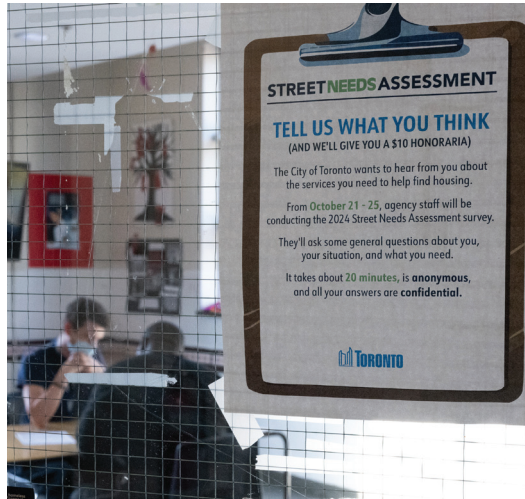


STREETNEEDSASSESSMENT



2024





Land Acknowledgment for Toronto

We acknowledge that our work takes place on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaty signed with multiple Mississaugas and Chippewa bands.

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Highlights

1. Homelessness is the result of failures across multiple systems, such as housing, health care, mental health, income support, and the justice system. The shelter system is the last resort when people have nowhere else to turn.

- ❖ There has been an overall increase in the number of people experiencing homelessness across all settings. On October 23, 2024, it is estimated that 15,418 people were experiencing homelessness in Toronto based on the Street Needs Assessment.
- ❖ At that time, the shelter system was under significant strain, with 12,304 people accommodated inside and outside of the shelter system, including 6,350 refugee claimants. These pressures were compounded by a delay in the City's allocation of the Canada-Ontario Housing Benefit (COHB) between April and October 2024. As a result, movement in and out of the shelter system slowed significantly during the period leading up to the SNA, contributing to a rise in encampments and potentially influencing the count.
- ❖ Communities across Ontario and Canada are experiencing an increase in unsheltered homelessness and encampments. Outdoor homelessness has increased in Toronto since 2021 from 742 to 1,615 in 2024.
- ❖ People with a history of foster care or youth group homes tended to experience homelessness at a younger age. The average age of first experience of homelessness amongst those with foster care involvement was 25 years, compared to 36 years for those without foster care experience.

2. Homelessness is driven by a lack of affordable housing and unmet health needs. These unmet needs significantly impact the lives of vulnerable people experiencing homelessness.

- ❖ Insufficient income and lack of affordable housing have consistently been key drivers of homelessness; however, the situation has worsened significantly over time. The leading cause of homelessness, reported by 41% of survey respondents, was inadequate income to afford housing, a proportion that has doubled since 2021.

- ❖ Mental health issues were the most frequently reported health challenge, identified by 44% of all respondents, with multiple co-occurring challenges more prevalent amongst individuals experiencing chronic homelessness (six months or more of homelessness).
- ❖ People experiencing homelessness who were staying outdoors, in health and treatment facilities, and in correctional facilities were more likely to report a range of health challenges, particularly mental health and substance use issues, with 66% of respondents in these settings reporting mental health issues compared to 41% of those within City-administered sites and Violence Against Women (VAW) shelters.
- ❖ More than half of all respondents (58%) who reported challenges with substance use were interested in accessing multiple supports or services related to substance use. Between 20% and 22% of respondents with substance use challenges who were staying in correctional facilities, health and treatment facilities, or outdoors used a supervised consumption services within the past year.
- ❖ 45% of respondents reported that long-term follow-up support would help them maintain their housing. In terms of preventing their homelessness, 37% reported that access to mental health supports could have been a key preventative factor.
- ❖ Help accessing general health care or a family doctor was the top health and well-being support need identified by all respondents. Food security programs, mental health supports, help staying in or returning to school, and cultural or community supports were the other top support needs identified as important to health and well-being.

3. Specific groups continue to be overrepresented amongst those experiencing homelessness, requiring targeted investments and specialized supports.

- ❖ Indigenous people continue to be overrepresented amongst people experiencing homelessness, particularly amongst those experiencing outdoor homelessness. Indigenous people represent up to 3.2% of Toronto's population yet make up 9% of people experiencing homelessness, and 31% of people experiencing outdoor homelessness.
- ❖ Racialized individuals, and Black people in particular, continue to be overrepresented amongst those experiencing homelessness. More than three-quarters of respondents identified as members of a racialized group, with 58% identifying as Black, despite Black people representing only 10% of Toronto's population.

- ❖ The proportion of respondents who identified as part of the 2SLGBTQ+ community has doubled since 2021, with the greatest representation being amongst refugee claimants at 31% and youth staying in City-administered sites at 27%.
- ❖ Refugee claimants represented 54% of people staying in City-administered sites. The average nightly occupancy of refugee clients increased from 681 individuals in October 2021 to 4,709 individuals in October 2024.
- ❖ On October 23, 2024, a total of 1,596 families were accommodated by the City, and an additional 767 families were waiting for shelter placement on Central Intake's family placement list.

4. A coordinated multi-sectoral and intergovernmental approach across different service systems continues to be needed to address homelessness.

- ❖ The highest share of individuals reporting substance use difficulties were those staying outdoors (69%) or in other systems (67% for respondents in correctional facilities and 63% for respondents in health and treatment facilities). Those who reported substance use challenges were more likely than those with other health challenges to report interactions with police, incarceration, use of a supervised consumption service, and/or a drug checking program within the past year.
- ❖ More than 50% of respondents in correctional facilities were either staying in a shelter or outdoors before being taken into custody, while 30% were staying with friends or family on a temporary basis.
- ❖ 90% of people indicated they require multiple supports to help end their homelessness. These supports included having access to more affordable housing, monthly housing allowance, higher social assistance rates, help finding employment training, and help with their housing search.
- ❖ Subsidized housing and deeply affordable housing are the solution to prevent and end homelessness. 71% of respondents felt having access to subsidized and affordable housing could have prevented their homelessness.
- ❖ In a housing and affordability crisis, exiting homelessness is increasingly difficult without financial supports, such as housing allowances or subsidies, directly resulting in longer shelter stays. In 2024, 7,071 newly identified individuals accessed the shelter system for the first time, while 4,344 moved from the shelter system into permanent housing.

Introduction

Toronto Shelter and Support Services (TSSS) conducted the City's sixth Street Needs Assessment (SNA) in October 2024, in collaboration with community partners in the homelessness sector and provincially-administered sites (Violence Against Women shelters, health and treatment facilities, and correctional facilities). The SNA is a City-wide point-in-time (PiT) count and survey of people experiencing homelessness in Toronto that is used to inform evidence-based service planning and programming across the homelessness sector. The main objectives of the SNA are to:

- determine the scope and profile of people experiencing homelessness;
- give people a voice in identifying what supports and services will best meet their needs; and
- provide critically important data to help improve services and programs for people experiencing homelessness in Toronto.

The City has been conducting the SNA since 2006, with assessments carried out in 2009, 2013, 2018 and 2021. The SNA is part of the nationally coordinated PiT count with communities across Canada and the results will be used to create a national and regional picture of homelessness. The SNA was funded and completed as a requirement for the Government of Canada's Reaching Home program. The approach of the 2024 SNA followed the national standards for both the count and survey.

The data and findings from the SNA should be considered alongside other system-level data, including [Shelter System Flow Data](#) (SSFD), which provides additional information about the number of people experiencing homelessness and who is entering and leaving the shelter system each month. Together, this information can help the City and its community partners better understand the support and resource needs of people experiencing homelessness, track changes of both system and population level trends over time, and measure the progress towards the vision of ensuring homelessness in Toronto is rare, brief, and non-recurring. The SSFD are extracted from the Shelter Management Information System (SMIS) (used by all City-administered shelter and overnight services) and includes anyone who has used the shelter system for at least one night in the past three months and has not been discharged to permanent housing.

The 2024 SNA included people staying outdoors and in encampments, in City-administered sites (emergency and transitional shelters, hotels/motels funded by the bridging and triage programs,¹ hotel/motel shelters, 24-hour respite sites including 24-hour women's drop-ins), as well as provincially-administered sites. The SNA count did not include people who were experiencing hidden homelessness, such as people who were temporarily staying with others.

¹ Bridging and triage hotel programs support families unable to access space in a program within the City's shelter services.

The 2024 SNA was led by staff from City-administered sites, outreach agencies, and provincially-administered sites. Additionally, peers with lived experience conducted surveys in select outdoor locations and health and treatment facilities. Surveys in indoor locations were conducted mostly over a period of one week and the outdoor count and survey were conducted on two separate days:

- Indoor and Outdoor Count: October 23, 2024
- Indoor Survey: October 21 to October 28, 2024 (extended to November 8, 2024 for health and treatment and correctional facilities)
- Outdoor Survey: October 30, 2024

The successful completion of the 2024 SNA was made possible by the participation of people experiencing homelessness. Their willingness to engage in this initiative and share their experiences were crucial to ensuring that the analysis is rooted in local realities and lived experience.

We also express our sincere gratitude to staff from City-administered sites and outreach programs, Central Intake, as well as those from VAW shelters, health and treatment facilities, and correctional facilities. Their unwavering dedication and hard work were instrumental in the successful implementation of the SNA, all with the goal of improving the lives of people experiencing homelessness. Additionally, special appreciation is extended to representatives on the SNA Advisory Committee who provided strategic guidance and advice for this initiative.

More information about the planning process, sector engagement, methodology and implementation of the 2024 SNA is found in Appendix A.

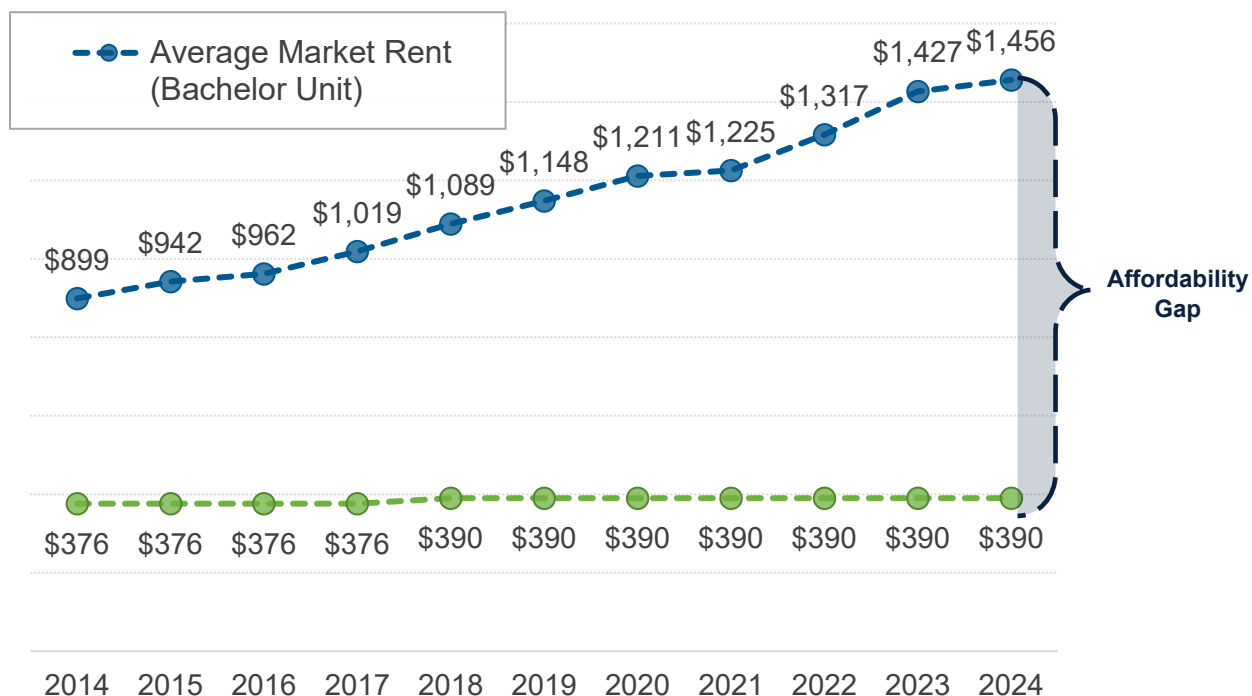
Overview of Homelessness in Toronto

Toronto operates the largest shelter system in Canada, providing more shelter beds per capita than any other Canadian city. Year over year, demand for shelter has continued to outpace space availability to the extent that every night the City is unable to provide shelter to hundreds of people requesting a space. Along with increased demand for space, there is a visible increase in the number of people experiencing homelessness outdoors, in encampments, and on the City's transit system. In May 2023, Toronto City Council declared a homelessness emergency in the city, joining other municipalities that made similar declarations. In January 2025, the Association of Municipalities of Ontario released a comprehensive report [Municipalities Under Pressure: The Growing Human and Financial Cost of Ontario's Homelessness Crisis](#) estimating that in, 2024, 81,515 Ontarians experienced known homelessness and that without significant intervention, homelessness in Ontario could double in the next decade, and potentially reach nearly 300,000 people in an economic downturn.²

² Donaldson, J., Wang, D., Escamilla, C., & Turner, A. (2025). Municipalities under pressure: The human and financial cost of Ontario's homelessness crisis. HelpSeeker.

The increasing demand for shelter services is due to a number of factors, including but not limited to insufficient affordable housing supply, the decoupling of incomes from the increasing cost of living, a volatile economy with high inflation, insufficient health, mental health and addictions supports, and inadequate social assistance rates. Over the past decade, the maximum shelter allowance portion for a single person of Ontario Works (OW) has not increased at a rate that matches the average monthly rent for a bachelor unit in Toronto (Figure 1).

Figure 1: Ontario Works (OW) Maximum Shelter Allowance (One Person) and Average Market Rent (Bachelor Unit), Toronto, 2014-2024



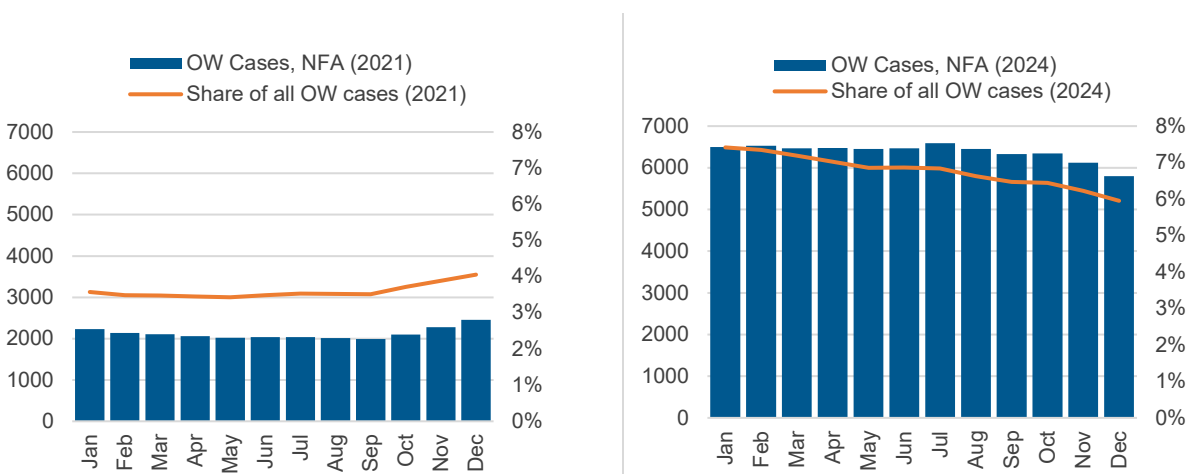
Source: Average Market Rent data from Canada Mortgage and Housing Corporation; OW Shelter Allowance data from Toronto Employment and Social Services, City of Toronto. Data current as of March 31, 2025.

The 2021 monthly average number of OW cases with no fixed address (NFA) was 2,120, with the highest volumes of these cases occurring in Q4 of that year, reaching 2,452 by December (Figure 2). The OW caseload grew substantially over the course of the next few years³, including the number of NFA cases: The monthly average in 2024 was about three times higher than in 2021, reaching 6,377, although volumes generally decreased over the course of the year (5,803 by December). Cases with NFA as a

³ Note that the availability of Canada Emergency Response Benefit (CERB) had a dampening effect on the Toronto Employment and Social Services OW caseload over the course of the Covid-19 pandemic, including 2021 case volumes. As such, OW caseload growth in following years was likely in part attributable to the end of CERB (and individuals in need of income supports applying for OW.)

share of all OW cases also grew from 3.6% in 2021 to 6.8% in 2024 (although this also trended downward over the course of 2024).

Figure 2: Monthly Average Number of Ontario Works Cases Without a Fixed Address, 2021 and 2024



Source: Social Assistance Management System (SAMS), Toronto Employment and Social Services, City of Toronto

The ongoing uncoordinated release of people from provincial institutions like health and correctional facilities without adequate housing plans in place contribute to these pressures. As well, limited response coordination at the provincial and national level pertaining to the large-scale arrival of refugee claimants has also compounded the mounting occupancy pressures faced by Toronto's shelter system.

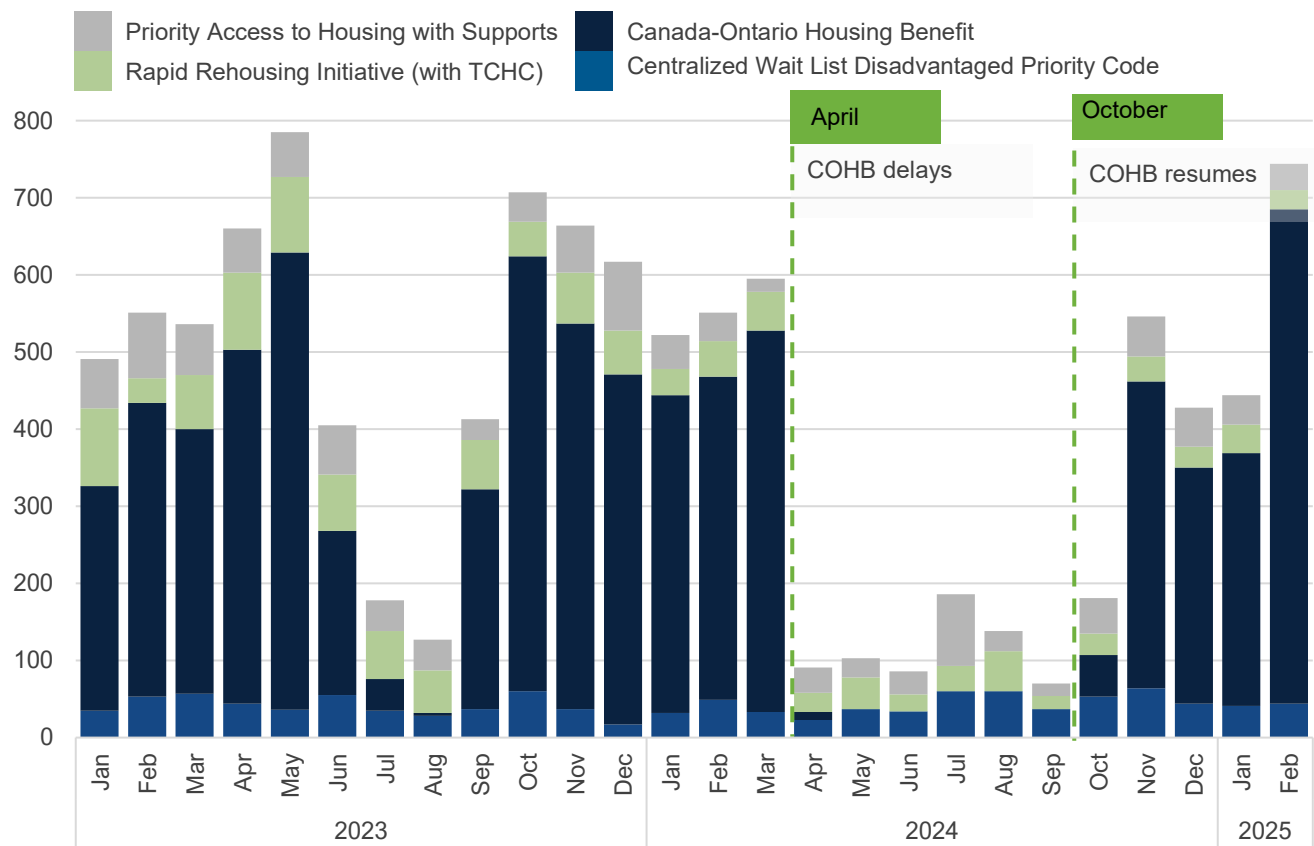
Exits from the shelter system into permanent housing have also shifted over time, particularly since mid-2022, where almost all exits have been enabled through the support of a housing benefit, rent-geared-to-income housing, or housing opportunities available through Coordinated Access. In 2024, 4,344 people moved from the shelter system into permanent housing, a decrease from 5,518 people in 2021. Meanwhile, there were 7,071 newly identified people who entered the shelter system for the first time in 2024. This net increase in demand, despite the continued efforts to connect people to housing, highlights the significant pressures facing the City's shelter system.

In 2024, delays in Toronto's allocation of the Canada-Ontario Housing Benefit (COHB) had a direct impact on the number of people who were able to exit the shelter system and move into permanent housing as demonstrated by the sharp reduction in housing outcomes (approximately 50%) in 2024 compared to 2023 (Figure 3).⁴ This decrease in housing outcomes was a contributing factor to longer lengths of shelter stay and

⁴ The COHB program is intended to support vulnerable individuals in need of housing such as persons experiencing or at-risk of homelessness and is one of the priority groups for COHB under the National Housing Strategy. A key objective of COHB, as utilized in Toronto, is to reduce pressure on the shelter system by focusing on shelter residents who have experienced chronic homelessness (six months or more of homelessness).

consequently, lack of space turnover in the shelter system. COHB funds were allocated to Toronto in October 2024, and an increase in exits to permanent housing were observed for the proceeding months during which program funds were available.

Figure 3: People Housed by Month by Housing Placement Programs, 2023-2025



Source: City of Toronto, People Housed by Month, Key Housing Placement Programs, 2023, 2024, Jan-Feb 2025

Total Estimated Number of People Experiencing Homelessness

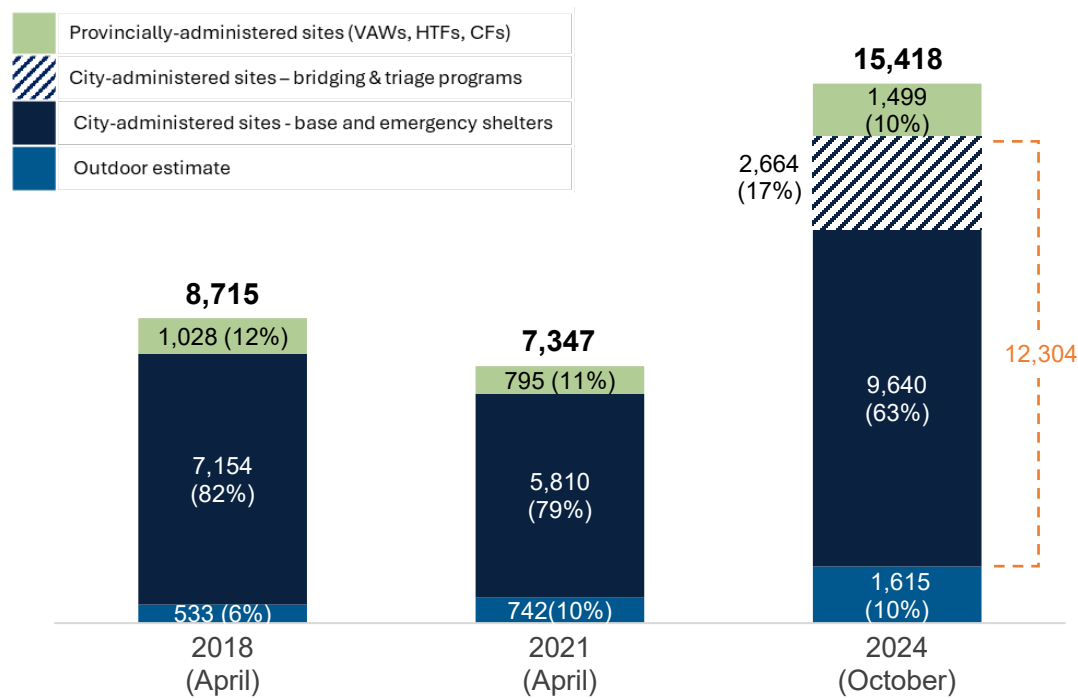
The total estimated number of people experiencing homelessness for the 2024 SNA was based on 1) SMIS data, capturing occupancy in Toronto’s shelter and overnight service system and in bridging and triage spaces, 2) an estimate of the number of people sleeping outdoors and in encampments, and 3) occupancy data collected from provincially-administered VAW shelters, health and treatment facilities, and correctional facilities.

Figure 4 summarizes the SNA count results for 2018, 2021, and 2024 categorized by sector type. In addition to actual enumeration results, the proportion each sector

represents of total homelessness is provided in parentheses.⁵ Based on a snapshot of these data points, it is estimated that there were 15,418 people experiencing homelessness in Toronto on October 23, 2024. Of the 12,304 who were in the shelter system and bridging and triage programs, 6,350 people were refugee claimants.

While the absolute number of people experiencing homelessness has increased since 2021, the proportion of individuals staying in City-administered sites, outdoors and in provincially-administered has remained consistent since the last SNA. For example, between 2021 and 2024, outdoor homelessness continues to account for 10% of all homelessness in Toronto.

Figure 4: Total Estimated Homelessness in Toronto by Sector, 2018, 2021, 2024 Street Needs Assessments



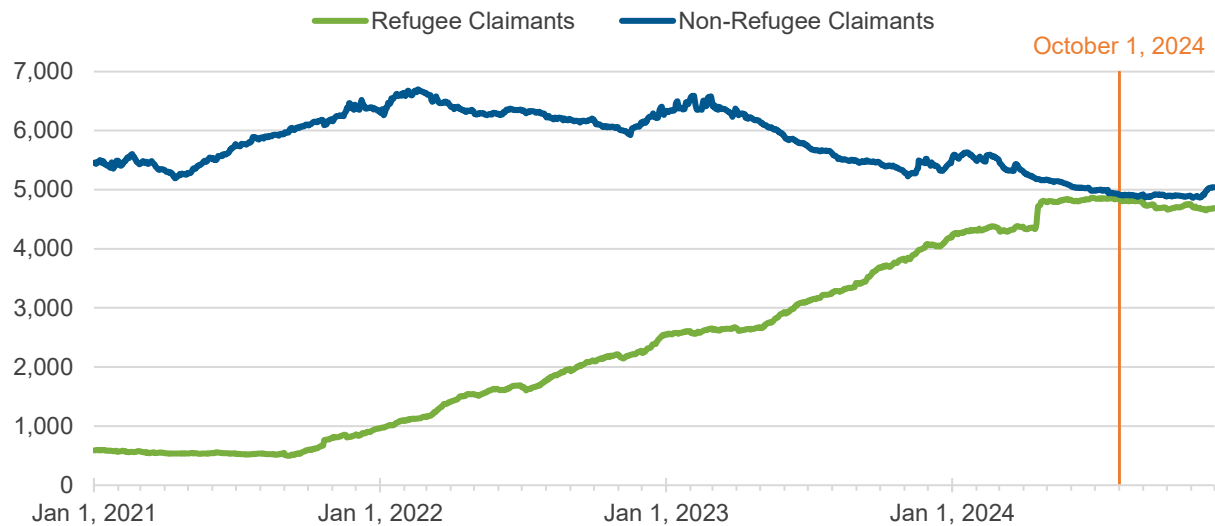
Sheltered Homelessness

Toronto has significantly increased its shelter capacity in response to demand. The average occupancy in April 2021 was 5,801 compared to 9,640 in October 2024. There were an additional 2,664 individuals accommodated through bridging and triage programs on October 23, 2024 (Figure 4). The growth in demand from families needing shelter space has resulted in significant expansion of bridging accommodations to ensure children are not sleeping outdoors when the shelter system is full or when there is no other appropriate alternative. Since September 2021, international migration

⁵ Bridging and triage programs started accommodating families in January 2023.

trends, global instability, and loosening border restrictions following COVID-19 border closures have resulted in an increase in demand for shelter services from refugee claimants – a trend observed across the country. For example, the average nightly occupancy of refugee shelter users in the shelter system increased from 681 individuals in October 2021 to 4,709 individuals in October 2024 (Figure 5) with an additional 1,625 accommodated outside the shelter system.

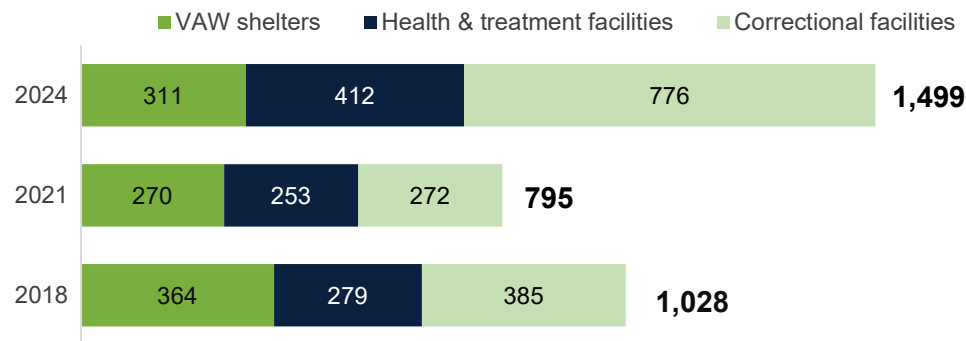
Figure 5: Occupancy Trends, Refugee and Non-Refugee Shelter Users, 2021-2024



Source: Shelter Management Information System, Total Nightly Clients, January 2021 to November 2024

During the COVID-19 pandemic, there were capacity reductions in all provincially-administered settings to support Public Health guidelines around physical distancing. Since then, the number of people experiencing homelessness in those systems has increased by 1.9 times from 795 to 1,499 – higher than pre-pandemic levels (Figure 6). The largest share of this increase is in correctional facilities which has doubled since 2021.

Figure 6: Number of People Experiencing Homelessness Staying in Provincially-Administered Facilities in Toronto, 2018, 2021, and 2024 Street Needs Assessments



Unsheltered Homelessness

Toronto, like other communities across Canada, continues to see an increase of people experiencing unsheltered homelessness and in the number of encampments, since the beginning of the COVID-19 pandemic.

On October 23, 2024, the number of individuals experiencing unsheltered homelessness in Toronto was estimated to be 1,615, of which 646 were staying in encampments (see Table 4 in Appendix A). Unsheltered homelessness and encampments are a symptom and expression of the housing affordability crisis, shelter demand that exceeds availability, and other social crises such as the mental health and drug toxicity crises.

The 2024 SNA was conducted in October as per federal requirements (previous SNAs were conducted in Spring) and on a day when the weather was significantly warmer than the 2021 SNA (15°C compared with 4°C, respectively). There was also no rain or snow in the days leading up to the count (unlike the 2021 SNA when there was 3.4 cm of snow on the day of the count). Similar to previous SNAs, winter services (including 24-hour low-barrier respites, and warming centres, which are activated between November 15, to April 15 when temperatures reach minus 5 degrees Celsius) were not in operation when the 2024 SNA was conducted.

While there was an increase in the absolute number of people staying outdoors since 2021, outdoor homelessness represents approximately 10% of overall homelessness in Toronto, a proportion that remains consistent with 2021 (Figure 4).

Movement Between Outdoors and Indoor Locations

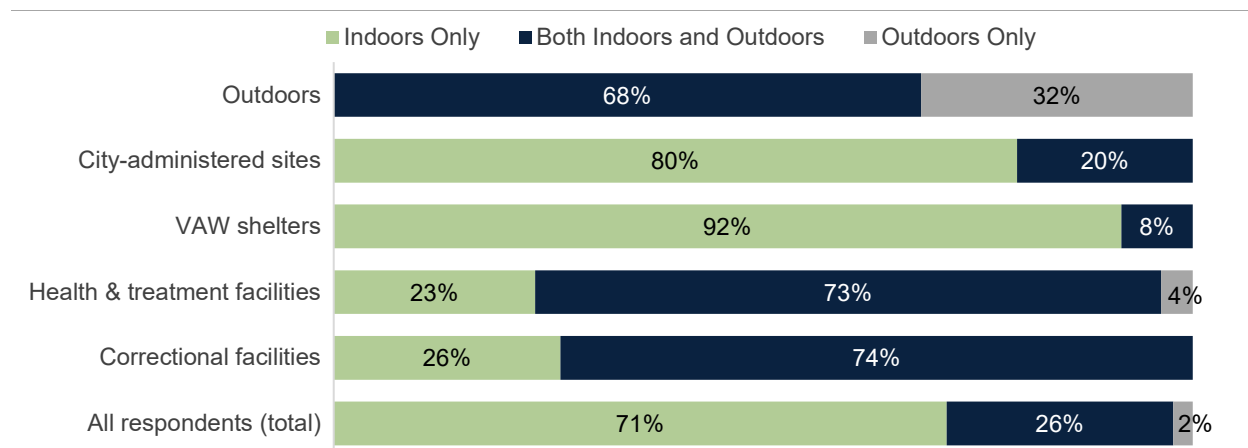
Individuals experiencing outdoor homelessness often move between outdoors and indoor locations. This can be due to factors such as seasonal and weather variation, operation of cold weather services, income fluctuations throughout the month, and the availability of shelter space and housing benefits. The 2024 Outdoor Count was conducted in October shortly after the City was able to restart the COHB housing benefit program which had been delayed since April by the Province, causing a lack of movement in and out of the shelter system.

While 10% of people experiencing homelessness were estimated to be staying outdoors on the night of October 23, 2024, SNA survey results found that 97% of all people we spoke with reported staying in various indoor locations (e.g., shelter, a friend's place, transitional housing) at some point in the past year (Figure 7). A very small percentage of all respondents (2% or 83 individuals) reported staying outdoors only in the past one year.

68% of the people we spoke with staying outdoors reported staying in various indoor locations (e.g., shelter, a friend's place, transitional housing) at some point during the

past year, meaning that on any given night the number of people experiencing unsheltered homelessness could vary.

Figure 7: Type of Overnight Locations Stayed in the Past Year by Surveyed Group



In addition, 60% of the people we spoke with who were staying outdoors, in health and treatment facilities, and in correctional facilities on the night of the SNA reported using overnight shelter services in the past year (Figure 8). Amongst these three surveyed groups, overnight shelter service usage was highest amongst respondents in health and treatment facilities, with three-quarters (76%) accessing overnight shelter services during the past year.

Figure 8: Respondents Staying Outdoors and in Other Systems who Accessed a City-administered Overnight Service



These findings clearly demonstrate that overnight shelter services are being used amongst these populations and the need to work collaboratively and in coordination with health care, mental health and correctional systems to ensure that individuals are discharged into the community with necessary supports, including a housing plan.

Homelessness Across Toronto

Figure 9 shows the number and percentage of people experiencing homelessness staying outdoors across the four quadrants or Community Council Districts (CCD) of Toronto. People experience homelessness in all areas of Toronto, pointing to the need for equitable access to services and supports throughout the city. Three-quarters of people experiencing outdoor homelessness were encountered in the Toronto-East York

CCD which contains the downtown core of Toronto. Between 5% to 12% of people outdoors were staying in the CCDs of North York, Etobicoke-York, and Scarborough. This information reflects a specific point-in-time and acknowledges that people experiencing homelessness move throughout all areas of Toronto.

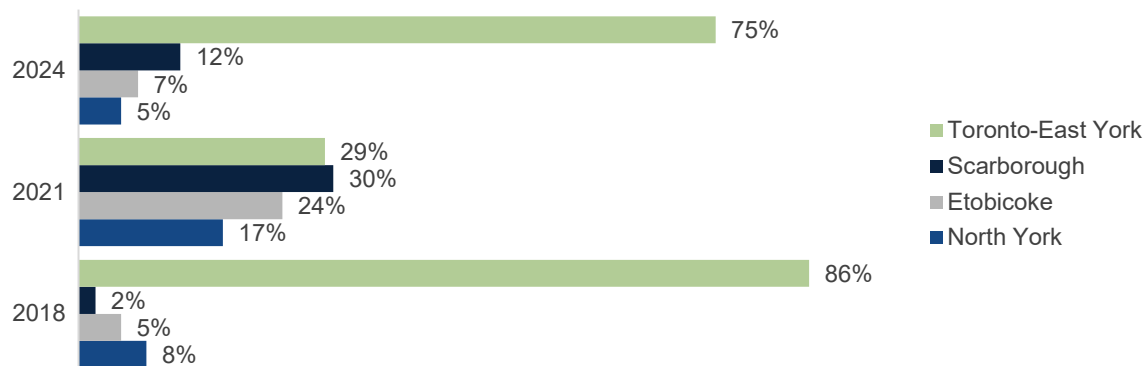
Figure 9: Number and Proportion of People Staying Outdoors on October 23, 2024, by Community Council District



Source: Street Needs Assessment Point-in-Time Count, October 23, 2024

In 2021, during the third wave of the COVID-19 pandemic, there was a noticeable expansion of outdoor homelessness across the city to the surrounding areas of Etobicoke, North York and Scarborough. This may be attributed to the closure of and/or limited access to businesses, public facilities and services, increased reliance on mobile and online service delivery, and the movement of people experiencing homelessness to access available services and programs or relocate to outdoor spaces that remained accessible. The data from the 2024 SNA indicates a return to pre-pandemic trends (Figure 10).

Figure 10: Proportion of People Staying Outdoors by Community Council District, 2018, 2021, 2024 Street Needs Assessments



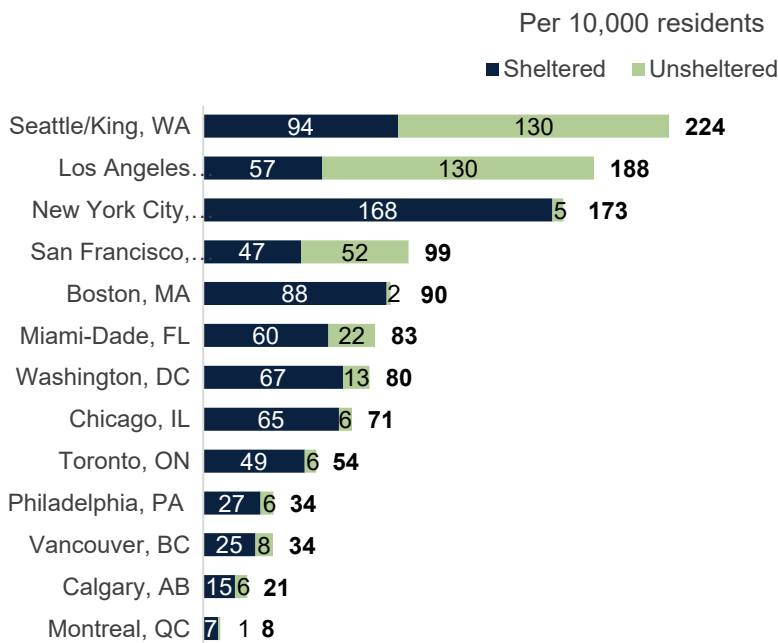
Comparisons to Other Jurisdictions

Toronto is amongst a growing number of counties and municipalities across Canada and the United States experiencing significant increases in homelessness. The United States Department of Housing and Urban Development's (HUD) 2024 PiT count, which was conducted in January 2024, revealed that approximately 770,000 people experienced homelessness in the United States on a single night in 2024, which represents a 36% increase from 2021. Contributing factors include rising cost of living, shortages in the housing market, lack of affordable housing, economic decline and uncertainty, and ongoing strain on social support systems.

Additionally, the methods and definitions used for homeless enumerations in other jurisdictions may differ somewhat from those in Toronto, making direct comparisons of absolute numbers difficult. However, comparing general trends can offer some context for the results of Toronto's 2024 SNA.

Figure 11 illustrates the results for sheltered, unsheltered, and total homelessness per 10,000 residents available for Toronto and other major North American urban centres that have conducted enumerations of homelessness in 2024.

Figure 11: Comparison of Sheltered, Unsheltered, and Total Homelessness per 10,000 Residents for Toronto and Major Urban Centres



Note: The Number of US cities is based on enumerations conducted in January 2024, with the data being released at the end of December 2024. The number for Toronto is based on an enumeration conducted in 2024, and the number for Vancouver is based on an enumeration conducted in 2023. The number for Calgary is based on enumerations conducted in 2022, and Montreal is based on enumerations conducted in 2018.

Profile of People Experiencing Homelessness

The SNA aims to both measure the extent of homelessness in Toronto and understand the profile and service needs of those experiencing homelessness. The analysis that follows identifies and highlights some of the disparities and systemic challenges faced by those experiencing homelessness. Understanding the unique characteristics and needs of different groups offers valuable population-level insight that can be used to inform policy and advocacy efforts, and drive evidence-informed system planning through targeted and effective interventions. During the 2024 SNA, we spoke with 3,682 people experiencing homelessness, yielding a response rate of 30% of eligible individuals.

The results below are based on participant responses in both indoor and outdoor settings, including those staying at City-administered sites, VAW shelters, health and

treatment facilities, and correctional facilities and those staying outdoors.⁶ Results for respondents staying in City-administered sites are disaggregated into three sub-groups: single adults; families; and youth (age 16 to 24 years).

Some changes between 2021 and 2024 results may be related to inclusion of more survey settings and previously under-sampled groups. These include a greater proportion of refugee claimants accessing the shelter system, higher representation of women through the participation of more VAW shelters, and larger sample size resulting from the inclusion of correctional facilities and health and treatment facilities, which were not part of the 2021 survey.

Gender Identity

Gender identity is a person's subjective experience of their own gender. It is a deep internal feeling of whether they identify as woman, man, non-binary, or anywhere along the gender spectrum. A person's identity may be the same as or different from the sex assigned to them at birth,⁷ and may be fluid or change over time.

Men represented 57% of all respondents surveyed, women represented 41%^{Table 1}, and people who identified as gender diverse (e.g. non-binary, genderqueer, gender fluid, agender) represented 1% (Table 1). There was greater representation of respondents who identified as gender diverse and/or trans women/trans feminine amongst youth in City-administered sites and those in correctional facilities.

People who identified as men accounted for 68% of those staying outdoors, which represents a decrease from 2021. They also accounted for 73% of those staying in health and treatment facilities. The proportion of individuals staying outdoors who identified as women has nearly doubled since 2021, now comprising 30%. Respondents identifying as gender diverse, including non-binary (genderqueer), had the highest representation in correctional facilities at 4% and in the youth sector of the shelter system at 3%.

Changes in the gender profile of respondents compared to 2021 may be in part related to the inclusion of previously under sampled groups, including those staying in health and treatment and correctional facilities, and VAW shelters.

⁶ The surveyed groups reflect where the participants would be staying on the night of the SNA survey. In some cases, individuals surveyed in health and treatment facilities may have been stayed in another location that evening (e.g., those discharged from an emergency department may have stayed outside that evening). All respondents surveyed in health and treatment facilities are reported under the health and treatment facilities survey group to maintain a focus on the needs of those who interact with the health care system.

⁷ For more information about sexual identities and their definitions, please see the [Glossary of Important Terms on Gender and Sexual Diversity](#).

Table 1: Gender Identity of Respondents by Surveyed Group

| Surveyed Groups | Man | Woman | Gender Diverse | Trans Woman / Trans Feminine | Two-Spirit | Trans Man / Trans Masculine | Total (excl. Do not Know, Decline to Answer) |
|--|------------|------------|----------------|------------------------------|---------------|-----------------------------|--|
| Outdoors | 68% | 30% | <1% | <1% | <1% | 0% | 98% |
| City-administered sites (total) | 58% | 41% | <1% | <1% | <1% | <1% | 98% |
| Single adults | 66% | 33% | <1% | <1% | <1% | <1% | 99% |
| Families | 25% | 75% | 0% | <1% | 0% | 0% | 100% |
| Youth | 56% | 38% | 4% | <1% | 0% | <1% | 98% |
| VAW shelters | 0% | 99% | <1% | 0% | 0% | 0% | 99% |
| Health & treatment facilities | 71% | 27% | 1% | 0% | 0% | 1% | 100% |
| Correctional facilities | 73% | 20% | 4% | 2% | 0% | <1% | 99% |
| All Respondents | 57% | 41% | 1.0% | <1% | <1% | <1% | 99% |

Age

The average age of all respondents was 41, ranging from 17 to 94 years. It is important to note that the ages of dependent children under the age of 16, who were not eligible to complete the SNA survey, are not included. Using data from SMIS, the average age of clients 16 years of age or older staying in the shelter system on October 23, 2024, was 39.1 years.

The age structure of people experiencing homelessness in Toronto is shifting, with an increasing number of younger individuals seeking support within the shelter system. Across all settings, adults aged 25 to 59 comprised of 77% of all survey respondents (Figure 12), while youth aged 16 to 24 accounted for 10%, and seniors aged 60 and older represented 10% of total respondents. The increase in the share of people aged 25 to 59 was likely in part related to the higher share of refugee claimants in the system, as this population group's age profile is generally younger.

Figure 12: Age of Respondents

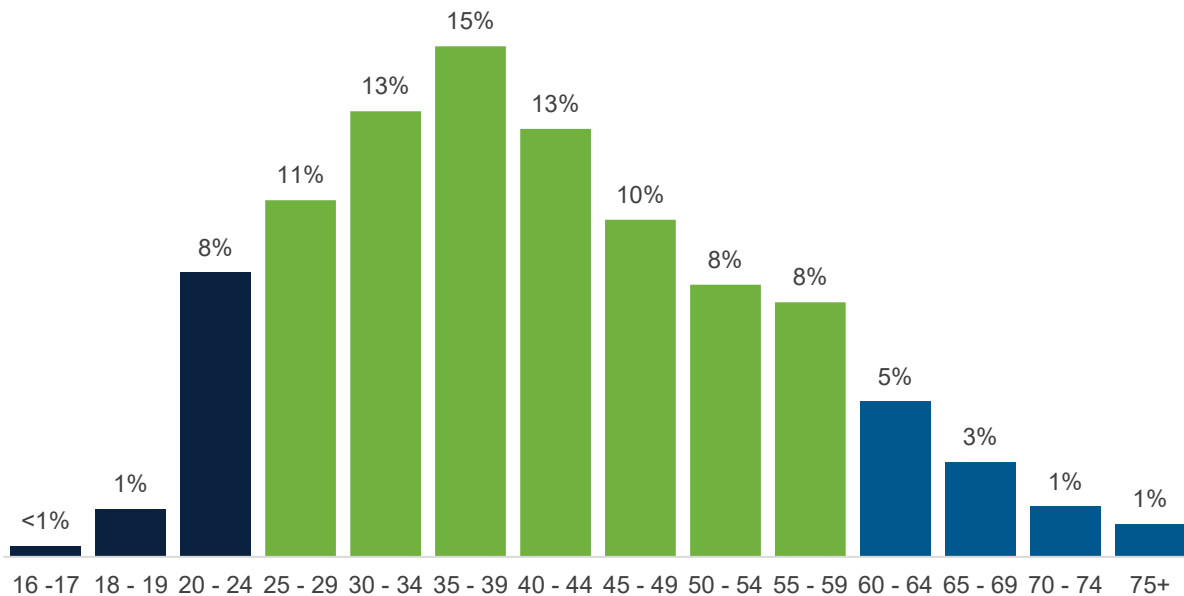


Table 2 summarizes the average age and percentage of respondents in various age groups within each setting. Respondents staying in VAW shelters were generally younger, with an average age of 36 years. In contrast, the average age of respondents in correctional facilities was 40 years, while those in health and treatment facilities had an average age of 45 years.

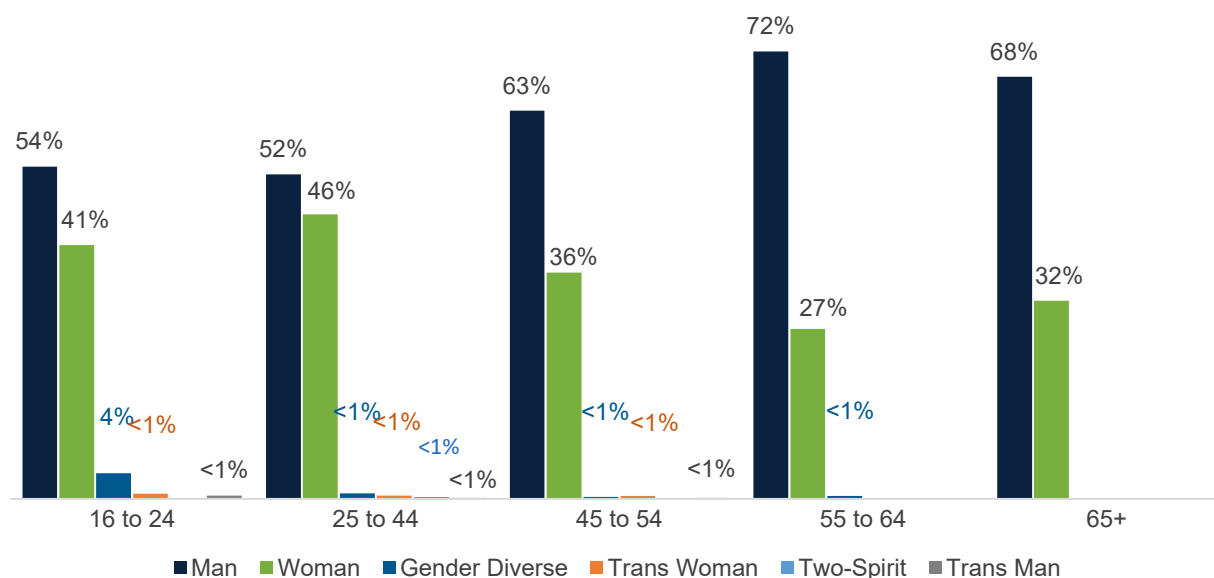
Table 2: Age of Respondents by Surveyed Group

| Surveyed Groups | Average Age | 16 to 24 | 25 to 44 | 45 to 54 | 55 to 64 | 65+ | Decline to answer | Don't know | Total |
|--------------------------------|-------------|------------|------------|------------|------------|-----------|-------------------|---------------|-------------|
| Outdoors | 44 | 2% | 53% | 19% | 14% | 6% | 4% | 2% | 100% |
| City-administered sites | 41 | 11% | 50% | 18% | 12% | 5% | 3% | <1% | 100% |
| Single adults | 44 | 0% | 53% | 20% | 16% | 7% | 3% | <1% | 100% |
| Families | 40 | 2% | 67% | 20% | 7% | 1% | 2% | <1% | 100% |
| Youth | 22 | 100% | 0% | 0% | 0% | 0% | 0% | 0% | 100% |
| VAW shelters | 36 | 9% | 75% | 8% | 5% | 0% | 1% | <1% | 100% |
| Health & treatment facilities | 45 | 3% | 52% | 18% | 16% | 10% | 1% | 0% | 100% |
| Correctional facilities | 40 | 4% | 67% | 21% | 6% | 2% | 0% | 0% | 100% |
| All Respondents | 41 | 10% | 52% | 18% | 12% | 5% | 3% | <1% | 100% |

Figure 13 provides a summary of gender identity responses across all age groups. Since respondents were able to select multiple gender identities, the results reflect the

number of responses rather than individual respondents, meaning the total may exceed 100%.

Figure 13: Age of Respondents by Gender Identity



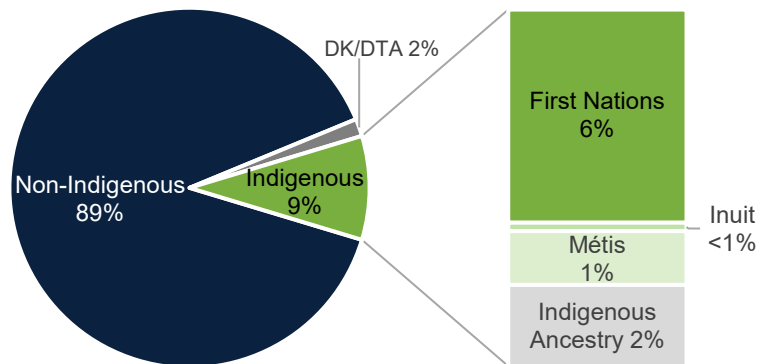
A much higher share of men was represented in the older age groups (45 and older) and a greater share of women was represented in the younger age groups. Youth (ages 16 to 24) were more likely to identify as transgender, Two-spirit or gender diverse than the other age groups, which may be reflective of trends in the broader population of Toronto.

Indigenous Identity

Indigenous identity includes people who identify as First Nations, Inuit or Métis, or with having North American Indigenous ancestry. Indigenous people continue to be overrepresented amongst people experiencing homelessness relative to their share of the general population of Toronto. Indigenous people represent up to 3.2% of the Toronto population,⁸ yet 9% (338 respondents) of the total number of people experiencing homelessness surveyed (Figure 14).

⁸ The 2021 Our Health Counts Toronto study estimated that there were 88,397 Indigenous adults in Toronto. The 2021 Census, which has been criticized generally for under-counting the Indigenous population, estimated that there were 2,794,365 Indigenous people in Toronto. By either estimate, Indigenous people are overrepresented among people experiencing homelessness in Toronto.

Figure 14: Indigenous Identity of Respondents

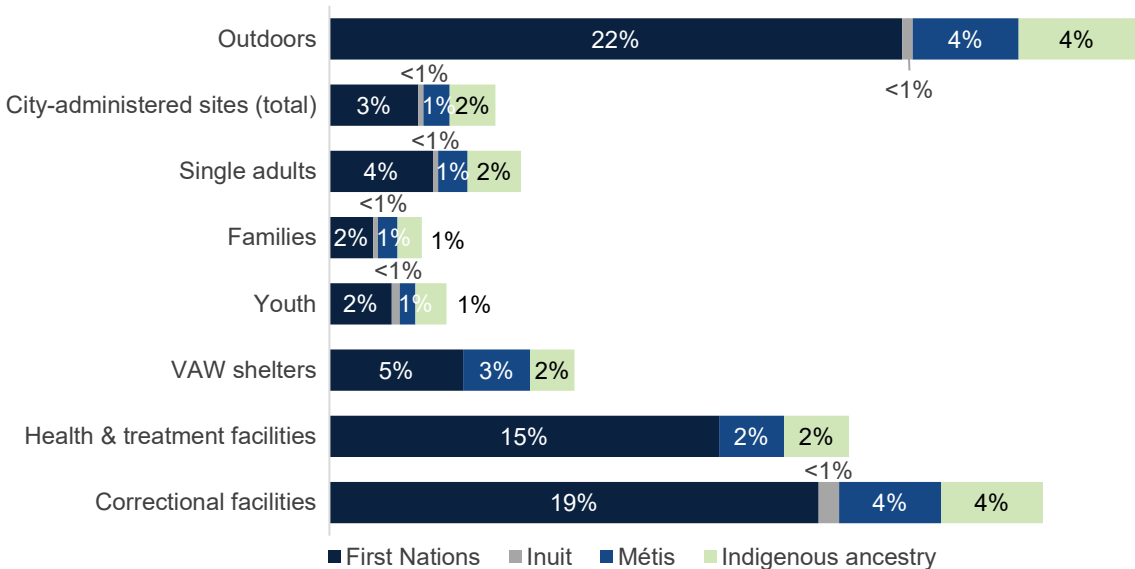


The share and absolute number of Indigenous respondents is lower than in 2021 – 15% (383 people) surveyed in 2021 identified as Indigenous compared to 9% (338 people) in 2024. SNA data indicate that Indigenous people experiencing homelessness tend to move from staying in the shelter system to staying outdoors more frequently. At the end of October 2024, for example, 551 Indigenous individuals were considered to be experiencing active homelessness according to Shelter System Flow Data, with the number increasing to 816 in December. This suggests that some individuals may have been staying somewhere else during the SNA and may have entered the shelter system once Winter Services were activated.

Additionally, Indigenous people continue to be overrepresented amongst those experiencing outdoor homelessness, with 31% of Indigenous respondents reported staying outdoors. Since 2021, there has been an absolute and relative increase in the number of Indigenous people staying outdoors. In 2024, 76 out of 248 outdoor respondents identified as Indigenous, compared to 31 out of 137 outdoor respondents in 2021.

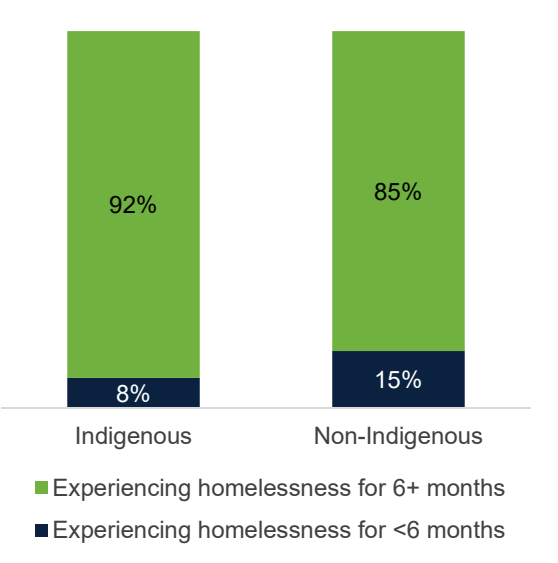
Respondents who identified as First Nations had greatest representation outdoors, with 22% of all outdoor respondents identifying as First Nations. Inuit respondents had the highest representation in correctional facilities (<1%), while Métis respondents were equally represented both outdoors and in correctional facilities, at 4% (Figure 15).

Figure 15: Indigenous Identity of Respondents by Surveyed Group



Indigenous respondents were more likely to experience chronic homelessness compared to non-Indigenous respondents. 92% of Indigenous respondents had been experiencing homelessness for six months or more over the past 12 months, compared to 85% of non-Indigenous respondents (Figure 16).

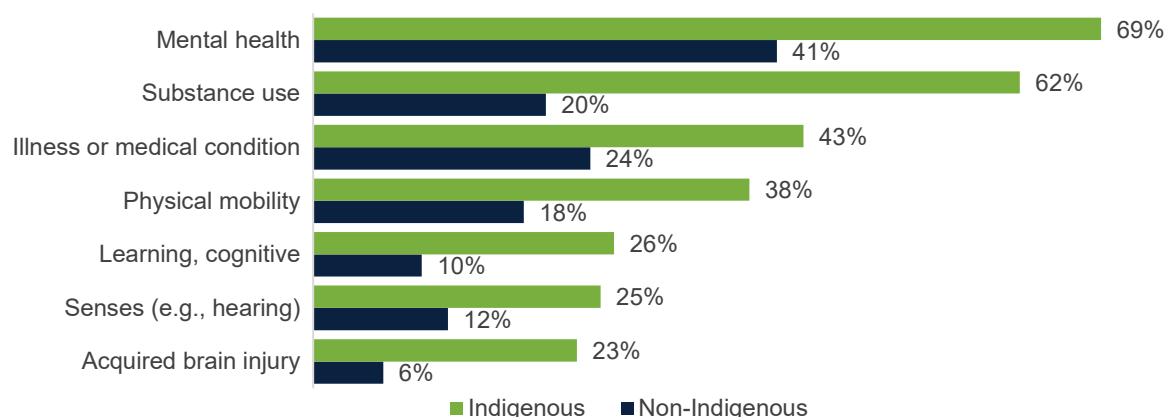
Figure 16: Chronic Homelessness, Indigenous Respondents Compared to Non-Indigenous Respondents



Indigenous people experiencing homelessness continue to report higher rates of health challenges compared to non-Indigenous people experiencing homelessness (Figure 17). The three most reported health challenges amongst Indigenous respondents include difficulties with mental health, substance use, and illness or medical condition. 78% of Indigenous respondents reported experiencing more than one health issue

compared to 37% of non-Indigenous respondents (no data shown). The direct and intergenerational impacts of the residential school system and other colonial policies continue to contribute to poorer health outcomes amongst Indigenous peoples.⁹ Additionally, barriers to health care access and experiences of racism further exacerbate the health and well-being of Indigenous peoples.¹⁰ Indigenous respondents continue to report higher rates of health care service usage, as well as interactions with the criminal justice system compared to non-Indigenous respondents.

Figure 17: Health Challenges, Indigenous Respondents Compared to Non-Indigenous Respondents



The 2024 SNA introduced three questions focused on the residential school system and the Sixties Scoop experience. These questions were adapted from the Our Health Counts (OHC) survey and developed in collaboration with the Toronto Indigenous Community Advisory Board (TICAB). The majority (81%) of Indigenous respondents consented to answering these questions. Figure 18 presents the results for each question.

More than half (53%) of Indigenous respondents reported having personal (9%) or family experience (44%) with the residential or industrial school system.¹¹ Almost half (47%) of Indigenous respondents reported personal or family experience with adoption, foster care or institutionalization between 1951 and 1970, during the Sixties Scoop.¹² More than half (53%) of Indigenous respondents reported personal or family experience with adoption, foster care or institutionalization after 1971.

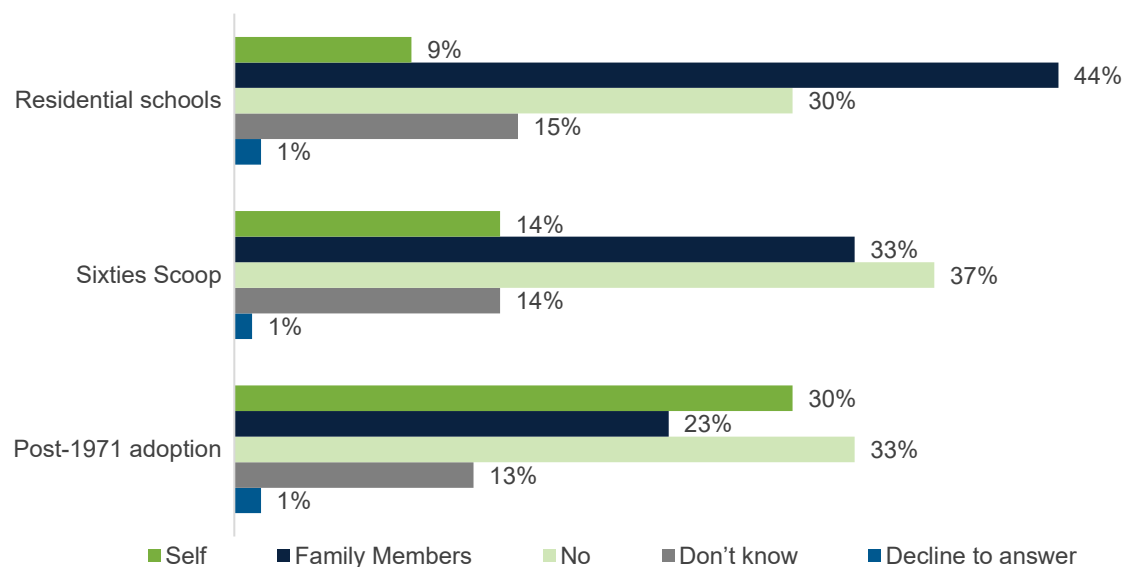
⁹ Truth and Reconciliation Commission of Canada. (2015). Canada's Residential Schools: The Legacy. The Final Report of the Truth and Reconciliation Commission of Canada (Vol. 5). Truth and Reconciliation Commission of Canada.

¹⁰ Allan, B. & Smylie, J. (2015). First Peoples, Second Class Treatment: the roles of racism in the health and well-being of Indigenous peoples in Canada. Wellesley Institute.

¹¹ Federal industrial schools were schools for young men that operated in Canada and the United States.

¹² For this question, institutionalization includes personal or family experience with tuberculosis sanatoriums.

Figure 18: Indigenous Respondents' Experiences with Residential Schools, Adoption/Sixties Scoop, and Post-1971 Adoption

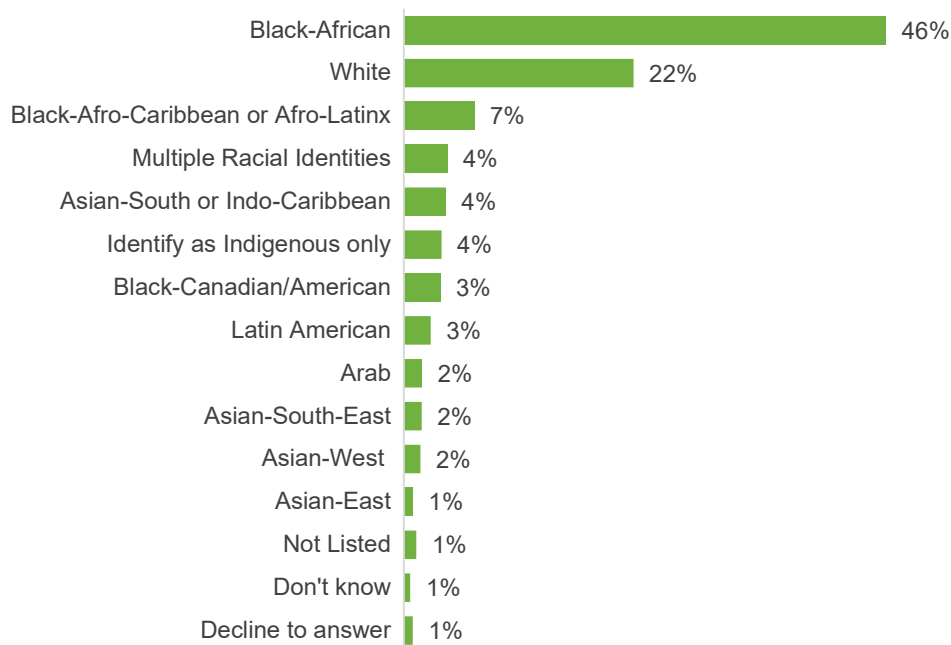


Racial Identity

People experiencing homelessness in Toronto are racially diverse; however, certain racialized groups continue to be overrepresented compared to their share of the general population (Figure 19). More than three quarters (77%) of respondents identified as a member of a racialized group, compared to 56% of the general population in Toronto.¹³ At the time of the survey, 63% of all racialized respondents reported that they arrived as refugee claimants.

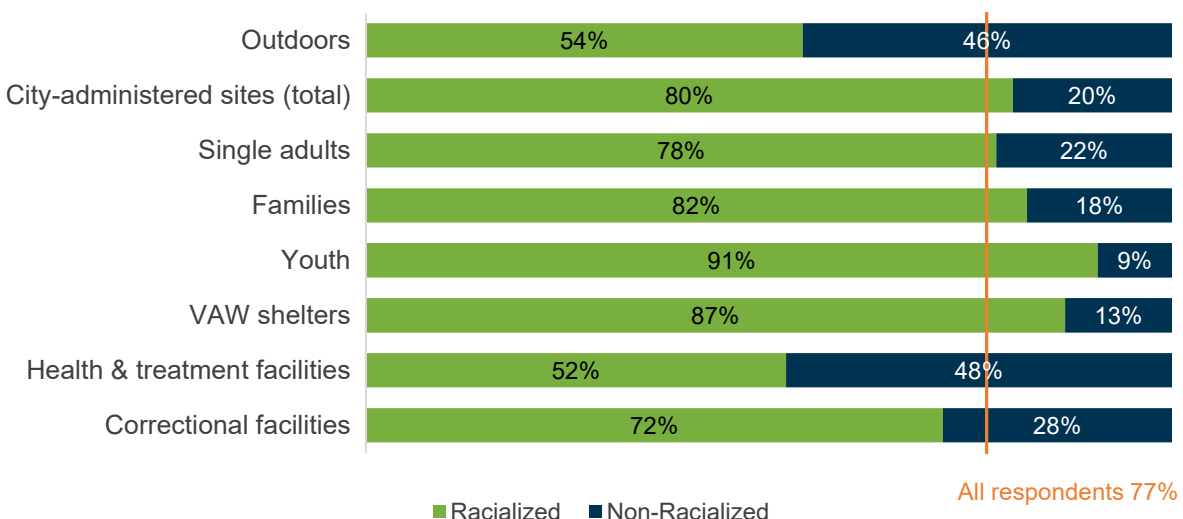
¹³ City of Toronto. (2021). [2021 Census Backgrounder on Citizenship Immigration Ethnicity Race Religion Mobility Migration](#)

Figure 19: Racial Identity of Respondents



More youth respondents staying in City-administered sites and VAW shelters identified as members of racialized group compared to youth in other settings. Figure 20 provides a breakdown of respondents by racialized and non-racialized groups across surveyed groups.

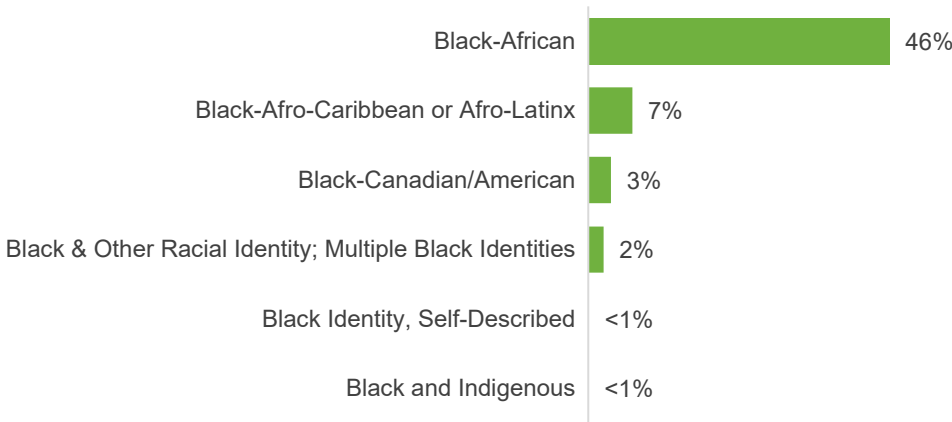
Figure 20: Respondents Identifying as Members of Racialized Groups by Surveyed Group



People of African descent comprise many distinct communities. While racial categories provided in survey questionnaires, such as the SNA survey, may differ from how Black

individuals and communities prefer to self-identify (e.g., by nationality, ethnicity), race-based data collection is important for identifying disparities and monitoring progress on key indicators. Black people accounted for 58% of all respondents (Figure 21), yet 10% of the general population in Toronto identifies as Black.¹⁴ Of all Black respondents who were born in Canada, 56% had always been in Toronto (data not shown). The identities of Black respondents are reported in Figure 21.

Figure 21: Identities of Black Respondents



The overrepresentation of Black communities amongst people experiencing homelessness is rooted in anti-Black racism and the enduring legacy and effects of the Transatlantic slave trade and colonization. Anti-Black racism and discrimination contribute to negative outcomes for people of African descent, including higher risks of eviction,¹⁵ discrimination in the workplace,¹⁶ health disparities,¹⁷ access to, and negative experiences within the health care system,¹⁸ and experiencing household food insecurity.¹⁹

Sexual Orientation

Sexual orientation refers to how a person identifies who they are sexually and romantically attracted to (e.g., lesbian, gay, bisexual, heterosexual, etc.).²⁰

¹⁴ City of Toronto. (2021). [2021 Census Backgrounder on Citizenship Immigration Ethnicity Race Religion Mobility Migration](#).
¹⁵ Leon, S., & Iveniuk, J. (2020). *Forced Out: Evictions, Race, and Poverty in Toronto*. Wellesley Institute.
¹⁶ Foster, L., Park, S., McCague, H., Fletcher, M., & Sikdar, J. (2023). *Black Canadian National Survey*. Institute for Social Research. York University.
¹⁷ Toronto Public Health. (2013). *Racialization and Health Inequities in Toronto*.
¹⁸ Olukotun, M., Olanlesi-Aliu, A., Idi, Y., Ladha, T., Bailey, P., King, R., & Salami, B. (2024). "Institutional and systemic barriers and facilitators affecting health care access for Black women in Alberta." *SSM - Qualitative Research in Health* 6.
¹⁹ Public Health Agency of Canada. (2018). *Key Health Inequalities in Canada: A National Portrait*.
²⁰ For more information about sexual identities and their definitions, please see the [Glossary of Important Terms on Gender and Sexual Diversity](#).

More than three-quarters (79%) of respondents identified as straight or heterosexual, 13% as bisexual, 3% as lesbian and 3% as gay (Figure 22). Around 2% of respondents identified as queer or pansexual, while those identifying as asexual, Two-Spirit, questioning, or described an identity not listed (e.g., demisexual, trisexual) accounting for less than 1% for each identity.

Since 2021, there has been an increase in the proportion of respondents identifying as bisexual with 13% in 2024 compared to 5% in 2021. Additionally, there have been slight increases in the share of respondents identifying as gay (3% in 2024 versus 2% in 2021) and lesbian (3% in 2024 compared to 1% in 2021). The proportion of respondents identifying as straight or heterosexual (79%) has decreased (79% in 2024 versus 88% in 2021).

Figure 22: Sexual Orientation of Respondents

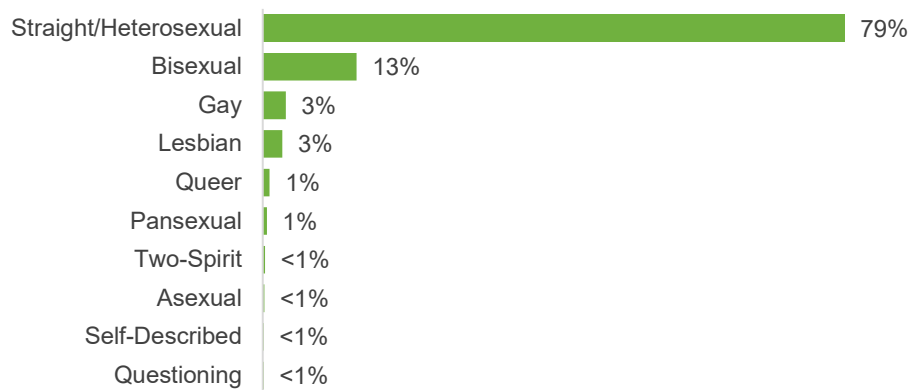


Figure 23 and Figure 24 below illustrate the sexual orientation of respondents based on surveyed groups.

Figure 23: Sexual Orientation of Respondents by Surveyed Group

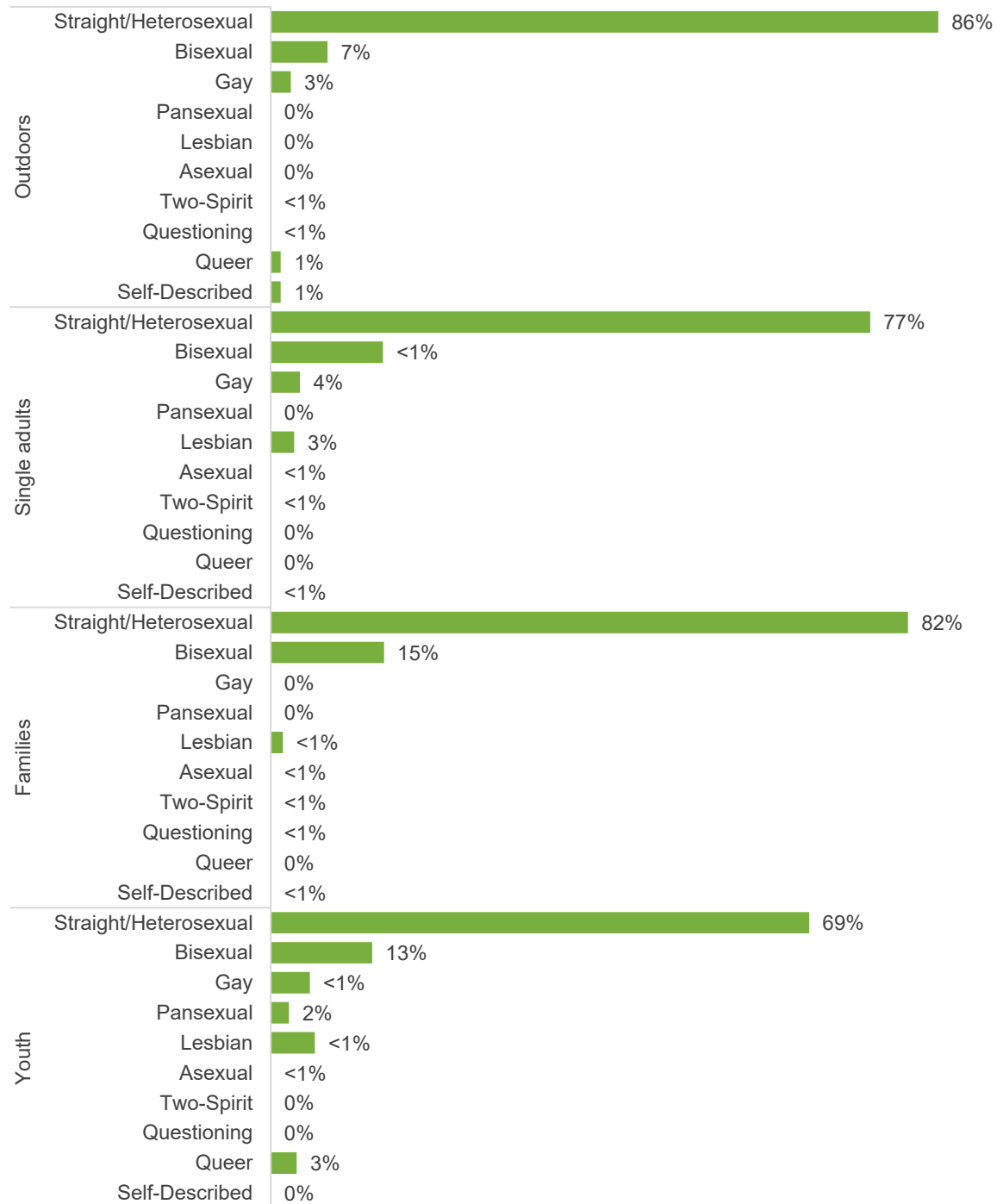
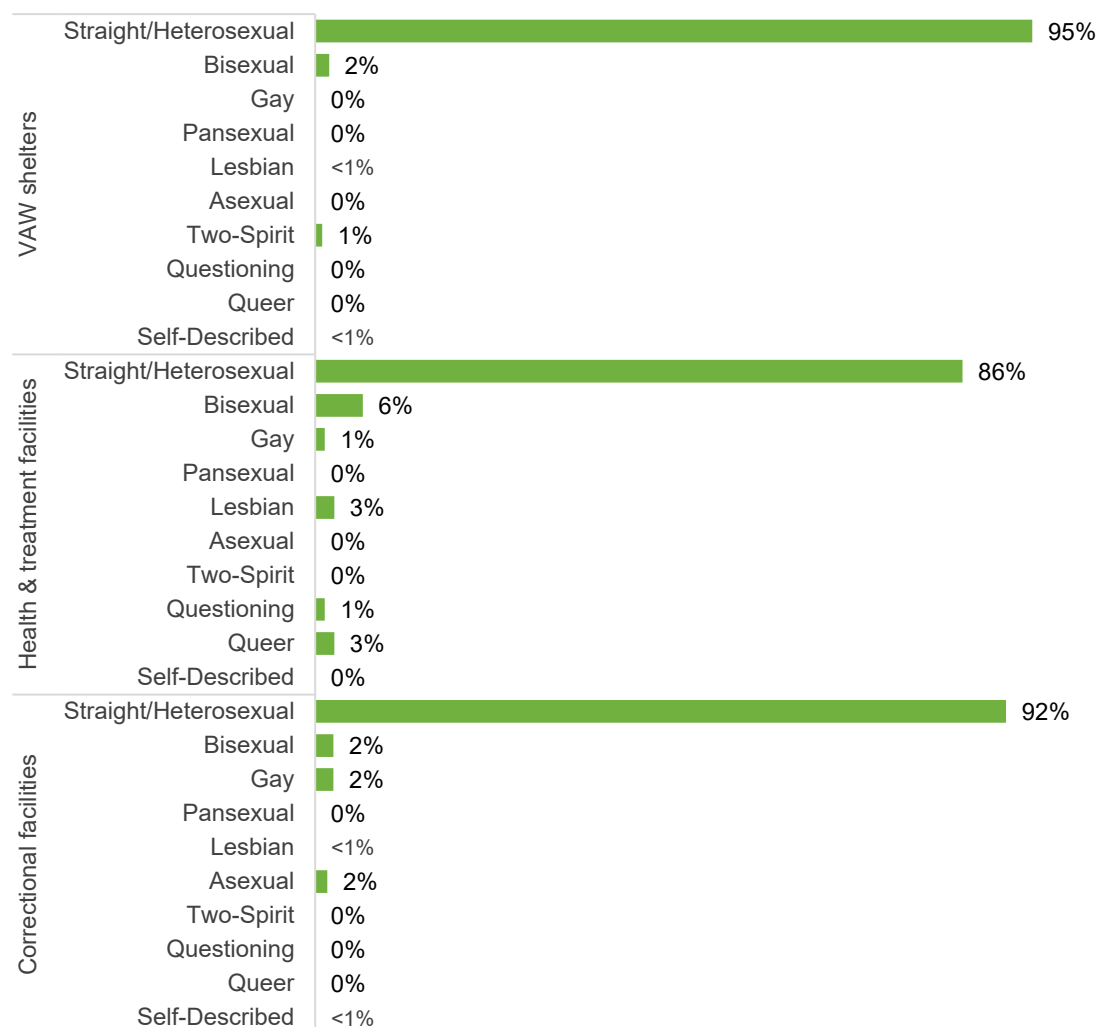


Figure 24: Sexual Orientation of Respondents in Provincially-Administered Locations



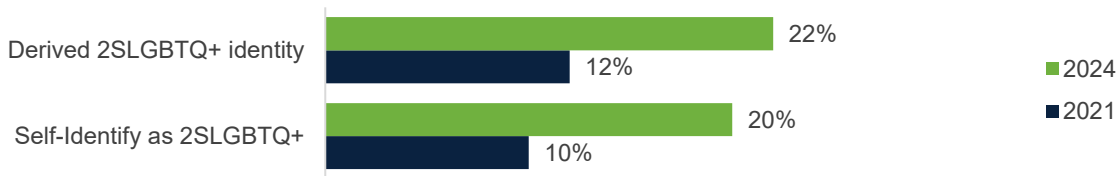
2SLGBTQ+ Identity

As with the 2021 SNA, a specific question was included about whether people experiencing homelessness identified as 2SLGBTQ+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, + refers to sexual and gender diverse identities not represented in the acronym).

Based on the 2024 SNA, 20% of respondents self-identified as 2SLGBTQ+ (Figure 25). In consideration of the potentially sensitive nature of this question and possible apprehensions about the various response options due to safety, comfort level or other concerns, sexual identity and gender identity responses were also combined to create a

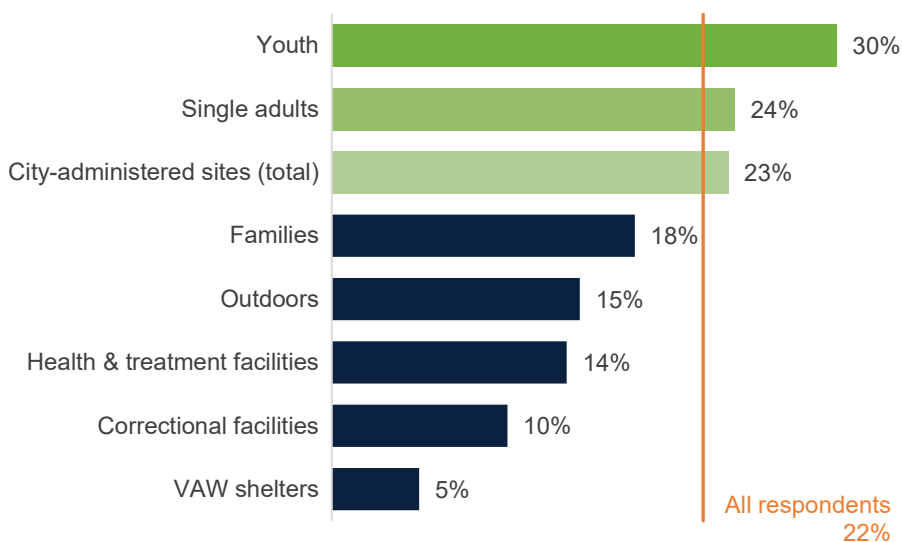
derived 2SLGBTQ+ identity.²¹ A higher share (22%) of respondents identified as 2SLGBTQ+ when the sexual identity and gender identity responses were combined. There is an increase for both self-reported 2SLGBTQ+ identity and the derived (combined) 2SLGBTQ+ identity. It is important to acknowledge that 2SLGBTQ+ individuals, particularly youth and young adults, are overrepresented amongst those experiencing homelessness, but may not be proportionately represented in shelters due to hidden homelessness, stigma, discrimination, and safety concerns.²²

Figure 25: Respondents Identifying as 2SLGBTQ+



We continue to see higher representation of 2SLGBTQ+-identifying individuals amongst youth in City-administered sites, with 30% of youth respondents identify as 2SLGBTQ+ (Figure 26). This finding aligns with some estimates that as many as 40% of youth experiencing homelessness in North America identify as 2SLGBTQ+.

Figure 26: Respondents Identifying as 2SLGBTQ+ by Surveyed Group



²¹ Abramovich, A., Marshall, M., Webb, C., Elkington, N., Stark, R.K., Pang, N., and Wood, L. (2024). “Identifying 2SLGBTQ+ individuals experiencing homelessness using Point-in-Time counts: Evidence from the 2021 Toronto Street Needs Assessment survey” *PLoS ONE* 19(4): e0298252. <https://doi.org/10.1371/journal.pone.0298252>

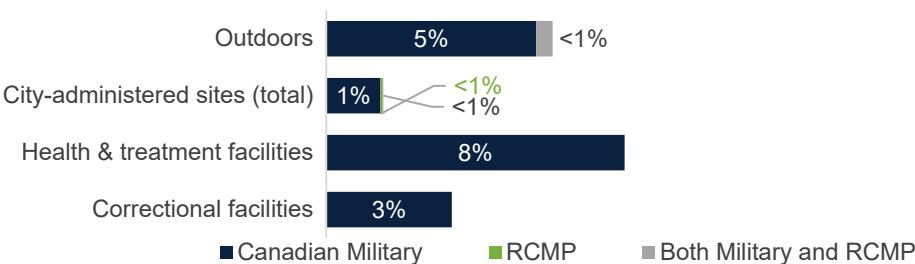
²² Abramovich, A. 2016. Preventing, Reducing and Ending LGBTQ2S Youth Homelessness: The Need for Targeted Strategies. *Social Inclusion*. 4(4), 86-96.

Almost one-third (31%) of refugee claimants identified as 2SLGBTQ+, compared to 14% of respondents who did not arrive in Canada as refugee claimants. A primary reason for refugee claimants arriving in Canada within the past year was fear for safety. Some respondents elaborated that their decision to come to Canada was driven by the need to escape violence or persecution due to their 2SLGBTQ+ identity (data not shown).

Veteran Homelessness

In 2024, 1.9% of all respondents experiencing homelessness indicated that they had served in the Canadian Military including Canadian Navy, Army, Air Force, Regular and Reserve, Army Rangers including those who have completed basic training and the RCMP (data not shown). Veterans experiencing homelessness were generally older, with an average age of 51 years (data not shown). The largest share of veterans was in health and treatment facilities where 8% of respondents had served in the Canadian Military (Figure 27).

Figure 27: Respondents Identifying as Veterans by Surveyed Group



Of the veterans experiencing homelessness, 65% were staying in City-administered sites, 20% were staying outdoors, 9% were in health and treatment facilities, and 6% were in correctional facilities (data not shown). Veterans were more likely than non-veterans to be staying outdoors, in health and treatment facilities, and in correctional facilities (data not shown).

Veterans were more likely to report certain health conditions compared to non-veterans. The top three challenges reported by veterans include mental health issues, affecting 54% of veterans compared to 44% of non-veterans; substance use, reported by 53% of veterans versus 25% of non-veterans; and physical mobility difficulties, experienced by 44% of veterans compared to 21% of non-veterans. Although not amongst the top three health challenges, 26% of veterans reported an acquired brain injury (ABI), compared to 8% of non-veterans (no data shown).

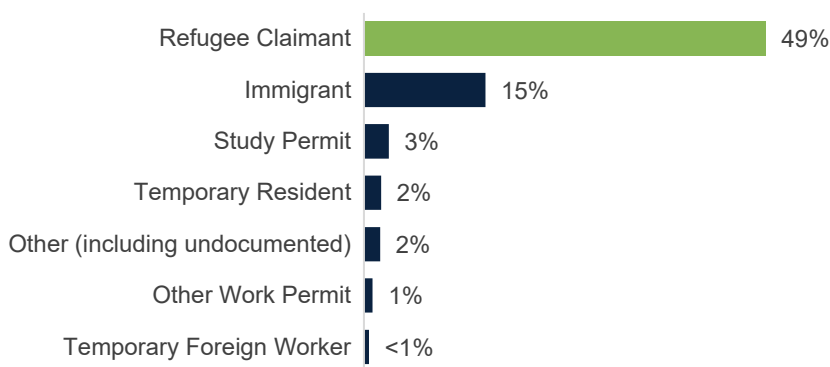
Migration to Canada

Canada is a world leader in the settlement of newcomers. As the largest urban centre in Canada and one of the most culturally diverse cities in the world, Toronto is the main destination for newcomers to Canada, including refugee claimants. Migration trends and

surges in refugee arrivals are shaped by various global and domestic factors. Migration trends are constantly evolving, and the data presented in this report reflect patterns at a specific point in time. The United Nations High Commissioner for Refugees (UNHCR) estimates that the global refugee population has more than doubled within the past decade.²³

When the SNA was conducted in 2021, the international borders were closed due to the COVID-19 pandemic and only 13% of all respondents identified as having come to Canada as a refugee claimant.²⁴ In 2024, that percentage had risen to 49% (Figure 28).

Figure 28: Respondent Migration to Canada



Across all settings, 96% of refugee claimant respondents were staying in City-administered sites, representing 54% of all people staying in City-administered sites. Refugee claimants were most notably represented in the family sector, where they accounted for 60% of the sector, followed by 52% of single adults (Table 3).

²³ [Global Trends | UNHCR](#)

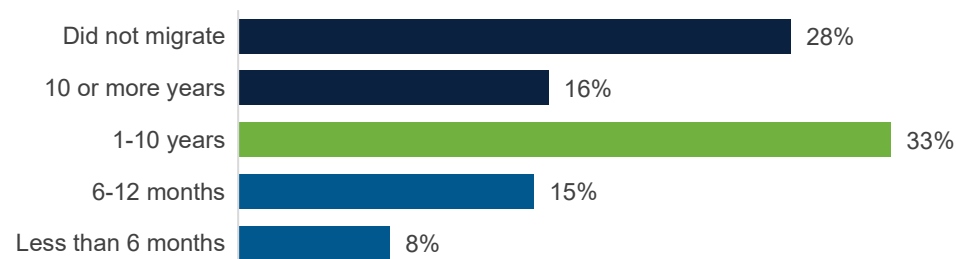
²⁴ There are various factors that may have impacted how respondents answered this question. For example, some respondents may have self-identified as an immigrant or refugee status even if they were in the process of claiming asylum in Canada, and some may have expected to see different terms, such as Convention Refugee.

Table 3: Respondents' Migration to Canada by Surveyed Group

| Surveyed Groups | Did Not Migrate | Immigrant | Refugee Claimant | Temporary Resident | Temporary Foreign Worker, Study Permit, Other Work Permit | Other (including undocumented) |
|--------------------------------|-----------------|------------|------------------|--------------------|---|--------------------------------|
| Outdoors | 70% | 14% | 10% | 1% | 1% | 2% |
| City-administered sites | 23% | 14% | 54% | 2% | 5% | 2% |
| Single adults | 25% | 15% | 52% | 2% | 3% | 2% |
| Families | 17% | 10% | 60% | 4% | 6% | 2% |
| Youth | 17% | 11% | 55% | 1% | 13% | 1% |
| VAW shelters | 26% | 35% | 21% | 7% | 7% | 4% |
| Health & treatment facilities | 74% | 9% | 11% | 0% | 3% | 2% |
| Correctional facilities | 59% | 27% | 9% | 0% | 1% | 0% |
| All Respondents | 27% | 15% | 48% | 2% | 5% | 2% |

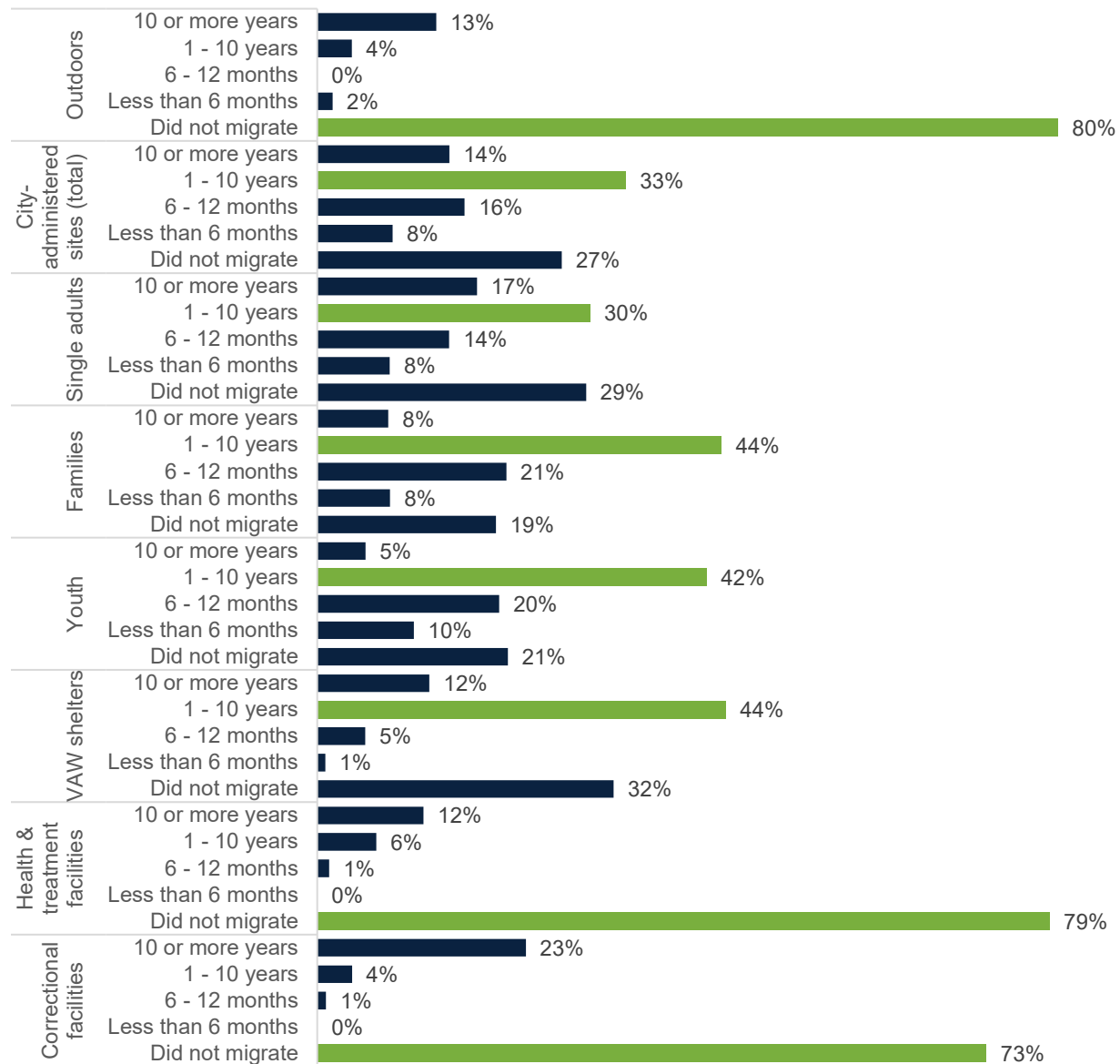
Figure 29 illustrates the length of time in Canada for all respondents and reports the percentage of respondents who did not migrate to Canada. 40% of all respondents who arrived as refugee claimants had been in Canada for under one year (no data shown). Amongst those who arrived within the past year as refugee claimants, 67% were single adults, 20% were families and 12% were youth (no data shown).

Figure 29: Respondent Length of Time in Canada



More than three-quarters (79%) of respondents staying in health and treatments facilities indicated that they did not migrate to Canada (Figure 30). Those who had been in Canada for less than one year tended to be in City-administered sites, particularly youth.

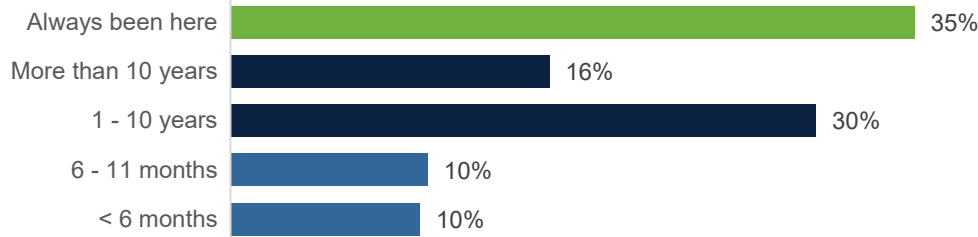
Figure 30: Respondent Length of Time in Canada by Surveyed Group



Length of Time in Toronto

80% of respondents reported having been in Toronto for one year or more, including those who had always been in Toronto (35%) (Figure 31). For respondents who had not always lived in Toronto, the average length of time in Toronto was eight years.

Figure 31: Respondent Length of Time in Toronto



Indoors

One-third (33%) of respondents in City-administered sites were long-time residents of Toronto, having lived in the city for more than 10 years. Excluding those who had always lived in Toronto, the average length of time individuals staying indoors had spent in the city was seven years. Youth and families staying in shelters were the most likely to have lived in Toronto for less than one year, at 28% and 24% respectively (Figure 32).

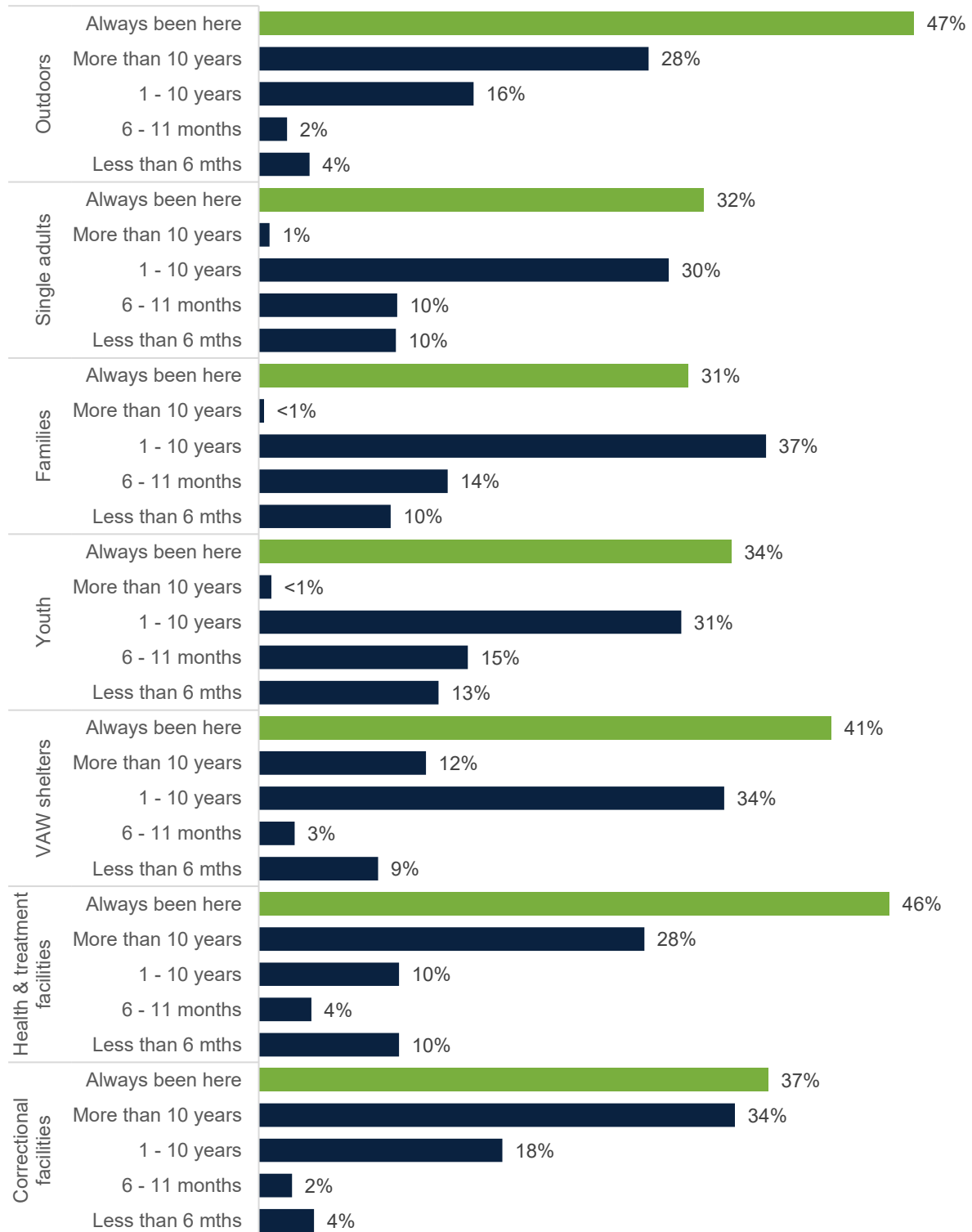
Outdoors

Three-quarters (76%) of individuals staying outdoors were long-time residents of Toronto, with 28% of all respondents having lived in the city for more than 10 years and 47% having always lived in Toronto. Six percent of people staying outdoors had been in Toronto for less than one year. Excluding those who had always lived in Toronto, the average length of time of those staying outdoors that had lived in the city was 13 years. People outdoors generally had been in Toronto for longer compared to those in the shelter system (Figure 32).

Health and Treatment Facilities and Correctional Facilities

Almost three-quarters of people staying in health and treatment facilities and correctional facilities were long-time residents of Toronto, accounting for 74% and 71%, respectively. Excluding those who had always lived in Toronto, the average length of time individuals in provincially-administered settings had spent in the city was 12 years. Similar to outdoor settings, people staying in provincially-administered facilities generally had been in Toronto for longer compared to those in the shelter system (Figure 32).

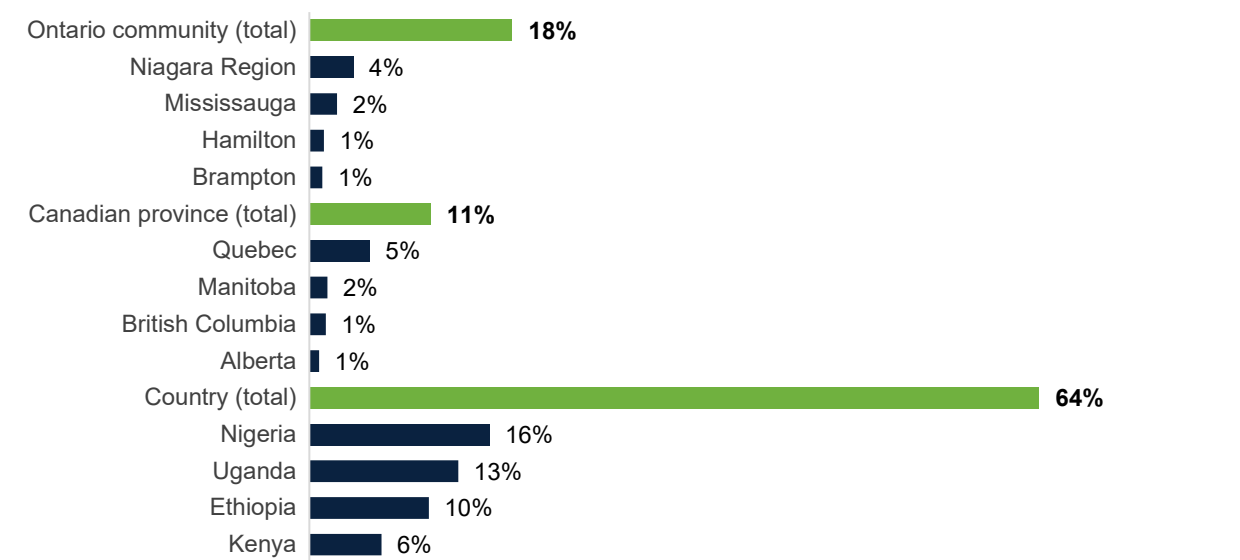
Figure 32: Respondent Length of Time in Toronto by Surveyed Group



Location Lived Prior to Moving to Toronto

Of the respondents who arrived in Toronto within the past year, 64% came from another country, 18% came from another city or community within Ontario, and 11% came from another province or territory in Canada (Figure 33).

Figure 33: Community Lived in Before Coming to Toronto, Respondents Who Have Lived in Toronto for Less than One Year



Homeless Experience in Previous Community

Most respondents (77%) who moved to Toronto within the past one year became homeless after they arrived; only 22% were experiencing homelessness prior to coming to Toronto (Figure 34).

Figure 34: Homeless Experience in Previous Community, Respondents who Have Lived in Toronto for Less than One Year



Reasons for Moving to Toronto

For individuals who arrived in Toronto within the past 12 months and were currently staying in City-administered sites, the primary reason for relocation was immigration, including asylum claims, which accounted for 71% (Figure 35). This was most prevalent amongst single adults in these sites. Those who relocated to Toronto to join family and/or friends were predominately in VAW shelters, health and treatment facilities, and

correctional facilities. Amongst those staying outdoors, the most commonly reported reason for moving to Toronto within the past year was the pursuit of job opportunities.

Figure 35: Top Five Reasons for Moving to Toronto within the Past 12 Months by Surveyed Group

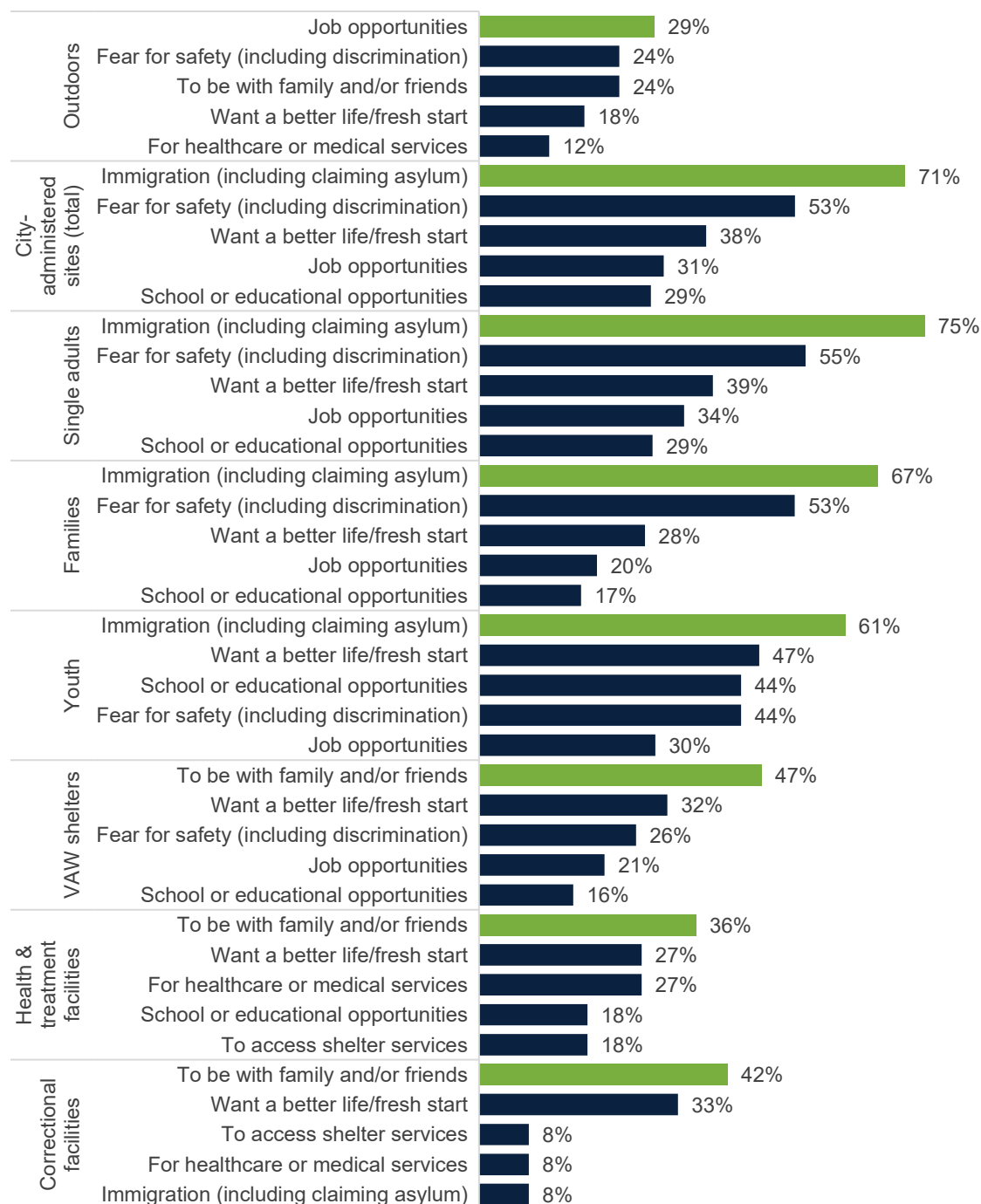
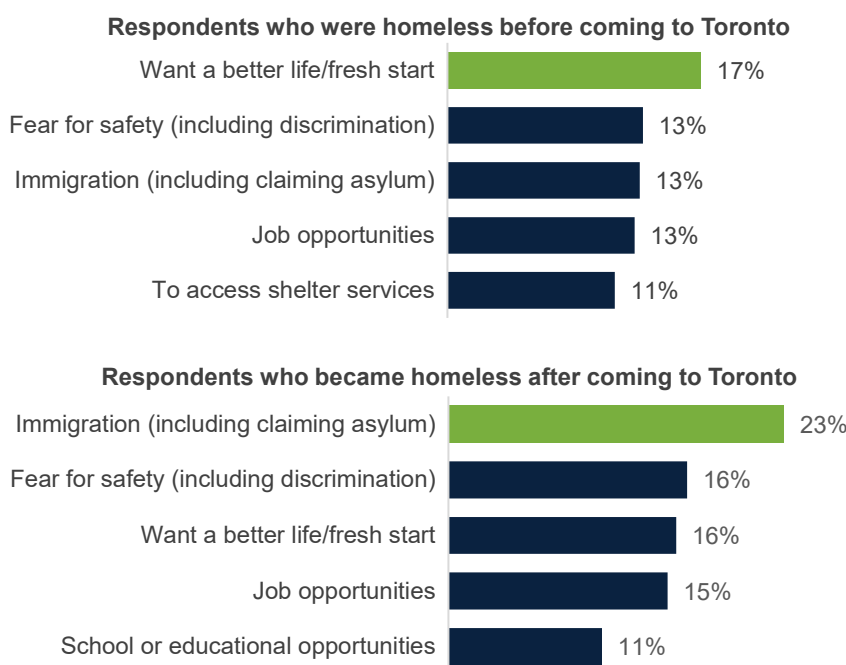


Figure 36 presents the top five reasons for moving, broken down for those who became homeless before and after arriving in Toronto.

For those who were experiencing homelessness prior to moving to Toronto, the top reasons for moving included the desire for a better life, fear for safety including discrimination, immigration, access to more job opportunities, and access to shelter services. 48% of those who reported moving to Toronto to access shelter services within the past 12 months came from another community within Canada, with 23% coming from communities within the Greater Toronto Area.

For those who became homeless after moving to Toronto, the top reasons for relocating were immigration including seeking asylum, the desire for a better life, fear for safety including discrimination, and the pursuit of educational opportunities. For those who selected immigration as their main reason for moving, 85% arrived in Canada to seek refugee protection (or to seek asylum).

Figure 36: Respondent Reasons for Moving to Toronto



The top five reasons for coming to Toronto most frequently selected by refugee claimants who arrived in Canada less than one year ago were immigration (including claiming asylum) (64%), fear for safety including discrimination (46%), want a better life/fresh start (32%), school or educational opportunities (26%), and job opportunities (25%).

Family Homelessness

Survey participants were asked whether anyone was staying with them on the night of the SNA survey, including individuals they considered to be family (e.g., chosen family). The majority (81%) of respondents reported that no family members were staying with them that night (Figure 37).

10% of all respondents reported having children and/or other non-adult dependents staying with them on the night of the SNA survey (Figure 38). The average age of children and other non-adult dependents under 18 years of age was eight years.

Figure 37: Persons Staying with Respondent on the Night of SNA Survey

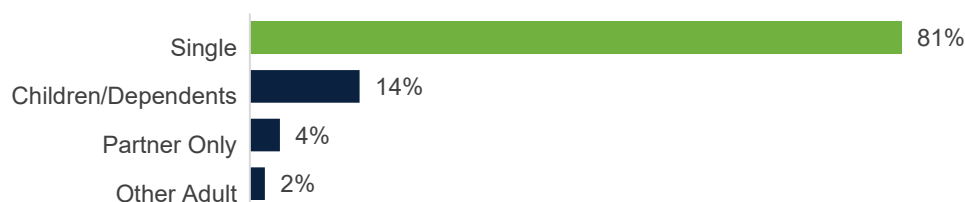
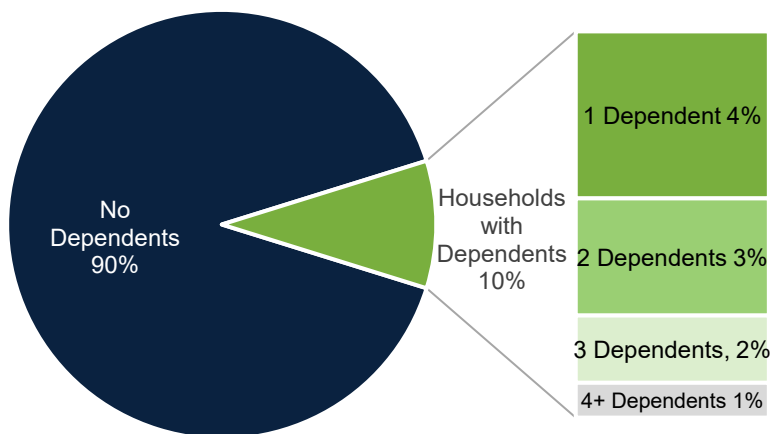


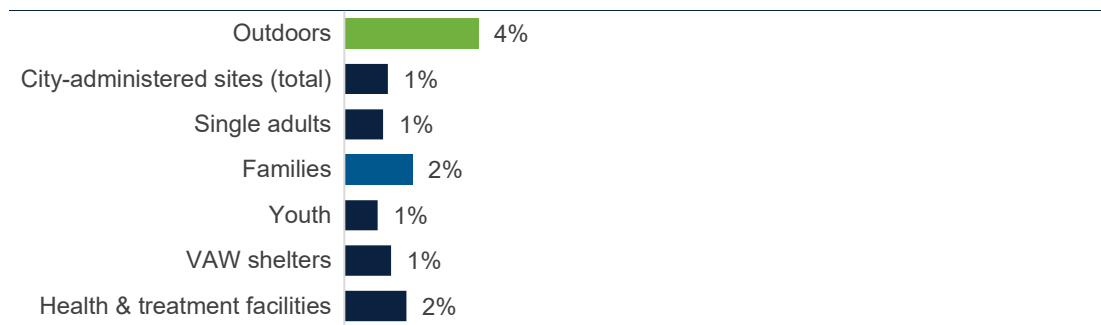
Figure 38: Distribution of Respondents with Non-Adult Dependents



Pet Ownership

Only 1% of respondents indicated that they had a pet staying with them on the night of the SNA. Although individuals in City-administered sites had the highest frequency (36 people), the highest proportion was observed amongst outdoor respondents, with 4% reporting that a pet was staying with them that evening (Figure 39).

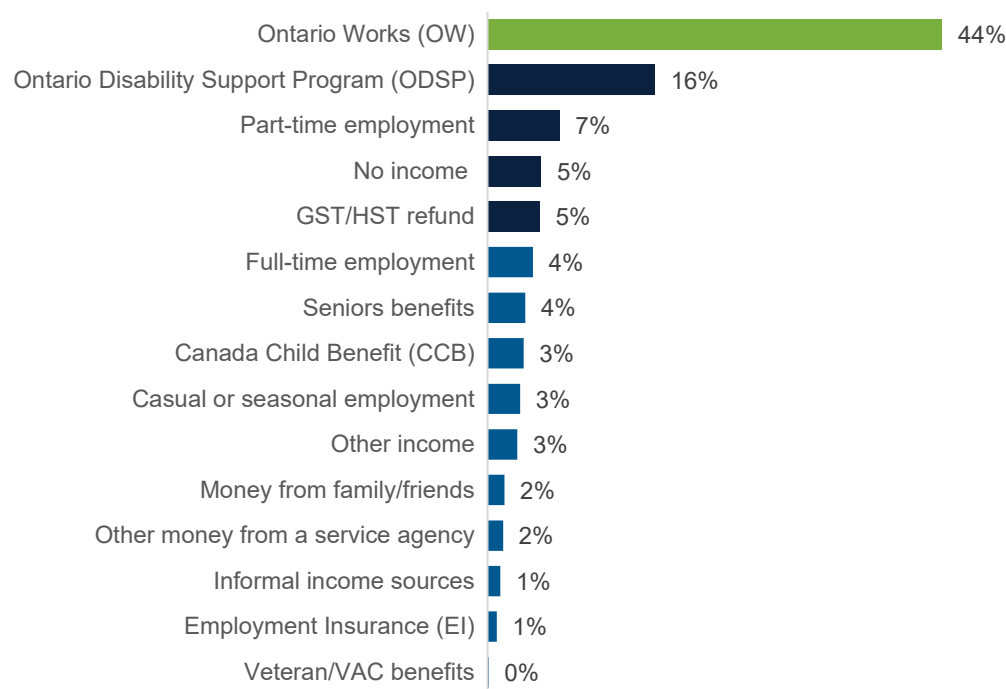
Figure 39: Pet Ownership by Surveyed Group



Sources of Income

Ontario Works (OW) and Ontario Disability Support Program (ODSP) remain the most frequently reported sources of income amongst people experiencing homelessness (Figure 40). This year, the third most frequently reported source of income was from part-time employment, reported by 7% of respondents.

Figure 40: Respondent Source of Income

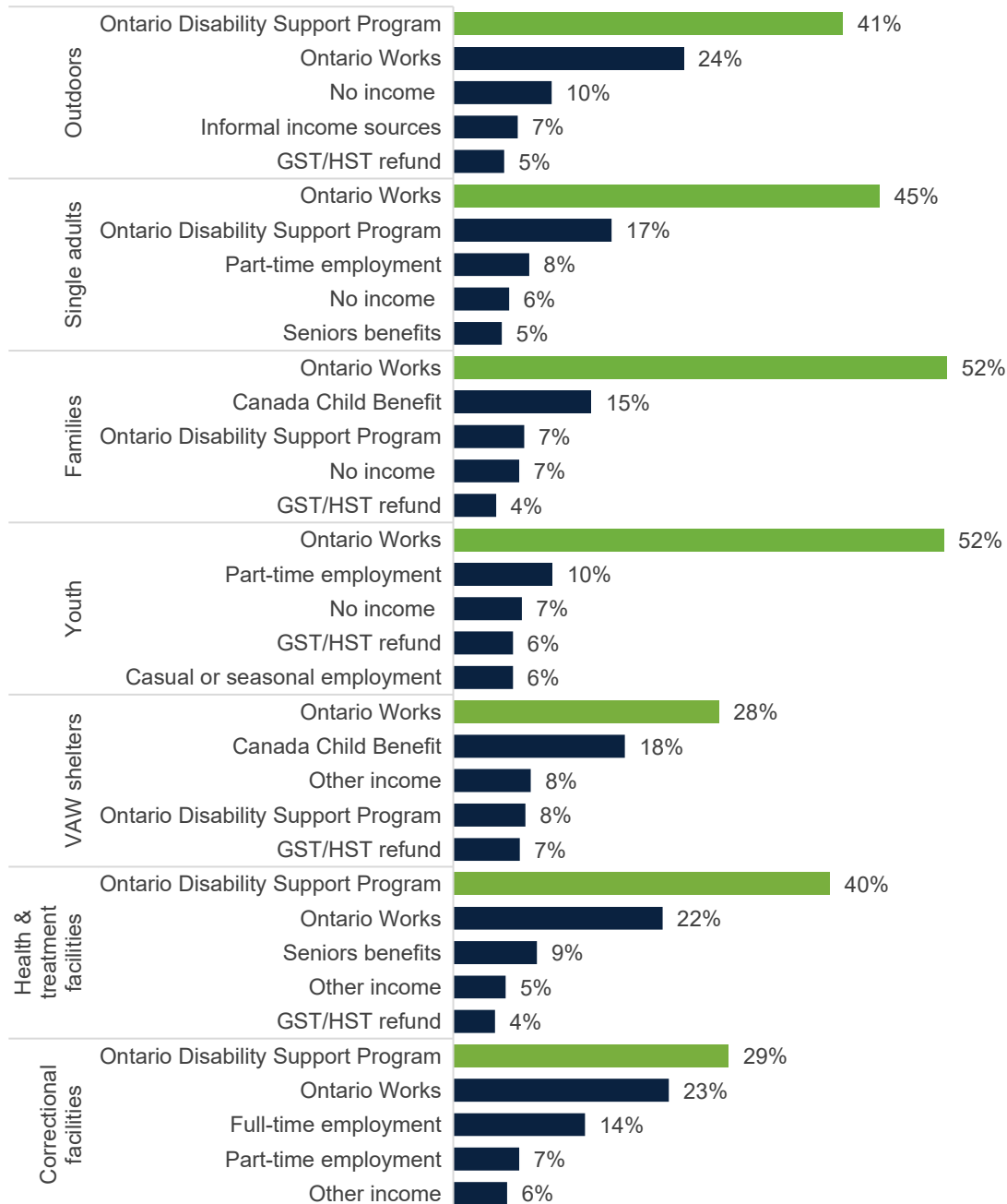


OW was the primary source of income for single adults, families, and youth in City-administered sites, as well as for respondents in VAW shelters. In contrast, ODSP was the main source of income for individuals staying outdoors, in health and treatment facilities, and in correctional facilities (Figure 41). Youth and single adults in the shelter

system were more likely than other groups to report income from part-time employment. Amongst respondents in correctional facilities, the highest proportions reported income from full-time employment at 14% and part-time employment at 7%, prior to being taken into custody.

Figure 41: Top Five Sources of Income by Surveyed Group

Top five sources for income



Homeless History

Length of Homelessness in Past Year

The national definition of chronic homelessness includes individuals who are currently experiencing homelessness and meet at least one of the following criteria:

- A total of at least six months (180 days) of homelessness over the past year, or
- Recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months (546 days). This is another measure of chronicity that helps understand recurrent or prolonged experiences of homelessness.

Using the first criteria, 83% of all respondents were experiencing chronic homelessness (Figure 42), an increase from 77% in 2021. Length of stay in the shelter system has increased across all population groups, including amongst refugee claimants who historically have had lower rates of chronic homelessness. Their rates at the time of the SNA survey were similar to non-refugee claimants (84%) and refugee claimants (80%) (Figure 43). Delays in the release of federal and provincial Canada-Ontario Housing Benefit funding, lack of affordable permanent housing opportunities, inadequate social assistance rates, and rising cost of living are some of the contributing factors to increased lengths of stay and chronicity in the shelter system.

Figure 42: Length of Time Experiencing Homelessness Over Past 12 Months

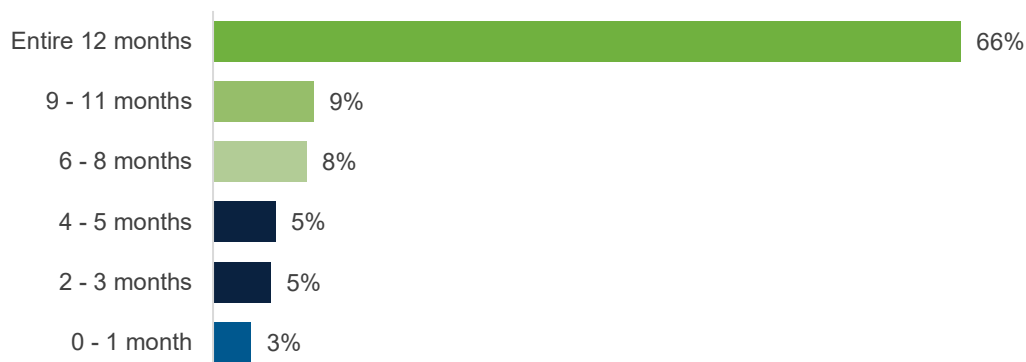
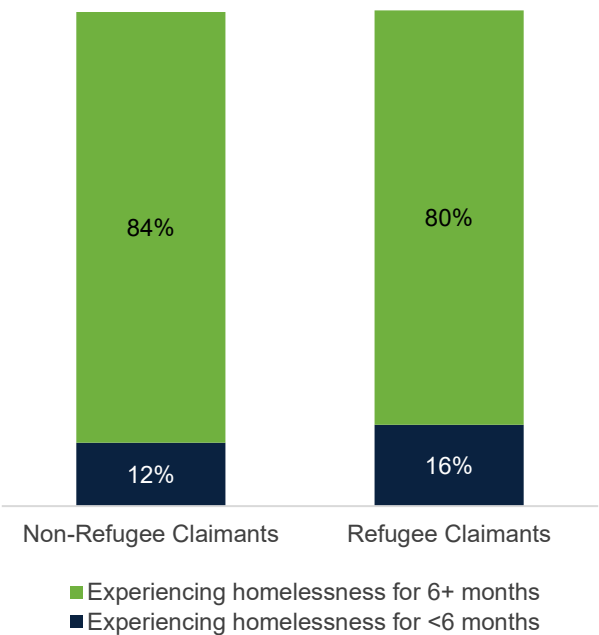
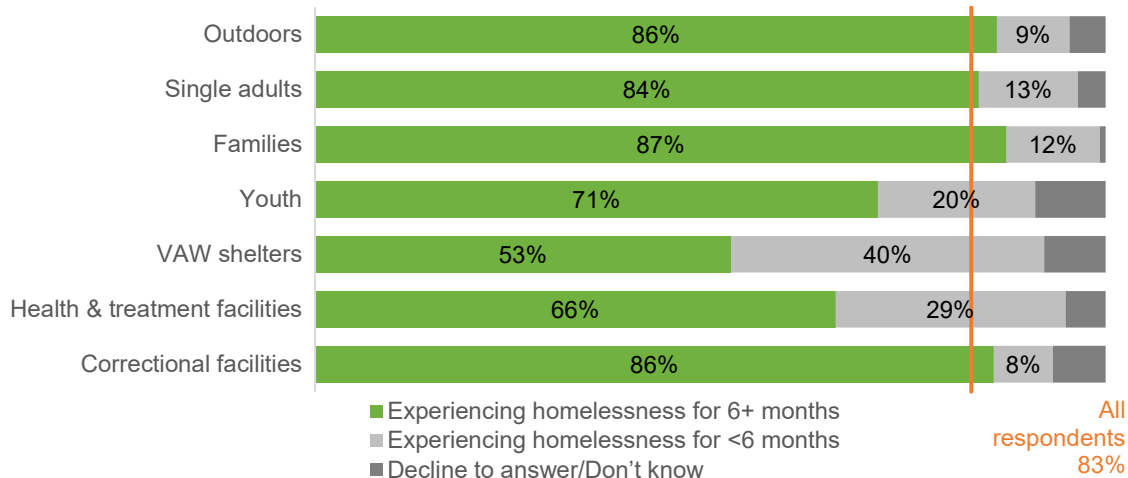


Figure 43: Chronic Homelessness, Refugee Respondents Compared to Non-Refugee Respondents



While the average reported length of homelessness in the past one year was 10 months, 66% of respondents had been experiencing homelessness for the entire 12 months, with those staying outdoors and in correctional facilities reporting a slightly longer average length of homelessness of 11 months (Figure 44). Amongst respondents within City-administered sites, the average length of homelessness was lowest amongst youths at nine months, compared to single adults and families who were both at 10 months. Respondents staying in VAW shelters had an average length of homelessness of seven months.

Figure 44: Length of Time Experiencing Homelessness Over Past 12 Months by Surveyed Group



Overnight Locations Stayed Over the Past Year

Figure 45 illustrates the locations respondents had stayed overnight in the past one year. The majority of respondents had stayed in an emergency, transitional, VAW shelter, or hotel/motel shelter funded by the City or a homeless program for at least one night in the past 12 months.

Figure 45: Overnight Locations Stayed Over Past 12 Months

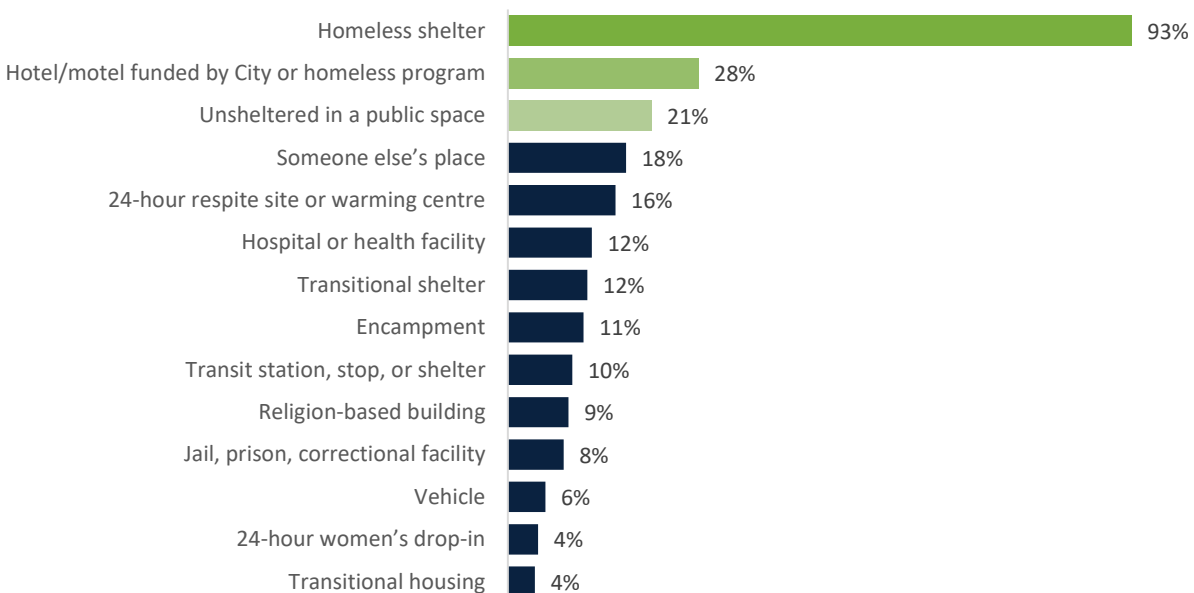
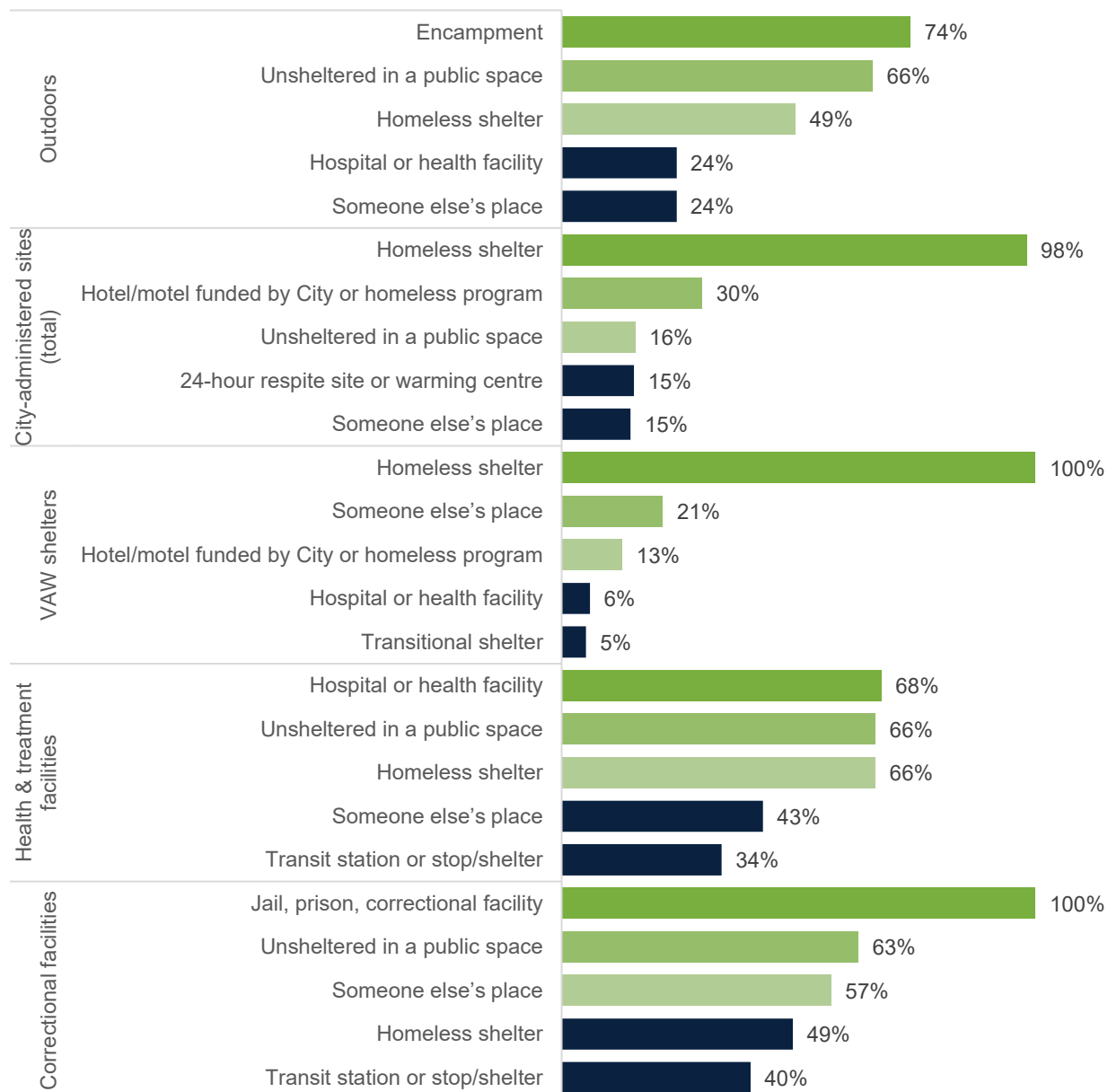


Figure 46 illustrates the five most frequently reported overnight locations where respondents stayed in the past 12 months, by surveyed group. More respondents in correctional and health and treatment facilities reported staying in unsheltered public spaces, compared to those staying in City-administered sites. All surveyed groups, except for respondents in VAW shelters, reported staying overnight in both indoor and outdoor spaces.

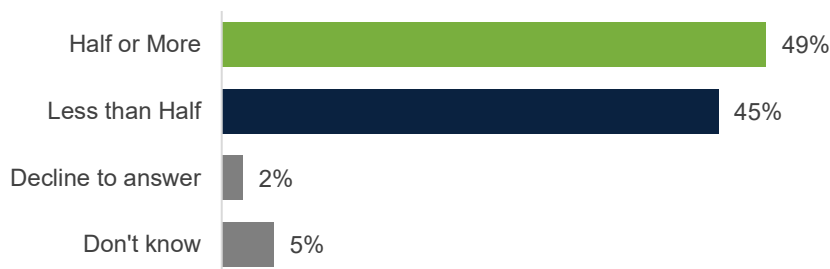
Figure 46: Top Five Overnight Locations Stayed Over Past Year by Surveyed Group



Length of Homelessness in Past Three Years

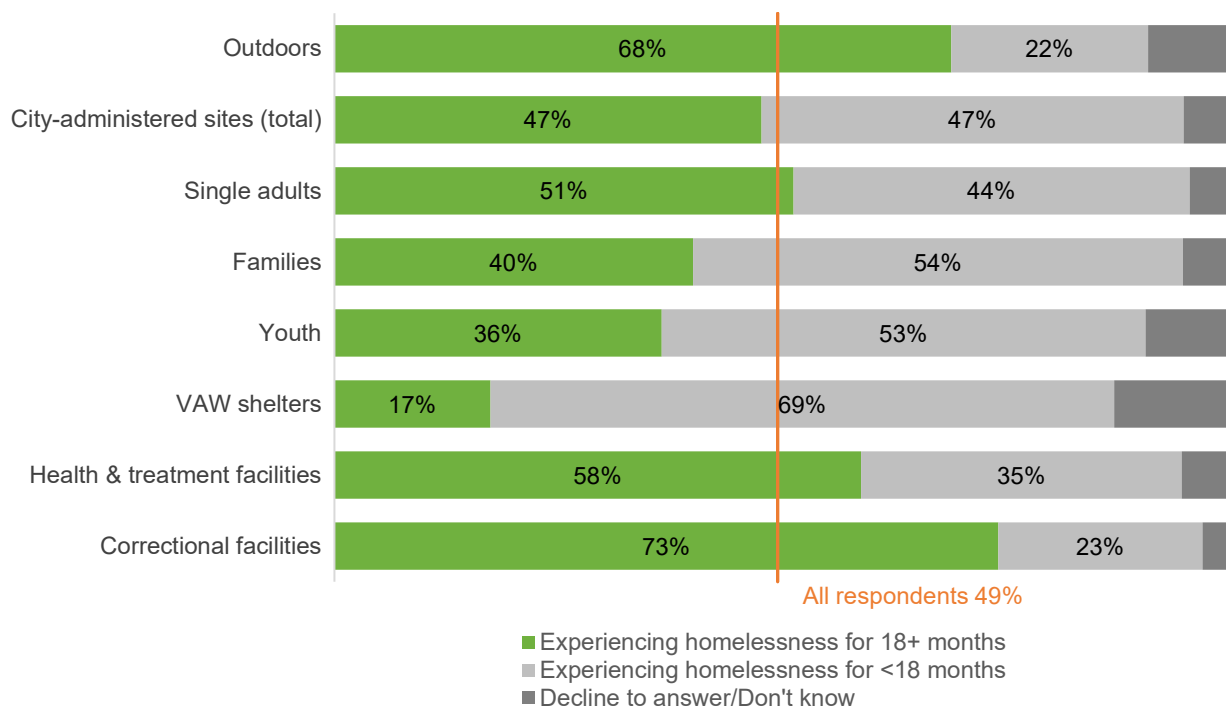
Just under half of all respondents (49%) reported experiencing homelessness for at least 18 months in the past three years, while 45% had been homeless for less than 18 months (Figure 47).

Figure 47: Length of Time Experiencing Homelessness Over Past Three Years



Respondents in correctional facilities (73%), outdoors (68%), in health and treatment facilities (58%) and single adults in City-administered sites (51%) were most likely to experience chronic homelessness (Figure 48).

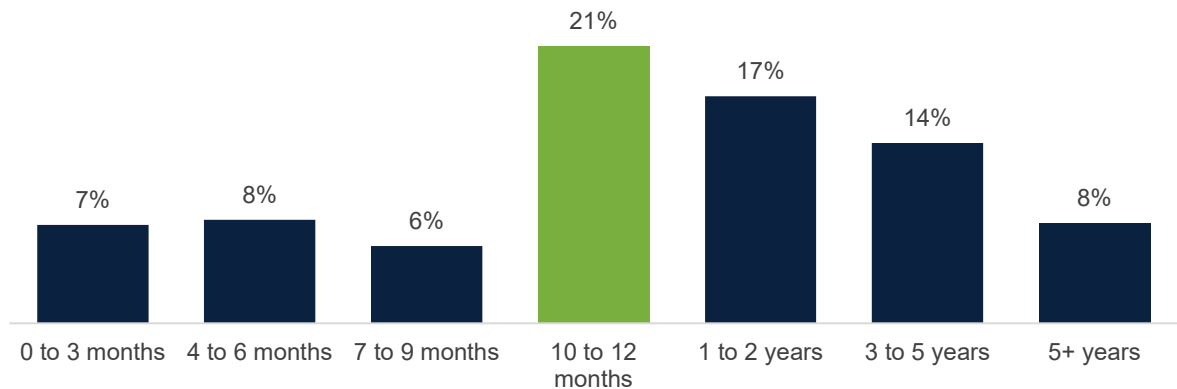
Figure 48: Length of Time Experiencing Homelessness Over Past Three Years by Surveyed Group



Time Since Most Recent Housing Loss

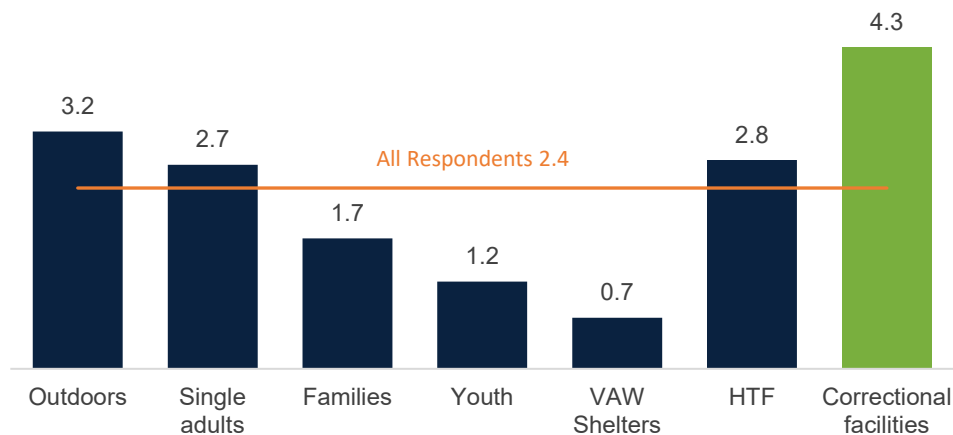
Over one-third (38%) of all respondents reported that their most recent housing loss occurred more than one year ago (Figure 49). This trend was particularly prevalent amongst individuals in correctional facilities (53%) and those living outdoors (46%) (no data shown).

Figure 49: Time Since Most Recent Housing Loss



The average time since respondents' most recent housing loss was 2.4 years. Individuals staying in VAW shelters reported the most recent housing loss on average, while those in correctional facilities reported the longest duration since their most recent housing loss (Figure 50).

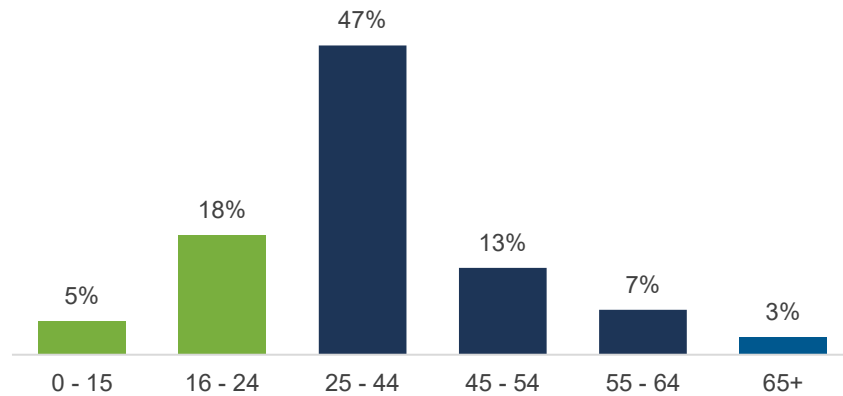
Figure 50: Average Time Since Most Recent Housing Loss (Years)



Age at First Homeless Experience

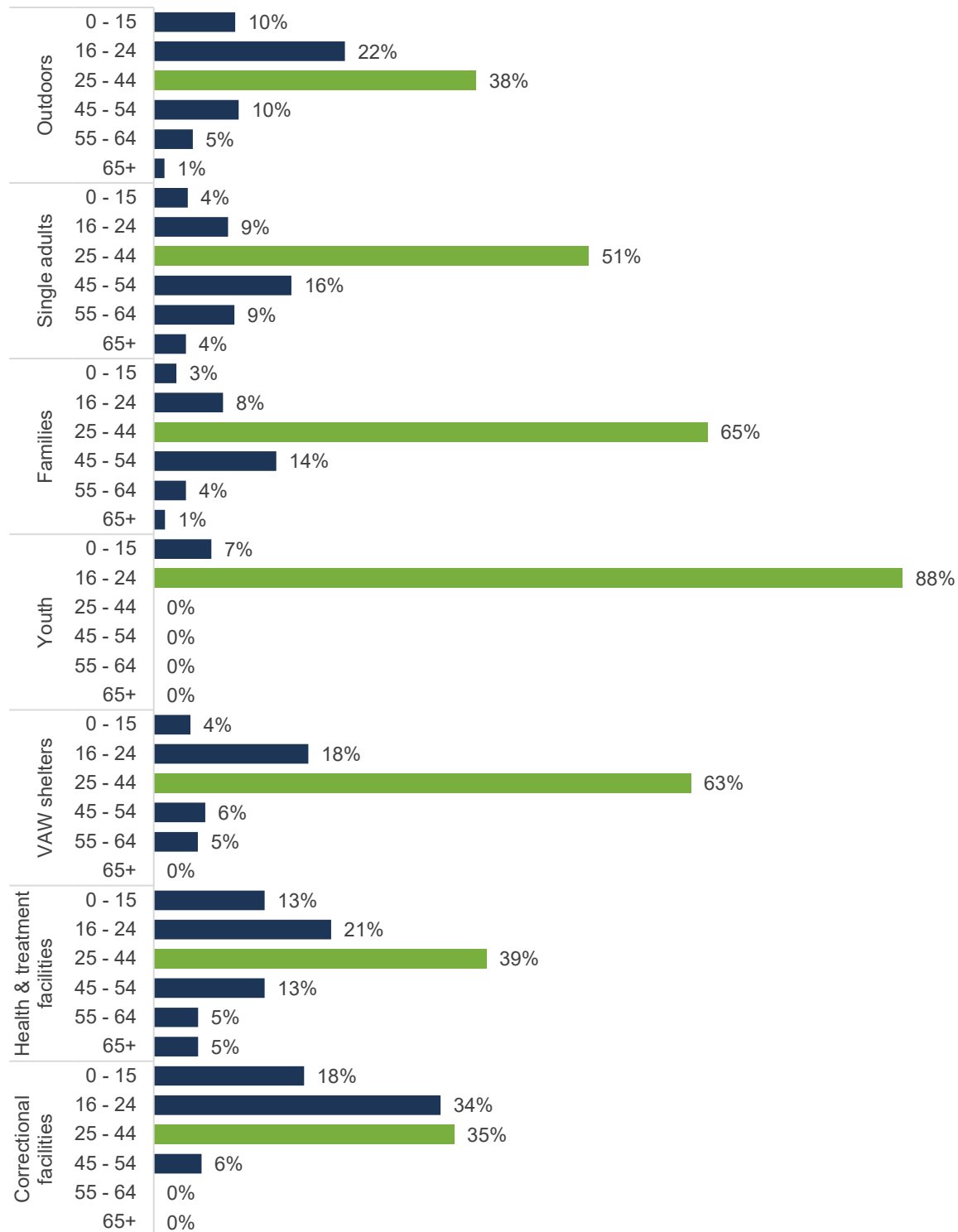
The average age that respondents reported first experiencing homelessness was 35 years, ranging from 1 to 93 years old (Figure 51).

Figure 51: Respondent Age at First Experience of Homelessness



Across provincially-administered sites, correctional facilities had the highest proportion of respondents who first experienced homelessness as children or youth (ages 0-24), at 52% (Figure 52). This is followed by 34% in health and treatment facilities, and 22% in VAW shelters. On average, people outdoors experienced homelessness for the first time at a younger age than those staying in shelters (31 years compared to 36 years).

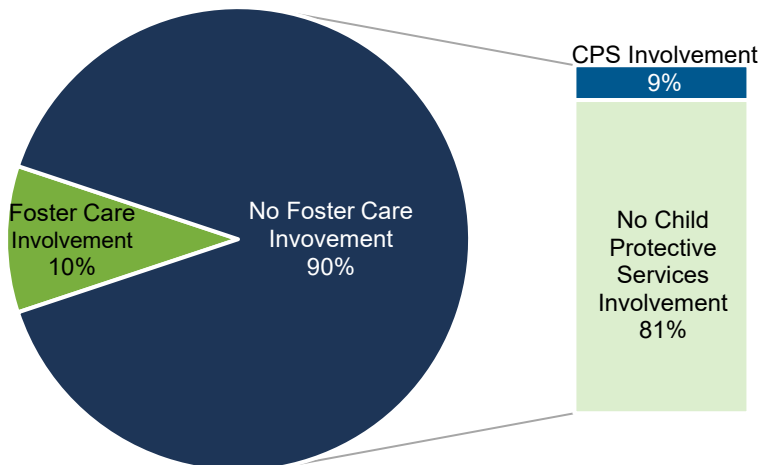
Figure 52: Respondent Age at First Homeless Experience by Surveyed Group



Experience with Foster Care

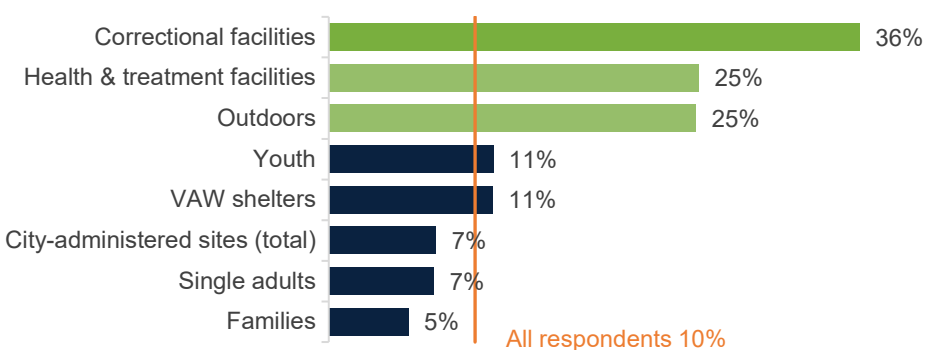
10% of respondents reported having been in foster care or a youth group home. Amongst those who had not been in foster care or a youth group home, 9% reported involvement with child protective services (Figure 53).

Figure 53: Respondent Experience in Foster Care, Youth Group Homes, and Child Protective Services



One-quarter (25%) of respondents staying outdoors had been in foster care or youth group homes, which was three times higher than respondents in City-administered sites (7%). Within City-administered sites, youth respondents (11%) tended more than single adults or families to have experience in foster care (Figure 54), while correctional facilities had the highest proportion of respondents with foster care or youth group home experience amongst provincially-administered sites at 36%.

Figure 54: Respondent Experience in Foster Care or Youth Group Homes by Surveyed Group



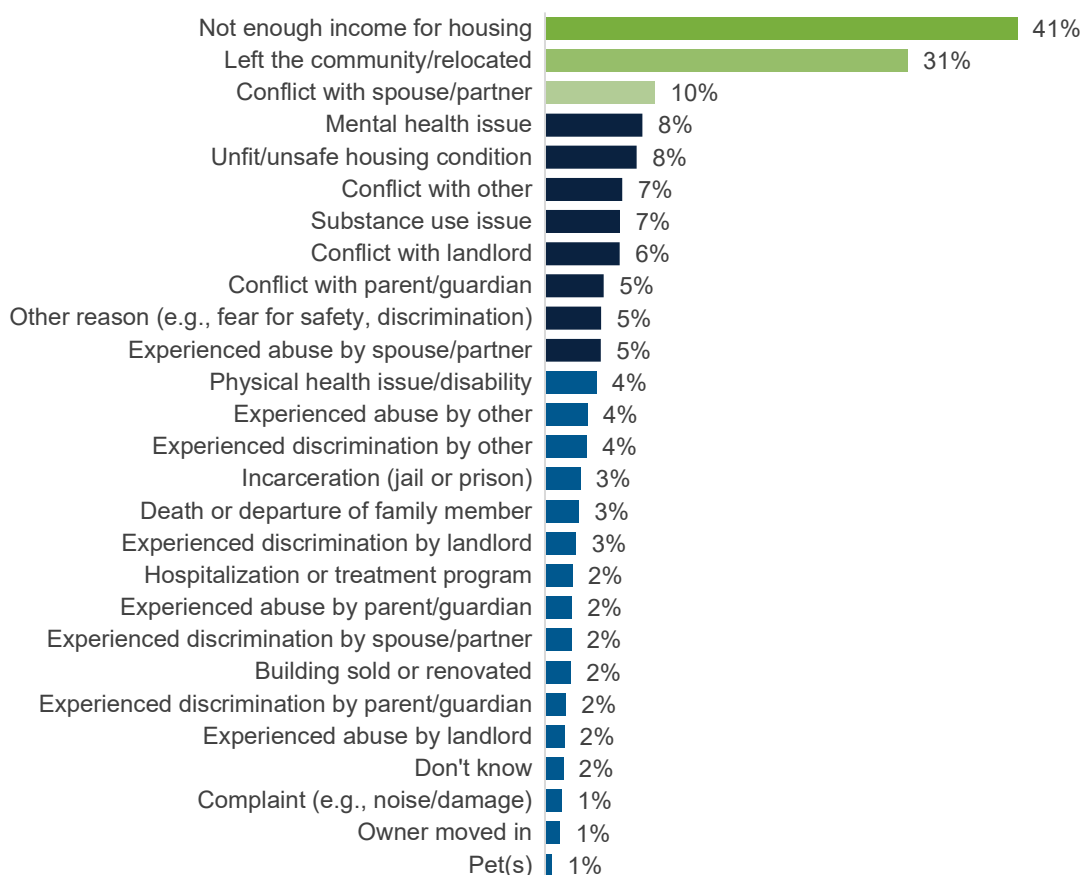
Indigenous respondents reported significantly higher levels of involvement with foster care, group homes, Children's Aid Society (CAS) and/or child protective services compared to non-Indigenous respondents. The proportion of Indigenous respondents who had been in foster care or group home (37%) was more than five times higher than non-Indigenous respondents at 7%. For those who had not been in foster care, a significant disparity remained between the experiences of Indigenous and non-Indigenous respondents. 27% of Indigenous respondents reported involvement with CAS and/or child protective services compared to 7% of non-Indigenous respondents. According to 2021 census data, Indigenous children continue to be overrepresented in the foster care system. Although Indigenous children under the age of 14 years make up 8% of all children this age in Canada, 54% of children under 14 in foster care are Indigenous.²⁵

Reasons for Homelessness

The most frequently reported reason for recent housing loss was not having enough income for housing (e.g., low income, job loss, insufficient OW/ODSP rates), reported by 41% of respondents (Figure 55). While this was also the leading cause of homelessness and housing loss in 2021 (19%), the percentage of respondents reporting this reason has doubled this year. The second most frequently reported reason was leaving the community or relocation at 31%. This finding is consistent with the significant proportion of respondents who had recently arrived in Canada and Toronto. The third most frequently reported reason was conflict with spouse/partner.

²⁵ Indigenous Services Canada. 2025. [Reducing the number of Indigenous children in care.](#)

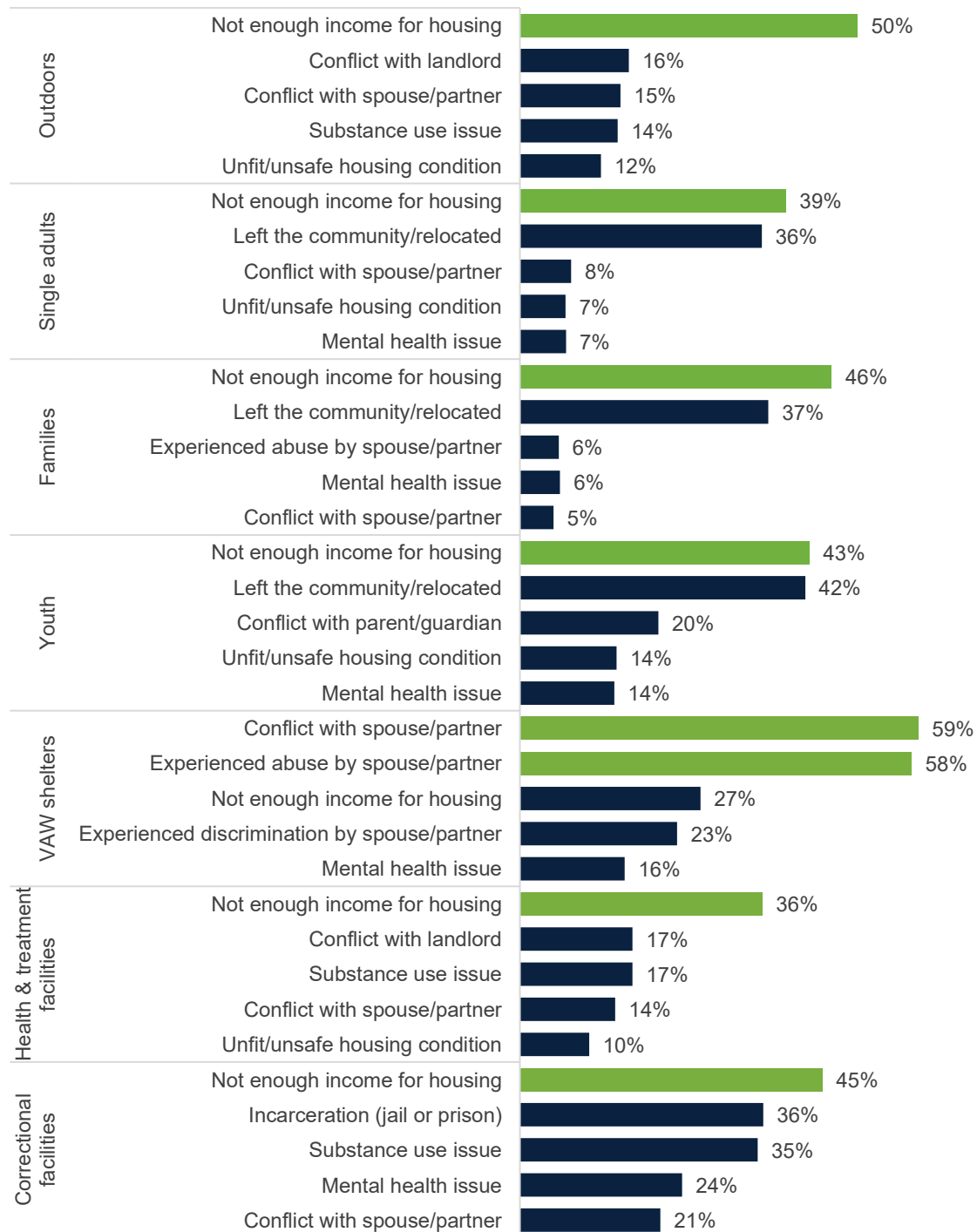
Figure 55: Respondent Reasons for Most Recent Housing Loss



The primary reason for homelessness reported by most surveyed groups was not having enough income for housing. In VAW shelters, the most common reason for housing loss was conflict/abuse by partner/spouse (Figure 56). These findings are consistent with the circumstances faced by these groups.

Respondents staying in the shelter system were more likely than all other surveyed groups to report leaving their communities or relocating as a primary reason for homelessness. Amongst these respondents, 84% arrived in Canada to seek refugee protection. Conflict with landlord was amongst the top three reasons for homelessness reported by respondents in health and treatment facilities (17%) and for those staying outdoors (16%).

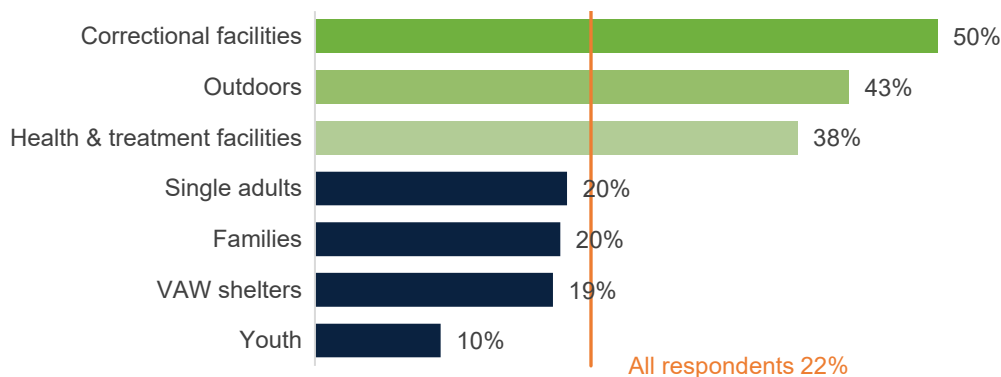
Figure 56: Top Five Reasons for Housing Loss by Surveyed Group



This year's SNA survey included an additional question to determine whether eviction was the cause of respondents' recent housing loss. Overall, 22% of all respondents identified eviction as the reason for their most recent housing loss. Some surveyed

groups were more likely to report eviction as the cause, including 50% of respondents in correctional facilities and 43% of those staying outdoors (Figure 57).

Figure 57: Respondents Who Reported Housing Loss Due to Eviction by Surveyed Group



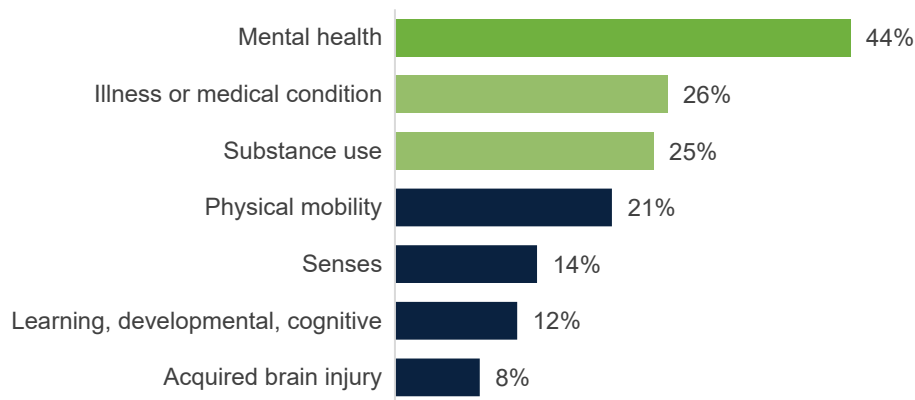
Service Needs of People Experiencing Homelessness

Health Challenges

Respondents were asked to indicate whether they were experiencing difficulties related to any of the following: diagnosed or undiagnosed mental health, substance use, illness or medical condition, physical mobility, and learning, intellectual/developmental or cognitive function. This year, two health challenges were added to the survey – ABI and senses (blindness or deafness).

Mental health issues were the most frequently reported health challenge identified by 44% of all respondents (Figure 58). Just over one-quarter of all respondents reported difficulties with an illness or medical condition or substance use.

Figure 58: Type of Health Challenge Identified by Respondents



Although the share of people reporting mental health challenges is lower than in 2021, this may be explained partly by the large proportion of refugee claimants in the survey sample, a group that generally has a lower prevalence of mental health challenges. At this point in time, 31% of refugee claimants reported challenges with mental health compared to 54% of non-refugee claimants (Figure 59). These differences may be related to the “healthy immigrant effect”²⁶ or varying conceptualization of health among different groups.

²⁶ The Healthy Immigrant Effect suggests that immigrants tend to be comparatively healthier upon arrival but that this diminishes over time. See Lu, C., & Ng, E. (2019). “Healthy immigrant effect by immigrant category in Canada”. Statistics Canada.

Figure 59: Type of Health Challenges, Non-Refugee Claimants Compared with Refugee Claimants

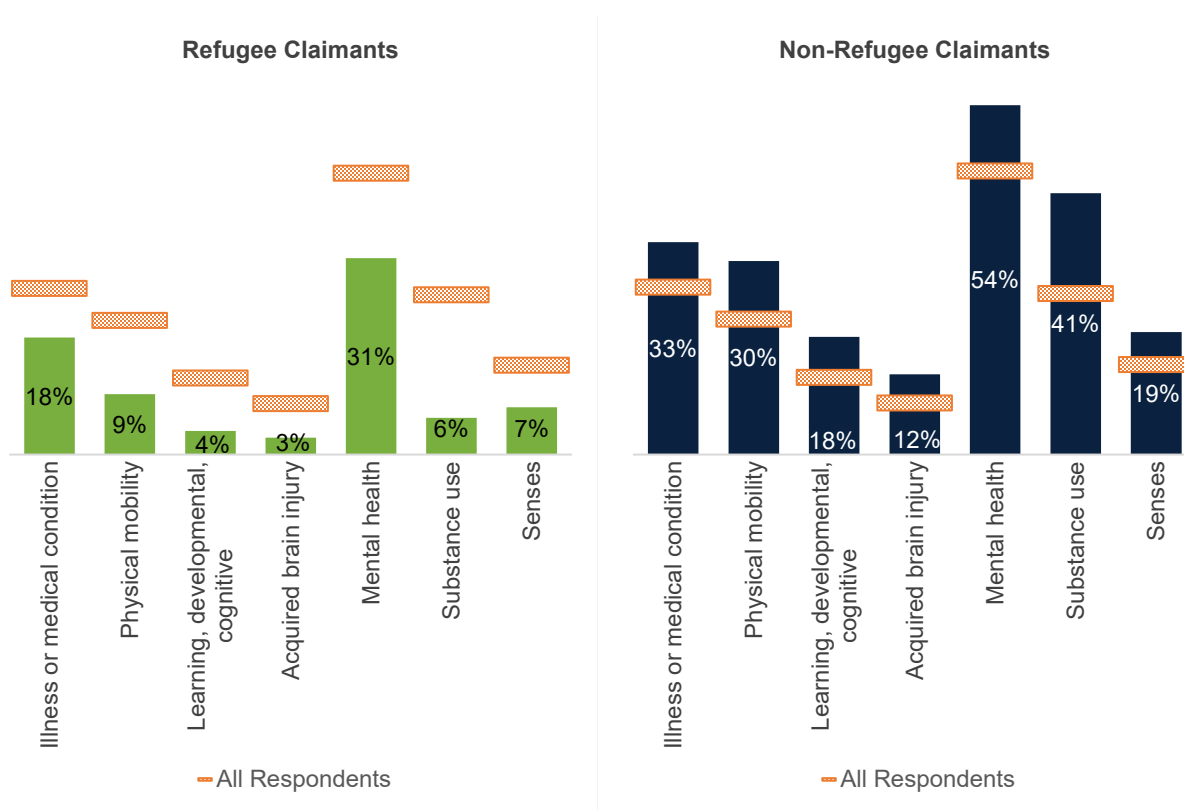


Figure 60 presents the types of health challenges reported by surveyed group. Mental health and substance use were the most commonly reported challenges across all groups, except for those staying in City-administered sites.

ABI was most prevalent amongst individuals in correctional facilities, with 23% of respondents reporting this condition. One study indicated that 13% of incarcerated adults had a diagnosed traumatic brain injury, though it estimated that the actual prevalence was higher, as the study only accounted for those with clinical diagnoses.²⁷

People staying in correctional facilities, outdoors, and in health and treatment facilities were more likely to report challenges across all types, especially challenges with mental health and substance use. Mental health issues were the top health challenge reported by people staying in City-administered sites and VAW shelters. Overall, of the respondents who reported having health challenges, 65% reported having multiple health challenges (Figure 61).

²⁷ Matheson, F. I., Mclsaac, K. E., Fung, K., Stewart, L. A., Wilton, G., Keown, L. A., Nathens, A. B., Colantonio, A., & Moineddin, R. (2020). "Association between traumatic brain injury and prison charges: a population-based cohort study." *Brain injury*, 34(6), 757–763. <https://doi.org/10.1080/02699052.2020.1753114>

Figure 60: Health Challenges Experienced by Surveyed Groups

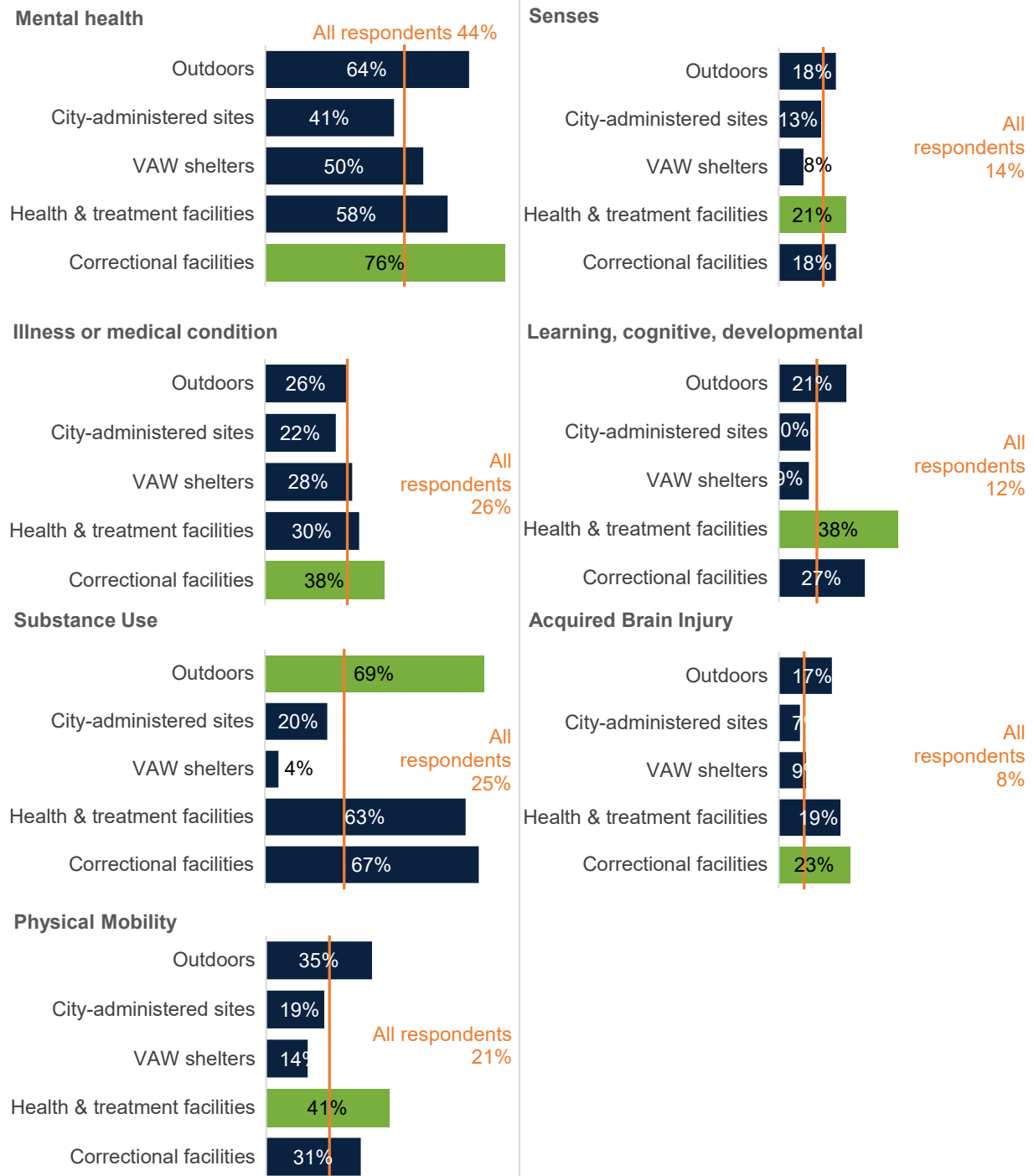
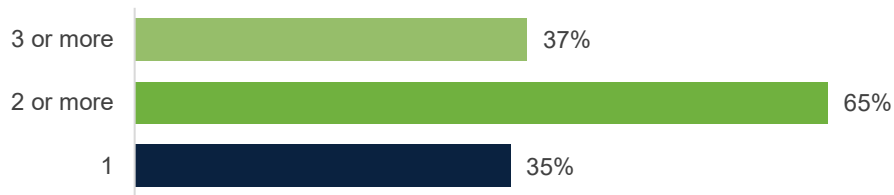
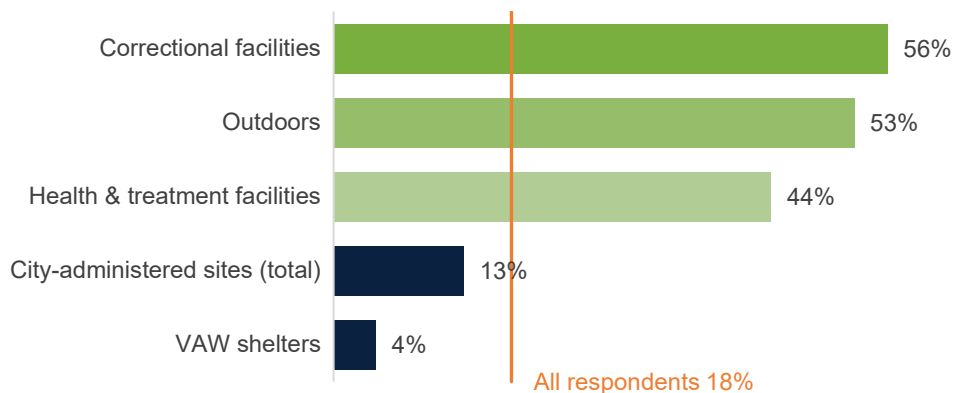


Figure 61: Number of Health Challenges Identified by Respondents



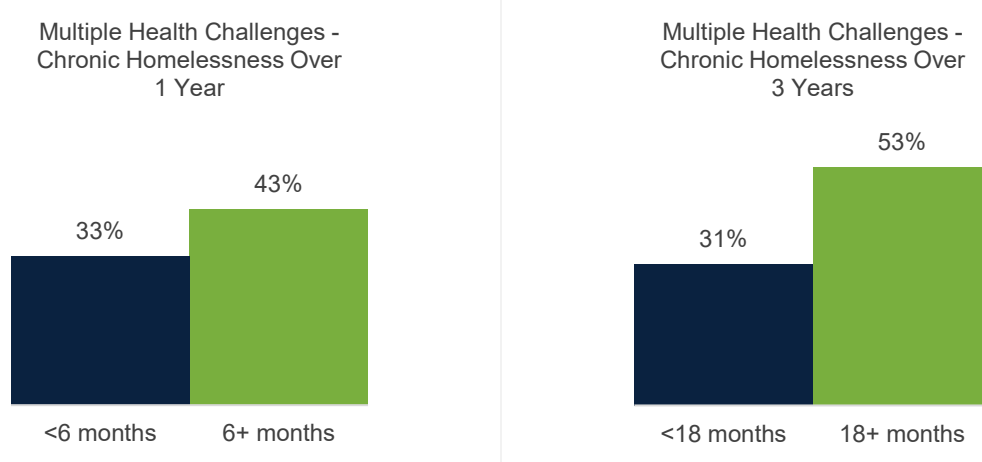
The most frequently reported combination of health challenges reported across all respondents were for mental health and substance use, also referred to as concurrent disorder. Overall, 18% of respondents reported concurrent disorder amongst their health challenges, though prevalence was higher amongst those staying in correctional facilities (56%), outdoors (53%) and in health and treatment facilities (44%) (Figure 62).

Figure 62: Respondents who Report Challenges with Both Mental Health and Substance Use (Concurrent Disorder)



People who were chronically homeless were more likely to experience multiple health challenges, with 43% reported two or more health issues compared to 33% of those not experiencing chronic homelessness (Figure 63). The gap was even more pronounced with recurrent or prolonged chronic homelessness. Amongst those experiencing homelessness for at least 18 of the past 36 months, 53% had multiple health challenges compared to 31% of those who had been homeless for less than 18 months.

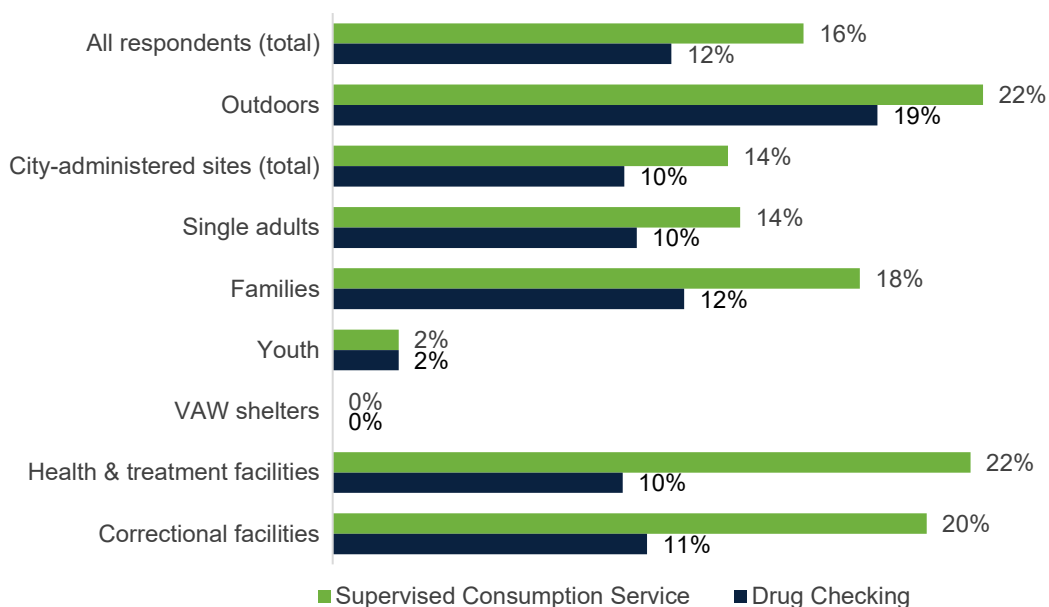
Figure 63: Multiple Health Challenges Amongst Chronically Homeless



Supports for Substance Use

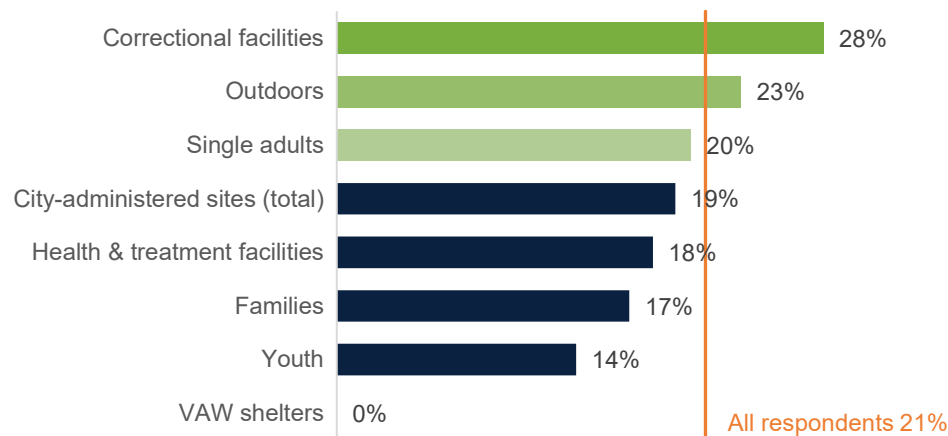
Respondents in all surveyed settings, except for those staying in VAW shelters, reported using a supervised consumption service (16%) or drug checking service (12%) (Figure 64). At least one-fifth of all respondents staying outdoors, in correctional facilities, or in health and treatment facilities with substance use challenges reported accessing a supervised consumption service within the past year. Additionally, 19% of respondents staying outdoors reported using a drug checking service within the past year, as did 12% of those staying within City-administered sites as a part of a family unit.

Figure 64: Use of Supervised Consumption Site and/or Drug Checking Service, Respondents who Reported Having a Substance Use Issue by Surveyed Group



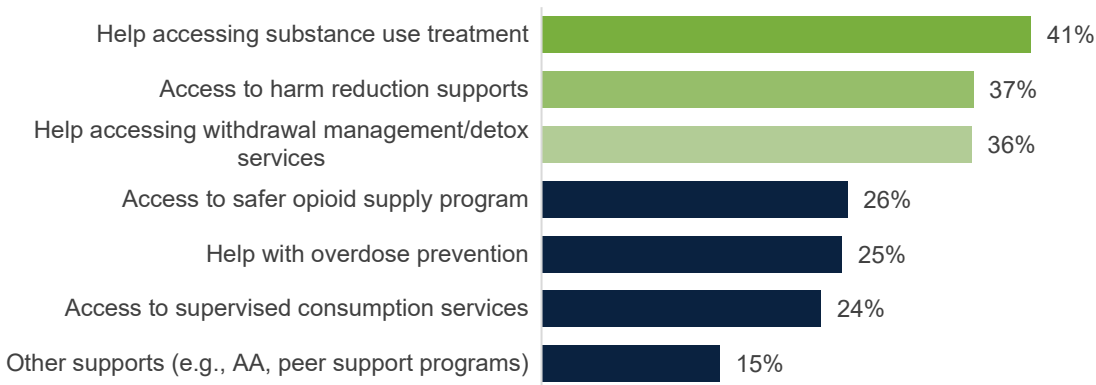
More than one-third (35%) of all respondents who were experiencing challenges with substance use were receiving supports or services for substance use such as treatment, harm reduction supports, and informal support from friends (data not shown). People in correctional facilities were most likely to express interest in supports for substance use issues (Figure 65). 21% of all respondents were not receiving support at the time of the survey but expressed a desire to, while 43% indicated they did not want or need any supports or services.

Figure 65: Interest in Accessing Supports or Services for Substance Use Issues, Respondents who are not Currently Receiving Them by Surveyed Group



Amongst respondents with substance use challenges who were receiving or interested in receiving support or services, a range of supports were identified as helpful, including substance use treatment and harm reduction supports (Figure 66). 58% identified multiple supports as being helpful (no data shown).

Figure 66: Interest in Support and Services for Substance Use Amongst Respondents with Substance Use Issues



Supports for Health and Well-Being

Respondents were asked which supports they would find helpful for their health and well-being. Overall, three-quarters (75%) of respondents expressed a need for assistance in accessing general health care or a family doctor, especially amongst those staying outdoors and in City-administered sites (Figure 67 and Figure 68). In some cases, this also included support for specific medical conditions or diagnoses, which respondents detailed under the "Other" category.

Figure 67: Supports for Health and Well-being

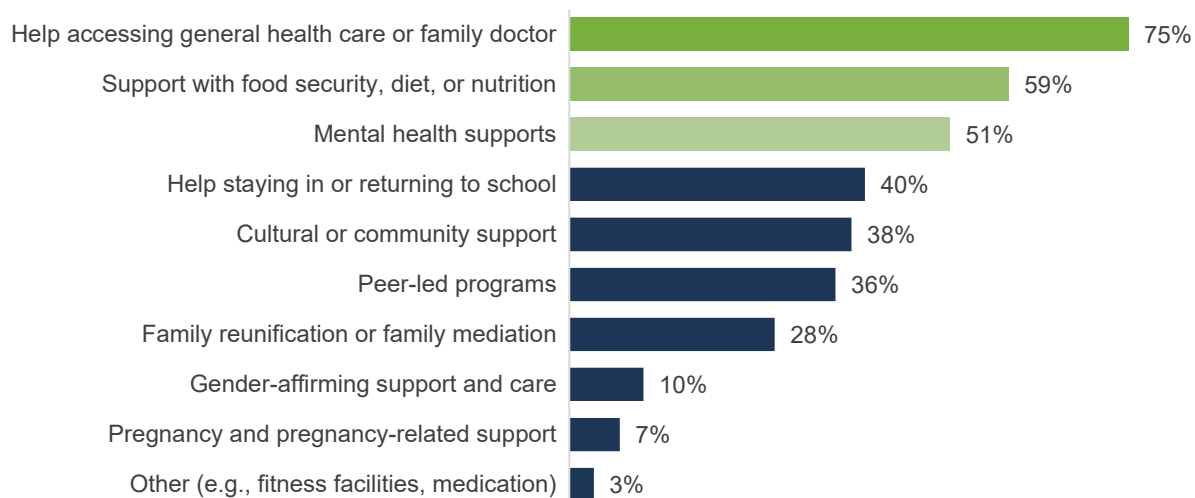
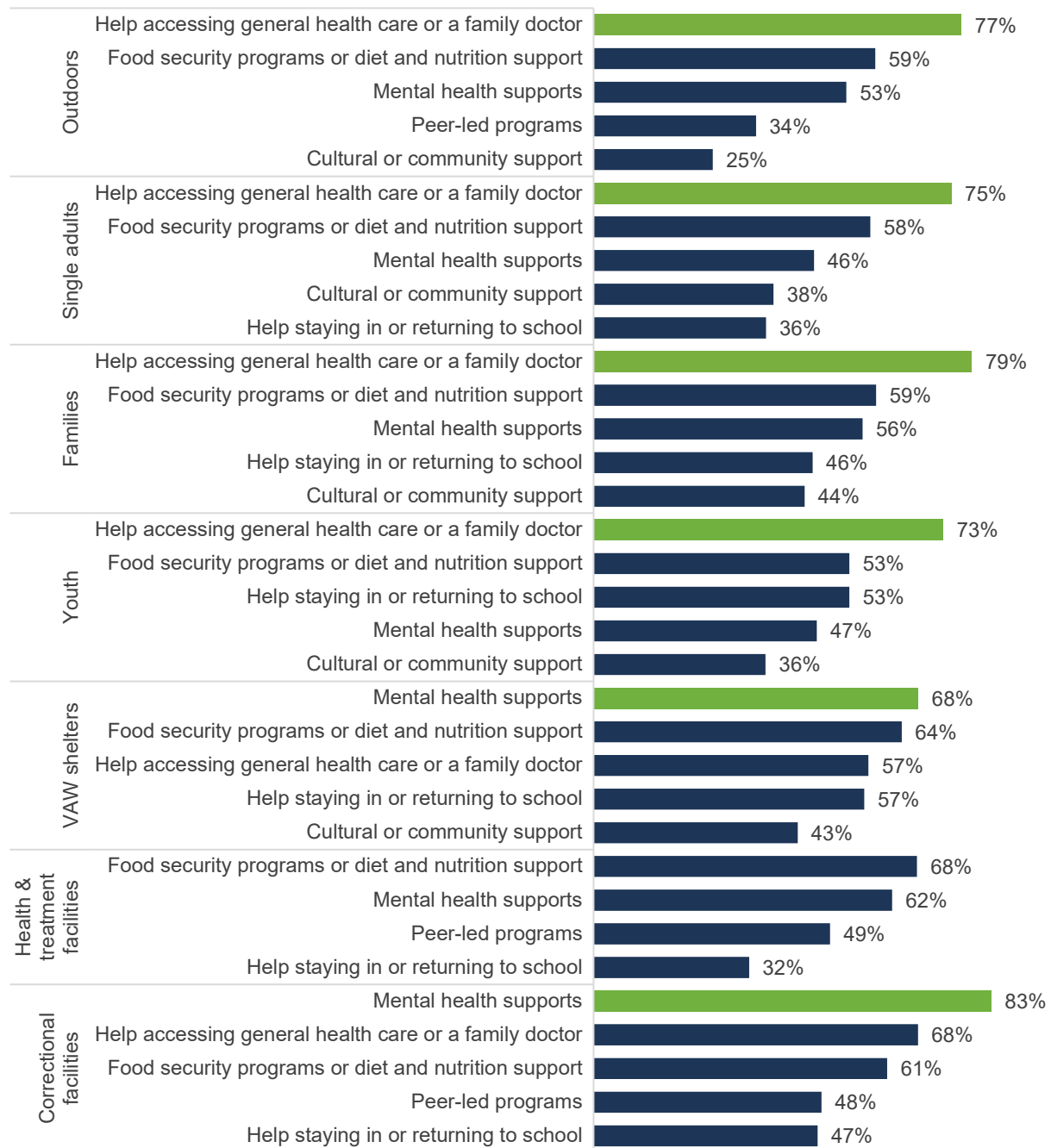


Figure 68: Top Health and Well-being Supports by Surveyed Group



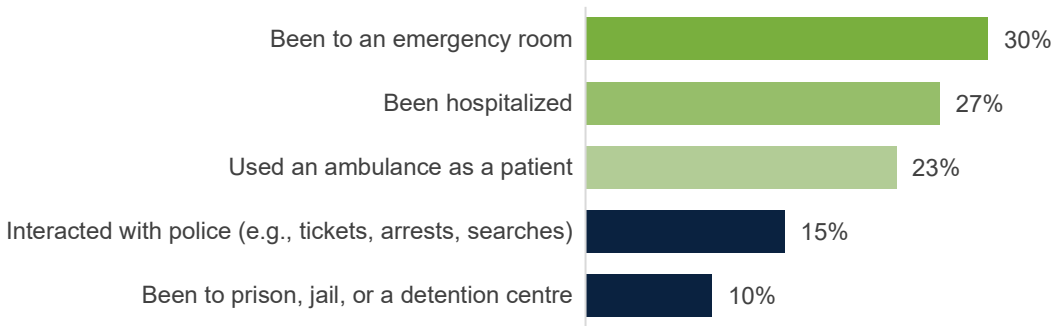
Food security programs and diet and nutrition support were amongst the top three types of supports most frequently reported by all surveyed groups. Mental health supports were also in the top three for all groups, with the exception of youth in the shelter system, where help staying in or returning to school was in the top three (e.g., living near school, assistance in helping the school understand their situation).

The top three supports for health and well-being identified by respondents in health and treatment facilities were food security programs or diet and nutrition support, mental health supports, and peer-led programs or opportunities to assist others experiencing homelessness.

Interaction with Health Care & Criminal Justice Systems

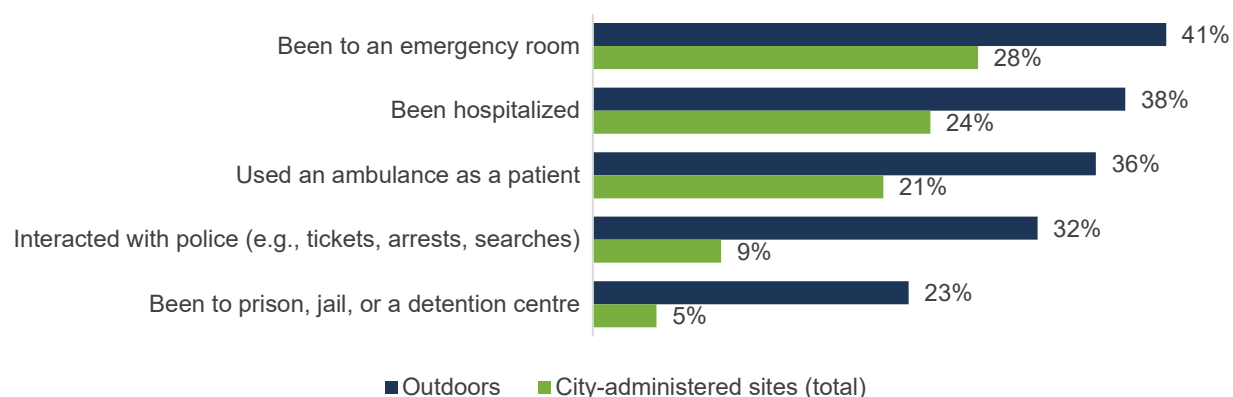
To better understand the relationship between experiences of homelessness across different service systems, respondents were asked about interactions with health care and criminal justice systems. Across all survey groups, the most frequently reported interactions were with the health care system, with 30% reporting contact through visits to the emergency room and 27% through hospitalization (Figure 69). 15% reported interactions with the police.

Figure 69: Interactions with Health Care and Criminal Justice System within the Past Year



Respondents staying outdoors, compared with those staying in City-administered sites, reported more frequent interactions with health care and criminal justice systems (Figure 70). The most significant finding was observed amongst those who had used an ambulance as a patient, with 15% more outdoor respondents who reported this experience than those staying in City-administered sites.

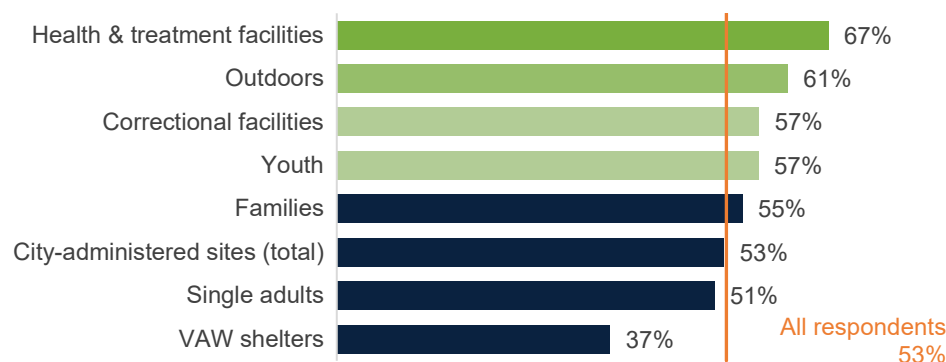
Figure 70: Interactions with Health Care and Criminal Justice System, Respondents Outdoors and in City-administered sites



Shelter Access

Just over half (53%) of all respondents reported being unable to access a shelter bed when they attempted in the past year. This issue was most prevalent amongst people in health and treatment facilities, with 67% having experienced this situation (Figure 71). The second highest percentage was observed amongst those staying outdoors, at 61%.

Figure 71: Unable to Access Shelter Bed by Surveyed Group



More than half (52%) of respondents indicated that, if unable to access a shelter bed, they would stay outdoors, including in encampments (Figure 72). More than one-third of respondents indicated they did not know where they would stay and 15% indicated they would stay with friends or family. People staying outdoors (89%), in health and treatment and correctional facilities (62%), were more likely to indicate that they would stay outdoors if they were unable to access a shelter bed (Figure 73). The highest percentage of respondents who indicated that they would stay with friends or family were in VAW shelters.

Figure 72: Where Respondents Would Stay if They Could Not Access a Shelter Bed

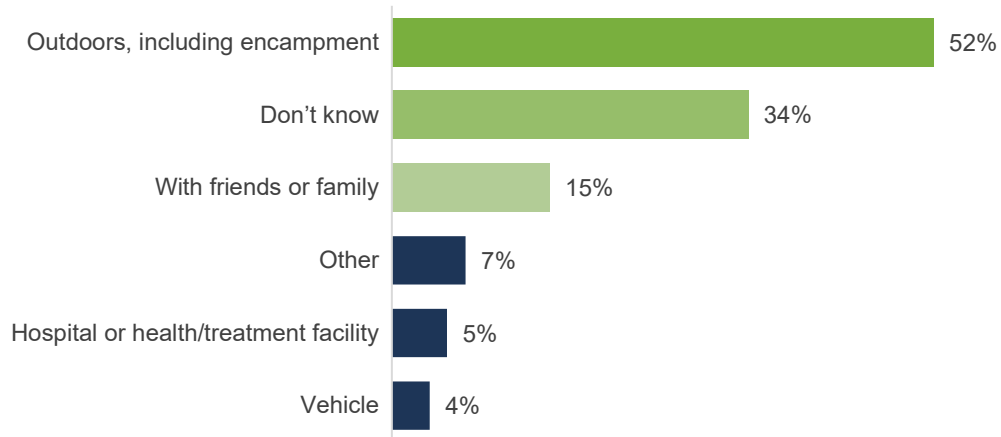
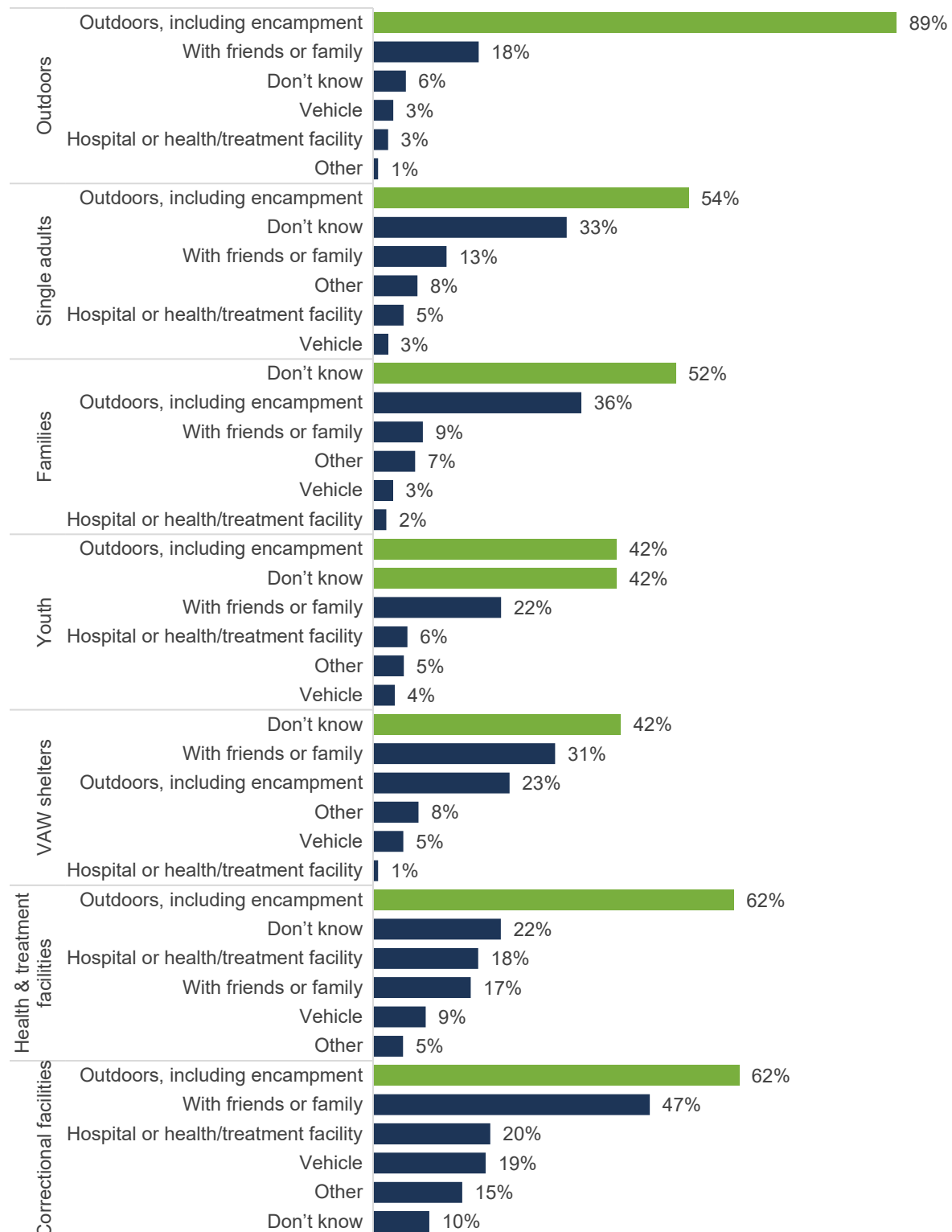
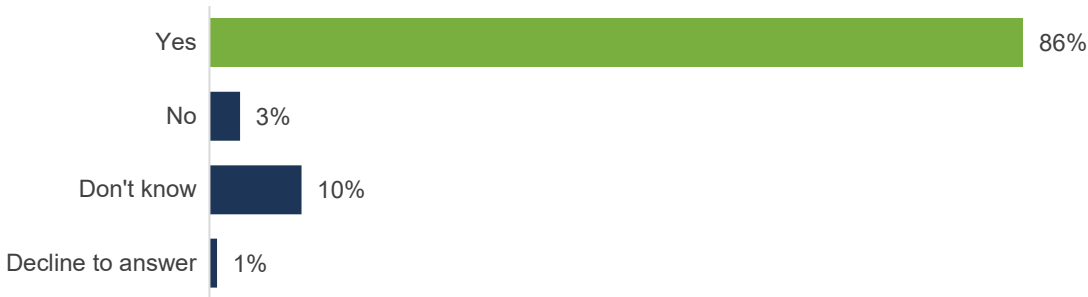


Figure 73: Where Respondents Would Stay if They Could Not Access a Shelter Bed By Surveyed Group



57% of respondents in correctional facilities were either staying in a shelter or outdoors prior to being taken into custody, while 30% were staying with friends or family on a temporary basis. 13% of respondents had housing but lost it after being taken into custody or being incarcerated (no data shown). In response to whether they intended to return to or stay in Toronto immediately after their release, 86% of respondents in correctional facilities indicated their intention to do so (Figure 74). Without housing to return to, people in correctional facilities are likely to access shelter services upon release.

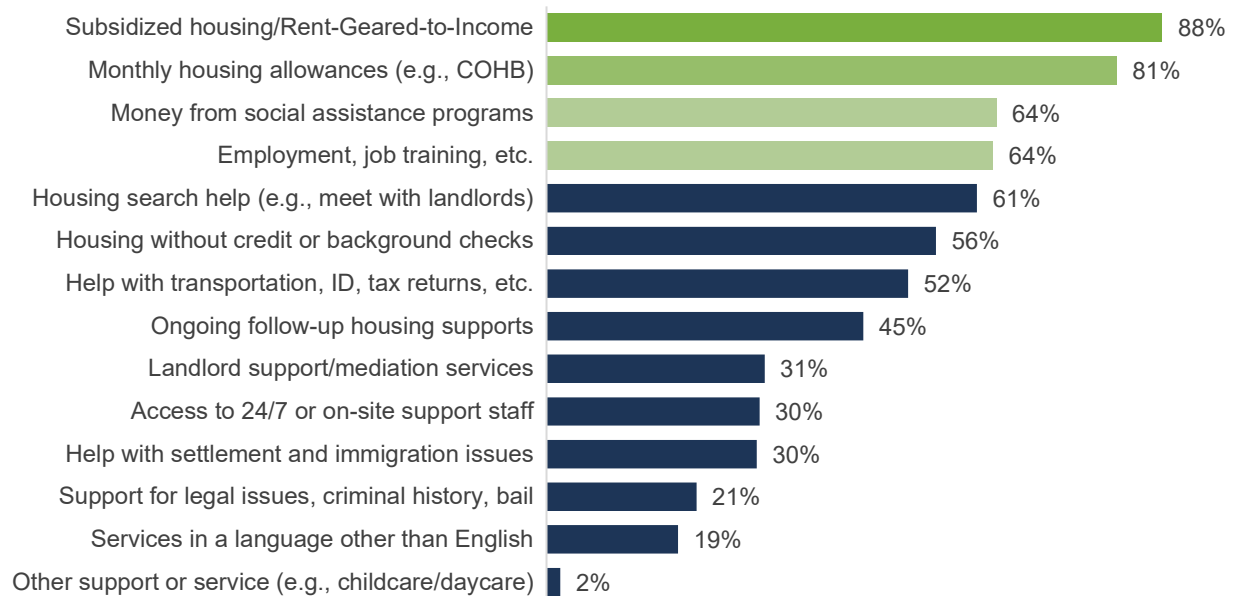
Figure 74: Respondents in Correctional Facilities who Intend to Stay in/Return to Toronto after Release



Services and Supports to Help Find Housing

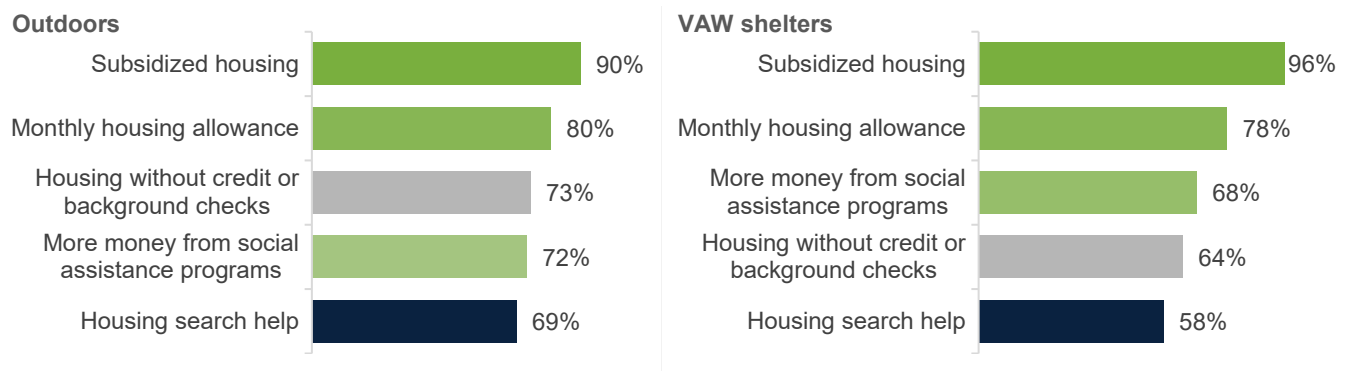
Respondents were asked to identify the services or programs they believed would help end their homelessness. Most respondents (93%) reported that they require multiple forms of supports to help them find and keep housing. The top three supports were related to increasing income and housing affordability, either directly or indirectly through employment (Figure 75). These included subsidized housing, monthly housing allowance, increased social assistance rates, employment/job training, housing search help, and housing without credit/background checks. This finding is consistent with previous SNAs and confirms that affordability is the most significant barrier preventing people from ending their homelessness. In the past ten years, the average market rent for a bachelor unit in Toronto has increased 62%, while Ontario Works shelter allowance rates have increased only 4%. The gap between OW and shelter allowance rates and average market rent (for a bachelor unit) has increased from \$523 in 2014 to \$1,066 in 2024.

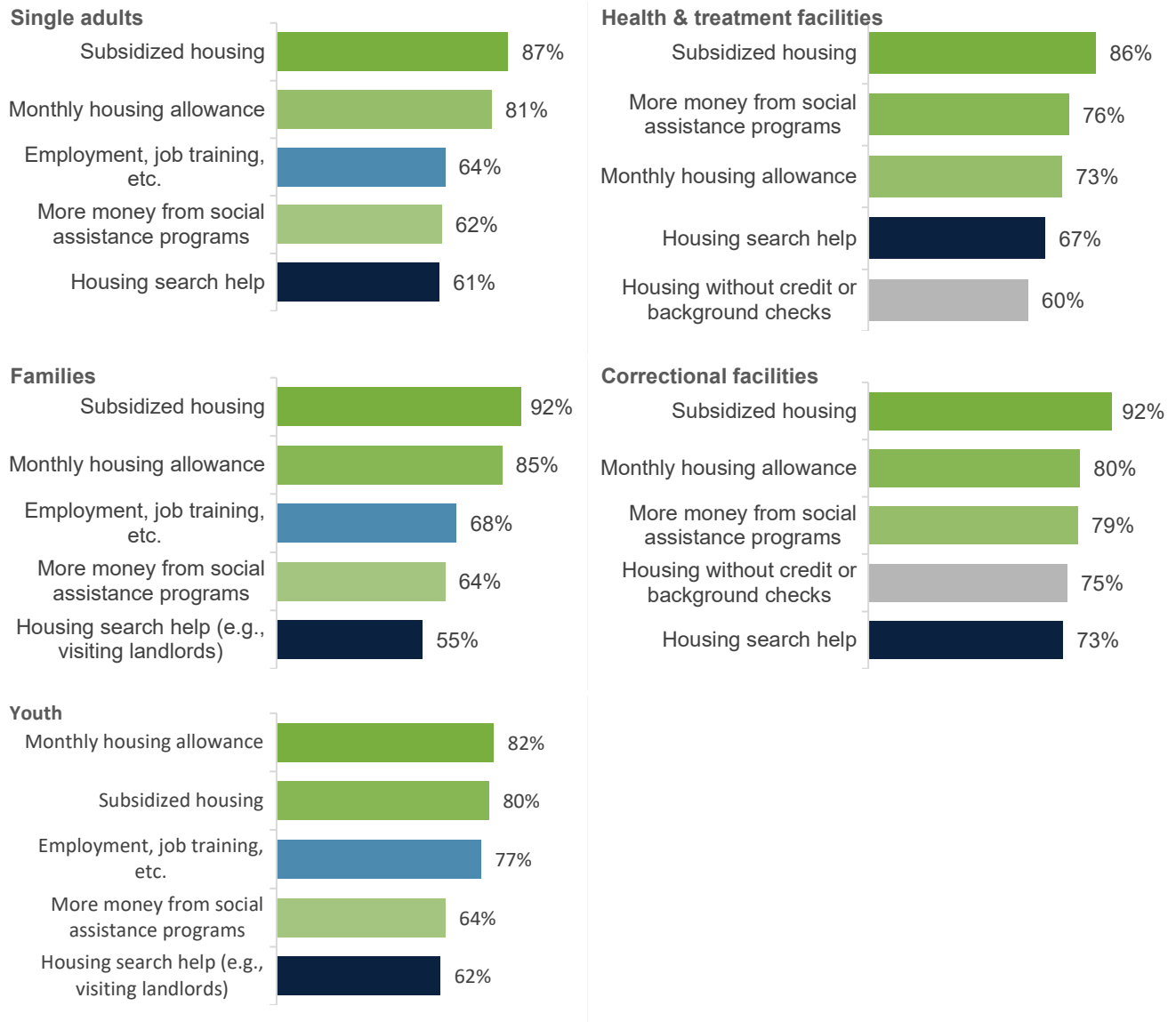
Figure 75: Supports Needed to Help End Homelessness



Notably, this year, access to housing options without credit or background checks ranked amongst the top five supports for people staying outdoors or in provincially-administered sites (Figure 76).

Figure 76: Top Five Supports Needed to Help End Homelessness by Surveyed Group





Supports for People Experiencing Unsheltered Homelessness

Respondents staying outdoors were asked an open-ended question about the types of services and supports in shelters would best meet their needs. The most commonly reported need, identified by 23% of respondents, was increased privacy or personal space, including separate sleeping areas, separate rooms and partitions (Figure 77). The second most frequently reported need was improved physical and psychological safety, followed by enhanced facilities and amenities and a greater need for specialized staff training. Many respondents also expressed concerns about the limited availability of shelter spaces, noting overcrowded shelters or shelters at full capacity.

Figure 77: On-Site Shelter Supports Needed to Move Indoors, Outdoor Respondents

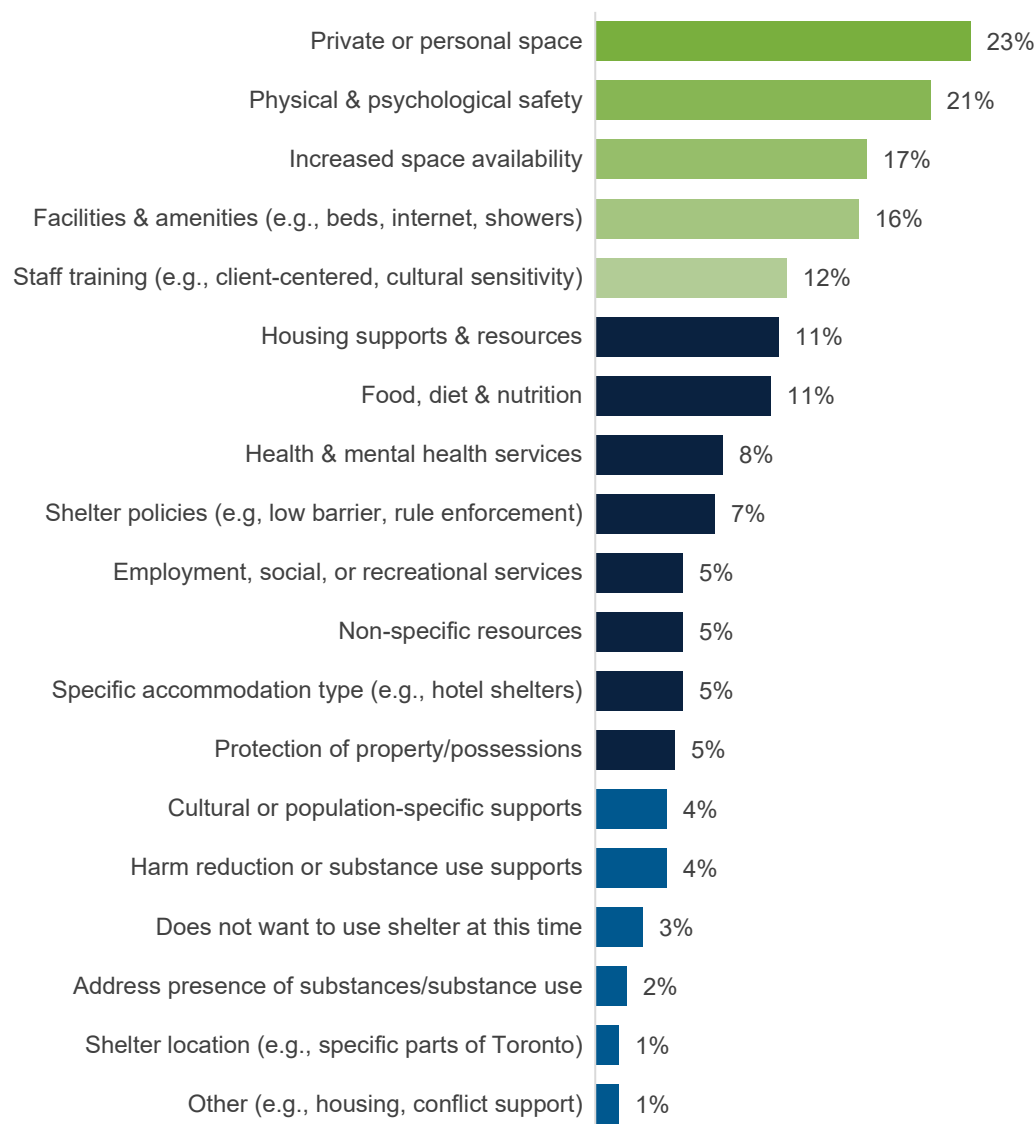
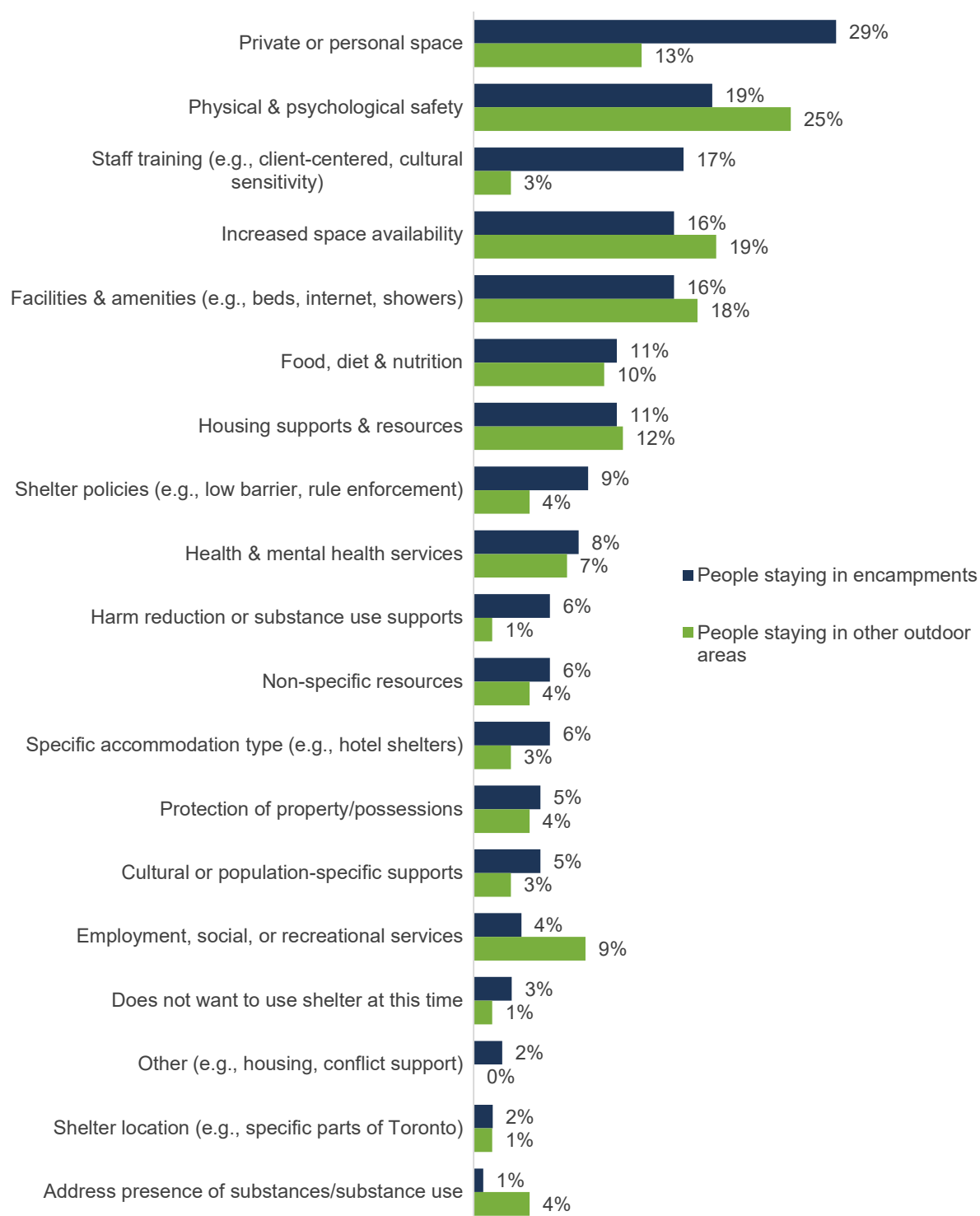


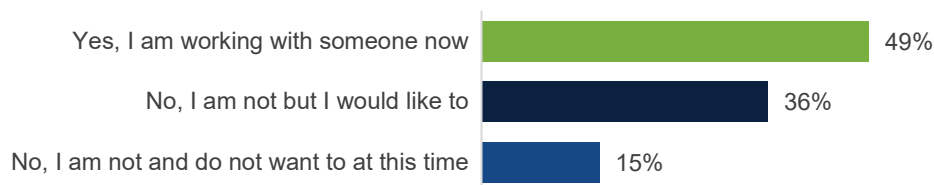
Figure 78 demonstrates that people staying in encampments and in other outdoor areas may have some unique needs. The most frequently identified need for those staying in encampments was access to private and personal space (29%). Respondents staying in other outdoor locations most frequently reported the need for services or supports that increase physical and psychological safety.

Figure 78: On-Site Shelter Supports Needed by Respondents Staying Outdoors, People staying in Encampments Compared with People Staying in other Unsheltered Areas



People staying outdoors were also asked if they were currently working on housing with an outreach worker. 85% of respondents staying outdoors were either actively working on a housing plan or expressed a desire to work on finding housing (Figure 79).

Figure 79: Respondents Staying Outdoors Working on Housing at Time of Survey



Homelessness Prevention

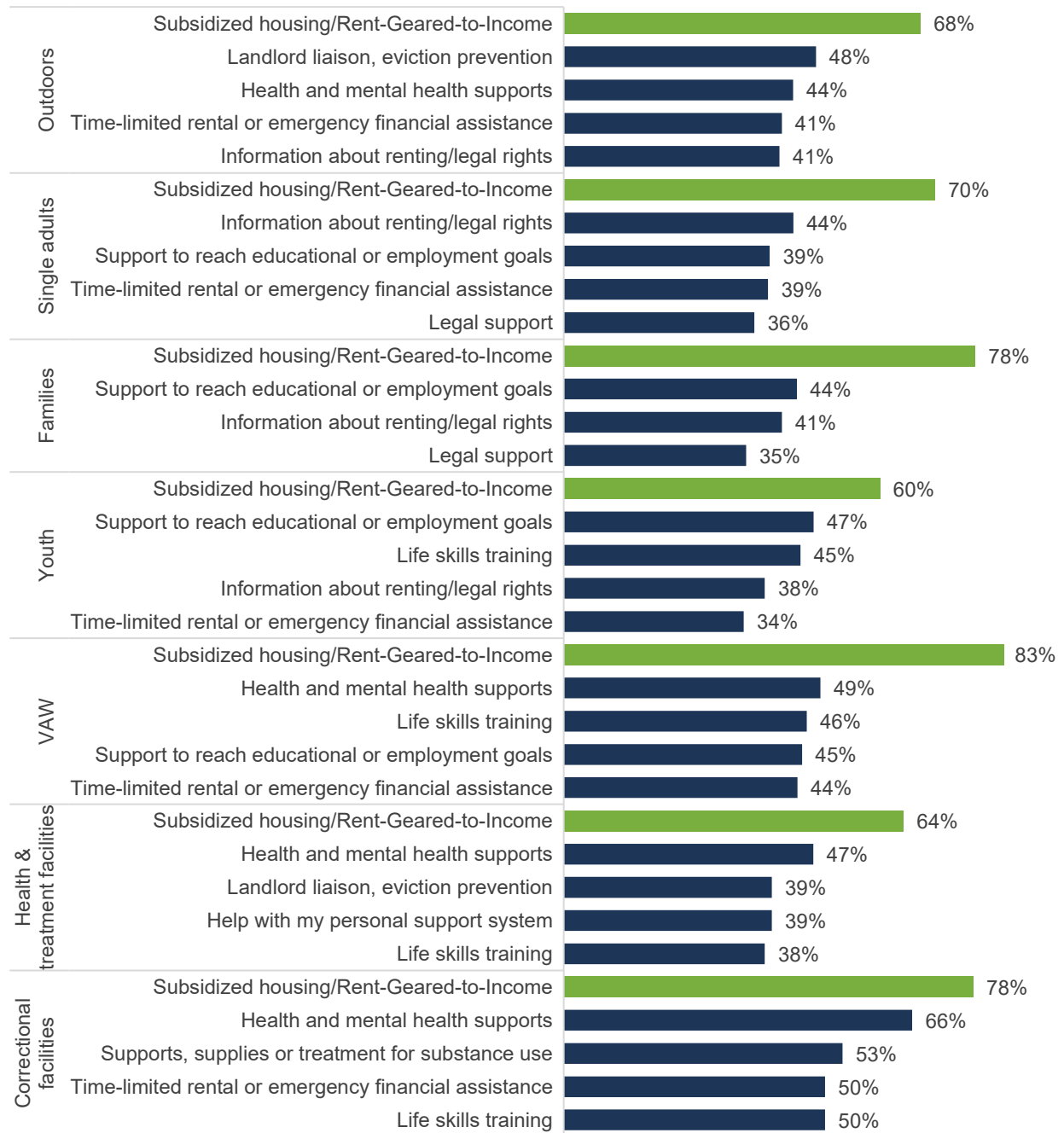
When asked about the supports respondents felt could have prevented their homelessness, 71% identified subsidized housing as a key support. This response aligns with the solutions respondents identified for ending their homelessness and the primary reason for homelessness being insufficient income (Figure 80).

Figure 80: Supports That Could Have Prevented Homelessness



While many of the same key supports were identified across all surveyed groups, certain supports were more prominent for specific groups. Notably, respondents staying outdoors and those in health and treatment facilities identified landlord liaison, conflict resolution, and eviction prevention as important supports (Figure 81). Supports to attain educational or employment goals was amongst the top three most reported options for all groups in City-administered sites, a finding unique to this surveyed group.

Figure 81: Supports That Could Have Prevented Homelessness by Surveyed Group



Conclusion

The success of the 2024 SNA was made possible thanks to the meaningful participation and input of people experiencing homelessness. Their insight is vital for service planning and drives ongoing improvements to homelessness services provided by the City and its partners.

The report provides valuable data on who is experiencing homelessness, what resources and supports may have prevented it, and what supports are most needed to address and end homelessness. These insights are crucial for improving service planning, guiding resource allocation, and informing system-wide improvements for the City and sector partners working with impacted populations. The results will directly inform the City's Multi-Year Strategic Plan for homelessness services.

The 2024 SNA findings highlight the systemic and intersecting factors driving the homelessness crisis in Toronto – factors that no single organization, sector, or level of government can address alone. When multiple systems such as affordable housing, health care, mental health, income support, and the justice system fail, people are left with nowhere to turn and the shelter system or staying in encampments becomes the option of last resort.

Key indicators such as the rise in the number of people outdoors, longer shelter stays, and challenges with mental health and substance use, underscore the urgent need for a coordinated multi-sectoral and intergovernmental approach across different service systems. It is evident that people experiencing homelessness face significant systemic barriers in exiting homelessness; programs like the Canada-Ontario Housing Benefit (COHB) have shown direct links to increased transitions from homelessness to permanent housing.

Addressing homelessness requires long-term, coordinated strategies, not only short-term emergency responses. It depends on sustained collaboration across all levels of government and must include increasing the supply of deeply affordable and supportive housing, addressing the opioid and mental health crises, and a coordinated federally-led national strategy to respond to surges in refugee claimant arrivals to Canada. This report is intended to inform and drive multisectoral, community-wide efforts to create safe, stable, and dignified living conditions for people experiencing homelessness.

This project is funded in part by the Government of Canada's Reaching Home Strategy. The interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

Appendix A: Methodology and Implementation

This year marked the first time the SNA was conducted in the fall – previous SNAs were held in the spring – following changes to the federal Reaching Home guidelines. The federal government also introduced changes to the frequency of future PiT counts. Beginning in 2024, PiT counts will be conducted annually to provide more current and consistent data on homelessness. The accompanying survey will now be conducted every three years to support analysis of long-term trends. Additionally, updates were made to the mandatory survey questions to improve the quality and depth of the data collected.

Project Governance

The Advisory Committee included TSSS management including staff from the Confronting Anti-Black Racism unit, individuals with lived and living experience, and representatives from key community partners such as the Toronto Indigenous Community Advisory Board (TICAB), the Toronto Indigenous Community Entity, Toronto Aboriginal Support Services Council (TASSC), Toronto Alliance to End Homelessness, Toronto Shelter Network, Fife House, and Native Child & Family Services.

Sector leaders and subject matter experts were also engaged to provide input on survey development and advise on implementation. An Indoor Study Reference Group comprised of front-line staff from City-administered sites was formed to support operational planning and implementation.

Engagement with Indigenous Partners

The City worked closely with Indigenous partners throughout the planning, implementation, and reporting of the SNA, recognizing the critical role Indigenous homeless service organizations play in supporting Indigenous people experiencing homelessness. Leadership from TICAB, the Toronto Indigenous Community Entity (Aboriginal Labour Force Development Circle), and TASSC were members of the SNA Advisory Committee. Native Inmate Liaison Officers (NILOs) at Toronto East Detention Centre also supported the surveys in correctional facilities.

Engagement was guided by the City's [Meeting in the Middle Engagement Strategy and Action Plan](#), co-developed with Indigenous partners to address Indigenous homelessness in Toronto. The insight and leadership from Indigenous partners were essential to the success of the SNA.

Support from Community Partners and People with Lived Experience

The 2024 SNA was administered by City staff and partner agencies, including outreach providers, VAW shelters, health and treatment facilities, and correctional facilities. Over 180 sites and partners participated in the 2024 SNA. We deeply appreciate the dedication and support of everyone involved in this important work.

Following sector best practices, peers with lived or living experience of homelessness were hired to conduct surveys in select encampments and health and treatment facilities. This effort was supported by The Neighbourhood Group (TNG) through their Peer Outreach Program and Peers in Emergency Departments Program. Peer workers play a critical role in connecting people to essential services while building their own skills and stability through paid, meaningful work. We are deeply grateful to the TNG peer staff for their contribution to this important initiative.

Date and Weather

The 2024 SNA was held from October 21 to November 1, marking a shift from previous years when the count and survey took place in the spring.

The Indoor and Outdoor Count took place on Wednesday, October 23. The Outdoor Count was conducted from 9 a.m. to 1 p.m. in areas with encampments and 7 p.m. to 12 a.m. in other outdoor areas. Weather conditions were warm, with a daytime high of 21°C, a low of 7°C, and no precipitation.

The Indoor Survey took place from October 21 to 28, with an additional week (October 28 to November 1) for sites needing more time to meet their survey targets. The Outdoor Survey took place on October 30 from 9 a.m. to 1 p.m. for areas with encampments and 7 p.m. to 12 a.m. for all other outdoor areas. The average temperature was 12 degrees Celsius with precipitation.

Definition of Homelessness

For the SNA, homelessness is defined as any individual who, on the night of October 23, 2024, was sleeping outdoors or staying in City-administered sites (emergency/transitional shelters, hotel/motel shelters, bridging and triage programs, 24-hour respite sites, 24-hour women's drop-ins), or in provincially-administered VAW shelters, health, crisis or treatment (including post-treatment) facilities. This includes individuals in correctional facilities who listed their previous residence as a shelter or 'no fixed address' prior to being taken into custody, as well as individuals identified by staff as experiencing homelessness. This also encompassed individuals who lost their housing after being taken into custody.

This definition of homelessness excludes individuals experiencing hidden homelessness, such as those who are staying temporarily with family or friends. Certain groups such as Indigenous people, 2SLGBTQ+ people, and people with disabilities are more likely to experience hidden homelessness and may be underrepresented in the results.

Point-in-Time Count

The SNA uses a point-in-time methodology for enumerating homelessness, a standard approach in many urban centres across Canada and the United States.

Indoor Count

An enumeration was conducted of individuals staying in City-administered sites, and provincially-administered VAW shelters, health and treatment facilities, and correctional facilities on the night of October 23, 2024. Occupancy data for City-administered sites was obtained from the City's SMIS. For other indoor settings, occupancy data was collected directly from VAW shelters and health, crisis, and treatment facilities, and from the Ministry of the Solicitor General for correctional facilities.

Outdoor Count and Estimation

Toronto's outdoor point-in-time count follows national point-in-time count standards developed by Housing, Infrastructure and Communities Canada and the Canadian Observatory on Homelessness, as well as New York City's approach for its annual Hope Outreach Population Estimate. Toronto uses a direct count method which, although resource intensive, is considered more comprehensive and accurate than methods relying solely on service interactions.

For the outdoor study, Toronto was divided into study areas based on the 2016 Statistics Canada census tracts. A sample of 295 out of the 544 census tracts (54% of the city's total) was selected for canvassing on the night of October 23, 2024.

A combination of full coverage and known locations was used to identify outdoor study areas. All study areas that were considered "high density" (where three or more people experiencing homelessness were known to be staying based on consultation with City and community partner outreach staff) were selected to be canvassed, representing 203 out of the 295 study areas. All study areas considered "low density" areas (where one to two people experiencing homelessness are known to be staying) were selected to be canvassed, representing 92 out of the 295 study areas. Areas with no known unsheltered homelessness were excluded.

Outreach teams were provided with a map of designated study areas, aligned with their regular outreach catchment areas, to ensure crucial and high-density census tracts were covered. Teams canvassed areas with known encampments on the morning of

October 23, 2024, from 9 a.m. to 1 p.m. and other outdoor areas from 7 p.m. to 12 a.m. They canvassed on foot or by vehicle, systematically covering all public spaces in high density study areas first, then moving to low-density areas. In low density areas, teams focused on known locations where individuals were experiencing homelessness and avoided areas with no known individuals.

Public spaces included streets, sidewalks, alleyways, parks, bus shelters, forests, ravines, vehicles, and public squares. This year, 20 Toronto Transit Commission (TTC) subway stations identified as “hot spots” were also included. The census tracts that encompassed these stations were considered high-density areas. Schools, government buildings, private property including inside commercial establishments were excluded.

Individuals identified as staying outdoors on the night of October 23, 2024, were recorded using Medallia, an online survey platform. This information was used to calculate the count of 'encountered' homeless individuals in each study area.

After completing the counts, an adjustment was made to account for those individuals not encountered but experiencing homelessness, based on extrapolation of non-surveyed areas of Toronto. Outreach teams covered 99% of assigned census tracts (293 out of 295).

Teams encountered 1,360 individuals (including 646 in encampments) identified as experiencing outdoor homelessness. Extrapolating to unsurveyed areas added an estimated 255 individuals, bringing the total to 1,615 individuals who were estimated to be staying outdoors on the night of the SNA (Table 4).

Table 4: Estimated Outdoor Homelessness on October 23, 2024, by Community Council District in Toronto

| Community Council District | Total Study Areas | Study Areas Surveyed | Number of People Counted | | Extrapolation to Unsurveyed Areas (C) | Outdoor Total (A+B+C) | Percentage of Total |
|----------------------------|-------------------|----------------------|--------------------------|-----------------|---------------------------------------|-----------------------|---------------------|
| | | | Non-Encampments (A) | Encampments (B) | | | |
| Etobicoke-York | 121 | 46 | 1 | 78 | 32 | 111 | 7% |
| North York | 125 | 51 | 29 | 11 | 44 | 84 | 5% |
| Scarborough | 123 | 54 | 42 | 55 | 104 | 201 | 12% |
| Toronto-East York | 175 | 142 | 642 | 502 | 75 | 1,219 | 76% |
| Total | 544 | 293 | 714 | 646 | 255 | 1,615 | 100% |

Survey Design and Administration

Three versions of the survey (Outdoors, Indoors, and Corrections) were developed with minor adjustments for each setting. A copy of the survey is found in Appendix B. The surveys were developed in consultation with the SNA Advisory Committee, and experts

in areas such as substance use, public health, 2SLGBTQ+ communities and criminal justice.

The Indoor Survey was translated into French for a Francophone VAW shelter and telephone interpretation services were available to all sites as needed.

Individuals aged 16 or older staying overnight in a program for people experiencing homelessness during Indoor Survey Week or on Outdoor Survey Night were eligible to complete the survey. Dependents over the age of 16 accompanied by a parent or guardian could also participate.

Surveys were administered using the online survey tool, Medallia, with paper versions used when needed and later entered into the system.

Indoor Survey

During the planning phase of the SNA, each site identified a Site Coordinator to oversee survey administration of the Indoor Study Leads – staff responsible for administering surveys.

All City-administered sites participated in the Indoor Survey. The Indoor Survey was piloted with clients receiving bridging program accommodations given the large number of households enrolled in the program. Provincially-administered VAW shelters, health and treatment facilities and correctional facilities participated voluntarily. In 2024, participation included 13 of 14 VAW shelters, eight health and treatment facilities, and three correctional facilities – marking the first time a correctional facility for women was included.

To achieve sectoral representativeness, survey targets were set to match each sector's proportion in the shelter system (e.g., men's sector programs account for 29% of the shelter system's total occupancy). Most targets aimed for 40 to 41% target for each program, except the bridging program, which had a fixed target of 100 surveys (4% of all individuals in the program on October 23). Most surveys at City-administered sites were conducted over one week from October 21 to 28; provincially-administered sites had until November 8 due to operational considerations.

Staff conducted surveys with eligible and consenting clients. All individuals who participated in the survey in City-administered sites received \$10 cash honoraria to acknowledge their time and contribution. Bridging program, VAW shelters, and health and treatment facilities opted for \$10 gift cards. In correctional facilities, most received \$10 deposited into their trust accounts while some received gift cards.

To prevent duplicate responses, a survey participation field was added to SMIS to track a client's survey participation status, and a screening question was included on the survey to screen out respondents who had already participated.

Outdoor Survey

The survey was conducted by outreach staff approximately one week after the count on October 30, in designated study areas. Surveys were conducted between 9 a.m. and 1 p.m. with people in encampments, and between 7 p.m. and 12 a.m. with individuals in other outdoor locations.

Staff conducted surveys with eligible and consenting clients. All individuals who participated in the survey received \$10 cash honoraria to acknowledge their time and contribution.

Survey Response Rates

For the 2024 SNA, we spoke with 3,682 people experiencing homelessness – the largest number of participants to date. This large sample size strengthens the level of confidence and integrity of the results, with a margin of error of 1%. The high survey completion rate reflects both the willingness of people experiencing homelessness to share their needs and the dedication of shelter and outreach staff.

The overall response rate was 30% (Table 5), with the highest rate in City-administered sites, which included emergency/transitional shelters, hotel/motel shelters, 24-hour respite sites and 24-hour women’s drop-ins. Response rates were calculated as follows:

- Indoor sites: Completed surveys divided by the number of eligible individuals (16 years or older) staying in the sites.
- Outdoors: Completed surveys with individuals staying outdoors divided by the number of individuals encountered outdoors and identified as experiencing homelessness.
- VAW shelters, health and treatment facilities, and correctional facilities: Completed surveys divided by the number of enumerated individuals (16 years or older) experiencing homelessness in participating sites.

Table 5: Survey Response Rates by Surveyed Group/Setting

| Survey Response Rates | 2024 Response Rate | Number of Surveys Completed | Total Eligible Population (16+ Years) |
|-------------------------------|--------------------|-----------------------------|---------------------------------------|
| Outdoors | 19% | 253 | 1,360 |
| City-administered sites | 32% | 3,103 | 9,562 |
| VAW shelters | 87% | 120 | 138 |
| Health & Treatment Facilities | 20% | 81 | 412 |
| Correctional Facilities | 16% | 125 | 771 |
| Total | 30% | 3,682 | 12,243 |

Training

All training was delivered virtually using both instructor-led and asynchronous formats. All participants were required to complete a two-hour virtual training session covering:

- Purpose and importance of the SNA
- Key components and processes of the survey and count
- Impact of anti-Black racism in shelter systems and how to address it in the context of the SNA
- Person-centred, trauma-informed and culturally sensitive engagement
- Safety considerations and logistics

Additionally, the City partnered with TASSC to provide online Indigenous Cultural Safety training. This training helped staff understand the experiences of Indigenous people facing homelessness in Toronto and to provide guidance on trauma-informed, culturally appropriate engagement. Completion was mandatory for all SNA participants.

The City also collaborated with Dr. Alex Abramovich (Centre of Addiction and Mental Health) to deliver a “2SLGBTQ+ Inclusive SNA” webinar. The session covered gender identity, sexual orientation, 2SLGBTQ+ identity, and their intersection with homelessness, and best practices for asking these questions in respectful, inclusive and affirming ways.

Appendix B: Outdoor Survey

City of Toronto
2024 Street Needs Assessment
OUTDOOR SURVEY

Study Area Number (if available)

Opening Script

Hi, my name is _____ and I am a survey lead with *[name of your agency]*.

The City of Toronto is conducting a survey with people experiencing homelessness, who are 16 years of age or older, about what would help to obtain housing.

Results will contribute to the understanding of homelessness in Toronto and across Canada, and will help to improve services for people who are experiencing homelessness.

Screening Questions

Before I get into the survey, there are a couple of questions I need to ask first.

- i. You must be 16 years of age or older to complete the survey. **Are you 16 years of age or older?**

- ☐ Yes
☐ No (End survey)
☐ Decline to answer (End survey)

- ii. **Have you already done the survey with someone who showed you this logo?**

[Show logo]

[This refers to whether they did the survey in the past few days or weeks.]

STREET NEEDS ASSESSMENT

- ☐ Yes (End survey)

- ☐ No
- ☐ Decline to answer (End survey)

iii. Are you staying in an encampment or outdoors tonight?

[An encampment is a structure/supporting structure on public or private lands used as a living space for one or more persons experiencing homelessness]

- ☐ Yes, in an encampment in a park (Go to Q.iii.a)
- ☐ Yes, in an encampment that is not in a park
- ☐ Yes, but not in an encampment (e.g., abandoned/vacant building, vehicle, bus shelter, laneway, sidewalk, etc.)
- ☐ No or Not sure (please specify where you think you'll be staying):
_____ (End survey)
- ☐ Decline to answer (End survey)

a. *[If Respondent is staying in an encampment in a park only]* What is the location of your encampment?

- ☐ *[Write park name]* _____
- ☐ Don't know
- ☐ Decline to answer

Informed Consent

- ★ The survey takes about 15 - 20 minutes to complete.
- ★ This is an anonymous survey, which means that no one will be able to know the answers you provide. The answers you give will be grouped together with other participants' answers. We will not ask for your name or contact information.
- ★ Please do not provide your name, contact information, or information about other individuals anywhere in the survey (e.g., names of other clients).
- ★ The services you receive will not be affected if you choose not to do the survey.
- ★ You can skip any question or stop the survey at any time.

- ★ This information will be deleted after it is no longer needed.
- ★ You will receive a \$10 honorarium as a thank you for your participation.

Would you like to take part in the survey? (Required)

- ☐ Yes
- ☐ No (End survey)

Personal Background and History

Thanks for agreeing to take part in the survey. I'll read most of the survey to you, but I also have a paper copy of the longer questions that I'll show you as we go through them. When we get to the longer questions, let me know if you prefer to see them or for me to read the response options to you.

The first part of the survey has questions about your background and personal history.

1. Have you spent at least one night in any of the following locations in the past year? *[Show list and read options, if preferred by respondent. Check all that apply]*

- ☐ Homeless shelter (e.g., emergency, family, domestic violence)
- ☐ Transitional shelter
- ☐ 24-hour respite site or warming centre
- ☐ 24-hour women's drop-in
- ☐ Hotel/motel funded by City or homeless program
- ☐ Transitional housing
- ☐ Unsheltered in a public space (e.g., street, park, forest, or abandoned building)
- ☐ Transit station or stop (e.g., bus shelter)
- ☐ Encampment (a structure/supporting structure on public or private lands used as a living space for one or more persons experiencing homelessness)
- ☐ Religion-based building or place of worship (e.g., church)
- ☐ Vehicle (e.g., car, van, recreational vehicle (RV), truck, boat)
- ☐ Someone else's place because you had nowhere else to go
- ☐ Hospital or other health facility

- ☐ Jail, prison or other correctional facility
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

2. Do you have family members or anyone else who is staying with you tonight? This can include people that you consider family (i.e. "chosen family") [Check all that apply]

- ☐ None
- ☐ Partner
- ☐ Child(ren)/Dependent(s)
- ☐ Other adult (can include other family or friends)
- ☐ Pet(s)
- ☐ Decline to answer

a. (If "Partner" or "Other adult" is selected) To better understand families' needs, we would like to connect your survey with your partner's or other adult family members' survey. Did your partner and/or other adult family member(s) complete a survey this week/month? **Please enter survey #** (if known)

b. (If "Child(ren)/Dependent(s)" is selected) **What are the ages of the children/dependents staying with you tonight?**

| | Child/ Dependent 1 | Child/ Dependent 2 | Child/ Dependent 3 | Child/ Dependent 4 | Child/ Dependent 5 | Child/ Dependent 6 | Child/ Dependent 7 | Child/ Dependent 8 |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Age | | | | | | | | |

- ☐ Decline to answer

3. How old are you? [OR] What year were you born?

[If unsure, ask for best guess or estimate]

- Age _____ or Year Born _____
- Don't know
- Decline to answer

Indigenous Identity and Residential School Experience

4. Do you identify as First Nations (with or without status), Inuit or Métis? (If yes, please specify)

- Yes, First Nations (Go to Q.5)
- Yes, Inuit (Go to Q.5)
- Yes, Métis (Go to Q.5)
- No (Go to Q.4a)
- Don't know (Go to Q.4a)
- Decline to answer (Go to Q.4a)

a. *[Skip if Respondent selects "Yes, First Nations", "Yes, Inuit", or "Yes, Métis to Q.4]* Do you identify as having North American Indigenous ancestry?

- Yes
- No
- Don't know
- Decline to answer

5. Do you identify with any of the racial identities listed below? *[Show list and read options, if preferred by respondent. Check all that apply.]*

- ☐ *Identify as Indigenous only*
- ☐ Arab (e.g., Syrian, Egyptian, Yemeni)
- ☐ Asian-East (e.g., Chinese, Korean, Japanese)
- ☐ Asian- South-East (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)
- ☐ Asian-South or Indo-Caribbean (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)
- ☐ Asian-West (e.g., Iranian, Afghan)

- ☐ Black-Canadian/American
- ☐ Black-African (e.g., Ghanaian, Ethiopian, Nigerian)
- ☐ Black-Afro-Caribbean or Afro-Latinx (e.g., Jamaican, Haitian, Afro-Brazilian)
- ☐ Latin American (e.g., Brazilian, Mexican, Chilean, Cuban)
- ☐ White (e.g., European, French, Ukrainian, Euro-Latinx)
- ☐ Don't know
- ☐ Not listed (please specify): _____
- ☐ Decline to answer

6. *[Ask only if Respondent identifies as First Nations, Inuit, or Métis in Q.4]* The following questions are about experience with residential schools, adoption, and the Sixties Scoop. Please remember that you do not have to answer any questions you do not want to answer and you can take a break at any time. **Do you feel comfortable answering these questions today?**

- ☐ Yes (Go to Q.7)
- ☐ No (Skip Q.7 through Q.9)

7. *[Ask only if Respondent identifies as First Nations, Inuit, or Métis in Q.4 AND "Yes" to Q.6]* **Were you or members of your family ever a student at a federal residential school, or a federal industrial school?** Federal industrial schools were schools for young men that mostly operated in Canada and the United States.

- ☐ Yes – Self
- ☐ Yes – Family member(s)
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

8. *[Ask only if Respondent identifies as First Nations, Inuit, or Métis in Q.4 AND "Yes" to Q.6]* **Were you or other members of your family adopted or placed into foster care or an institution between 1951 and 1970, during the Sixties Scoop?** The Sixties Scoop refers to a period of mass removal and adoption of

Aboriginal children that began in the 50's, peaked in the 60's resulting in nearly 1 in 3 of all Aboriginal children being removed from their families by the 1970's.

- ☐ Yes – Self
- ☐ Yes – Family member(s)
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

9. *[Ask only if Respondent identifies as First Nations, Inuit, or Métis in Q.4 AND "Yes" to Q.6]* **Were you or other members of your family adopted or placed into foster care or an institution between 1971 to present?**

- ☐ Yes – Self
- ☐ Yes – Family member(s)
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

Emotional and crisis support for residential school Survivors and those affected is available through the 24-hour National Indian Residential School Crisis Line. The toll-free number is

1-866-925-4419.


Immediate emotional support is also available to First Nations, Inuit and Métis individuals by calling **1-855-242-3310** or chatting online at **hopeforwellness.ca**.

10. *[Skip if Respondent identifies as First Nations, Inuit, or Metis in Q.4]* **Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?**

- ☐ Yes, Immigrant
- ☐ Yes, Refugee
- ☐ Yes, Asylum Claimant in Canada

- ☐ Yes, Temporary Foreign Worker
- ☐ Yes, Other Work Permit
- ☐ Yes, Study Permit
- ☐ Yes, Temporary Resident
- ☐ Yes, Other (including undocumented)
- ☐ No (Go to Q.11)
- ☐ Don't know (Go to Q.11)
- ☐ Decline to answer (Go to Q.11)

a. (If "Yes" is selected) How long have you been in Canada?

- ☐ Length of time in Canada (write number AND circle unit of time):
  **WRITE NUMBER** → _____ + **CIRCLE ONE** → Days / Weeks / Months / Years
- ☐ **[OR]** Date: ____/____/____ day / month / year
- ☐ Don't know
- ☐ Decline to answer

b. (If "Yes" is selected) What is your status now?

- ☐ Same as when I arrived
- ☐ Permanent resident
- ☐ Refugee/protected person
- ☐ Refugee claimant
- ☐ Citizen
- ☐ Other (please specify): _____
- ☐ Don't know
- ☐ Decline to answer

11. How long have you been in Toronto?

☐ Length of time in Toronto (write number AND circle unit of time):

 **WRITE NUMBER** → _____ + **CIRCLE ONE** → Days / Weeks / Months / Years

☐ Always been in Toronto (Go to Q.12)

☐ Don't know (Go to Q.12)

☐ Decline to answer (Go to 12)

a. [If "Length of time in Toronto" is completed] Where did you live before you came to Toronto?

☐ Ontario City or Community: _____

☐ [OR] Province or Territory: _____

☐ [OR] Country: _____

☐ Decline to answer

There are a few more questions in this section.

Personal Background and History (Continued)

12. What gender do you identify with? *[Show list or read list. Check all that apply]*

☐ Man

☐ Woman

☐ Two-Spirit

☐ Trans Man

☐ Trans Woman

☐ Non-Binary (Genderqueer)

☐ Don't know

☐ Not listed: _____

☐ Decline to answer

13. How do you describe your sexual orientation, for example straight, gay, lesbian? *[Show list or read list. Check all that apply.]*

- ☐ Straight/Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Two-Spirit
- ☐ Pansexual
- ☐ Asexual
- ☐ Questioning
- ☐ Queer
- ☐ Don't know
- ☐ Not listed (please specify): _____
- ☐ Decline to answer

14. Do you identify as 2SLGBTQ+? [Show list or read list.]

[2-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, + refers to sexual and gender diverse identities not represented in the acronym]

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

15. Have you ever served in the Canadian Military or RCMP?

[Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training]

- ☐ Yes, Military
- ☐ Yes, RCMP
- ☐ Both Military and RCMP
- ☐ No

- ☐ Don't know
- ☐ Decline to answer

16. As a child or youth, were you ever in foster care or in a youth group home?

[This question applies specifically to child welfare programs.]

- ☐ Yes (Go to Q.17)
- ☐ No (Go to Q.16a)
- ☐ Don't know (Go to Q.16a)
- ☐ Decline to answer (Go to Q.16a)

a. Have child protective services ever been involved with your family?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

Pathways into Homelessness

Thank you. We are more than halfway through the survey. The next few questions are about your experiences with homelessness.

17. What happened that caused you to lose your housing most recently? *[Do not read the options. Check all that apply based on person's response.]*

["Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".]

HOUSING AND FINANCIAL ISSUES

- ☐ Not enough income for housing (e.g., income too low, loss of job)
- ☐ Shelter allowance or OW/ODSP benefit not enough to pay for housing cost

EXPERIENCED ABUSE BY:

- ☐ Spouse/partner
- ☐ Parent/guardian
- ☐ Landlord
- ☐ Other _____

- ☐ Unfit/unsafe housing condition
- ☐ Building sold or renovated
- ☐ Owner moved in

CONFLICT WITH

- ☐ Spouse/partner
- ☐ Parent/guardian
- ☐ Landlord
- ☐ Other _____

HEALTH OR CORRECTIONS

- ☐ Physical health issue/disability
- ☐ Mental health issue
- ☐ Substance use issue
- ☐ Hospitalization or treatment program
- ☐ Incarceration (jail or prison)

EXPERIENCED DISCRIMINATION BY:

- ☐ Spouse/partner
- ☐ Parent/guardian
- ☐ Landlord
- ☐ Other _____

OTHER

- ☐ Complaint (e.g. Noise/damage)
- ☐ Left the community/relocated
- ☐ Death or departure of family member
- ☐ Pet(s)
- ☐ Other reason _____
 - ☐ Don't know
 - ☐ Decline to answer

a. Was your most recent housing loss related to an eviction?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to answer

b. How long ago did that happen (that you lost your housing most recently)?

[Best guess or estimate]

- ☐ Length of time (write number AND circle unit of time):

 **WRITE NUMBER** → _____ + **CIRCLE ONE** → Days / Weeks / Months / Years

- ☐ Don't know
- ☐ Decline to answer

History and Experiences of Homelessness

For this survey, "homelessness" means any time you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g., couch surfing).

18. How old were you the first time you experienced homelessness? [Best guess or estimate]

- ☐ Age (in years) _____
- ☐ Don't know
- ☐ Decline to answer

19. In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)? [Best guess or estimate]

- ☐ Length of time (write number AND circle unit of time):

 **WRITE NUMBER** → _____ + **CIRCLE ONE** → Days / Weeks / Months / Years

- ☐ Don't know
- ☐ Decline to answer

20. In total, for *how much time* have you experienced homelessness over the PAST 3 YEARS? [Read options. Best guess or estimate.]

- ☐ Less than half
- ☐ About half or more
- ☐ Don't know
- ☐ Decline to answer

21. *[If “Length of time in Toronto” is completed for Q.11]* **Were you homeless in the community you lived in BEFORE coming to Toronto or did you become homeless AFTER arriving in Toronto?**

- ☐ Was homeless BEFORE coming to Toronto
- ☐ Became homeless AFTER arriving in Toronto
- ☐ Don't know
- ☐ Decline to answer

22. *[If “Length of time in Toronto” is completed for Q.11]* **What is the main reason(s) you came to Toronto? [Check all that apply]**

- ☐ Job opportunities
- ☐ To be with family and/or friends
- ☐ Immigration (including claiming asylum)
- ☐ Fear for safety (including discrimination)
- ☐ For healthcare or medical services
- ☐ To access shelter services
- ☐ Language and/or cultural services and supports
- ☐ Want a better life/fresh start
- ☐ School or educational opportunities
- ☐ Don't know
- ☐ Other (please specify): _____
- ☐ Decline to answer

Health

23. Please take a moment to look at the list and check all that apply. **Have you been experiencing difficulties related to any of the following?**

[Show list and read major categories (e.g., Physical Mobility), but do not read examples. Please check off one response for EACH row.]

| | Yes | No | Don't know | Decline to answer |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Illness or Medical Condition (e.g., diabetes, tuberculosis (TB), or human immunodeficiency virus (HIV)) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Mobility (e.g., spinal cord injury, arthritis, or limited movement or dexterity) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Learning, Intellectual/Developmental, or Cognitive Function (e.g., fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), or dementia) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acquired Brain Injury (e.g., due to an accident, violence, overdose, stroke or brain tumour) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health Issue [diagnosed/undiagnosed] (e.g., depression, post-traumatic stress disorder (PTSD), bipolar or schizophrenia) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Use (e.g., alcohol or opiates) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Senses, such as seeing or hearing (e.g., blindness or deafness) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

24. Are you currently receiving support or services for a substance use issue?

For example: treatment, harm reduction supports, informal support from friends etc.

- ☐ Yes (Go to Q.25)
- ☐ No, but I am interested (Go to Q.25)
- ☐ No, and I don't need them or am not interested at this time (Go to Q.26)

- ☐ Decline to answer (Go to Q.26)

25. Which of the following would you find most helpful?

[Show list and read options, if preferred by respondent. Select all that apply.]

- ☐ Help with overdose prevention (e.g., someone to monitor me when I use drugs)
- ☐ Help accessing substance use treatment
- ☐ Access to supervised consumption services
- ☐ Help accessing withdrawal management (detox) services
- ☐ Access to harm reduction supports (e.g., safer use supplies such as needles, pipes, etc.)
- ☐ Access to safer opioid supply program
- ☐ Other (please specify): _____
- ☐ Decline to answer

26. What are your sources of income? Reminder that this survey is anonymous.

[Show list and read options, if preferred by respondent. Select all that apply.]

Formal or informal work

- ☐ Full-time Employment
- ☐ Part-time Employment
- ☐ Casual or Seasonal Employment (e.g., contract work)
- ☐ Informal income sources (e.g., bottle returns, panhandling, sex work)

Benefits

- ☐ Employment Insurance (EI)
- ☐ Ontario Disability Support Program (ODSP)
- ☐ Ontario Works (OW)
- ☐ Child and Family Benefits
- ☐ Seniors Benefits (e.g., CPP/OAS/GIS)
- ☐ Veteran/VAC benefits
- ☐ GST/HST refund

Other

- ☐ Money from Family/Friends
- ☐ Other Money from a Service Agency
- ☐ Other (_____)
- ☐ No income
- ☐ Don't know
- ☐ Decline to answer

Service and Shelter Experiences

Now, I'll ask you some questions about supports and services that you have personally used or find helpful.

27. Are you currently working on housing with someone from Streets to Homes or another agency?

- ☐ Yes, I am working with someone now
- ☐ No, I am not but I would like to
- ☐ No, I am not and do not want to at this time.
- ☐ Don't know
- ☐ Decline to answer

28. In this question, there is a list of different situations which may or may not apply to you. Which of the following have you experienced over the last 12 months/ year?

[Show list and read options, if preferred by respondent. Select all that apply.]

- ☐ A specific shelter I wanted to access was full
- ☐ All shelters were full when I tried to access them
- ☐ Been to an emergency room
- ☐ Been hospitalized
- ☐ Used an ambulance as a patient
- ☐ Used a supervised consumption service
- ☐ Used a drug checking program
- ☐ Interacted with police (e.g., tickets, arrests, searches)
- ☐ Been to prison, jail, or a detention centre
- ☐ None of the above
- ☐ Decline to answer

29. Where would you stay if you could not access a shelter bed?

- ☐ With friends or family
- ☐ Outside, including encampment
- ☐ Vehicle
- ☐ Hospital or health/treatment facility
- ☐ Don't know

- ☐ Other (please specify): _____
- ☐ Decline to answer

Exiting Homelessness

We're now at the last part of the survey, and have just 4 more questions about what you feel can help end your homelessness.

30. I'm going to go over a list of different supports or services. Please take a moment to look it over and check the ones you think would help you end your homelessness.

[Show list and read options, if preferred by respondent. Select all that apply.]

- ☐ Subsidized housing
- ☐ Monthly housing benefits/allowances to help with housing costs (e.g., Canada-Ontario Housing Benefit (COHB))
- ☐ Housing without credit or background checks
- ☐ Housing search help (e.g., someone to help me find housing, meet with landlords)
- ☐ Employment, job training, etc.
- ☐ Money/more money from social assistance programs (e.g., OW, ODSP, CCB)
- ☐ Help with transportation, housing applications, identification, tax returns
- ☐ Ongoing follow-up supports to help me keep my housing
- ☐ Access to 24/7 or on-site support staff
- ☐ Services in a language other than English
- ☐ Help with settlement and immigration issues
- ☐ Landlord support/mediation services
- ☐ Support for legal issues or criminal history, legal aid support, bail
- ☐ Other (please specify): _____
- ☐ Decline to answer

31. What types of supports for your health and well-being would you personally find helpful? *[Show list and read options, if preferred by respondent. Select all that apply.]*

- ☐ Help accessing general health care or a family doctor
- ☐ Pregnancy and pregnancy-related support
- ☐ Mental health supports (e.g., counselling)
- ☐ Food security programs or diet and nutrition support
- ☐ Family reunification or family mediation
- ☐ Gender-affirming support and care
- ☐ Cultural or community support (e.g., cultural communities, 2SLGBTQ+, youth, senior, etc.)
- ☐ Programs led by peers or ways for me to help others experiencing homelessness
- ☐ Help staying in or returning to school (e.g., living near school, flexible course options, someone to help the school understand my situation)
- ☐ Other (please specify): _____
- ☐ Decline to answer

32. Which of the following do you think could have prevented you from becoming homeless? *[Show list and read options, if preferred by respondent. Select all that apply.]*

- ☐ Information and advice about renting and legal rights
- ☐ Lawyer/ legal support and representation (e.g., immigration, criminal record, rental/housing)
- ☐ Landlord liaison/contact, conflict resolution, and eviction prevention
- ☐ One-time or limited rental assistance or emergency financial assistance
- ☐ Subsidized housing
- ☐ Support to reach educational or employment goals
- ☐ Help with my personal support system (e.g., mediation, family reunification)
- ☐ Life skills training, like money/credit management and daily living (e.g., cooking)
- ☐ Health and mental health supports

- ☐ Supports, supplies or treatment for substance use
- ☐ Other (please specify): _____
- ☐ Decline to answer

And the last question is...

33. People have different reasons for staying or not staying in the shelter system.
For you personally, what should a shelter have on-site to better serve your needs today? *[Please write their response below.]*

That is the end of our survey - thank you for participating! Your answers will help the City of Toronto plan better programs and services. *[Give honorarium to individual.]*

[End of survey]