses, counselling, pregnancy testing and supportive decision-making, referrals to internal and external services).
- (h) Shelter providers in settings with self-contained and/or single occupancy rooms will prioritize best practices around overdose prevention over gathering limitations, including in the context of an outbreak of communicable illness.
- (i) Shelter providers will ensure that clients will be permitted to visit each other's rooms to provide support for safer drug use and overdose response.

- (ii) During an outbreak of a communicable illness, shelter providers will encourage clients to continue practicing IPAC measures even while visiting inside a single occupancy room.
- (i) Shelter providers will ensure that clients who smoke substances do so outdoors.
- (j) Shelter providers will ensure
 - (i) Sharps containers are secured and tamper proof and available throughout a site and in each bathroom stall in communal washrooms
 - (ii) Are placed out of reach of children
 - (iii) Clients are informed of the presence of fixed sharps containers and how to use them.
- (k) Shelter providers in settings with self-contained and/or single occupancy rooms will
 - (i) Inform clients of the availability of personal sharps containers and how to use them
 - (ii) Offer a sharps container to each client for their individual use upon admission
 - (iii) Make sharps containers available to clients when requested.
- (l) Shelter providers will neither prohibit nor confiscate the following items from clients
 - (i) Life-saving medications (e.g., Epi-pens, nitroglycerin tablets, asthma inhalers, naloxone, etc.) or medications that have been prescribed
 - (ii) Safer drug use supplies and/or safer sex products
 - (iii) Personal property, including substances.
- (m) Shelter providers will support clients who wish to engage in harm reduction programs by offering public transit fare to attend such programs or related appointments.
- (n) Shelter providers will not discharge clients or impose service restrictions on the basis of substance use on or off site, ensuring to comply with section 8.6 Discharges and section 8.6.2 Service Restrictions. This direction does not supersede section 10.2.2 Abstinence.
- (o) Shelter providers will ensure staff document any client death where overdose is the suspected cause of death using the Death of a Shelter Resident Reporting Form.
- (p) Shelter providers will make grief and loss support available to staff and clients immediately following a client death or overdose related traumatic event, and in an ongoing manner following the event. Support may include de-briefing, healing circles, one-on-one counselling, and peer to peer supports.
- (q) Shelter providers that operate abstinence-based programs, as per section 10.2.2 Abstinence, will identify with SSHA appropriate solutions that ensure the safety of clients and how they will implement harm reduction appropriate to the context of abstinence-based programs.
- (r) New and relocating sites will undergo a mandatory Harm Reduction and Overdose Preparedness Assessment as directed by SSHA.

10.2.2 ABSTINENCE

- (a) Shelter providers operating with an abstinence-based model will
 - (i) Identify how abstinence is defined within their program
 - (ii) Define to what extent they are able to provide service to non-abstaining clients
 - (iii) Document and submit a detailed description of the service model to SSHA for review and approval
 - (iv) Shelter providers of Indigenous-led programs, may provide culturally-appropriate abstinence-based programs.
- (b) Shelter providers that prohibit the use of alcohol onsite must inform clients prior to admission.
- (c) Admission decisions will not be based on a client's substance use.
- (d) Abstinence-based shelter providers will provide a private, dedicated space where clients under the influence of substances may rest until the effects of those substances have subsided.
- (e) Abstinence-based shelter providers may discharge and/or issue a service restriction to a client who breaks shelter rules or policies regarding substance use in a manner that complies with requirements under section 8.6 Discharge and section 8.6.2 Service Restrictions.
 - (i) Abstinence-based shelter providers will refer the discharged and/or service-restricted client to another shelter or appropriate support services in a manner that complies with the requirements of section 8.2 Referrals.

10.2.3 CLIENT MEDICATION

- (a) Shelter providers will
 - (i) Have a policy and procedures regarding client medication (narcotic and non-narcotic) including, but not limited to, its management, issuance, administration, secure storage, disposal and who is authorized by the shelter provider to access client medications and provide medication-related assistance
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Encourage clients to self-administer medication whenever possible and will not require clients to surrender their medications.
- (b) Clients will be fully responsible for securely storing, accessing and administering their medication.
- (c) Some clients may require support from shelter staff (e.g., reminders, assistance with opening containers, etc.) or require shelter staff to help administer their medication where a physical limitation prevents the client from self-administering their medication. Only authorized staff may provide medication-related assistance to clients.

- (d) Shelter providers will treat medication information as confidential health information, as described under section 12.6 Privacy and Confidentiality of Client Information.
- (e) Shelter providers that assist clients with their medications will do so in a manner that complies with the requirements of section 10.2.4 Secure Storage and Disposal of Medication and maintain a consistent method of documenting medication information containing, at a minimum
 - (i) Name of client
 - (ii) Name of client's medication
 - (iii) Date and time medication is accessed by or issued to the client
 - (iv) Name of the staff who issued and/or helped to administer the medication
 - (v) Client signature confirming receipt of medication.
- (f) Shelter providers are not responsible for ensuring that clients adhere to the prescribed instructions for taking medications and will release stored medication to clients whenever they request it.
- (g) Shelter providers with concerns about the ability of a client to self-administer medication or with misuse of medication and/or the safety of the medication will
 - (i) First discuss these concerns with the client
 - (ii) If still concerned, seek client consent to consult with the client's health care professional (e.g., nurse, psychiatrist, physician, etc.) or the pharmacist who dispensed the medication to the client.

10.2.4 SECURE STORAGE AND DISPOSAL OF MEDICATION

- (a) Only authorized staff and/or the client will have access to the client's medication.
- (b) At a minimum, all medications will be
 - (i) Inventoried and labeled appropriately
 - (ii) Stored in separate containers for each client
 - (iii) Kept in a safe and secure location (e.g., a cabinet in an office, or locker or locked drawer in a client's room) at all times other than the time that the medication is accessed or administered.
- (c) Shelter providers will provide secure refrigerator space in an access-restricted area dedicated to the sole storage of medications requiring refrigeration.
- (d) Shelter providers will not store medications in the same refrigerator that is used to store expressed breast milk or food, as described under section 9.2.2 Dietary Restrictions and Accommodation.
- (e) Shelter providers will
 - (i) Specify how long unclaimed, unused and/or expired medication will be kept before it is properly disposed

- (ii) Treat all unclaimed, unused and/or expired medications as hazardous waste and either drop off these medications at a pharmacy, a City of Toronto Household Hazardous Waste Depot, or arrange for third party collection and disposal.

10.2.5 MEDICATION MANAGEMENT PROGRAM

- (a) Shelter providers that offer a Medication Management Program will
 - (i) Have a policy and procedures to ensure that all medications are possessed, issued, administered and disposed as required by law and in accordance with leading practices
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.

10.3 SPECIALIZED PROGRAM REQUIREMENTS

10.3.1 FAMILY SHELTERS

- (a) Family shelter providers will take all reasonable measures to keep a family unit or household intact.
 - (i) Family shelter providers will assign one family unit/household per room
 - (ii) Family shelter providers are exempt from meeting the lateral separation requirements of 9.3.1 Sleeping Areas and Beds in rooms where only one family unit/household has been assigned.
- (b) Family shelter providers will inform parents/guardians that
 - (i) Parents/guardians are responsible for their children and their children's behavior at all times during their stay in the shelter
 - (ii) Children must be registered in school during their stay at the shelter.
- (c) Family shelter providers will support and encourage parents/guardians to
 - (i) Be involved and participate in children's programs with their child/children
 - (ii) Use non-violent ways of disciplining children under their care
 - (iii) Be attentive to child safety practices including, but not limited to covering electrical outlets and sharp protruding edges or corners in their room, storing harmful chemicals or cleaning supplies in a secure area, taking measures to prevent children from climbing around/through windows and taking measures to protect children from accidental burns
 - (iv) Ensure to keep all sharps containers out of reach of children.

10.3.2 CHILDREN'S SERVICES AND PROGRAM

- (a) Family shelter providers will
 - (i) Have a policy and procedures for child safety, which will include, at a minimum, a section on field trips and lost child procedures, staff-to-child supervision ratios by children's age range, reporting suspected cases of child abuse and neglect and the maximum number of children that a shelter client is permitted to babysit at any one time
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised.
- (b) Family shelter providers will
 - (i) Stock a supply of disposable infant/toddler diapers and infant formula for emergency use
 - (ii) Encourage the use of disposable diapers
 - (iii) Permit the use of cloth diapers only where adequate laundry facilities and hygiene control procedures exist
 - (iv) Ensure that any diaper change stations in public or communal areas are installed near a washbasin supplied with running hot and cold water, soap, and paper towels
 - (v) Clean and disinfect diaper change stations regularly.
- (c) Where possible, family shelter providers will assign a child/children their own client support staff person who can focus on the specific service needs of the child/children.
- (d) Family shelter providers will
 - (i) Report any actual and suspected cases of child abuse or neglect as required under section 72 of the Child and Family Services Act, 1990
 - (ii) Work in full cooperation with child welfare agencies
 - (iii) Have a policy and procedure in place that outlines under which circumstances it is and is not appropriate to contact Children's Aid Services or Toronto Police Services when clients that use substances have dependent children
 - (iv) The policy will indicate that substance use in itself is not sufficient cause for contacting Children's Aid Services or Toronto Police Services.
- (e) Family shelter providers will offer a variety of developmentally appropriate activities for children within the shelter and/or ensure such opportunities are available within the surrounding community.
- (f) Family shelter providers will offer opportunities for children with developmental and/or physical disabilities to develop their full potential within an environment where they can interact and socialize with other children.
- (g) Family shelter providers will provide program summary/activity plans to parents/guardians prior to the commencement of any program/activity or may post such summary/plans in conspicuous areas of the shelter.

- (h) Family shelter providers will obtain written parental/guardian consent prior to a child's participation in a program/activity.
- (i) Field trips organized for children must be safe, educational/recreational in nature and age/developmentally appropriate.
- (j) Family shelter staff who organize, supervise or chaperone field trips will, at a minimum, review their child safety policy and lost child procedure prior to commencing any field trip.
- (k) Shelter providers will ensure that there is at least one (1) staff with a valid Standard First Aid and CPR certification on any field trip or outing. For family shelter providers, the appropriate level of training must include Standard First Aid and CPR for children and infants.
- (l) Family shelter providers will ensure informational materials and displays in children's activity areas are not discriminatory or disrespectful.
- (m) Family shelter providers will ensure that all shelter-owned toys and activity materials are
 - (i) Safe, fully functional and large enough to prevent swallowing or choking
 - (ii) Reflective of diverse cultures, non-discriminatory or offensive and do not encourage the use of violence
 - (iii) Fully washable and disinfectable.
- (n) Family shelter providers will ensure that shelter-owned toys and activity materials are cleaned and disinfected according to a regular schedule. At a minimum,
 - (i) Infant toys will be washed per use and disinfected daily
 - (ii) Toddler and pre-school toys will be washed as needed and disinfected weekly
 - (iii) Toys for older children will be washed and disinfected as needed.
- (o) Family shelter providers are encouraged to seek partnerships with support agencies to provide onsite program/activity supports or by providing information to parents/guardians about relevant community resources.

10.3.3 2SLGBTQ+ CLIENTS

- (a) Shelter providers will
 - (i) Have a policy that details how services are provided to 2SLGBTQ+ clients in a manner that preserves their safety and dignity
 - (ii) Submit a copy of the policy to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy or a plain language version of the policy (e.g., simplified orientation brochure) to clients upon their request.

- (b) Shelter providers will ask all clients for their gender identity rather than assume.
- (c) Shelter providers will accept gender identity and gender expression as defined by a client.
 - (i) In all their interactions, staff will use a client's chosen name and pronouns.
- (d) Shelter providers will make their services accessible to transgender clients in their self-identified gender.
- (e) Shelter providers will support the choices of transgender clients to gain access to sleeping areas and washrooms designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (i) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (f) Shelter providers will continue to provide toiletries and hygiene supplies based on the client's need for the duration of the client's shelter stay.
- (g) Shelter providers may discontinue providing toiletry and hygiene products if a client's service plan requires it or if a client has an income and is able to purchase them.
- (h) Transgender clients may have a need for toiletries and hygiene supplies that is greater than other clients. Shelter providers will work with transgender clients to provide additional supplies.
- (i) Shelter providers will provide a minimum of one (1) washroom that is designated non-gender specific, barrier-free, and accessible that ensures compliance with applicable regulatory requirements. Where possible, shelter providers will stock each washroom with menstrual products.
- (j) Shelter providers will inform clients of the availability and location of non-gender specific and/or accessible washrooms.
- (k) Shelter providers will take all reasonable measures to ensure that clients have privacy while showering.
 - (i) Shelter providers will ensure that communal showers have shower curtains or equivalent privacy feature(s), or provide transgender clients with sole access to communal shower facilities at alternate times.
- (l) Shelter providers will treat hormones that belong to transgender clients as any other medication and will not consider them a prohibited substance nor confiscate them.
- (m) Shelter providers are encouraged to seek partnerships with 2SLGBTQ+-positive health/services providers.
- (n) Shelter providers that are not able to provide health or support services to 2SLGBTQ+ clients will provide appropriate referrals to 2SLGBTQ+-positive health/services providers.

10.3.4 INDIGENOUS CLIENTS

- (a) Shelter providers will recognize the unique needs and history of Indigenous clients resulting in a higher representation of Indigenous clients within the population of people experiencing homelessness.
- (b) Shelter providers will seek opportunities to affirm their commitment to and support of reconciliation efforts (e.g., posting land acknowledgement).
- (c) Shelter providers will support staff access to awareness and training around Indigenous cultures and histories, and will seek training from Indigenous organizations to deliver trainings on Indigenous cultural competencies.
- (d) Further to the requirements of section 9.3 (f) shelter providers will accommodate Indigenous client requests for an appropriate and dignified space to smudge or use medicines, including an indoor space if desired by the client.
- (e) Shelter providers will ensure that Indigenous clients are aware of Indigenous-specific supports and services.
 - (i) Shelter providers that are not able to provide services to Indigenous clients will provide appropriate referrals to Indigenous service providers if desired by the client.
- (f) Shelter providers are encouraged to seek partnerships with Indigenous services providers in a way that respects the self-determination and autonomy of Indigenous organizations.
- (g) Shelter providers of Indigenous-led programs may provide culturally-appropriate abstinence-based programs.

10.3.5 CLIENTS WITH DISABILITIES

- (a) Shelter providers will recognize the unique needs/barriers faced by clients with various disabilities resulting in a higher representation of clients with disabilities within the population of people experiencing homelessness.
- (b) Shelter providers will provide all new program staff, students, peer workers and volunteers with a site-specific orientation or orientation information prior to starting work. At a minimum, the orientation information will cover AODA requirements, including service animals.
- (c) Shelter providers will ensure that alternate and accessible communication formats and supports are available to accommodate clients with disabilities, and that staff know how to access them.
- (d) Shelter providers will take all reasonable measures to accommodate a client with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.

- (e) To assist clients with their hygiene needs, shelter providers will provide
 - (i) A minimum of one (1) washroom that is designated non-gender specific, barrier-free and accessible that ensures compliance with applicable regulatory requirements.
 - (ii) A minimum of one (1) shower that is designated non-gender specific, barrier-free and accessible that ensures compliance with applicable regulatory requirements.
- (f) Evacuation plans will, at a minimum, include procedures for evacuation of clients with mobility issues or other disabilities, as well as service animals.