



FINAL REPORT

The Impact of COVID-19 on Youth Experiencing Homelessness

Shifting to a Collaborative, Prevention-Focused Response
in a Large Urban Area

Acknowledgements

The impact of COVID-19 on youth experiencing homelessness: Shifting to a collaborative, prevention-focused response in a large urban area.

Amanda Noble, PhD., Principal Investigator – University of Toronto, Covenant House Toronto

Naomi Thulien, NP-PHC, PhD., Co-Principal Investigator – MAP Centre for Urban Health Solutions Li Ka Shing Knowledge Institute of St Michael's Hospital

Benjamin Owens, MA – Project Coordinator

The Research Team:

- Amanda Suleiman
- Mithula Loganathan
- Danielle Ali
- Isaac Coplan
- Jaime Neal
- Enieda Baja
- Kavita Ramkissoon



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Section 1

Introduction

Introduction

As the second year of the global COVID-19 pandemic comes to an end, the widespread toll it has taken on the health and wellbeing of people around the world has been well documented (Gianfredi et al., 2021; Fernandes, 2020). Despite becoming a ‘global pandemic’—a term that suggests a level of universality—the effects of COVID-19 have been disproportionately borne by those who already experienced marginalization, magnifying and highlighting societal inequities. This is particularly true for youth experiencing homelessness. According to the Canadian Observatory on Homelessness (2016), youth homelessness is:



"The situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence" (p. 1).

In 2016 it was estimated that of the 235,000 people who experience homelessness in Canada per year, nearly 20% were youth (Gaetz et al., 2016). This means that each year an estimated 35,000-40,000 youth experience homelessness, and approximately 6,000 are homeless on any given night (ibid). In the City of Toronto, approximately 900 youth are in the city’s emergency shelter system on any given night (City of Toronto, 2022a). Among these youth, several subpopulations are disproportionately more likely to experience homelessness, including youth that identify as Indigenous, Black, or People of Colour, and those who are two-spirit, lesbian, gay, bisexual, transgender or queer (2SLGBTQ+) (City of Toronto, 2021). For instance, in the City of Toronto’s 2021 Street Needs Assessment (SNA), 78% of youth experiencing homelessness in Toronto are from “racialized groups”, 11% were Indigenous, 26% identified as 2SLGBTQ+, and just under 9% identify as transgender, non-binary or genderqueer. This is compared to 2.5% of Toronto’s overall population being Indigenous and 52% belonging to a racialized group (ibid.). Although there is no city-wide data on the percentage of the population that identifies as 2SLGBTQ+, in the SNA this number was 12% among people experiencing homelessness in general, and 3.1% of the overall sample identified as transgender or non-binary. The SNA further found

1. This is the language used in the SNA. Although they don’t define the term “racialized groups”, they do note that largest percentage within this group was people who identify as Black. While 60% of overall sample were members of racialized groups (78% for youth), 31% identified as Black. There was no breakdown provided of the percentage of youth that identified as Black.

that 40% of youth experiencing homelessness are newcomers or refugees, although this is not disproportionate to the population in Toronto (47%), nor the percentage of people experiencing homelessness in general (39%). Finally, although not documented by the SNA but worthy of further research and discussion, is the possible over-representation of neurodiverse youth and youth with developmental disabilities such as autism spectrum disorder and fetal alcohol spectrum disorder among those experiencing homelessness (Baker Collins et al., 2018; Baker Collins & Schormans, 2021).

Research has consistently found that the most common causes of youth homelessness are family conflict, abuse, aging out of the child welfare system and, for youth that identify as 2SLGBTQ+, living with non-affirming families (Gaetz et al., 2016; Nichols et al., 2017; Abramovich, 2017). Youth experiencing homelessness experience high levels of mental distress, including anxiety, depression, and suicidal ideation, which are often the result of multiple adverse childhood experiences and trauma (Buccieri et al., 2022, Kidd et al., 2018; Gaetz et al., 2016). In addition, the experience of homelessness, particularly when prolonged, can be traumatic in itself, leading to worsened mental health, substance use, and increased exposure to exploitation and victimization (Hodgetts et al., 2007; Gaetz et al., 2010). Young people experiencing homelessness face numerous barriers to social inclusion, including limited social networks and supports, and barriers to obtaining post-secondary education and meaningful employment (Thulien et al., 2018).

Canada's Response to Homelessness

While the experience of homelessness has always existed to some extent in Canada, the number of people experiencing homelessness, including youth, began to rise dramatically in the late 1980s to early 2000s. This was largely the result of the rise of neoliberal policies that prioritized privatization, small and decentralized government, and reduced investments in Canada's social safety net, including social and affordable housing (Gaetz, 2020; Nichols et al., 2021). As social problems such as homelessness worsened, numerous non-profit organizations were created to meet the pressing need. Due to limitations in funding and scope, these organizations primarily operated independently, were forced to compete for funding, and had limited ability to coordinate services (Nichols et al., 2021).

Gaetz (2020) writes that the policy and programmatic responses to the rise in mass homelessness in Canada have occurred in three stages. The first stage was characterized by emergency services such as shelters and soup kitchens. While they provided the essential basic needs for people experiencing homelessness, these services did not result in demonstrable reductions in the number of people experiencing homelessness (ibid.). This

led to the second stage, characterized by both a shift to Housing First and the development of local community plans to end homelessness. Housing First is both a philosophy and a program model (Gaetz et al., 2021). As a philosophy, it is based on the premise that housing is a human right and foundational to all other areas of life. The idea is that people experiencing homelessness are more likely to recover from mental illness and be successful in other areas of life (such as employment) if they are provided with housing before (i.e., first) participating in relevant programming. As a program, Housing First provides wraparound case management supports based on client needs, once a client has found housing. The traditional Housing First program model was developed to meet the needs of people experiencing homelessness with complex needs—such as mental illness and substance use (Goering et al., 2014; Tsemberis, 2010)—but can also be a model for anyone experiencing homelessness, including youth (Gaetz et al., 2021).

In addition to the rise of Housing First during this second phase, many communities also developed local 10-year plans to end homelessness, or a series of strategic directions for addressing homelessness in their communities with targets and timelines (Homeless Hub, 2022a). A Housing First approach was generally integrated into these community plans. Due to limited resources, assessment tools such as the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) (OrgCode, 2015) were utilized to identify individuals with the most acute needs to be prioritized for housing. In addition, the community plans often attempted to integrate various services and systems to form ‘systems of care’ to improve access to services, close gaps in services, and avoid duplication across the system (Homeless Hub, 2022b). Gaetz (2014, p. 65) defines a system of care as “communities that have multiple service providers and agencies working collaboratively together in an integrated way.”

Finally, in recent years, there have been more efforts to create programs and policies to prevent homelessness. According to Dej et al. (2020), prevention encompasses a range of interventions at structural and systemic levels, provides early intervention for those at imminent risk of homelessness or who have recently become homeless, and prevents the recurrence of homelessness. Utilizing a public health model, Gaetz & Dej (2017) have argued that there are primary, secondary and tertiary forms of homelessness prevention. Primary prevention includes universal interventions that address systemic and structural factors contributing to homelessness. Some examples include poverty reduction, anti-discrimination work, and building affordable housing stock. Secondary prevention involves targeted interventions directed towards families and individuals at imminent risk of becoming homeless or who have recently become homeless. Some examples of secondary

prevention include eviction prevention and rapid rehousing. Tertiary prevention involves supporting the exit of those currently homeless, working to facilitate housing stability, and preventing chronic homelessness. Housing First is an example of tertiary prevention.

Despite the introduction of these promising practices across Canada, the youth homelessness sector remains plagued by a lack of rigorous evidence to inform policy and practice (Morton et al., 2020), and the emergency-based response to youth homelessness remains the most dominant across the country (Gaetz, 2020). Many regions, such as Toronto, are still struggling to respond to the number of people experiencing homelessness and meet the needs of those requiring emergency services. Moreover, the high cost of living in Toronto and the lack of affordable housing stock have continued to create tremendous barriers to those experiencing homelessness in obtaining and maintaining their housing, meaning there are no signs that this crisis state will abate anytime soon.

The Present Study

In early 2020 when the COVID-19 pandemic first hit Toronto, it was clear that congregate emergency shelters posed a risk to public health (Yoon et al., 2021; Rowan et al., 2022). In addition to being potential sites for rapid transmission of the virus, many people experiencing homelessness have various comorbidities that make them more vulnerable to the worst effects of COVID-19 (O'Shea et al., 2021). The municipal government of Toronto responded to the pandemic by opening 26 temporary shelter sites (including 23 hotels) and invested an additional \$5 million in the Toronto Rent Bank to help households at risk of eviction. They also started a rapid rehousing initiative that, as of the end of 2021, has housed 961 people (City of Toronto, 2022b). Although this led to a decline in the number of people in the Toronto shelter system in mid-late 2020, thousands remained (Table 1). Numbers began to increase again in 2021, and as of January 2022, nearly two years after the onset of the pandemic, there are only 270 fewer people (54 youth) in the Toronto shelter system than at the beginning of the pandemic in March 2020 (City of Toronto, 2022a).

Table 1 Individuals in Toronto's Shelter System Over Span of the Pandemic

	March 2020	November 2020	August 2021	January 2022
Total Number	9,680	7,586	8,479	9,410
Youth	905	714	823	851

Note: November 2020 was the beginning of Phase One of this research, August 2021 was the beginning of Phase Two (described further below).

Moreover, with the opening of the various hotels, the costs of providing emergency shelter for the homeless have essentially doubled (BGM Strategy Group, 2020). Given this context, this research sought to understand how living in Toronto's emergency shelter system during the pandemic has impacted youth experiencing homelessness, as well as investigate how the sector and municipality could reimagine its response to youth homelessness and begin to shift its response toward longer-term solutions, such as the promising practices listed above.

There were three original objectives to this research:

- To understand the **impact** of the pandemic **on youth experiencing homelessness** in Toronto in terms of their overall health, wellbeing and their perception of available services
- To identify how the **youth homelessness sector collaborated to address the crisis**, and identify recommendations to strengthen this collaboration in the future, both as a response to future pandemics and to youth homelessness in general
- To identify **key recommendations** to prevent the experience of homelessness for youth and/or to facilitate sustained exits from homelessness in anticipation of future pandemics as well as a general strategy to address youth homelessness

Early in the data collection process, however, it became clear that the pandemic was also having a tremendous impact on the staff that work with youth experiencing homelessness, and hence a fourth objective was added:

- To understand the **impact** of the pandemic **on staff** who serve youth experiencing homelessness in Toronto, in terms of their experiences of burnout, wellbeing, and workplace supports



Methodology

This research project utilized an exploratory sequential mixed methods design, where qualitative data was collected first to inform the selection of quantitative tools to further inform the findings across a larger sample in the second, quantitative phase (Creswell & Creswell, 2018). Our study was informed by Critical Social Theory, where findings and recommendations were contextualized in the discussion by taking into account structural inequities and intersecting identities (e.g., age, race, gender, and sexual orientation) that contribute to the complexity of addressing the needs of youth who are experiencing homelessness (Strega, 2005). Ethical approval was obtained through the University of Toronto Research Ethics Board (RIS Protocol No. 39900).

Phase One

Interviews

During Phase One of the study, we interviewed 45 youth and 31 staff from four downtown shelters/hotels for youth experiencing homelessness. Seven additional stakeholders (e.g., municipal government, local advocates) were purposively sampled for interviews. Recruitment was done through convenience sampling by distributing flyers and sending emails to staff. Staff were asked to encourage participation from both youth and fellow staff members. Snowball sampling was also utilized as word of mouth between youth spurred additional participation. Interviews took place between November 2020 and March 2021, or the ‘second wave’ of COVID-19 transmission in Ontario. The City of Toronto was under lockdown during this period to limit social contact between people.

Interviews took approximately one hour and were conducted online via Zoom or by phone. Youth participants received a \$50 e-transfer or e-gift card if they did not have the means of accepting an e-transfer. Youth were asked about their experiences during the pandemic, including with service provision, mental health, and employment. Youth were also asked about their housing preferences and their thoughts on how to prevent youth homelessness. While staff were originally only going to be asked about their perspectives on how the youth they supported were faring, the myriad impacts the pandemic was having on them quickly surfaced in the interviews. We therefore deviated from the original interview protocol to include questions about staff’s experiences providing services during the pandemic. Staff and stakeholders were also asked to reflect on how they collaborated both across sectors and within the youth homelessness sector during the pandemic, as well as their thoughts on how to shift towards a prevention-based response to youth homelessness.

Quirkos software was used to thematically analyze qualitative data (Braun & Clarke, 2006). The process of analyzing data was iterative, beginning with the team reviewing transcripts to generate initial codes, which were then discussed among team members to ensure validity and consistency. Codebooks for both the staff and youth interviews were created to serve as the foundation for analysis, and team members worked collaboratively to code all the interviews, expanding the codebook where appropriate. Once coding was complete, members of the team revisited the data to partition key themes into sub-codes.

We utilized the findings from the interviews to inform the selection of a series of standardized items to include in surveys for both staff and youth in order to gauge whether the themes we heard during the interviews were applicable across a larger sample size. In addition to learning about the impacts the pandemic was having on staff both personally and professionally, we also heard about experiences of discrimination against youth in the shelter system. As a result, these themes were added to the staff and youth surveys respectively.

Phase Two Surveys

During Phase Two, surveys were administered across the four agencies to 93 staff and 76 youth between August and September 2021. At the beginning of this period, Ontario had entered Stage Three of the ‘Roadmap to Reopening’, which entailed increasing capacity limits for indoor businesses as well as higher gathering limits for indoor and outdoor activities. While the province had planned to further lift restrictions, the reopening plan was paused in mid-August as the Delta variant gained ascendancy in the province. Vaccines were also widely available during this time, and the province rolled out a vaccine passport system in September of 2021.

Youth were recruited by program staff at the shelters and hotel, and staff were recruited through organization-wide emails. All participants were provided with an incentive for participation, with youth receiving \$15, and staff receiving \$10.

Youth surveys started with a series of demographic questions, followed by questions about their experiences during the pandemic and housing preferences. To gauge experiences during the pandemic, we used a number of standardized measures, listed below:

- The Boredom Leisure Scale, developed by Iso-Ahola and Weissinger (1990) to measure levels of boredom among participants.

- The UCLA-3 Loneliness Scale (Russell, 1996), to measure feelings of loneliness over the past month.
- Two measures developed specifically for the context of COVID-19 to gauge participants' experiences with sleep. The first, an unnamed measure from Stanton et al. (2020), asked participants to compare their current sleep habits to those prior to the pandemic. The second was three items from the 10-item Sleep Habits Survey (Wolfson & Carskadon, 1998), which asks participants about different elements of irregular sleep, such as staying up late or feeling tired during the day. These three items were used in a study by Becker et al. (2021) due to their relevancy for adolescents during the pandemic.
- The Williams Everyday Discrimination Scale (Williams et al., 1997) to gauge the frequency of, and reasons why, participants may have experienced unfair treatment and major discrimination during their time in shelter. Language was adjusted to apply to their experiences at the shelter or hotel.

Staff surveys included a range of questions about participants' personal and professional experiences working in the sector during the pandemic. This included items to assess organizational support, burnout, and mental/physical wellbeing. We also asked staff to reflect on the current state of collaboration in Toronto and shifting to a prevention-based response to addressing youth homelessness. The measures used were:

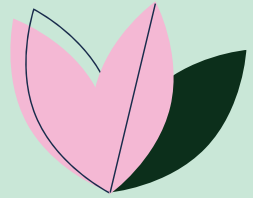
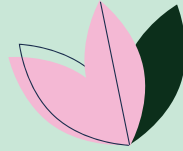
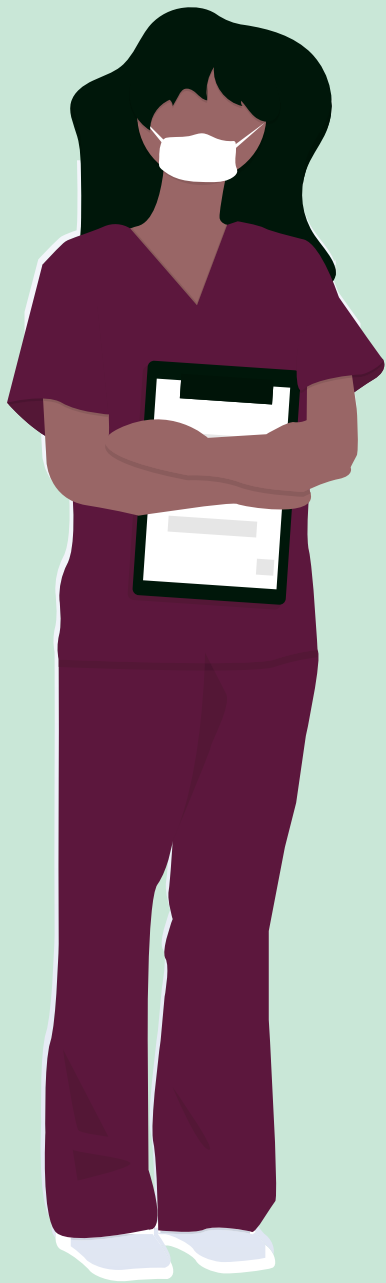
- COVID-19 Organizational Support utilizing Zhang et al.'s (2020) eight item measure, which is then grouped into a three-factor model that includes work support, personal support, and risk support.
- Professional Fulfillment Scale (Trockel et al., 2018), which similarly includes three sub-scales that measure professional fulfillment, work exhaustion, and interpersonal disengagement.
- Wilder Collaboration Factors Inventory (Mattessich, 2001), with language adjusted to apply to the youth homelessness sector to measure participants' perception of the state of collaboration in the youth homelessness sector in Toronto.

Quantitative data were analyzed using descriptive statistics in SPSS-26 software. First, frequency tables were created to understand the distribution of observations for each variable, or how participants responded to each question. Dependent variables were then cross-tabulated with independent demographic variables using chi-square analysis (e.g., gender, sexuality, race/ethnicity) to assess whether there were statistically significant relationships between various answers and different subpopulations in the sample. P-values equal to or less than 0.05 were interpreted as significant.

The Collaborator Group

A collaborators group was established to provide ongoing consultation on the project, which included members from all four downtown shelters, the municipal government, an organization that specializes in amplifying the voices of people with lived experience, and two local non-profit organizations. Four meetings were held over the course of the study in order to collaboratively generate the tools used, have members advise on an ongoing basis, and to interpret the results. Many of the recommendations presented in this report were generated collaboratively, based on the findings of this study.





Section 2

Results

The results of the interviews and surveys are presented in five sections. In the first, we break down the demographic composition of our interview and survey samples with staff and youth. Following this, we present the main themes that emerged for each of our four objectives. Each of these sections are partitioned into two parts. The first reports on findings from the interviews conducted in Phase One, followed by the surveys administered during Phase Two.

Sample Demographics

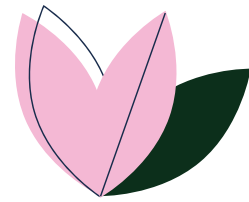
Qualitative

In Phase One of the research, interviews were conducted with 45 youth experiencing homelessness and 31 staff who work in one of four downtown emergency shelters in Toronto. The youth ranged in age from 16-24 years old. Three quarters were male-identified, and 20% identified as members of the 2SLGBTQ+ community. Just over a third of participants identified as Black and 17.8% identified as White. One-third of participants identified as having a disability. For a full demographic breakdown of the youth interview sample, see Table 2.

Table 2 Youth Participant Demographics – Interviews (n=45)

Characteristics	Frequency	Percent
Gender		
Male	34	75.6%
Female	5	11.1%
Non-binary/genderqueer	4	8.9%
Transgender man	1	2.2%
Prefer not to answer	1	2.2%
Race/ethnicity		
White	8	17.8%
Black	15	33.3%
Bi-racial/multi-ethnic	3	6.7%
South Asian	2	4.4%
West Asian	4	8.9%
East Asian	1	2.2%
Asian	2	4.4%
Latin American	3	6.7%
First Nations, Métis, Inuit, Indigenous	4	8.9%

Characteristics	Frequency	Percent
Indigenous		
Yes	4	8.9%
No	40	88.9%
Prefer not to answer	1	2.2%
2SLGBTQ+		
Yes	9	20.0%
No	33	73.3%
Prefer not to answer	3	6.7%
Disability		
Yes	15	33.3%
No	28	62.2%
Prefer not to answer	2	4.4%



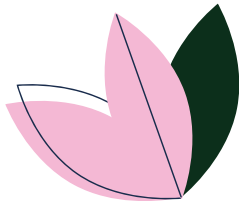
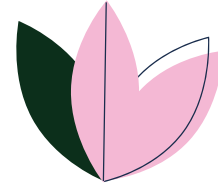
Of the 31 staff who participated in interviews, nearly 30% were in their 30s, and over a quarter were in their 40s and 50s. Nearly 60% identified as female and 12.9% identified as members of the 2SLGBTQ+ community. Over half of staff interview participants identified as White, over a third identified as Black, and one participant (3.2%) identified as Southeast Asian. Nearly 13% identified as having a disability. See Table 3 for a detailed description of the staff's demographic composition.

Table 3 Staff Participant Demographics – Interviews (n=31)

Characteristics	Frequency	Percent
Age		
20s	4	12.9%
30s	9	29.0%
40s	8	25.8%
50s	8	25.8%
60s	1	3.2%
Prefer not to answer	1	3.2%
Gender		
Male	10	32.3%
Female	18	58.1%
Non-binary/genderqueer	2	6.5%
Prefer not to answer	1	3.2%



Characteristics	Frequency	Percent
Race/ethnicity		
White	18	58.1%
Black	11	35.5%
Southeast Asian	1	3.2%
Prefer not to answer	1	3.2%
Indigenous		
Indigenous	0	0.0%
Not Indigenous	30	96.8%
Prefer not to answer	1	3.2%
2SLGBTQ+		
2SLGBTQ+	4	12.9%
Not 2SLGBTQ+	26	83.9%
Prefer not to answer	1	3.2%
Disability		
Yes	4	12.9%
No	25	80.6%
Prefer not to answer	2	6.5%



Sample Demographics

Quantitative

In Phase Two of the research, surveys were completed with 76 youth and 93 staff. Demographics for the survey samples largely reflected those of the interviews; among youth who participated in the survey, the age of participants ranged from 16-25 years old, and over two-thirds were male-identified. Approximately 20% identified as members of the 2SLGBTQ+ community. The most frequent racial identity was Black, representing just over 38% of the sample. Forty-two percent of participants identified as having a disability. When asked to describe their disability, 22 of the 32 youth answered (69%). Sixteen indicated their disability pertained to their mental health, four reported having ADHD, one had a hearing impairment, and one wrote Asperger's (syndrome). See Table 4 for a full list of demographics from the youth survey sample.

Table 4 Youth Participant Demographics – Surveys (n=76)

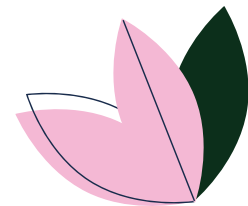
Characteristics	Frequency	Percent
Gender		
Male	52	68.4%
Female	17	22.4%
Non-binary/genderqueer	4	5.3%
Prefer not to answer	3	3.9%
Race/ethnicity		
Black	29	38.2%
White	14	18.4%
Arab	3	3.9%
Biracial/multi-ethnic	13	17.1%
South Asian	4	5.3%
West Asian	2	2.6%
East Asian	6	7.9%
Latin American	1	1.3%
First nations, Métis, Inuit, Indigenous	1	1.3%
Prefer not to answer	3	3.9%
2SLGBTQ+		
Yes	15	19.7%
No	51	67.1%
Not sure	2	2.6%
Prefer not to answer	8	10.5%
Disability		
Yes	32	42.1%
No	38	50.0%
Prefer not to answer	6	7.9%



Among staff who participated in the survey, the majority were in their 30s (34%), and nearly one-third were in their 20s. As in the interviews, the majority (65.6%) of participants were female-identified. Just under 40% of participants identified as White, 15.1% identified as Black, and 9.7% identified as biracial or multi-ethnic. Nearly 22% identified as members of the 2SLGBTQ+ community, and nearly a quarter identified as having a disability. For a complete breakdown of demographics from the staff survey, see Table 5.

Table 5 Staff Participant Demographics – Surveys (n=93)

Characteristics	Frequency	Percent
Age		
20s	4	12.9%
30s	9	29.0%
40s	8	25.8%
50s	8	25.8%
60s	1	3.2%
Prefer not to answer	1	3.2%
Gender		
Male	10	32.3%
Female	18	58.1%
Non-binary/genderqueer	2	6.5%
Prefer not to answer	1	3.2%
Race/ethnicity		
White	18	58.1%
Black	11	35.5%
Southeast Asian	1	3.2%
Prefer not to answer	1	3.2%
Indigenous		
Indigenous	0	0.0%
Not Indigenous	30	96.8%
Prefer not to answer	1	3.2%
2SLGBTQ+		
2SLGBTQ+	4	12.9%
Not 2SLGBTQ+	26	83.9%
Prefer not to answer	1	3.2%
Disability		
Yes	4	12.9%
No	25	80.6%
Prefer not to answer	2	6.5%



Objective One: Impact on Youth

“I’m just living day by day at this point, and that’s the shitty part. That’s what makes me feel like I’m a shelter kid and I hate that. I feel like I’m in a revolving door and COVID definitely made it spin a lot faster.”

The first objective of this research was to identify the ways in which the pandemic impacted youth experiencing homelessness in Toronto. These results are split into two major sections. First, we report the findings from the qualitative interviews conducted with youth (n=45) and staff (n=31). We discuss how the pandemic impacted the shelter and social services systems that serve youth experiencing homelessness and, consequently, led to structural changes and psychosocial impacts among youth. Second, we present the findings from surveys with youth (n=76).

Impact on Youth Qualitative Results



1. IMPACTS ON SYSTEMS AND SERVICES

The COVID-19 pandemic had a profound impact on the shelter and social service systems supporting youth experiencing homelessness in Toronto. At the beginning of the pandemic, agencies were forced to halt all in-person programming that did not provide an essential service, resulting in numerous service closures and, in other cases, a shift to a virtual format. This led to a dramatic reduction in the services available to youth, both internally at the agency they were residing at, as well as externally in the community. In addition, many of the rules at shelters were tightened (such as no longer granting over-night passes away from the shelter), particularly during lockdowns, which meant that youth were not able to see friends and family regularly.

One of the key successes highlighted by staff who participated in interviews was the continuation of core services. Indeed, youth staying in shelters were not discharged as a result of the pandemic, and some staff described how intakes largely proceeded as normal throughout this period. For instance, one staff said:

“I’m very proud of the fact that [agency name] never closed its doors to young people during this period. We continued to take referrals and intakes if we had space. If we didn’t have space, as per the protocols we had last winter before they were brought in, they were kept wherever we could, you know, in the intake area, the kitchen, among the seating area there, until we could find a more appropriate place for them to receive shelter and support.”

In addition, staff described how some ancillary programs continued to operate throughout the pandemic, albeit in modified ways. For instance, workers providing housing and employment supports, and some clinical staff, performed “*a modified version of their role*”, continuing to provide supports for youth despite widespread changes to operations across the system.

While the continuation of core services was an important achievement, some services were nonetheless forced to shut down temporarily or were made virtual, creating barriers for youth to access supports. Many drop-in centres (although not all) were closed due to the health and safety risks associated with congregate settings where physical distancing was difficult. As one staff put it:

“There had been over one hundred youth over the course of a day that were using the service and it just wasn't safe. You couldn't do the social distancing and there was no way, on a drop-in basis to have that many young people come in and out.”

Other programs that were cancelled included those that involved group socializing and house visits. For the former, this took away an important space for youth to connect and build community. One staff member elaborated on the specific effects this had on the 2SLGBTQ+ community:

“I mean, before COVID happened, we had groups happening, and we had an LGBTQ Two-Spirited program happening, and we were doing our best to be very inclusive and mindful and not that we’re not doing that now, but it’s very difficult to do any programming now because of COVID. It feels like we’ve done one step forward and two steps back.”

For workers who focus on reconnecting youth with their families, integral aspects of their work were also put on hold as community work became too unsafe. After describing how meeting with families in the community was *“the richest, most helpful part of the work that we can do”*, one staff identified how they had not been able to engage in that work at any point during the pandemic: *“That’s just not a thing since March. So that’s a big change.”*

→ Shift to virtual programming

Another significant shift in service provision that occurred during the pandemic was moving services which were formerly held in-person to virtual spaces, such as over the phone or on videocall platforms. Youth’s experiences with these newly virtual services varied. For a couple of youth, speaking over the phone instead of in-person helped them to feel safer and more comfortable when talking with staff: *“With therapy it’s been good because they can’t see my face, and that helps me express myself better.”* Others highlighted the convenience of virtual supports, particularly given how efficient phone calls could be: *“I like it. It’s pretty simple, it’s just like a few minutes. It’s not really any time wasted.”*

Other youth, however, offered a different perspective on virtual supports, characterizing them as awkward, unappealing, and inaccessible. One youth, for instance, described refusing to use online services, despite missing programming:

“I actually miss those programs, man. I can’t wait until they open up again [...] I’m so bad with the online stuff. I literally won’t do any online stuff.”

For another youth who received counselling over videocall, he felt less able to divulge his feelings over this platform:

“When I’m in person, I can express more than how I can express through a video call [...] It’s hard to admit stuff while talking through a video.”

Accessibility issues also presented a barrier for youth to participate in virtual services. While this was not something that arose in interviews with youth—likely due to the fact that interviews were conducted over the phone or Zoom, creating a degree of selection bias—staff described how virtual services required access to technology, Wi-Fi, and private spaces that not all youth had. Highlighting the underlying assumptions and inequities behind virtual supports, one staff said:

“All of those kind of support systems have gone virtual. So, that’s a big problem, because there’s an underlying assumption that you can afford technology to go, you know, phone or a data plan or you have access to a Wi-Fi system.”

Given these issues with accessibility and uptake, staff who provided services off-site also described struggling with the shift to virtual services from a professional standpoint. Despite many expressing their appreciation for the relative safety of being able to work from home, staff providing virtual services described feeling disconnected from clients and coworkers, with some even feeling ineffectual in their work with youth. One staff member who provided counselling services, for instance, shared how virtual services, particularly over the phone, removed all of the important forms of communication that exist outside of speech. Another staff participant said:

“Well, it’s just body language, there’s so much more to the interview and counselling and being present with the youth than what they’re saying, right? So, not being able to meet with them face to face, you’re missing a big part of how their being is.”

Due to these perceived shortcomings of virtual services, some staff made exceptions to see youth in-person when necessary. As one staff explained, some youth lack safe and private physical spaces in which to speak out loud with a counsellor, and require in-person visits where they are able to speak freely:

“It’s very, very challenging to have safe, confidential conversations. [...] I have a handful of young people who are in abusive relationships and I can’t text with them. I can’t email. And so, they would reserve the—I would reserve those spots for face to face.”

→ **Experiences at the hotel**

One of the biggest ways the programming was impacted across the four sites was the relocation of many residents to municipally-funded hotels in order to accommodate social distancing measures. The youth that participated in this research described having a variety of distinct experiences from those staying in shelters. Overall, these youth described their experiences in the hotels as largely positive, and many said they preferred living

there compared to their previous experiences living at a shelter. When asked about their living conditions, youth described large rooms, replete with furniture, a private bathroom, and a TV. For instance, one youth said:

“You literally get your own bed, your own couch, your own desk, your own TV. Yeah, it’s actually really good here. But yeah, at the [agency name] you get a bunk-bed and you get a drawer and that’s it. The rooms are way smaller. I would say seven times smaller than the hotel rooms.”

In addition to these material amenities, many youth also found the hotels to be more conducive to independent living, particularly given the privacy and lenience they were afforded by staff, as explained by one youth:

“It’s more private... I’d say the rules are a bit more lenient, like not everyone’s up like in your business all the time... it’s been good so far.”

Another youth shared how staying at the hotel helped them “to keep moving forward” and maintain their job, particularly given the COVID-19 safety protocols which, if absent, might jeopardize their employment. Speaking to these COVID-19 protocols, he said: “It’s very safe. Yeah, much safer than the shelter.”

A consequence of this independence, however, was that some youth also found the hotels isolating and lacking services compared to staying at a shelter. Several youth shared how hotels lacked common spaces for residents to congregate, leading some to remain isolated in their rooms:

“Since I’m at the hotel, all the other friends I had are at the [agency name]. [...] there was chilling spots at [agency name] but here at the hotel there’s nowhere to chill. You’re literally just in the room.”

This youth did, however, state that they nonetheless preferred the hotel to the shelter they were at previously. Services were similarly less accessible for youth staying in hotels. With fewer workers on-site, and a lack of healthcare infrastructure, among other services, some youth felt less supported, as explained by one youth:

“There was not really support on-site there. There were staff on-site but they weren’t really, like the same level of support.”

2. STRUCTURAL IMPACTS

Participants described how the government-imposed restrictions aimed at stopping the spread of COVID-19 led to structural changes in their lives, including their ability to access basic needs, impacts on their employment/income, access to housing, and changes to their daily routines.

→ Access to basic needs and services

While youth experiencing homelessness already experienced barriers to accessing a number of basic needs, these difficulties were exacerbated by the COVID-19 pandemic. In the interviews, youth described barriers to accessing housing, shelter beds, and even food in ways that were distinctly shaped by the pandemic. For instance, the pandemic affected many youth's ability to secure employment (something that will be discussed in greater detail in the section on employment), which made saving for housing challenging. For some, this made them feel like there was no way to move out of the shelter or hotel. In the words of one youth:

“It’s definitely been hard because I have no income coming in. It’s just difficult, not knowing how I’m going to move forward.”

Others reported losing the housing they held prior to the pandemic due to job loss associated with economic restrictions. As a former restaurant worker put it:

“I had my own place; I lived downtown for more than one and a half years, nearly about two years... 24th March or 25th March [my work] closed due to COVID... After that I haven’t got any job, so have, I did a program, that’s the job training program, but no luck with that too. So, the pandemic is like bad, bad, bad going every day..”

With rental units financially out of reach and the COVID-19 pandemic highlighting health and safety concerns in congregate shelters, a few staff described how some youth faced pressures to move in with family or partners with whom living was unstable or even unsafe. One staff felt this was particularly prominent among female-identified and trans youth:

“Especially for our for young women and our trans community. They will move in with partners or parents, family systems, because they’re so lonely, or they’ve lost their employment and can’t pay their damn rent, that they go back into family systems and relationship systems that are highly toxic, and sometimes physically abusive.”

The pandemic was also described as impeding some youth's ability to access shelter space. For instance, when there was an outbreak in a shelter—defined as two or more positive COVID-19 cases among staff or youth—they were required to cease allowing new intakes into the shelter. One youth also described experiencing difficulties obtaining a bed because of what they perceived to be increased caution among staff:

“It was not easy I can tell you that just getting in and trying to find a bed because they’re really so, like, cautious and shit.”

Additionally, a small number of youth reported that it was harder to access food during the pandemic. One youth, for example, who previously accessed the shelter's communal kitchen, effectively lost their ability to cook for themselves once this space was closed, sharing: *“Because of COVID we can’t cook right now, but I would like to in the future.”* Others, particularly those staying in the hotels, found the food provided to be unappetizing, leading them to purchase their own food from nearby restaurants or even go hungry.

→ Education

Similar to many services, education was also shifted online. Interview participants described largely positive experiences with virtual schooling, citing reduced commutes, a greater ability to focus, and the flexibility afforded by asynchronous learning. In the words of one youth:

“It’s better that now it’s online. And I can do it whenever I want to—I do all the work whenever I want to do it.”

With that said, a few other participants reported experiencing some difficulties with online school. For one participant, taking classes online impeded learning: *“It’s just too boring for me, man, oh yeah. I just can’t learn anything from sitting there [...] online it’s not the same thing.”* For another participant who was considering applying to college prior to the pandemic, school being shifted online dissuaded him from attending for the foreseeable future:

“I was looking at going to [college name], but they’re not doing anything in person. I just know, I already know myself that online school does not work for me, not at all.”

→ Employment and income

Many youth who participated in the interviews also experienced difficulties obtaining and maintaining employment during the pandemic. With the restrictions imposed to curb the spread of COVID-19 closing down many sectors of the economy that often employ young people (such as retail and food service), many youth described being laid off, having protracted job searches, and working in highly precarious positions. While some youth who experienced unemployment during the COVID-19 pandemic were able to access income supports through the federal government's Canada Emergency Response Benefit (CERB), others experienced barriers to access, including restrictive eligibility criteria and a lack of information about how to apply for the benefit. Among youth who received CERB, the majority described it as helpful but limited in impact. For instance, one youth who was housed at the onset of the pandemic and later came to shelter highlighted how limited renewals, as well as the high cost of living in the city, made it a mere stopgap in their struggle to maintain housing:

“Yes, I think it stopped in October. It was only for a couple months, and I don’t think it was enough for actual living expenses. Maybe at the beginning when I had some savings, but it was a very basic coverage: rent, that’s it. If you have a phone bill—which isn’t a luxury, it’s really important. Same with internet, it’s really important. And things like that, and hydro, electric, it went up. And then food, food is so expensive. And transportation. It wasn’t, it was very basic coverage, and rent took at least 75% of that, so the other 25% was very hard to allocate into all these things that are essential.”

Many youth were unable to receive CERB because they did not meet eligibility requirements. In order to be eligible, applicants were required to report a social insurance number, an income of at least \$5000 in the year preceding their application, and either lost employment due to the pandemic or be eligible for Employment Insurance (Government of Canada, 2021). These eligibility requirements had the effect of excluding many of the youth in our study who had not worked in traditionally recognized occupations prior to the pandemic, even if they were actively seeking work. A number of respondents also shared concerns that they would have to pay back the funds they received from CERB—a warranted concern given that CERB counts as taxable income—which dissuaded them from applying for the benefit in the first place. For one respondent who was eligible, this fear had convinced him to not apply at the time of the interview:

“Everyone’s told me I should apply for it because I did lose a job due to COVID. So, everyone’s saying I should. I’ve never been on it before, so I don’t know. I heard you have to, like, pay wads of money back to people, but I heard that’s only if you have lied to the government and they found out and they take it out of your taxes or I don’t know, something like that.”

Among participants who were able to find employment during the pandemic, many found themselves in precarious work arrangements, particularly in the gig economy² as couriers for food delivery services, as one youth explained: “I mean other than Uber Eats or Skip the Dishes, it’s hard to find anything now, because positions are filled.” While these jobs provided youth with some income, this income was highly contingent and dependent on variables such as the weather (given youth’s reliance on bikes for transportation) and the number of other couriers working at a given time. Speaking to the latter, one youth said:

“I started doing Uber for a while, Uber Eats, but then that got like, there’s like so many people doing Uber Eats now, so like it’s even harder to like actually like make money from it.”

For another youth who delivered for a food delivery app, his source of income was completely removed after his bike was stolen from outside the shelter.

→ **Changes to routine**

The pandemic also had dramatic impacts on youth’s daily routines—impacts that included structural changes to shelter programming and reduced in-person opportunities for education and employment. With many youth not having any meaningful activities to fill their days with, particularly among those experiencing unemployment, some discussed how their sleeping patterns and exercise routines dramatically changed. Indeed, both youth and staff described how youth had little to wake up for in the mornings. In the words of one staff member:

“A lot of them will sleep all day because there’s not a lot of programming happening; there’s no kind of motivation for them to get up in the morning.”

Describing how being untethered from a sleep schedule could be disorienting and was related to a lack of structure, one youth said:

² The gig economy refers to highly precarious, short-term work often facilitated by apps or other technological platforms, such as food delivery and rideshare driving (Wood et al., 2019).

“I have too much time on my hands. All I can do is either stay up, or sleep. And I keep on mixing up the time. Like right now, I’m like fighting tooth and nails to keep myself awake! I think there was a time where I didn’t even know what time of month it was, or day. Completely different time and space.”

Some youth also described barriers to getting adequate amounts of exercise, with consequent impacts on their wellbeing. Despite having additional free time, gyms and recreational spaces were closed for much of the pandemic, effectively disrupting many participants’ routines and ability to relieve anxiety through exercise. For instance, one youth described how, despite continuing to go out for walks, this failed to reduce stress in the way weightlifting at the gym did: *“I’ve found other ways to get exercise, like going for walks, but it’s not the same stress reliever.”* For another youth, lifting weights was a strategy for anger management that was taken away with the closure of gyms:

“So, my release for lifting weights and for some of my anger management tools is no longer there, so I find myself restless and hard to sleep at times.”

3. PSYCHOSOCIAL IMPACTS

The structural changes that were made to curb the spread of COVID-19 resulted in several psychosocial impacts on many of the young people in this study, particularly feelings of boredom, increased isolation and feelings of loneliness, increased mental health distress, and for some, increased substance use. Each is discussed below.

→ Boredom

In interviews with youth, experiences of boredom were common, and youth related these experiences to their mental health and feelings of isolation. Speaking to the former, one youth described his propensity for staying in his room during the lockdown:

“It was kind of lame. There weren’t many things to do. Everything was closed down. So, it was mostly me in my room.”

In the words of another youth, boredom was closely intertwined with feelings of loneliness:

“Ah, boredom, yeah, more so just like loneliness, you know, just not being able to like go out and being part of people.”

Importantly, all of this unoccupied time also took a toll on some participants' mental health. For one youth, boredom was related to feelings of depression; feelings that were compounded by what he perceived to be the layout and interiors of shelters:

“But like in like shelters, if you don’t have anything you will just get so bored and like it’s kind of depressing. And to be honest like, I feel like how shelters are built, especially like youth shelters, like all shelters, it’s just, it feels very depressing, like the moment you walk in they make you feel like ... all, like it just, like it feels like everything is a lockdown.”

→ Isolation and loneliness

With safety protocols providing youth with single-occupancy rooms and limiting their ability to socialize, isolation was a common experience. Indeed, roughly two-thirds of interview participants shared the ways their social lives were dramatically reduced, characterized by limited contact with family and friends. For one youth who described himself as a “very social person”, this was a particularly challenging aspect of the pandemic:

“Like right now, because of like everyone’s at home, because of lockdown and you can’t really like meet people, meet up with friends and stuff, it’s ... it’s a very challenging moment, it’s like testing, it’s testing me, another limit of me. Because like I don’t literally like being alone all the time and it’s just like ... I don’t know how to word it, because it’s just challenging, I would say, very challenging to get used to it.”

Staff also observed experiences of loneliness in the youth they worked with. One staff experienced “heartbreak” after hearing one youth say: “I always knew I was alone, [and] now it really looks like I’m alone” and described that “This was not the first time I’ve heard it...and it’s not the tenth”, emphasizing how many youth they had heard similar sentiments from. Some staff worried that feelings of isolation were particularly prevalent among the youth at the hotel, given the limited number of staff on-site and a layout that was not conducive to socializing. In the words of one staff member, this only worsened under government-mandated lockdown measures:

“At the hotel, we’re really struggling with young people that are also isolating ... And with lockdown, that just increases, as well.”

Connecting youth's tendencies to stay in their rooms with feelings of hopelessness, the same staff member described how a lack of motivation and routine contributed to isolating habits:

“They tend to just isolate ... the big question is, what are they getting up for, right?”

→ **Mental health and wellbeing**

Given the confluence of employment issues, changed routines, and isolation—in addition to continuing to experience homelessness—it is not surprising that, in this research, we found that the pandemic negatively affected many youth's mental health. These experiences included both worsening mental health issues among those with previous diagnoses, as well as a general increase in incidences of anxiety and depression. One staff member described how social and economic aspects of the pandemic adversely affected mental health because it replicated youth's histories of trauma:

“I’ve had many, many young people tell me that this entire pandemic mimics trauma for them. It mimics how hopeless they felt, how afraid they felt and how alone they felt, and how they had nowhere to go... [they say] ‘this reminds me exactly of when I was the most alone in my life’. So not having employment opportunities, not having relationships—we know this is a recipe for tremendous stress and a reopening of trauma, which leads to a decline in mental health for sure.”

Some youth also described seeking hospitalization to cope with their mental health, in part due to a lack of other available options for support. Describing how the effects of isolation intensified mental health issues he experienced, one youth said:

“When the pandemic started that’s when I was—I had to go to the hospital for my mental health. I was inside the house, you know, too much that I, I went a little bit crazy.”

Several staff participants, such as the staff quoted below, pointed out that the increase in mental health concerns coincided with reduced access to supports and services during the pandemic, compounding the situation:

“What really impacted our young people was the pulling of resources. Programming. So, they don’t have anywhere to go, they don’t have anything to do, and they don’t really have any connections they can safely seek. And what we started seeing was a direct impact on an increase in anxiety, increase in depression, and increase in [substance] use.”

In addition to exacerbating pre-existing mental health issues, many staff and several youth described the ways the pandemic led to an increase in anxiety and depression. For one staff member who observed these mental health impacts throughout the pandemic, these impacts evolved and depended on case numbers and restrictions, getting worse as the pandemic felt like it would never end:

“... I have really also seen their wellness go up and down with the numbers and the amounts of lockdowns and restrictions that we’ve had. So, I think the first time we went into a lockdown and COVID first hit the scene ... there was this sense of like, ‘OK ... you know, we’re going to do this for a month.’ And as time got extended, you could see people’s spirits got lower and lower. Second lockdown has hit us...and that has become extremely problematic. The anxiety is even higher, the [substance] use is even higher, the sense of hopelessness is even higher, because our young people use those tools to be seen, to feel like they’re moving through homelessness—that would signal to them that they exist and that they’re moving, that there’s hope for something different. Those have been pulled.”

Underlying many of the pandemic-related mental health effects was a sense of hopelessness for some. As the pandemic stretched beyond the first wave with no foreseeable end, some staff and youth participants described how they had a hard time envisioning or working towards their life goals. For one youth, COVID-19 made them feel hopeless about their living situation and prospects of leaving the shelter. When asked where they might move after their time at the shelter, they said:

“Only in the sense of what tomorrow will look like. I’m just living day by day at this point, and that’s the shitty part. That’s what makes me feel like I’m a shelter kid and I hate that. I feel like I’m in a revolving door and COVID definitely made it spin a lot faster.”

→ Substance use

While not discussed by many youth participants, interviews with staff suggested that substance use among youth in shelter and at the hotels increased during the COVID-19 pandemic. Staff offered a variety of explanations for this trend, most commonly stating that the increased substance use was a coping mechanism for the poor mental health, boredom, and isolation youth experienced during the pandemic. For instance, one staff stated:

“So, you know, mental health got really bad in that capacity around isolation and, you know, people got bored and people needed to self-medicate so then they would use substances more.”

Importantly, substance use as a means to cope was rendered more common in the absence of other supports and services. As one staff member explained:

“Because the pandemic has impacted around their various spaces and ways to cope, whether that’s being groups or whether that’s being in-house programming or community programming, we’re seeing an increase in substance use as a choice of coping with the pandemic and coping with, you know, their mental health. So, they’re self-medicating more.”

Others connected increased substance use among youth to the lack of structure that accompanied pandemic life. Indeed, several staff and three youth noted that people were using substances more, sometimes *“all day long”* simply because there was nothing else to do. One staff suggested that this was even the case for youth who did not use substances prior to the pandemic, as they were *“experimenting to see if they were helpful to get through [the pandemic].”* Being untethered from structure and routines also had adverse implications for youth trying to abstain from substances. One staff described the ways one of their clients, whom they referred to as *“a severe alcoholic”*, relied on routines to stay sober that were dramatically disrupted during the pandemic:

“[My client] had a routine to stay sober including going to the gym, going for coffee with their sponsor, going to an agency for support... all of that was gone. A lot of things are virtual, but you don’t get the human connection. [So they are struggling with] ‘how am I not going to drink? I can’t go to my AA meeting; I can’t go meet my sponsor’.”

The effects of this increased substance use, according to staff, included an unprecedented number of overdoses among youth staying in shelter and at the hotels. In the words of one staff member:

“We’ve had three or four [overdoses] in the last few weeks and it’s like, that is just so not common here. So, I think people are also increasing their risk-taking, right?”

Further complicating the situation was the fact that youth were often staying in single-occupancy rooms, largely the result of social distancing measures taken to curb the spread of COVID-19. For youth who used substances such as opioids, this increased the risk that staff would not be aware if they overdosed. As one staff member explained, this made regular room checks all the more important:

“I think we’ve had to be much more diligent around some of the protocols [...] in the last month and a half, I’ve caught two overdoses on the overnight.”

Not only does this quote demonstrate the importance of regularly checking in on youth that are using substances, it also demonstrates some of the challenging situations staff are responding to as a result of the opioid crisis, a topic we will return to further in this report.

→ Improved circumstances during the pandemic

Experiences during the pandemic were not uniformly negative for all participants. In the youth interviews, for instance, some shared how aspects of the pandemic such as increased personal time, created opportunities for self-reflection and growth. For example, one youth described how the pandemic allowed them to ‘step back’ and re-evaluate their goals and approach to self-care:

“I feel like I’m one of the few people that’s, like it’s [the pandemic] has been good in a really weird way. Don’t want to ever say that the pandemic has been a positive thing, because it hasn’t, but in some weird way it’s given me, like an opportunity to take a break and step back and really figure out my goals and, like where I want to be. Because I know I wouldn’t be where I am right now if it weren’t for the pandemic, and I’ll probably, like still be working [in retail] and putting my body through stuff that I shouldn’t

be putting my body through and whatever and, like ignoring doctor's appointments to go to work and whatever. Like, I actually am able to take care of myself right now, which I've never really been able to do."

Describing the unexpected benefits of seeing fewer people, another youth shared how the pandemic also created the conditions under which he could save and pay off debt:

“It's been like I'm more focused about my job and like saving money during the pandemic because I'm in the shelter right now, so—and I'm in debt too because I fell into debt. So, I have to pay my debt back and save money, get a place. I'm just like focusing on those things so I can get through everything.”

4. IMPACTS ON SUBPOPULATIONS OF YOUTH

In addition to the overall effect the pandemic has had on youth experiencing homelessness, staff also described the disproportional impact on several subpopulations of young people. One staff participant, for example, described how service closures along with the move to virtual programming had a heightened impact on neurodiverse youth, for whom online formats are often less accessible. A few staff also highlighted the limits of Toronto's emergency shelter system in supporting Indigenous youth, including the lack of culturally appropriate or safe spaces accessible to them across the city. On this note, one staff felt that a lack of Indigenous staff was a factor in the limited number of Indigenous youth their organization supported, explaining that this lack of representation *“Doesn't allow for Indigenous youth to have anyone to identify with”*. Within this project, the most commonly discussed subpopulations facing additional challenges during the pandemic were Black youth, newcomer youth, and youth who identify as 2SLGBTQ+, and as such, will be described in more depth below.

→ Black youth

In several interviews with staff and young people, participants described how existing systemic racism was only further exacerbated by the events of the pandemic, contributing to a disproportionate impact on Black youth experiencing homelessness. One staff member explained:

“People of Colour already have to deal with structured racism and all the issues that go with that in society. So just imagine, what's happened with COVID has made things worse.”

The pandemic, as previously described, had an overall impact on the ability of youth to secure housing and stable employment. This was amplified for Black youth who already faced discrimination from some landlords and employers. Multiple staff participants provided examples of this prejudice against their Black clients in obtaining housing, where landlords have offered units to youth over the phone or online only to rescind their offers upon meeting the youth in person. One staff member shared an instance where this type of discrimination was particularly flagrant:

“I had a client last week who told me that the landlord asked for first and last [rent]...when the youth went to get the keys and the landlord realized it was a Person of Colour (because they had done everything online), they said, ‘you know, I don’t rent to [offensive racist slur]’.”

Moreover, given the lack of things to do as a result of closures and service reductions, shelter staff often encouraged young people to spend time outdoors as a way to quell boredom. However, this can be experienced differently by Black youth, whose presence in a public space can be policed differently, both formally by authorities and informally by the public, compared to White people. One staff who identified as a White female, further explained this difference in experience for Black youth, particularly young men:

“With nothing to do, even going outside to hang out can cause stress. I have a couple of clients who are young Black men, and they addressed me because staff were telling them ‘maybe go for a walk, get some fresh air’, and they both came back to me on separate occasions ‘do you understand what it is to hang out if you’re a young Black man? You can’t just sit somewhere and loiter. That’s what’s what they call it, it’s not chilling, it’s loitering’.”

The pandemic, and the hardships it wrought, was also the backdrop to several highly publicized instances of police brutality against unarmed Black citizens in North America, including the murder of George Floyd in May 2020. These events served as a catalyst for the continuation of the Black Lives Matter (BLM) movement, ongoing protests, and demands for racial justice and police reform. While these events were jarring and widely understood to be criminal, they had a particularly powerful impact on those who identify as Black. Staff participants, for example, shared how these ongoing acts of violence brought their own traumatic experiences of racism and police interactions to the forefront. They also talked about the feeling of knowing they too could find themselves in a

similar position, as one staff member, who identified as a Black male explained, “From the females it came from a place like that could be my brother. From the males, it was that could be me.” Both Black staff and youth interviewed discussed the trauma and negative impacts of these horrific events on their own mental health and wellbeing. For example, one Black and female-identified staff member explained:

“The psychological trauma, right? You’re seeing state sanctioned violence. I mean I know it’s in the States, but we know it happens here. We see it, and we feel it.”

Another staff member who identified as a Black male talked about how unsettling it was to have images of these murders shared widely:

“George Floyd. Those videos. It was like a public hanging...I know it had a massive impact on me, because I was like, ‘God, it’s 2020’, and actually watching someone get killed in public and people are watching it...and in a place like Toronto where there was carding for years, for young Black people.”

Overall, while staff felt that these events were acknowledged by their organization’s leadership, many felt that their response was insufficient, partially due to the fact that White staff and leaders did not (or could not) understand the true bearing of these events. Along these lines, a few youth reported that these instances and the public response were not commonly discussed in shelter. For instance, one youth that identified as Black said, *“COVID took precedence while social justice issues were swept under the rug”*.

Despite these circumstances, a few staff spoke of some positives that emerged from the tragedies, including more prominent and open conversations about police brutality against Black people and anti-Black racism more broadly in society. Another important result of these events was the attendance of staff and youth at anti-Black racism protests in Toronto, which some staff described as being particularly impactful for the youth who were present. One staff member who identified as a Black female described how participating in these protests also created a space to bond based on commonalities, explaining:

“Some of the youth participated in some of the protests. I think it was an empowering moment for them as well. And with some youth, we discussed the microaggression experiences we’ve had, and I shared my

own experiences with them. So, in a way it's also like a bonding moment. I feel like they also feel comfort in me because I've experienced some of the same things they've experienced with racism."

→ **2SLGBTQ+ youth**

A second group that was described as being particularly impacted by the pandemic was youth who identify as 2SLGBTQ+. Restrictions to in-person programming (including identity-specific services) and the inability to gather in groups was described as contributing to greater feelings of isolation and reduced feelings of safety and belonging. One staff member shared:

“I think about anyone in the LGBTQ community, and the Black youth we serve, and those intersections—folks that experience a lot of discrimination have always drawn a lot of resource and strength from getting together with like-minded peers. And a lot of community services have provided opportunities for that kind of peer support, social groups, recreational groups. All that stuff has been on pause since the pandemic hit...So I think they're feeling it the hardest in terms of feeling isolated and disconnected.”

A few staff reported how trans youth, in particular, were prone to feelings of disconnection and loneliness, due to the now limited opportunities to gather and freely express themselves within safe spaces. One staff described how attempts made to rectify this were helpful, but still limited in their reach, stating:

“Our trans youth...there aren't many spaces in our society where they can gather as a mutual people and feel safe to have conversations and be free to express what they need to express...All of those kinds of support systems have gone virtual—some really made great attempts, but isn't the same.”

While some community organizations attempted to keep affirming spaces available online, it was described as not being sufficient to adequately ward off feelings of isolation.



→ Newcomer / refugee youth

Newcomer youth staying in Toronto's shelter system also faced unique challenges as a result of the pandemic. As was the case in a variety of industries, there were often major delays in application processes related to status in Canada. This meant that many newcomers staying in shelter were often left without access to work or study permits, with no clarity about when these important documents would arrive. As such, young people were often left with no way to secure an income and were limited in how they could work towards other personal goals. One young person shared their own experience of this, where delays in accessing refugee status and other certifications greatly impacted their mental health:

“This pandemic, it’s affecting me a lot...because my first time in Toronto, I applied for my refugee claim and the second day, the lockdown started. I have nothing to do. I don’t have my working permit, my study permit, nothing. Just read some books and watch some news...In one month it’s going to be one year I’m here; I’m not working, I’m not studying. It’s affecting me. I was sweating about my family in Kenya. I told myself if I stay stressing myself, like depression, I can do nothing for them and like I stay focused on what I have to do and it’s ok. It’s ok.”

Similar to the challenges experienced by Black youth described above, newcomers also often face challenges related to structural racism and discrimination, which were only further emphasized in the inequities of the pandemic. One youth, who identifies as a Muslim Person of Colour, described an instance of racism before meeting with a potential employer:

“Although COVID plays a big role in this, me being Muslim, when they see my name...they don’t really check my resume. I did this before: I went to the same place, I handed in two resumes, everything the same, just a different name and I got called for the other name – the fake one I gave them.”

For newcomers who also identify as Black, publicly shared instances of police violence against Black people had a similarly traumatic effect. One staff participant, who often works with this community, talked about having to provide a great deal of support to these young people after the murder of George Floyd, explaining:

“The youth that were from Africa, they didn’t know what was happening, they couldn’t interpret it for themselves, because they trusted the system they came to...you could see they needed education about systemic racism in Canada, in the United States...They were angry. They couldn’t believe that someone would treat someone in that manner...they were crying.”

This staff member explained that for many newcomers of colour, they were not expecting to encounter anti-Black Racism when they came to Canada, and witnessing these events was not only traumatic but also eye-opening for them.



Summary

Results from interviews with youth and staff revealed that while shelters continued to provide core services during the COVID-19 pandemic, the pandemic nonetheless had a dramatic impact on the shelter and social service systems supporting youth experiencing homelessness in Toronto. Some services, particularly ones that centred around in-person supports and socializing were cancelled, and other supports were modified or moved online. Virtual supports, while offering convenience and safety, were not comfortable for all participants, and led to feelings of disconnect among some staff. The pandemic response also entailed moving some youth from shelters to hotels, and these youth had distinct experiences characterized by increased independence coupled with the potential for fewer supports and greater social isolation.

Despite some youth participants reporting how aspects of their lives improved during the pandemic, the pandemic overall had adverse impacts on the youth who participated in interviews. Structurally, youth who were interviewed reported difficulties accessing basic needs, finding and keeping employment—particularly good quality employment—as well additional challenges obtaining housing. With less routine during the days, youth also shared how their schedules changed, affecting sleep, and reducing their capacity to exercise.

These structural changes in turn led to psychosocial impacts. With more free time and fewer opportunities to socialize, youth reported experiencing boredom and isolation. Relatedly, many participants described worsened mental health and wellbeing as a result of the pandemic. To cope with these impacts, staff described how some youth increased their substance use. Subpopulations of youth also faced distinct and magnified impacts related to the pandemic, including Black youth and youth of colour, 2SLGBTQ+ youth, and newcomer and refugee youth.

Impact on Youth

Quantitative Results

Findings from the surveys also reveal the structural and psychosocial impacts the pandemic had on youth experiencing homelessness in Toronto. In this section, these structural and psychosocial findings are presented, followed by findings related to youth survey participants' experiences of unfair treatment and discrimination.

1. STRUCTURAL IMPACTS

→ Access to basic needs and services

As in the interviews, many youth experienced difficulties accessing basic needs and services during the pandemic. Drawing on Tucker et al.'s (2020) Ability to Address Needs measure, survey respondents were asked to rate the effect the COVID-19 pandemic had on their ability to access a variety of basic needs on a five-point Likert scale (see Table 6 for a detailed breakdown). Just over half of survey respondents reported that it was harder to find or keep stable housing during the COVID-19 pandemic, and 34.7% said it was harder to find a safe place to spend the night. Forty-two percent of youth survey respondents reported that the pandemic made it harder to access employment.

This scale also asked participants how the pandemic impacted their ability to access services. Sixteen (21%) survey respondents said they experienced greater difficulty accessing substance use supports, and a quarter indicated they experienced difficulties accessing both case management and immigration supports.

Table 6 Youth Access to Basic Needs Compared to Before the COVID-19 Pandemic (n=75)

	Not applicable	A lot easier	A little easier	No change	A little harder	A lot harder
Finding or keeping a job	1.3% (1)	5.3% (4)	8% (6)	21.3% (16)	21.3% (16)	42.7% (32)
Finding or keeping stable housing	2.6% (2)	9.2% (7)	5.3% (4)	31.6% (24)	21.1% (16)	30.3% (23)
Healthcare services	7.9% (6)	9.2% (7)	5.3% (4)	42.1% (32)	17.1% (13)	18.4% (14)
Finding a safe place to spend the night	0% (0)	10.7% (8)	12% (9)	42.7% (32)	18.7% (14)	16% (12)
Immigration services	25% (19)	7.9% (6)	6.6% (5)	35.5% (27)	11.8% (9)	13.2% (10)
Substance use services or supports	13.2% (10)	9.2% (7)	7.9% (6)	48.7% (37)	10.5% (8)	10.5% (8)

	Not applicable	A lot easier	A little easier	No change	A little harder	A lot harder
Getting clean clothes or a shower	0% (0)	3.9% (3)	13.2% (10)	57.9% (44)	15.8% (12)	9.2% (7)
Case management	6.7% (5)	10.7% (8)	9.3% (7)	48% (36)	18.7% (14)	6.7% (5)
Getting enough food to eat	0% (0)	9.2% (7)	9.2% (7)	39.5% (30)	35.5% (27)	6.6% (5)
Mental health counselling	7.9% (6)	10.5% (8)	14.5% (11)	36.8% (28)	23.7% (18)	6.6% (5)

Results from chi-square analysis demonstrated how access to basic needs varied by gender identity (see Table 7 for a detailed breakdown). Participants who were female-identified or non-binary were statistically significantly more likely to experience difficulties accessing several basic needs during the pandemic, namely food, shelter, and housing. Services were also more challenging to access for these subpopulations in the sample, specifically healthcare, case management, counselling services, and substance use services.

Table 7 Youth Access to Basic Needs Compared to Before the COVID-19 Pandemic by Gender Identity (n=73)

	Easier	No change	Harder
Getting enough food to eat (p = 0.018)*			
Male	25% (13)	42.3% (22)	32.7% (17)
Female	0% (0)	47.1% (8)	52.9% (9)
Non-binary	0% (0)	0% (0)	4 (100%)
Getting clean clothes or a shower (p = 0.002)*			
Male	23.1% (12)	57.7% (30)	19.2% (10)
Female	5.9% (1)	76.5% (13)	17.6% (3)
Non-binary	0% (0)	0% (0)	4 (100%)
Finding a safe place to spend the night (p = 0.002)*			
Male	33.3% (17)	43.1% (22)	23.5% (12)
Female	0% (0)	52.9% *9)	47.1% (8)
Non-binary	0% (0)	0% (0)	4 (100%)
Mental health counselling (p = 0.040)*			
Male	28.6% (14)	46.9% (23)	24.5% (12)
Female	25% (4)	18.8% (3)	56.3% (9)
Non-binary	0% (0)	0% (0)	4 (100%)
Case management (p = 0.008)*			
Male	28.6% (14)	53.1% (26)	18.4% (9)
Female	6.7% (1)	46.7% (7)	46.7% (7)
Non-binary	0% (0)	0% (0)	4 (100%)



	Easier	No change	Harder
Finding or keeping stable housing (p = 0.009)*			
Male	22% (11)	38% (19)	40% (20)
Female	0% (0)	17.6% (3)	82.4% (4)
Non-binary	0% (0)	0% (0)	4 (100%)
Healthcare services (p = 0.0017)			
Male	18.8% (9)	54.2% (26)	27.1% (13)
Female	13.3% (2)	26.7% (4)	60% (9)
Non-binary	0% (0)	0% (0)	4 (100%)
Substance use services (p = 0.002)*			
Male	26.7% (12)	55.6% (25)	17.8% (8)
Female	0% (0)	71.4% (10)	28.6% (4)
Non-binary	0% (0)	0% (0)	4 (100%)

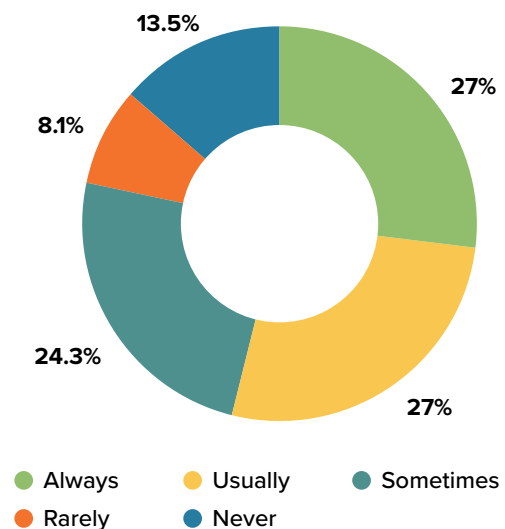
Note: Participants who selected 'not applicable' were not included in analysis. *Chi-square is significant at 0.05 level

→ Education

Experiences of virtual learning varied among survey participants. Of all youth survey participants, just over half were enrolled in some form of education during the pandemic. They were asked how often they experienced difficulties participating in learning online, and just over half reported that they encountered difficulties 'usually' or 'always' (Figure 1). When asked how their experience compared to learning in-person, results were more evenly split, with 38.9% finding it to be worse or much worse, and 36.1% finding it to be better or much better (Figure 2).

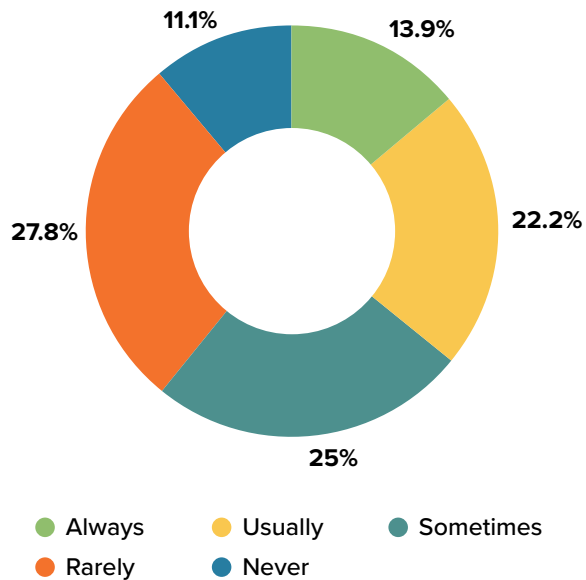


FIGURE 1
Difficulties Participating in Learning Online (n=37)



Percent of youth survey respondents who experienced difficulties participating in online education.

FIGURE 2
Experience Learning Online
Compared to In-Person (n=36)



Percent of youth survey respondents who found online learning to be much better, better, about the same, worse, or much worse compared to in-person learning.

→ Employment and income

Many survey respondents reported concerns with employment, with 41% of survey respondents indicating they had been laid off at some point during the COVID-19 pandemic (see Figure 3). Just over one-third were not employed at all over the past year, and among those who were, the vast majority were in precarious work arrangements, such as casual and contract work (see Figure 4).

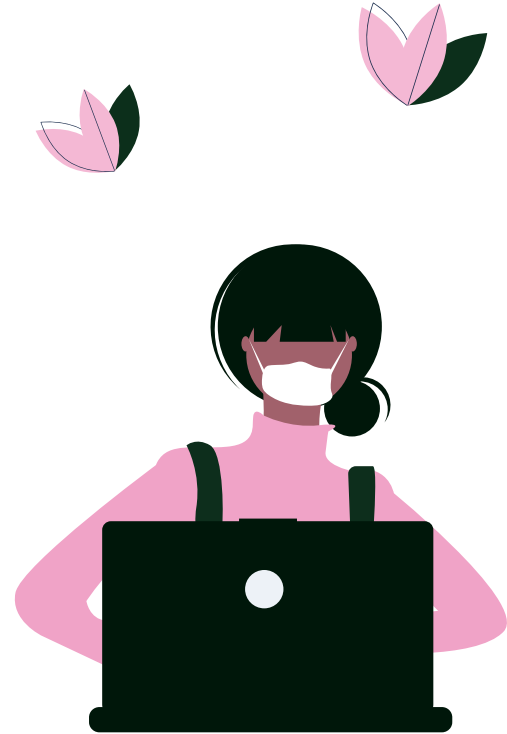
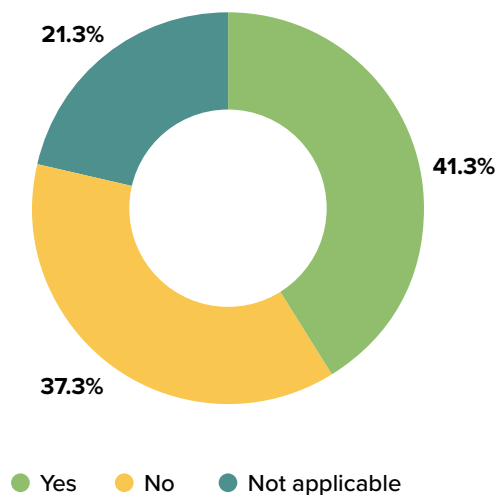
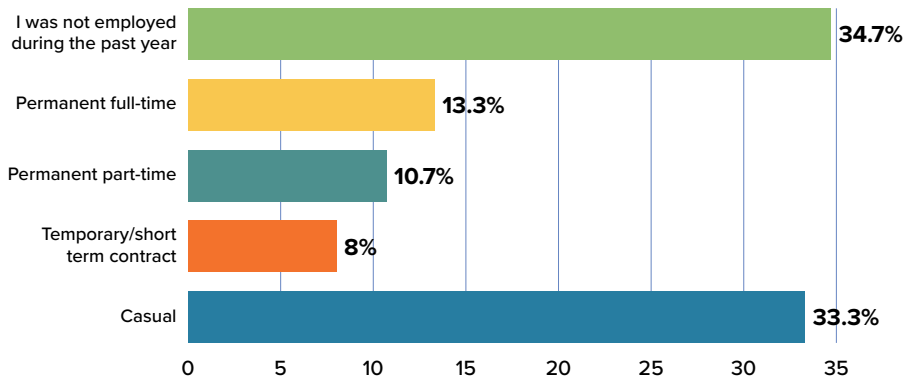


FIGURE 3
Laid Off During the Pandemic
(n=75)



Percent of youth survey respondents who were laid off or lost employment during the COVID-19 pandemic.

FIGURE 4

Employment Situation (n=75)

Employment situations of youth survey respondents for the job that paid them the most over the past year.

Over a quarter of youth were able to find online work during the pandemic. Nearly 60%, however, were not (see Figure 5).

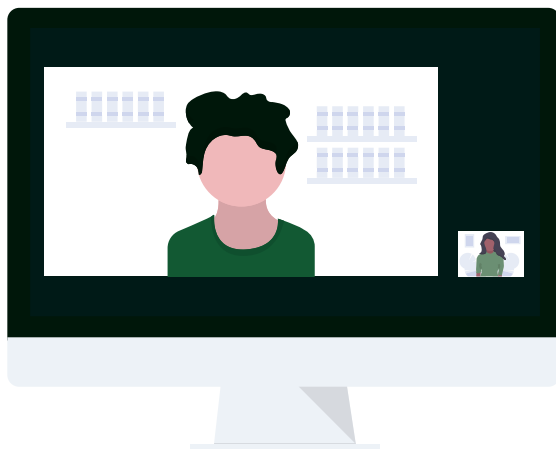
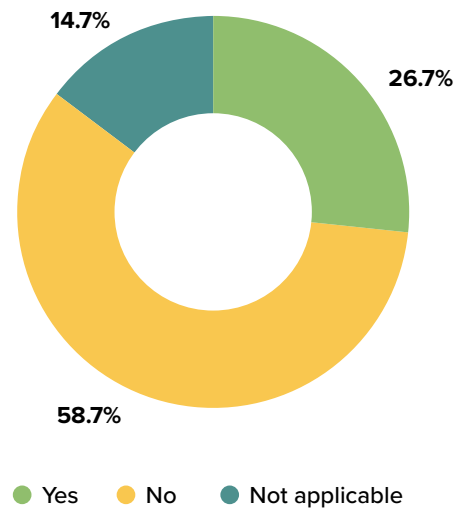
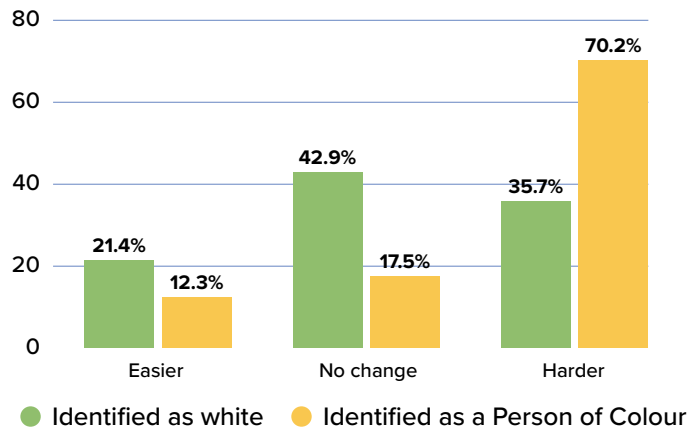


FIGURE 5

Found Online Work During the Pandemic (n=75)

Experiences finding online work during the COVID-19 pandemic among youth survey respondents.

FIGURE 6
Employment Situation (n=75)



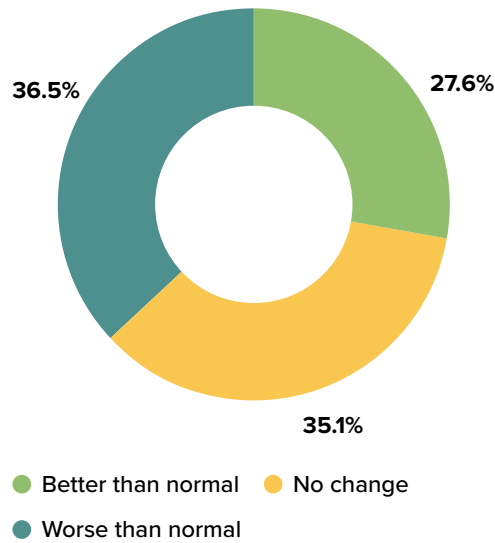
Percent of survey respondents who found it harder to access employment during the COVID-19 pandemic, by racialization. Respondents who selected 'not applicable' were omitted from the sample. Pearson chi-square test, $df=4$, $p = 0.034$.

When it came to finding employment, either online or in-person, 64% ($n=48$) of survey respondents said that it was harder to find employment compared to before the pandemic. Chi-square analysis revealed that this issue was particularly acute for Black youth and youth of colour, among whom 70.2% reported that it was more difficult to find employment during the pandemic. This was in contrast to 35.7% of youth that identified as White (see Figure 6).

→ Changes to routine

Survey data suggested that, for many participants, the pandemic had changed their routines—changes that were closely related to structural factors such as increased unemployment and a lack of programming. Indeed, over a third of survey respondents, when answering the one-item measure developed by Stanton et al. (2020), reported that they were sleeping worse compared to before the COVID-19 pandemic (Figure 7). As observed in the interviews, however, sleep disturbances did not necessarily include only poor sleep, but rather sleep irregularities more broadly. Demonstrating this were participants' responses to three-items from the Sleep Habits Survey, developed by Wolfson and Carskadon (1998) and adapted by Becker et al. (2021) for use with adolescents during the pandemic. Over a third of youth survey respondents reported staying up until at least 3 a.m. either 'often' or 'all the time' over the past two weeks. A similar number of youth respondents reported experiencing fatigue during the daytime with the same frequency over the past two weeks. At the most extreme, nearly a quarter of respondents stayed up all night 'often' or 'all the time' over the past two weeks.

FIGURE 7
Sleep Experiences During
the Pandemic (n=74)



Percent of youth survey respondents who are sleeping better, the same, or worse compared to before the COVID-19 pandemic.

Survey participants were also asked about their experiences with exercise during the pandemic. Among this sample, 38% of respondents reported exercising more compared to before the pandemic, with less than a third each saying they exercise less or the same (Figure 8).

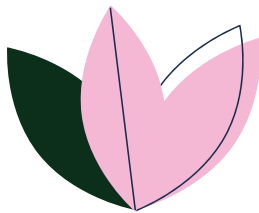
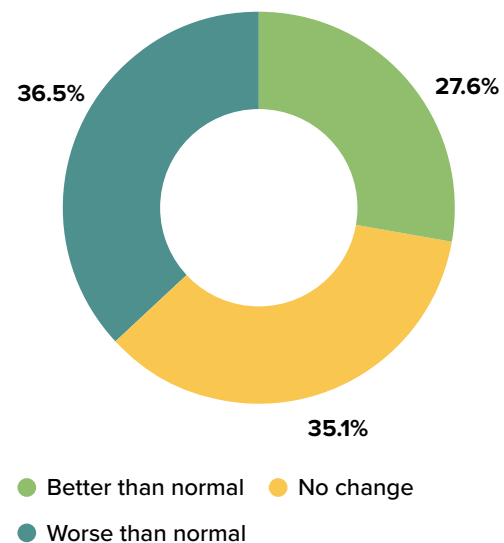


FIGURE 8
Youth Exercise Habits Compared
to Before the Pandemic (n=71)



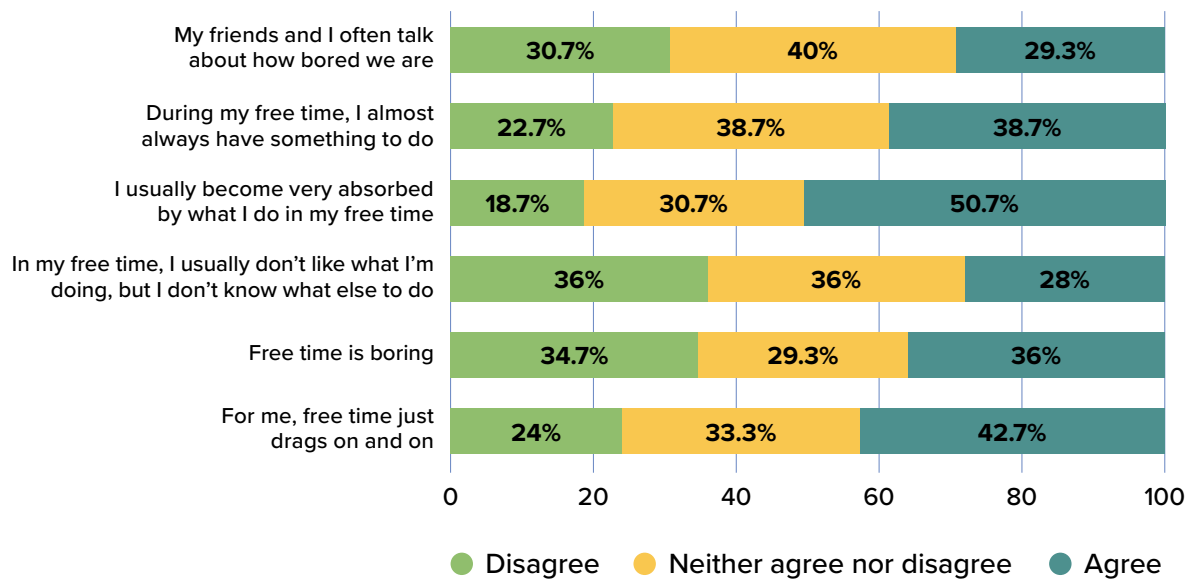
Percent of youth survey respondents who exercised less, about the same, or more compared to before the COVID-19 pandemic.

2. PSYCHOSOCIAL IMPACTS

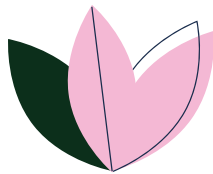
→ Boredom

Survey respondents reported mixed results when asked questions about their experiences of boredom during the pandemic. Experiences of boredom were gauged using the Leisure Boredom Scale, developed by Iso-Ahola and Weissinger (1990). While 36% agreed that free time 'is boring' and 42.7% said time 'drags on and on', just over half of respondents reported being 'absorbed by what they do in their free time'. Less than a quarter disagreed with the statement 'during my free time, I almost always have something to do' (see Figure 9).

FIGURE 9
Youth Experiences of Boredom
During the Pandemic (n=75)



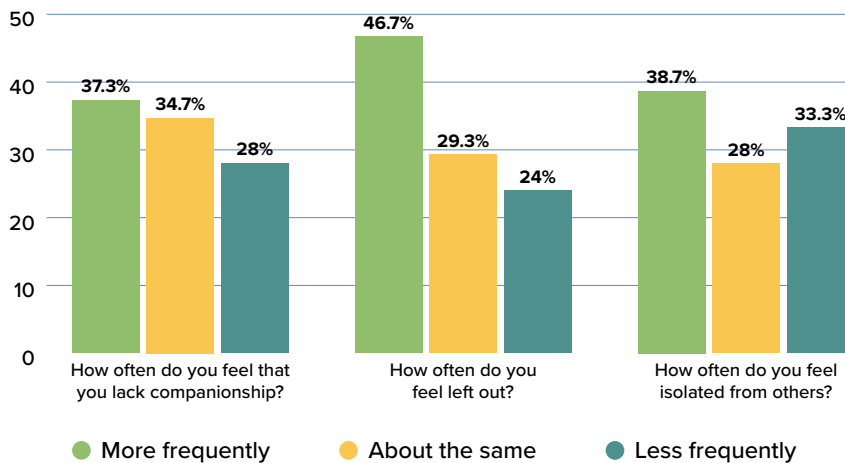
Percent of youth survey respondents who disagree, neither agree nor disagree, or agree with the above statements on boredom.



→ Isolation and loneliness

Isolation and associated feelings of loneliness was also worsened by the COVID-19 pandemic for a number of survey respondents. Indeed, nearly half of youth surveyed using the UCLA-3 Loneliness Scale (Russell, 1996) reported that they felt left out ‘more frequently’ compared to before the pandemic. With only a quarter indicating that they felt left out less frequently (Figure 10). Moreover, just over a third of survey respondents said that they lacked companionship and felt isolated from others more frequently.

FIGURE 10
Youth Experiences of Isolation Compared to Before the Pandemic (n=75)



Percent of youth survey respondents who felt they lacked companionship, felt left out, or felt isolated from others more frequently, about the same, or less frequently when compared to before the pandemic

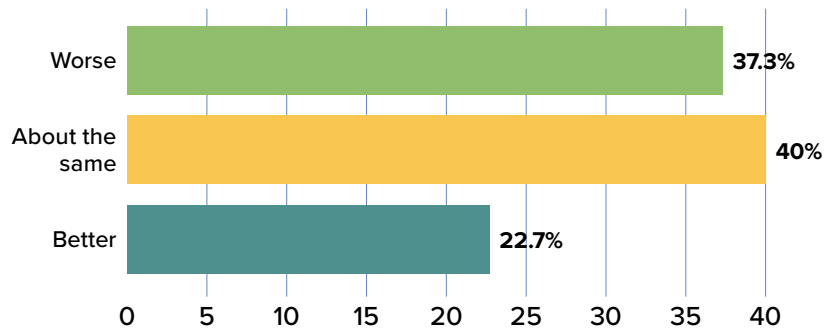


→ Mental health and wellbeing

Results from the youth survey suggest that, while some youth experienced worsened mental health during the pandemic, this was not the case across the entire sample of respondents. When asked if their mental health had gotten ‘worse’, ‘better’, or ‘remained the same’ compared to before the pandemic, 40% of survey respondents said that their mental health was ‘about the same’ and 22.7% stated that their mental health was ‘better’ than before the pandemic. Over a third, however, felt that their mental health had worsened (see Figure 11).

FIGURE 11

Mental Health Compared to Before the Pandemic (n=75)



Percent of youth survey respondents with worse, the same, or better mental health compared to before the COVID-19 pandemic

In addition to mental health, survey respondents were asked about other aspects of their wellbeing compared to before the pandemic (Table 8). With regard to stress levels, 40% indicated that their stress levels became 'worse' or 'much worse', 26.7% reported the same for their physical health, and 29.3% their overall wellbeing.

Table 8 Youth Wellbeing Compared to Before COVID-19 (n=75)

	Much worse	Worse	About the same	Better	Much better
Stress levels	17.3% (13)	22.7% (17)	40% (30)	13.3% (10)	6.7% (5)
Mental health	14.7% (11)	22.7% (17)	40% (30)	10.7% (8)	12% (9)
Physical health	8% (6)	18.7% (14)	46.7% (35)	18.7% (14)	8% (6)
Overall wellbeing	8% (6)	21.3% (16)	40% (30)	21.3% (16)	9.3% (7)

When asked about how they currently spent their time compared to before the pandemic, over half of youth respondents said they spent more time using technology (including social media), 29.3% indicated that they spent less time doing schoolwork, and 41.6% said they spent more time worrying (Table 9). Forty percent reported spending more time doing things that make them happy.

Table 9 How Youth Spent Their Time Compared to Before COVID-19 (n=75)

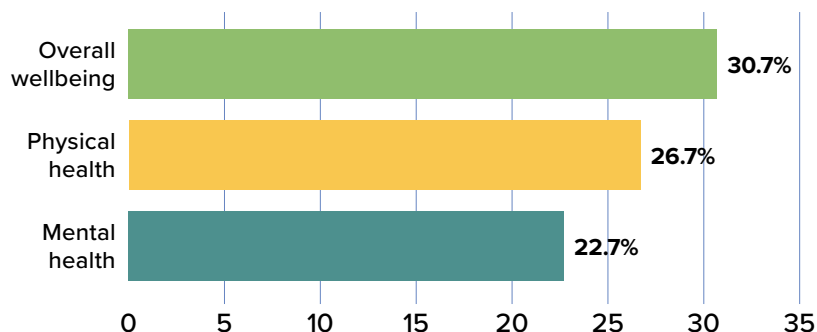
Compared to my life before COVID...	Much less	Less	About the same	More	Much more	I don't know	Prefer not to answer
Now I spend ___ time sleeping	10.7% (8)	9.3% (7)	30.7% (23)	22.7% (17)	18.7% (14)	6.7% (5)	1.3% (1)
Now I spend ___ time trying to fall asleep	6.8% (5)	16.2% (12)	35.1% (26)	16.2% (12)	16.2% (12)	8.1% (6)	1.4% (1)
Now I spend ___ time exercising	13.3% (10)	16% (12)	29.3% (22)	24% (18)	12% (9)	2.7% (2)	2.7% (2)
Now I spend ___ time worrying	5.6% (4)	20.8% (15)	25% (18)	19.4% (14)	22.2% (16)	5.6% (4)	1.4% (1)
Now I spend ___ time using technology	8% (6)	5.3% (4)	29.3% (22)	24% (18)	29.3% (22)	4% (3)	0% (0)
Now I spend ___ time reading	16% (12)	13.3% (10)	33.3% (25)	16% (12)	13.3% (10)	6.7% (5)	1.3% (1)
Now I spend ___ time praying or meditating	10.7% (8)	12% (9)	38.7% (29)	14.7% (11)	10.7% (8)	8% (6)	5.3% (4)
Now I spend ___ time doing schoolwork	17.3% (13)	12% (9)	29.3% (22)	16% (12)	6.7% (5)	8% (6)	10.7% (8)
Now I spend ___ time doing things that make me happy	4% (3)	10.7% (8)	36% (27)	21.3% (16)	18.7% (14)	6.7% (5)	2.7% (2)

→ Improved circumstances during the pandemic

Similar to the interviews, a consistent minority of survey respondents reported that certain aspects of their lives had improved compared to before the pandemic began. Indeed, around a quarter of respondents shared that compared to before the advent of COVID-19, their mental and physical health had improved. Similarly, 30.7% indicated that they had better overall wellbeing (see Figure 12).

FIGURE 12

Mental Health Compared to Before the Pandemic (n=75)



Percent of youth survey respondents who said their wellbeing, physical health, or mental health got better compared to before the COVID-19 pandemic.

3. UNFAIR TREATMENT AND MAJOR DISCRIMINATION

As mentioned previously, we added questions from the Williams Everyday Discrimination Scale (Williams et al., 1997) to further understand young people's experiences of discrimination both in the shelter system in Toronto and more broadly. The first series of questions asked participants about any unfair treatment they experienced during their time at the shelter or hotel, as well as the reasons they experienced it. The majority of participants (69.9%) indicated they had experienced some form of unfair treatment at least once during their time there. The most common experiences of unfair treatment participants experienced at least once were being 'treated with less courtesy than other people' and 'people acting like they think they are better than you' (see Table 10). On average, participants reported experiencing 4.7 of the 10 types of unfair treatment.

Table 10 Frequencies of Unfair Treatment Among Youth Survey Respondents (n=73)

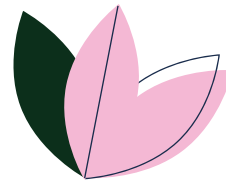
Unfair treatment	Never	Once	Two or three times	Four or more times
Treated with less courtesy than other people	47.9% (35)	19.2% (14)	17.8% (13)	15.1% (11)
Treated with less respect than other people	52.1% (38)	13.7% (10)	23.3% (17)	11% (8)
Received poorer service than other people	56.9% (41)	18.1% (13)	16.7% (12)	8.3% (6)
People have acted as if they think you are not smart	52.1% (37)	14.1% (10)	21.1% (15)	12.7% (9)
People have acted as if they are afraid of you	59.7% (43)	15.3% (11)	16.7% (12)	8.3% (6)
People have acted as if they think you are dishonest	50.7% (37)	13.7% (10)	26% (19)	9.6% (7)
People have acted as if they're better than you are	47.9% (35)	16.4% (12)	23.3% (17)	12.3% (9)
You have been called names or insulted	56.3% (40)	9.9% (7)	23.9% (17)	9.9% (7)
You have been threatened or harassed	54.2% (39)	16.7% (12)	18.1% (13)	11.1% (8)
You have been followed around	58.9% (43)	11% (8)	17.8% (13)	12.3% (9)



Participants were then given the opportunity to select multiple answers from a list of potential reasons for why they perceived they received unfair treatment. Among those that indicated they had experienced unfair treatment at least once, the most common reason cited was race, with 43.1% indicating this was the reason they experienced unfair treatment. This was followed by age, with 31.4% listing this as the reason they were treated unfairly (Table 11). Despite this, cross-tabulations and chi-square analysis between unfair treatment and various demographic factors including race, gender, and identifying as 2SLGBTQ+, did not reveal statistically significant relationships between the variables.

Table 11 Reasons Cited for Unfair Treatment Among Youth Survey Respondents (n=51)

	Percent (count)
Ancestry or national origin	19.6% (10)
Gender	29.4% (15)
Race	43.1% (22)
Age	31.4% (16)
Religion	13.7% (7)
Height or weight	15.7% (8)
Shade of skin colour	21.6% (11)
Sexual orientation	7.8% (4)
Education or income level	19.6% (10)



Participants could choose multiple answers.

Youth survey participants were also asked about their experiences of major discrimination outside of their time at the shelter and/or hotel. For these questions, youth were given a binary yes/no option (Table 12). The most prevalent experience of major discrimination in the sample concerned policing, with nearly a quarter reporting that they had been unfairly stopped, searched, questioned, physically threatened or abused by the police during their time at the shelter/hotel. The next most common experiences of discrimination involved employment experiences, with 21.1% indicating they had been not hired for a job for unfair reasons, and 20.5% reporting being unfairly fired. Over half did not report experiencing major discrimination. Participants reported experiencing less discrimination than unfair treatment, selecting on average, 1.4 of the 8 types of discriminatory treatment.

Table 12 Major Discrimination Outside of Shelter / Hotel Among Youth Survey Respondents (n=73)

	Yes	No
Unfairly fired	20.5% (15)	79.5% (58)
Not hired for a job for unfair reasons	21.1% (15)	78.9% (56)
Unfairly denied a promotion	12.7% (9)	87.3% (62)
Unfairly stopped, searched, questioned, physically threatened or abused by the police	23.3% (17)	76.7% (56)
Unfairly stopped, searched, questioned, physically threatened or abused by a worked at the shelter/hotel	19.4% (14)	80.6% (58)
Unfairly discouraged by a teacher, shelter worker, or advisor from continuing your education	13.9% (10)	86.1% (62)
Unfairly prevented from moving into a neighbourhood because the landlord or a realtor refused to sell or rent you a house or apartment	19.7% (14)	80.3% (57)
Unfairly denied access to a program or service	11.3% (8)	88.7% (63)

Similar to the questions on unfair treatment, participants were asked about the reasons they suspected this major discrimination had occurred. Once again, race was the most commonly selected reason for these experiences, with 36.4% of those that indicated they had been discriminated against citing this as a primary reason. Gender was the second most reported reason for major discrimination at 33.3% of the sample (Table 13).

Table 13 Reasons Cited for Major Discrimination Among Youth Survey Respondents (n=33)

	Percent (count)
Ancestry or national origin	15.2% (5)
Gender	33.3% (11)
Race	36.4% (12)
Age	27.3% (9)
Religion	9.1% (3)
Height or weight	18.2% (6)
Shade of skin colour	18.2% (6)
Sexual orientation	9.1% (3)
Education or income level	9.1% (3)



*Participants could choose multiple answers.

Using chi-square analysis, a significant relationship was found between race and being not hired for a job for unfair reasons (see Table 14). Respondents who identified as People of Colour were more likely to experience discrimination in hiring (29.4%) compared to those who identified as White (8.3%). No other demographic variables were found to have a statistically significant relationship.

Table 14 Racial Hiring Discrimination Among Youth Survey Respondents (n=58)

	Experienced hiring discrimination	Did not experience hiring discrimination
Person of Colour	29.4% (10)	70.6% (24)
White	8.3% (2)	91.7% (22)

Pearson chi-square test, $p = 0.051$.



Summary

Results from the youth survey further demonstrated the structural and psychosocial impacts the COVID-19 pandemic had on youth experiencing homelessness in Toronto. Structurally, youth reported difficulties accessing basic needs, particularly employment and housing. These difficulties were most prominent among female-identified and non-binary participants. Youth who were in school reported mixed experiences, with some preferring online learning, and others encountering barriers to learning. Youth seeking employment reported high rates of layoffs, unemployment, and precarious work relationships. In regard to routines, 36.5% of youth reported their sleep had worsened, and 31% were exercising less compared to pre-pandemic. In contrast, 40% reported exercising more than before the pandemic.

Youth survey respondents also experienced several psychosocial impacts as a result of these structural changes. For instance, 42.7% of youth reported that their free time 'drags on and on', and many felt more isolated compared to before the pandemic. Nearly 40% reported worsened mental health, and nearly a quarter reported that their mental health had improved.

Nearly 70% of respondents reported experiencing some form of unfair treatment while at the shelter or hotel, and the most commonly identified reason for this was race. Nearly 46% of respondents reported at least one experience of major discrimination, with race once again being the most commonly identified reason.

Objective Two: Impact on Staff

“COVID has been absolutely draining and fatiguing for our staff, both physically, emotionally, psychologically. Yeah, it’s kind of like operating in intense crisis mode for way more of an extended period of time that anybody is really supposed to stay in that kind of high adrenaline fast pace.”

The second objective of this research, which was added following initial interviews with staff, was to identify the ways the pandemic impacted staff who serve youth experiencing homelessness in Toronto. In this section, results from the interviews (n=31) and surveys with staff (n=93) highlight how the pandemic impacted staff personally and professionally. As in the section on impacts on youth, results are split into qualitative and quantitative subsections. The qualitative subsection reports the findings from the qualitative interviews conducted in the ‘second wave’ between November 2020 and March 2021, and the quantitative subsection presents the findings from the quantitative survey collected between August and September 2021. In this section, we discuss the impacts the pandemic had on the staff’s feelings of health and safety, feelings of burnout and exhaustion, health and wellbeing, and perceived support from the agency they worked for.

Impact on Staff

Qualitative Results

1. HEALTH AND SAFETY

Staff described experiencing a range of health and safety concerns while working during the COVID-19 pandemic. Importantly, these concerns varied depending on whether or not staff were able to work from home. For staff who worked on-site, fears of contracting the virus were common and influenced their mental health, as articulated by one staff:

“I think it’s made people exceedingly anxious. Not everyone, but many, a substantial number of people. I mean, they fear for their health, potentially their family’s health, extended family’s health.”

Despite this, the majority of staff described the benefits of working with youth outweighing the risks to their personal health. This sentiment did not stem from indifference to the virus—as the quote below shows—but rather was a testament to staff’s deep commit-

ments to their clients' wellbeing. For instance, one staff said: *"I will continue to come in because this is where the youth live, and I need to come in for them."*

Fears of contracting the virus often coincided with observations that mask compliance among youth was, at times, not at the desired level. One staff member described how this rendered the shelter environment less safe: *"And shelters are, like, obviously not that safe. Because so few youth wear masks."* While these concerns were common, staff also recognized the prevalence of misinformation circulating about masks, including unfounded claims that they were ineffective and presented health risks to those who wore them. In the words of one staff member: *"They're getting all kinds of convoluted confusing messaging."* With this in mind, several staff suggested that their agencies should work towards educating youth on the topic and shared examples of when their own educational efforts were successful.

In addition to education, staff highlighted ways that they believed their organization could strengthen their response to health and safety on-site. Some suggested structural improvements to indoor shelter spaces to reduce the spread of COVID-19, including plastic barriers and improved ventilation. For others, such as the staff quoted below, recommendations concerned broader notions of policy and the enforcement thereof:

“I can tell you that I’ve been a pretty strong advocate of a lot harsher—I wouldn’t say harsher—but stricter guidelines around this thing for some time [...] So, masks, number one, surgical masks on everyone. A better adherence to the protocols around screening. I think we got very lazy about it.”

2. BURNOUT AND EXHAUSTION

Many staff also reported experiencing symptoms of burnout and exhaustion during the COVID-19 pandemic—symptoms they attributed to increased workloads, aforementioned health and safety concerns, and the emotional labour of working with youth experiencing greater levels of distress given the social milieu. A number of factors were described as contributing to staff's increased workloads during the pandemic including having staff leave the shelters to work at the hotel, staff having to isolate if they were exposed to COVID-19, and high levels of staff turnover, which all led to staff shortages. In the interviews, staff and management described how the response to the pandemic necessitated both more work hours and a greater intensity of work. Speaking to the former, one manager identified how many staff were working a *"tremendous amount of overtime"* which made

them “*stressed ... but also just tired, physically tired.*” Aside from the increased time staff dedicated to work, the work itself was also more intense as they scrambled to fill in the gaps left by cancelled programming, as explained by one staff:

“The workload is higher, for sure. It’s changed because it’s more intensive because our young people are struggling a lot more. And the resources are less. So, what ends up happening is that those of us that are still standing are having to cover for things that don’t exist.”

Burnout was also related to the needs of youth, and the ways staff’s concern for their well-being transcended the temporal boundaries of the workday. One staff member connected increased workloads to the complexity and acuity of clients’ needs during the pandemic, and described how concern for clients meant taking work home with her:

“It’s, you know, not turning off my cell phone when I should, taking it home with me. So, there’s, like, an increased anxiety in all of us here, it’s like, who’s seeing these young people outside of our relationship?”

The duration of the pandemic, and therefore the amount of time staff had to operate in, as one interviewee deemed it, “*crisis mode*”, compounded issues of burnout. Indeed, one staff noted how, at the onset of the pandemic, staff rose to the challenge:

“I think shortly after the pandemic hit, there was quite a heroic response. Where there was a lot of energy and motivation.”

What followed, however, was a protraction of the crisis beyond what many expected, and some staff described a physical inability to maintain the energy that was exerted in the early days of the pandemic. One staff member described how this was an issue across the organization:

“I think people in the beginning were like, yeah, we can do this. We’ll—you know we can just put our heads down. But I think it’s because of the duration and the intensity of the work that people are burning out at all levels of the organization.”

For staff who were able to work from home, experiences of exhaustion were also described, although shaped by a different set of circumstances. Given the material shift in working conditions, which entailed moving from face-to-face work on-site to virtual work from home, staff reported growing tired of their newly conjoined work and living spaces, as well as feeling exhausted by the impersonality of meetings over Zoom:

“It feels like there’s a lot more fatigue because even connecting with team members over Zoom multiple times a week is—it’s a different—like it’s a different kind of exhausting.”

Speaking to their work with clients, some staff who worked from home felt ineffective when connecting with clients virtually, as if they were unable to provide the same level of care as they could in-person. In the words of one staff member, this helplessness was a direct contributor to their fatigue:

“You can feel kind of useless because you can’t do the same work that you normally would with people. So that definitely leads to, like, a feeling of fatigue. It’s like you can’t really connect them to the resources that you know they need.”

These experiences of exhaustion and burnout were described as taking personal and professional tolls for staff members, clients, and the broader agency. For staff themselves, burnout was intimately connected to experiences of poor mental health and led some to take leaves from work or resign from the profession entirely. When asked how staff were responding to burnout, one manager cited these aforementioned outcomes, and highlighted how personal factors, such as childcare, factored into these decisions to step away professionally:

“So, we’re seeing people take leave. And they may be leaves for childcare, because people are trying to juggle what school looks like [for their children]. We’re seeing people resigning and just saying, ‘you know this is too much, I can’t do this’.”

Other managers noted how, with staff sapped of energy, the quality of programming and engagement with youth declined. As one explained: *“And it’s tiring and I think that also impacts the quality of service for the youth.”*

3. HEALTH AND WELLBEING

Due to a confluence of health and safety concerns, burnout, and other personal and professional factors, many staff described experiencing worsened mental health and well-being during the COVID-19 pandemic. As previously mentioned, several staff described experiencing heightened anxiety related to working in-person with clients during the pandemic. In the words of one staff member, this translated to a “*low level anxiety*” that only grew over the course of the pandemic. They went on to say:

“For those of us that have been on-site since the beginning, it’s—you feel like the walls are closing in on you.”

Demonstrating the overlap between burnout and mental health, another member of staff shared how working during the pandemic was not only draining physically, but psychologically as well:

“COVID has been absolutely draining and fatiguing for our staff, both physically, emotionally, psychologically. Yeah, it’s kind of like operating in intense crisis mode for way more of an extended period of time that anybody is really supposed to stay in that kind of high adrenaline fast pace.”

Isolation was also a concern, particularly for those who lived alone and/or worked from home. One staff explained how being under lockdown took a toll on staff members’ mental health:

“In terms of, again, the staff mental health, I think just probably for some people low-grade depression, maybe for some people, higher, because you can’t really leave your house too much. So being isolated, especially maybe if you don’t live with anybody, and then you’re just kind of by yourself with no end in sight.”

After describing how work during the pandemic could be isolating for staff, the same participant enumerated a number of other factors—all potentially made worse by the pandemic—that compounded poor mental health for staff:

“So, I think that, compounded with just other life stressors of finances, family issues, kids, kids’ homeschooling, you know? Lots of tough issues. So, I would say depression and anxiety were quite prevalent.”

4. SUPPORTS FOR STAFF

In light of these experiences of burnout and reduced wellbeing among interviewees, staff also described the support they were receiving from their organizations—as well as a lack thereof. Among staff who felt they were adequately supported at work, these gestures ranged from the symbolic to the material. Symbolically, some staff, such as the one quoted below, experienced a work environment in which management and co-workers were understanding and emotionally supportive:

“I think there’s also some kindness coming out of it, and I think staff, you know, are more mindful of each other and are, as we have seen in the last week, just able to step up and support each other amidst all of that. So, it’s a work in progress. It’s been a very, very difficult year. And I think, you know, the agency has acknowledged that, and the messaging is there and... yeah, the support is there.”

When it came to material supports, some staff described receiving additional pay through a pandemic premium, flexibility with taking time off, and access to mental health supports. Flexibility in scheduling was also mentioned by one staff who worked remotely, who said that their employer was understanding when they needed time away from work:

“I enjoy the supervision we get... I’m very supported here. They understand when I need time out, I can get it.”

Other interviewees felt that employer-provided supports were insufficient to address staff wellbeing during the pandemic properly. In the words of one worker who met with youth in-person and perceived material supports to be lacking, symbolic gestures needed to be supplemented with substantial vacation time for frontline workers:

“The truth is, there isn’t enough resources to offer support in meaningful ways, you know what I mean? There’s emotional support, and there’s, you know, ‘we really appreciate you,’ and, you know, communication has been great and open. But if you’re looking at youth workers, the folks that have been here since March, they need a break, and that means, like, bring in a whole new crew and give them a whole week off. That’s what I mean by meaningful support.”



Summary

With COVID-19 changing the delivery of services and increasing workloads, staff experienced several personal and professional impacts of working during the pandemic. Staff shared health and safety concerns, as well as how pandemic restructuring (e.g., sending staff to hotels) and quarantine measures created staffing shortages that, in concert with efforts to continue providing services to youth, led to experiences of burnout and exhaustion for many.

Given these experiences of burnout—combined with fears of contracting the virus and personal experiences during the pandemic—some staff shared experiences of heightened anxiety and isolation compared to before the pandemic. While some support was in place for staff, some desired additional measures and supports to address staff wellbeing.

Impact on Staff

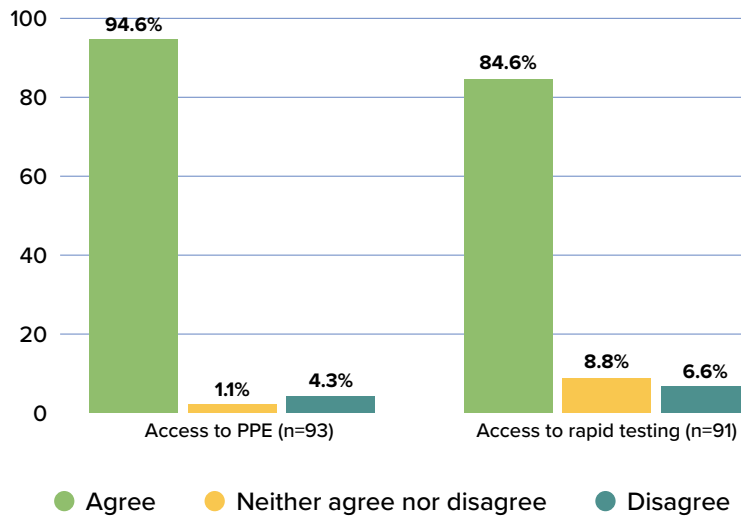
Quantitative Results

As a result of the findings that emerged in the staff interviews related to the personal and professional impacts the COVID-19 pandemic had on staff, the staff survey was designed to include measures that capture these experiences. In this section, the results from the staff survey (n=93) are presented.

1. HEALTH AND SAFETY

For staff survey respondents, the overwhelming majority reported having access to basic health and safety protections. Notably, when responding to items from Zhang et al.'s (2020) COVID-19 Organizational Support measure, 94.6% of participants said that they had access to appropriate personal protective equipment (PPE) and 84.6% had access to rapid testing (see Figure 13).

FIGURE 13

Access to PPE and Rapid Testing

Percent of staff respondents who agreed, neither agreed nor disagreed, or disagreed that their agency provided access to PPE and rapid testing.

Despite these protections, risks and uncertainty still pervaded the sample. When asked whether they felt they were at risk of contracting COVID-19 and bringing it home to their family, three-quarters of respondents agreed, and 43% said they were uncertain that their organization would take care of their needs if they contracted COVID-19 (see Table 15).

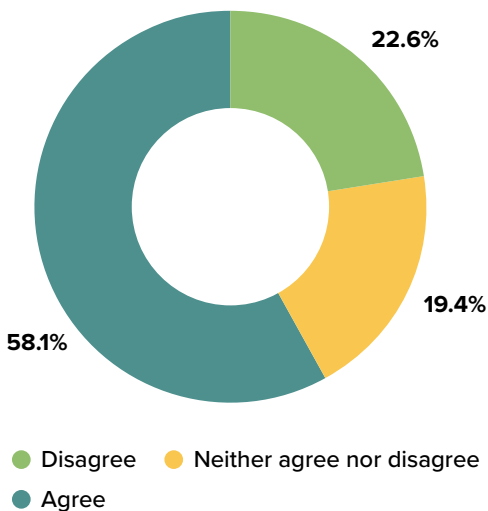
Table 15 Areas Staff Participants Felt Supported by the Agency they Work for (n=93)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have access to appropriate PPE	3.2% (3)	1.1% (1)	1.1% (1)	33.3% (31)	61.3% (57)
I am exposed to the risk of getting COVID-19 at work	4.3% (4)	7.5% (7)	12.9% (12)	43% (40)	32.3% (30)
I can get tested for COVID-19 rapidly if I need to	3.3% (3)	3.3% (3)	8.8% (8)	40.7% (37)	44% (40)
I am uncertain my organization would take care of my own needs if I get COVID-19	12.9% (12)	25.8% (24)	18.3% (17)	33.3% (31)	9.7% (9)
People in my organization have access to childcare during increased work hours and school closures	19.6% (18)	25% (23)	44.6% (41)	8.7% (8)	2.2% (2)
As work demands increase, I can get support for other personal and family needs	18.7% (17)	30.8% (28)	30.8% (28)	9.9% (9)	9.9% (9)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organization can provide me competent medical care if I am deployed to a new area (e.g., from non-ICU to ICU)	15.2% (14)	19.6% (18)	42.4% (39)	17.4% (16)	5.4% (5)
I feel I lack access to up-to-date information and communication from the healthcare system	25% (23)	41.3% (38)	18.5% (17)	14.1% (13)	1.1 (1)

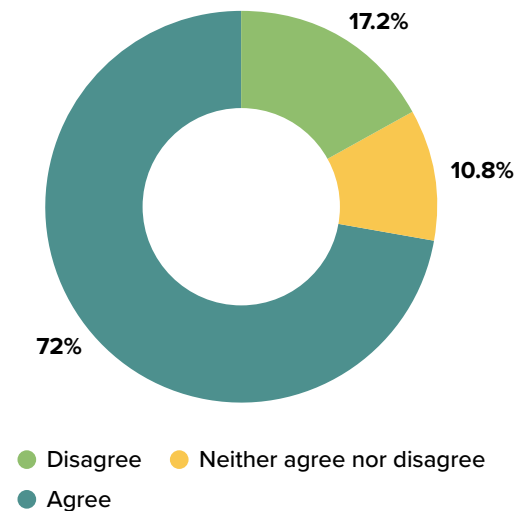
Staff's perceptions of their organizations' handling of the pandemic also varied. While nearly three-quarters of respondents were 'satisfied' with their agency's response to COVID-19, 58.1% believed that their agency did everything it could have (see Figures 14 and 15).

FIGURE 14
Staff that Felt Agency Did Everything it Could (n=93)



Percent of staff respondents who agreed, neither agreed nor disagreed, or disagreed that their agency did everything it could in response to COVID-19.

FIGURE 15
Satisfied With Agency Response (n=93)

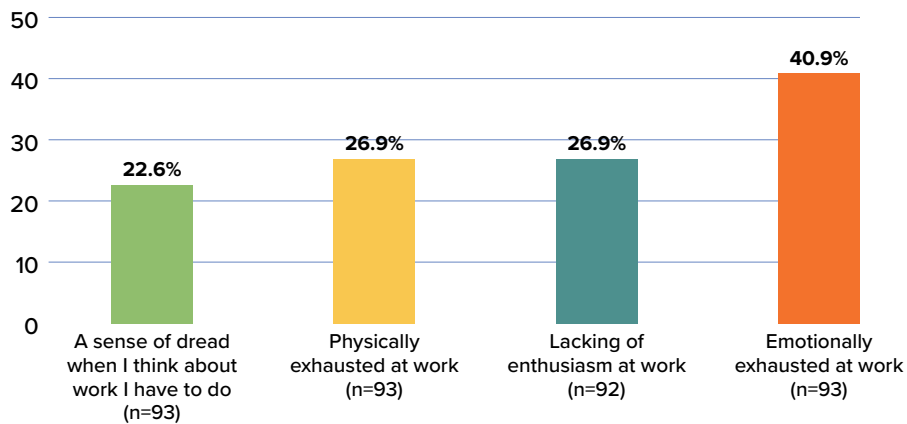


Percent of staff respondents who agreed, neither agreed nor disagreed, or disagreed that they were satisfied with their agency's response to COVID-19.

2. BURNOUT AND EXHAUSTION

Staff respondents were asked to complete the Professional Fulfillment Index, a standardized measure that includes a series of questions to assess burnout (Trockel et al., 2018). These questions asked respondents to consider how frequently they had experienced different symptoms of burnout over the past two weeks. Based on this measure, 53% of all staff surveyed experienced burnout during the two weeks prior to taking the survey. Notably, 40.9% of staff surveyed indicated that, over the past two weeks, they had been emotionally exhausted at work ‘a lot’ or ‘extremely’, and over a quarter said the same for physical exhaustion and lacking in enthusiasm at work (Figure 16). Almost a quarter indicated that they felt a sense of dread when they thought about the work they had to do.

FIGURE 16
Staff Burnout

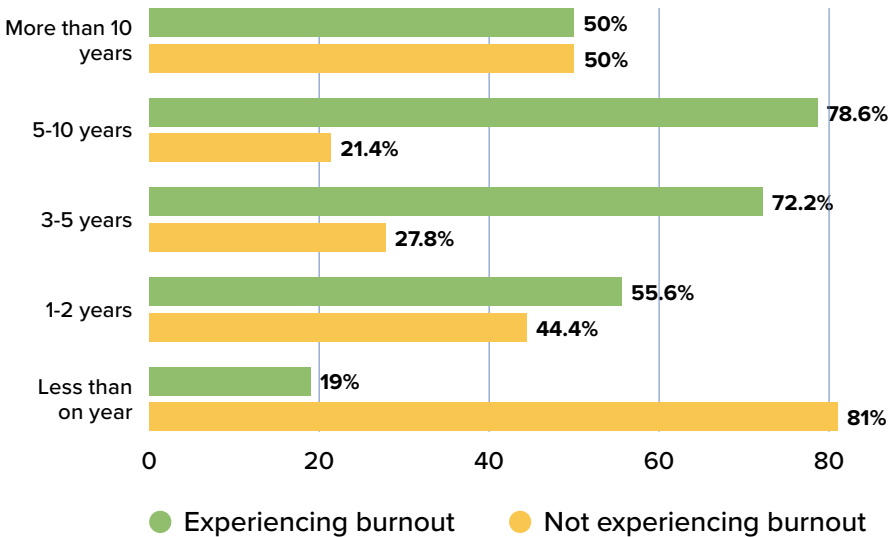


Percent of staff survey respondents who experienced symptoms of burnout ‘a lot’ or ‘extremely’ over the past two weeks.

Chi-square analysis revealed a statistically significant relationship between burnout and the length of time staff worked at their agency. Staff who worked at their agency for 3-5 years or 5-10 years differed significantly in their experiences of burnout from the rest of the sample, with 72.2% and 78.6% experiencing burnout over the last two weeks, respectively. This was compared to staff who had worked at their agency for less than one year, who reported the lowest rates of burnout, with only 19% experiencing burnout over the last two weeks (Figure 17).

FIGURE 17

Burnout, By Length of Time at Agency (n=93)



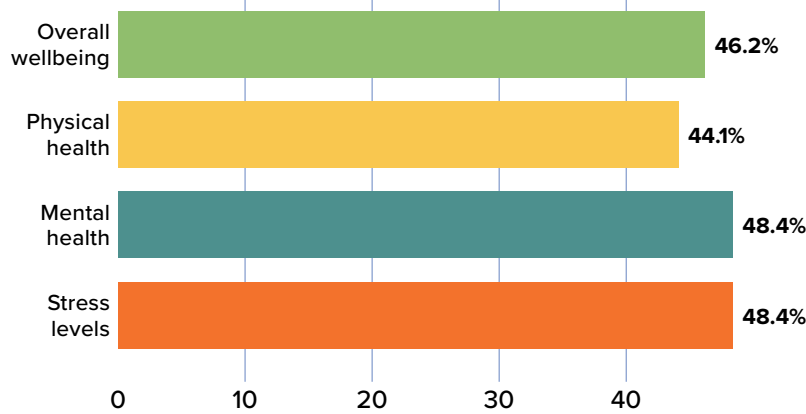
Percent of staff survey respondents who experienced burnout in the last two weeks, by length of time they worked at their organization. Pearson chi-square test, $df=4$, $p = 0.003$.

3. HEALTH AND WELLBEING

Survey respondents also reported impacts to their mental health and wellbeing from the pandemic. Indeed, when asked about how different aspects of their wellbeing compared to before the COVID-19 pandemic, nearly half of survey respondents indicated that their overall wellbeing had taken a toll (see Figure 18). Nearly half of all staff who participated in the survey said that their mental health and stress levels had worsened, and 44.1% of respondents said their physical health was worse. With that said, a smaller proportion of staff reported that their wellbeing had improved since the onset of the pandemic. Nearly a quarter said their stress levels had gotten better, 23.7% said their mental health had improved, 22.6% reported better physical health, and 24.8% said the same of their overall wellbeing.

FIGURE 18

Worsened Wellbeing Compared to Before COVID-19 (n=93)



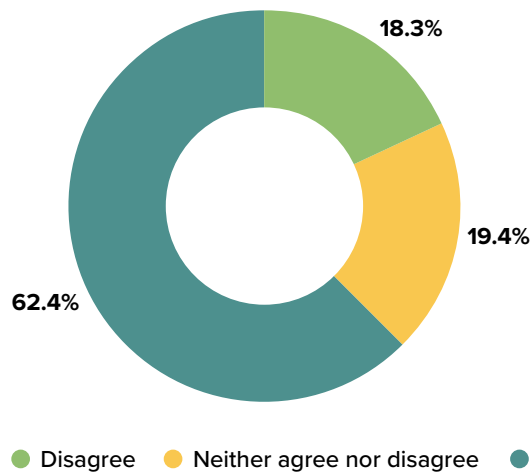
Percent of staff respondents who reported that their overall wellbeing, physical health, mental health, or stress levels were worse compared to before COVID-19.

4. SUPPORTS FOR STAFF

Staff were asked whether they believed their agency took care of its employees' needs resulting from COVID-19. Just over 60% of staff survey respondents agreed that their organizations took care of their needs (see Figure 19), and over a third either disagreed or neither agreed nor disagreed.

FIGURE 19

Organizational Support for Staff (n=93)



Percent of staff survey respondents who agreed, neither agreed nor disagreed, or disagreed that their agency took care of its employees' needs resulting from COVID-19.



Summary

Survey results revealed how the pandemic impacted staff survey participants personally and professionally, as well as their perceptions of organizational support. While most staff reported having access to basic protective equipment, and the majority felt satisfied with their organization's response, three quarters of staff surveyed nonetheless reported feeling concerned about contracting COVID-19 at work.

Burnout and exhaustion were also prevalent in the sample. According to results from a standardized measure, 53% of staff surveyed were experiencing burnout at the time they took the survey. Burnout was more pronounced among staff who had worked at their organization for 3-5 or 5-10 years compared to more recent hires.

When asked about how the pandemic had impacted their mental health, physical health, stress levels, overall wellbeing, nearly half indicated these aspects of their lives had worsened. Similar to with youth participants, a notable minority reported that their wellbeing had improved since the onset of the pandemic.



Objective Three: Collaboration During the Pandemic

“I think it depends on each person’s organization and where they’re at in their development and crisis in-house. You can only collaborate externally if things are good in your shop, right?”

The third objective of this study was to understand the ways in which various stakeholders addressing youth homelessness in Toronto collaborated during the pandemic, to determine the extent to which this collaboration was sustainable, and to identify recommendations to strengthen these collaborations in the future. In this section, we discuss results from staff and stakeholder interviews (n=31) from Phase One of the research. Participants were asked about collaboration across the sector during the pandemic, the benefits of continuing and expanding on collaboration in the future, and the barriers to doing so. We then present the staff survey results (n=93), collected during Phase Two of the research, which shows their perception of the state of collaboration across the youth homelessness sector in Toronto.

Collaboration During the Pandemic Qualitative Results

1. STAFF AND STAKEHOLDER INTERVIEWS

Both staff and stakeholder participants described how the pandemic led to increased collaboration across the city among different sectors and organizations. For instance, the municipal government worked very closely with Toronto Public Health, as well as the Toronto Transit Commission (TTC) to arrange free transportation for individuals to receive testing and travel to isolation hotels when necessary. There was also a need to increase communication regarding protocols and safety from the municipal government and Toronto Public Health across the shelter system. Agencies such as the Toronto Shelter Health Network and Toronto Alliance to End Homelessness played key roles in facilitating information sharing city-wide.

What was particularly interesting was the way that various shelters for youth increased their collaborative efforts during the pandemic. While there has always been some degree of communication and collaboration across the sector, including through the Youth Shelter Interagency Network (YSIN), these agencies operate completely independently, and

there is currently no formalized system of care or shared service models. When the municipal government opened the emergency hotels in response to the pandemic, one in the downtown core was reserved for youth specifically. As such, youth from four different shelters were moved there. To create consistent programming for youth, the sites worked together to develop the necessary policies and procedures which, as one participant pointed out, had never been done before:

“It was a different level of collaboration where, yes, like, probably for the first time for most of the sector they were working together under one roof, delivering services to the same clients at the same time, sharing clients and needing to figure that out because the systems didn’t exist. And needing to figure out how to share policies and procedures.”

The staff across the four sites worked together to create a consistent set of procedures for the hotel, including setting a curfew, programming, harm reduction, and addressing incidents and safety on-site. Those that participated in this study largely felt that the collaboration went really well. For instance, one staff said:

“I think people did work really well together and everybody kind of built on their strengths. It’s not been without its headaches, but I think it’s gone really well and people focused on what the young people need.”

Participants were asked to discuss the benefits of increasing collaboration across the sector, and the most common response was that the agencies in the system often work with the same youth; as one participant said, *“Very often youth in the shelter system are moving from shelter to shelter”*, suggesting increased collaboration would create a more seamless system of care for the youth. When asked what an ideal collaboration would look like, a few participants spoke about having a shared vision, mission and values, as well as an agreement on what they collectively want to achieve. Others spoke about building on the different agencies’ strengths and developing the system of care based on who has the capacity and expertise to provide different services. For instance, one agency might have a strength in addressing the needs of individuals with mental health challenges, one might have more administrative capacity, others might have specific expertise for a particular subpopulation of youth, etc. Another suggestion was to utilize more system-wide programs, such as the current Family and Natural Supports (FNS) program (see Gaetz et al., 2020 for program model). In this program, the staff have a ‘home’ organization, but they also reach out and provide services to other shelters as well and have designated

staff assigned to each participating shelter. Finally, another suggestion was for the youth shelters to do more joint advocacy to address the shared systemic barriers the youth face. One staff elaborated on this point:

“We similarly experience the lack of affordable housing. So as a shared group, we would all be in support of making those things happen. We also all experience the same issues with our client populations and recognize the gaps in the system, particularly when it comes to dealing with addiction and mental health, and the lack of services that are available to youth.”

Participants also described the numerous barriers they face that prevent the shelter system from collaborating more or operating as a system of care. The most frequently described barrier was a lack of resources. Despite all the Toronto shelters receiving some funding from the municipal government, they are all also required to fundraise for many of their program operations. This has historically created a situation in which agencies are competing for the same funding pots, as one staff said:

“Historically we’ve all been scrambling for the same funding. So, we’ve all wanted the employment program, we’ve all wanted the housing worker.”

This quote shows that not only have the different shelters been structurally forced to compete with one another, but that agencies must also consider whether their own programs have adequate resources before they can consider collaborating with others. The FNS program was provided as a positive example of a program that was designed to be collaborative, as the program serves youth at multiple shelters. Participants stated that funding model, which was set up to fund a system-wide service rather than one organization, was key to its success as it helped to facilitate collaboration rather than competition. The message, therefore, was that in order for collaboration to be successful, resources need to be allocated to support the partnership. One participant also pointed out that it is difficult for differently-sized organizations with varied budgets to collaborate, as the larger and better resourced ones generally have more capacity to do so, which often disadvantages the smaller ones. Several participants also referred to the level of crisis that staff are contending with at their agencies and how this puts them into a perpetual state of having to “*put out fires*” rather than proactively creating collaborative strategies or participating in collaborative activities, even if this would ultimately improve the response to youth homelessness in Toronto. For instance, one stakeholder said:

“I think it depends on each person’s organization and where they’re at in their development and crisis in-house. You can only collaborate externally if things are good in your shop, right?”

Despite the barriers, there was some optimism among a few participants that the momentum created by the increased collaboration during the pandemic could be built upon. Two participants spoke about picking a few priority areas or starting small and building upon successes. For instance, one participant said:

“We’ve demonstrated that collaboration can happen and good outcomes can be achieved. So, if we use that same kind of approach and identify some key strategic areas we want to focus on... Let’s zero in on what our strategy is on a few areas and really make some measurable difference.”



Summary

Interviews with staff and stakeholders demonstrated how the pandemic necessitated widespread collaboration to ensure youth experiencing homelessness received continuity of care. Collaboration occurred between shelters as well as with the city and other agencies to ensure proper implementation of public health measures, efficient communication of information, and the establishment of emergency hotels to allow for social distancing in the shelter system.

Participants also described wanting to continue this increased collaboration in the future, but highlighted barriers including limited resources and crises in the sector.

Collaboration During the Pandemic

Quantitative Results

In this section, we present the staff survey results related to collaboration from Phase Two of the research. These results show staff members' perception of the state of collaboration across the youth homelessness sector in Toronto. In order to get a better sense of the state of collaboration in Toronto, staff were asked to complete the Wilder Collaboration Factors Inventory (Mattessich, 2001), a measure designed to assess how a collaboration is fairing.

When the results were tabulated, the vast majority of participants felt that the state of collaboration in Toronto was in a “borderline” position, meaning there was some communication and collaboration, but still work to be done. Twenty-eight percent felt that the state of collaboration was “very good”, and 2.2% were “concerned” about the state of collaboration (see Table 16).

Table 16 Perceived Level of Collaboration Across Sector (n=93)

State of collaboration	Percent (count)
Concerned	2.2% (2)
Borderline	69.9% (65)
Very good	28% (26)



Aggregate results from the Wilder Collaboration Scale

When the individual items were considered (see Table 17), nearly all survey respondents indicated that their organization would benefit from increased collaboration, and just over three-quarters felt that their own role would be easier with increased collaboration. Moreover, while almost 90% either agreed or strongly agreed that they had a lot of respect for other people in similar organizations, only 15% indicated that youth workers at different organizations trust one another. Just under 80% agreed or strongly agreed that the time is “right” for increased collaboration. Taken together, it appears that most survey respondents felt that both they and the sector would benefit from increased collaboration, but that there is still some work to go to increase the level of collaboration and build trust.

Table 17 Feelings About State of Collaboration in Toronto's Youth Homelessness Sector (n=93)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Agree & strongly agree together
Agencies that work with youth experiencing homelessness in our communities have a history of working together.	5.4% (5)	36.6% (34)	38.7% (36)	14% (13)	5.4% (5)	42% (39)
Trying to solve problems through collaboration has been common in our communities. It has been done a lot before.	5.4% (5)	37.6% (35)	33.3% (31)	21.5% (20)	2.2% (2)	43% (40)
The political and social climate seem to be 'right' for collaborating on issues related to youth homelessness.	17.2% (16)	33.3% (31)	23.7% (22)	19.4% (18)	6.5% (6)	50.5% (47)
The time is 'right' for increased collaboration.	45.2% (42)	33.3% (31)	19.4% (18)	2.2% (2)	0% (0)	78.5% (73)
Youth workers at different organizations trust one another.	1.1% (1)	14% (13)	55.9% (52)	21.5% (20)	7.5% (7)	15.1% (14)
I have a lot of respect for people in other organizations who support youth experiencing homelessness.	41.9% (39)	47.3% (44)	7.5% (7)	2.2% (2)	1.1% (1)	89.2% (83)
My role could be easier if we increase collaboration with other organizations in the city.	39.6% (36)	38.5% (35)	16.5% (15)	4.4% (4)	1.1% (1)	78.1% (71)
My organization will benefit from increased collaboration with other organizations that support youth in the city.	49.5% (46)	46.2% (43)	1.1% (1)	2.2% (2)	1.1% (1)	95.7% (89)
I communicate with other organizations and other staff who work with youth experiencing homelessness both formally and informally.	30.4% (28)	38% (35)	19.6% (18)	9.8% (9)	2.2% (2)	68.4% (63)
I have conversations about service and the sector with others who provide services in the sector.	25.8% (24)	44.1% (41)	20.4% (19)	8.6% (8)	1.1% (1)	69.9% (65)

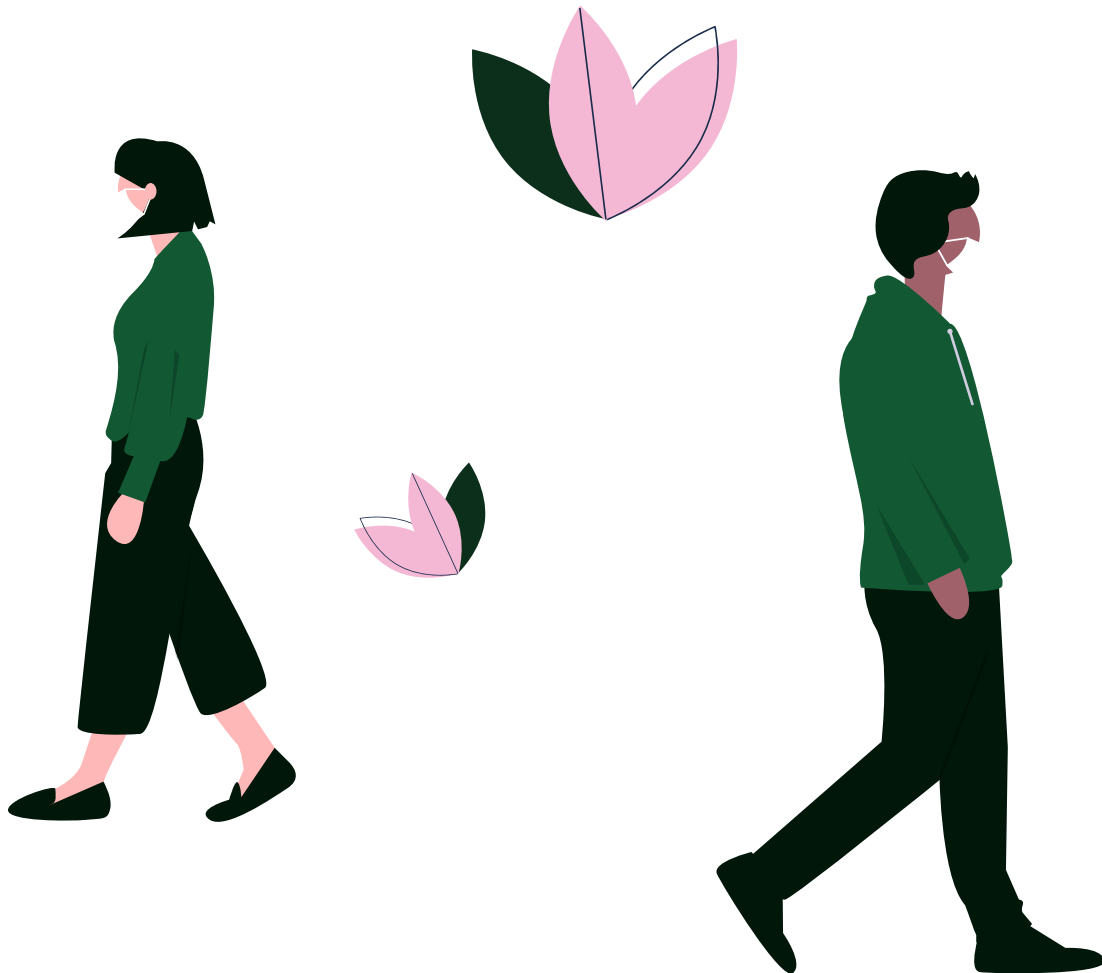




Summary

Results from staff surveys indicated that most participants felt that the state of collaboration in Toronto's youth homelessness system was in a borderline position, which suggests that communication and collaboration is occurring but could be improved.

When asked about their feelings about collaboration, the vast majority of staff felt that collaboration would benefit their organization. With that said, few participants felt that staff at different organizations trusted one another, suggesting that work needs to be done before collaboration can flourish in the sector.



Objective Four: Shifting to Prevention in Toronto

“My sense is that the action plan or theory of change to end homelessness in Toronto needs to be refreshed or reoriented—starting from the point of ending youth homelessness. And I think that’s a shift again for a lot of people.”

The third objective of this study was to identify recommendations to shift the response to youth homelessness to a prevention-focused one. While interviewing participants, researchers provided the following definition of prevention from Gaetz et al. (2018):

The policies, practices, and interventions that either 1) reduce the likelihood that a young person will experience homelessness, or 2) provide youth experiencing homelessness with the necessary supports to stabilize their housing, improve their wellbeing, connect with community, and avoid re-entry into homelessness (p.20).

We then asked participants what they felt would prevent youth homelessness from occurring. Although not universal, we found that it was generally easier for staff and young people to talk about preventing the recurrence of homelessness rather than prevention of the initial experience of homelessness, otherwise known as ‘upstream’ prevention. To address this, we asked staff about each area of prevention separately in the survey and left it open-ended so staff could elaborate on their responses. This too yielded similar themes, suggesting that these two types of prevention are not easily teased apart. Quite often similar interventions are required, but at different times throughout a young person’s experiences that either renders them at risk of homelessness or when they are homeless. We asked youth participants specifically which type of interventions might have helped prevent their experience of homelessness, and what kind of housing model they would prefer upon leaving the shelter or hotel.

As the staff survey responses were open-ended, we present the findings in this section somewhat differently. Due to the similarity in themes in the staff interviews (n=31) and surveys (n=93), the themes from both are presented together (as opposed to qualitative first followed by quantitative). For those interested in seeing the results separately, charts of the survey results are included. See Tables 18 and 19 on page 86. Each of these is discussed below, followed by the findings from the youth interviews and surveys on their perspective on prevention, as well as their housing preferences when leaving the shelter or hotel. We begin

this section by discussing why, according to staff and stakeholder participants, there is a need to change the way youth homelessness is addressed in Toronto.

The Need for Change

For many staff and stakeholder interview participants, the pandemic further highlighted the need to change the way youth homelessness is addressed in Toronto, namely the current reliance on crowded emergency shelters. One of the most frequently discussed problems with the way youth homelessness is addressed in the city is that there is currently no youth-specific strategy, meaning youth are grouped together with everyone experiencing homelessness, which does not take into consideration the stage of life they are in and their unique developmental needs. For instance, one participant said:

“It’s realizing that young people are not just mini-adults, that they’re growing and developing and they need support. Youth homelessness requires a different approach, and lumping them with the adult populations is not helpful.”

One of the clearest manifestations of where grouping youth with adults experiencing homelessness can be problematic was, according to some participants, in the Coordinated Access system. The City of Toronto (2020) defines Coordinated Access as a:

“Community-wide approach to assessing, prioritizing, and connecting people experiencing homelessness in Toronto’s homelessness service system to housing and support opportunities that are available” (p. 12).

The prioritization process ensures that those with the most acute needs are prioritized for housing. While it is understandable that, given the limited resources and the tens of thousands of people experiencing homelessness in Toronto (approximately 5000 of whom are chronically homeless) (ibid.), a strategy to prioritize those with the most acute needs is utilized, a few participants argued that this system disadvantages young people by virtue of their age. One participant stated that their needs are often not as acute as adults who are chronically homeless, largely because they have not been exposed to homelessness (and other complexities such as mental health and addiction) for as long. This participant continued that by not prioritizing young people, their needs can become more acute:

“Chronically homeless have been prioritized for housing because we’ve got to help the people who are in the worst situation, but that sometimes leads to worse situations resulting because they’re not being prioritized.”

Some participants argued that it is important to intervene as quickly as possible with young people experiencing homelessness because the impacts of homelessness can be devastating, and the longer youth are homeless, the worse the impacts are. The psychological impacts of homelessness were particularly emphasized by a few staff, including the negative impact that the experience of homelessness can have on the young people’s developing sense of identity. For instance, one participant said:

“If you’re disconnected from family and in the shelter system, who are your influences? We have other youth experiencing homelessness and staff who hold—I mean an enormous amount of power over them, intrude on their privacy, check their bags, come into their rooms, tell them what they can eat...so then, if your time of identity formation is the homelessness experience and the shelter setting...I wonder what that means for them in terms of their sense of identity after a few years...I don’t think you would see yourself as self-sufficient...I would think you would get this ingrained sense of being marginalized, of being problematic maybe; of being insecure and not having stability in your life. I would think this would negatively impact resilience and self-efficacy.”

Moreover, several staff and stakeholder participants argued that by only focusing on those with the most acute needs, there is nothing to stop the inflow of homelessness, meaning the overall crisis of homelessness will continue unabated in Toronto. For some participants, there was an urgent need to shift the entire response to youth homelessness, referencing promising practices in prevention, which includes shifting to a Housing First response. One stakeholder participant indicated that it was time to shift the response to homelessness in general in Toronto, beginning with a focus on youth homelessness:

“My sense is that the action plan or theory of change to end homelessness in Toronto needs to be refreshed or reoriented—starting from the point of ending youth homelessness. And I think that’s a shift again for a lot of people.”

In addition to shifting the focus to youth, several participants emphasized the need to design the strategy with the diverse needs of the various subpopulations of youth that experience homelessness. For instance, one member of staff who identified as a Black female spoke about how responses to homelessness can fail to consider anti-Black Racism:

“I think we do these blanketed approaches and they usually stem from a place of White structure and how it will benefit. Like it’s a brush that paints largely, and I don’t think we take enough time to investigate how this approach will land with different demographics of young people.”

This quote makes clear the need for any strategy to end youth homelessness be rooted in diversity, equity and inclusion.

Prevention

Staff and Stakeholder Results

When staff and stakeholder participants were asked to discuss the best way to prevent young homelessness, both upstream and to prevent recidivism, the most frequent response in both interviews and the surveys was to increase the supply of affordable housing and the number of rent subsidies available to youth. This was coupled with the need to increase young people’s access to income, either through direct income supports, or improved access to employment and post-secondary education. Participants spoke about providing more support to families, improving various systems, working in partnership with schools and providing more case management services in the community as opposed to shelters. Each is discussed below.

1. HOUSING AND INCOME

The most frequent prevention measure cited by both staff interviewees and survey respondents (approximately half of participants in both samples) was increasing the amount of affordable housing available to youth, either through affordable units or providing rent subsidies to make market rentals more affordable. One participant also stated that affordable housing for “*parents and caregivers in the first place*” was also key to prevention. Participants further discussed ensuring that youth had the income to support themselves through education and employment opportunities and direct income supports. Participants described that in many cases, the gap between what youth can afford with their

income and the cost of housing is too wide, meaning they required either support with their income or a subsidy for their housing. As one staff explained in an interview:

“In most cases where it’s an economic issue that people can’t afford their housing, the actual prevention approach is to be able to provide them with a higher income or income supports to be able to afford rent, or to be able to provide them with a housing subsidy or more affordable housing so they can stay in their home.”

2. FAMILY SUPPORT

The next most frequently discussed intervention to prevent youth from becoming homeless in both staff and stakeholder interviews (about half of participants) and the survey (31%, n=29) was providing support to families while the youth is still at home. For instance, one staff described the need to focus more on the family in the shelter system:

“I think one thing we [the shelter system] don’t do enough of is family reconciliation. Like why do these young people end up in the shelter system in the first place...you have to come from somewhere. What happened? How do we get you back there? What tools is your family lacking to support you—and support collectively?”

Participants described various supports that could be provided to families, including clinical support for family conflict and psychoeducation. When asked to elaborate on what psychoeducation might entail, a few participants spoke about helping families to understand presenting problems in a new way. For instance, a young person might be struggling with mental health concerns that the family does not understand, interpreting this in strictly behavioural terms rather than as something that is not fully in the young person’s control. Another staff spoke about providing support to families who might not understand a young person’s sexual or gender identity, and providing support around this, or *“shifting the family along the continuum to being more accepting.”*

Several staff participants were quick to point out that family issues do not exist in a vacuum and are often the result of larger structural problems that impact the family, including poverty, systemic racism, and intergenerational trauma. One staff said:

“Recognizing that maybe a young person is struggling in the family home because of issues that are much bigger than what’s going on in the home...”

Are their parents unemployed, have they been laid off? Is one of the parents incarcerated? Are they new immigrants struggling to find work based on their education level?”

A few participants spoke about how many families are under-resourced, and prevention of youth homelessness means ensuring that families are not living in poverty and have access to safe, affordable housing.

Participants once again referred to the FNS program currently operating across the Toronto youth shelter system, which provides similar services to the ones discussed above. The team is, however, very small and does not have capacity to support the number of youth in the system that could benefit from the program. Moreover, as argued by one interview participant (and three survey respondents), this program is still focused on interventions once the youth are already in the shelter system, and could also be helpful working with young people before they enter shelter—in the community, including at schools. This interview participant elaborated on this:

“It would be helpful [pre-shelter intervention] because we’d probably be working with some younger youth, like 14, 15, 16, and we would connect with them before they’re at the point where they are needing to access shelter...and to prevent a lengthy stay. To prevent, anything more entrenched in the youth homeless system.”

Family-based services were described as important for youth across the prevention continuum, including well before a youth is homeless to assisting in maintaining housing stability after they have experienced homelessness. When providing support to young people’s biological families or guardians was not possible, staff also spoke about working with youth to develop a “*chosen family*” of people who may not be related but whose relationship is strong, supportive and affirming, and is therefore experienced like family. When asked why it was important for youth to have a sense of family in their lives, whether biological or chosen, participants spoke about the need for people to have a sense of belonging and community, and to have supportive people available during challenging times who are “*not paid to be there*”, and are therefore more likely to endure over the long-term. This was also described as being important to ward off loneliness and isolation, which in some cases can cause youth to come back to shelter or be overly reliant on social services for social connections. One participant also spoke about how family and natural supports are a protective factor for young people, strengthening their resilience and identity despite the adversity they had been through:

“Strength in family relationships is going to create more secure attachment styles, which has effects in young people’s lives as they enter adulthood. They impact their day-to-day functioning. If they maintain healthy relationships with people who are outside of the system, then their sense of identities remains different as a result of that...they may see themselves as a son, a brother, etc.”

3. IMPROVEMENT IN SYSTEMS

Participants highlighted how the prevention of youth homelessness ultimately means improving various systems. By far, the system referred to the most frequently in both the survey (18.3%, n=17) and the interviews was the mental health system. One interview participant spoke about how since deinstitutionalization occurred (i.e., the closing of mental health asylums), no other system has stepped in to fill this gap. While acknowledging the closure of asylums was the humane and right thing to do, the participant emphasized that there are many youth (and people in general) that have severe mental health concerns and no supports in place. In addition to supports for individuals with severe mental health concerns, both survey and interview participants spoke about the need for young people and their families to have easier and more affordable access to mental health and wellness supports in general to address trauma, everyday stress, and other concerns such as depression and anxiety. During an interview, one staff also pointed out that the mental health (and addiction) systems need to be available for families in general, not just youth. They said:

“[We need] mental health supports for both youth and family members. Sometimes your parents have mental health issues, and they have to leave because it’s too much. Or if your parents have substance use issues. If children, youth, and families or caregivers are able to access counselling, resources, tools to manage their mental health, to manage their substance use, then families might be able to stay intact.”

In addition to the mental health system, a few survey participants (4.3%, n=4) and those participating in interviews referenced the child welfare system, noting that many youth experiencing homelessness come from the child welfare system. One staff member completing the survey commented:

“Many youth come from the foster care system—we need better infrastructure within the above system to prevent these youth becoming homeless.”

Other systems discussed in the survey included the refugee system (2.2%, n=2), which was seen as sending youth from the border to shelters instead of working to house them, and reforming the criminal justice system (2.2%, n=2), including not discharging youth to shelters, and having more social workers respond to situations that the police are often called to. Improving various systems was also linked to confronting and addressing racism inherent in systems for many survey and interview respondents, as this was seen as limiting the opportunities (e.g., education, employment) available to People of Colour, and disproportionately disadvantaging them. When discussing systemic racism, one interview participant that identifies as a Black female spoke about how many People of Colour are forced to merely survive in their interactions with systems:

“On a personal level with different institutions, whether it was in the educational systems, in the prison industrial complex or in child welfare, or dealing with police, it just reinforced the fact that we’re taught how to survive, but we’re not really taught how to live. And that’s how we were kind of parented and our understanding of how to interact with different systems.”

Ultimately youth homelessness was described by some interview participants as the result of multiple, intersecting systemic failures:

“Homelessness is not caused by one particular sector. Often there are failures in a lot of sectors that result in homelessness.”

Staff shared that many youth experiencing homelessness are also experiencing difficulties that the staff in the shelter system are not necessarily trained or equipped to address, including those with severe mental health conditions:

“For young people who have lived with very complex mental health challenges, where shelters have become their hospitals in a way... they should not be in a shelter. They should be in a supported living environment that can meet their needs. Shelters are kind of contraindicated for on a clinical level...I think we’re creating problems.”

In addition to this, one staff participant spoke about how the shelter system was also not a suitable environment for youth with developmental disabilities, particularly as shelters are set up to be emergency spaces, which come with the assumption that youth are capable of following a case plan quickly:

“Shelters are not a great place for people with developmental disabilities because the whole structure of the shelter is you’re going to access the service for as short a time as possible to get back on your feet, which implies like case plans, you’re doing something about employment, you’re doing something about housing. And there’s so many homeless people that just can’t.”

4. SCHOOL-BASED EARLY INTERVENTION AND EDUCATION

School was identified by about one-third of interview participants and eight (8.6%) survey respondents as an ideal place for youth that are at-risk of homelessness to be identified and supported if needed. A few participants argued that there were likely several signs that a young person was experiencing difficulties well before they entered the shelter system, and that teachers and other staff at school are likely among the first people who would observe these signs, such as school disengagement, frequent absences, or a changed emotional affect. Once a youth that was struggling was identified at school, referrals could be made to provide support quickly:

“Identify the potential risks of homelessness and possible family breakdowns that could lead to homelessness...working with the teachers, with the principals, with the psychologists to help and identify and intervene quickly.”

Ideally this would allow service providers to provide interventions to youth at earlier ages, and well before they end up in the shelter system.

In addition to supports being provided to youth at-risk of homelessness, four survey respondents (4.3%) also felt that schools could provide more education to young people in general about real-world scenarios, presumably to deter youth from leaving home:

“Curriculum that provides real scenarios that depict expectations of what it’s really like to live independently (crazy rent prices).”

5. ONGOING CASE MANAGEMENT AND SERVICES ONCE HOUSED

A common theme in the interviews, and as previously mentioned, the most frequent staff survey response for preventing youth from returning to homelessness after they were housed, was ongoing access to case management support in the community (37.6%, n=35), and connection to necessary services (16.9%, n=15). One interview participant felt that youth shelters could do a better job at providing services in the community in addition to within shelter, as this ideally would better support youth living independently:

“I think community-based case management, which might be more intensive than youth supports. To help navigate systems once they’re living in the community. I think shelters need to do a better job about thinking about youth living outside the shelter context, to be able to imagine them living independently and being able to build the skills to be able to do that.”

In addition to having case management support available to youth in the community, staff in both interviews and surveys (16.9%, n=15) discussed the need for youth to have access to services, particularly for mental health and substance use if needed. During their interview, one staff member commented that without these supports, youth may lose their housing and end up back in shelter:

“[There is a] lack of supports for mental health and addiction once they do get housing. If you put a young person into housing, it’s great, but if they don’t have support to maintain the housing it can become a vicious cycle where they go into housing and then back to shelter and back to housing and back out.”

Several staff in both the interviews and survey (11.8%, n=11) highlighted the need for youth to have access to services in the community that support them in developing the life skills necessary to live on their own. This was largely focused on money management, but staff also referred to conflict management, tenant rights and responsibilities, and job preparation. The absence of particular life skills was described by some participants as potentially jeopardizing their housing stability. For instance, one interview respondent said:

“I guess if housing was more affordable that would be one barrier taken down, but that’s not enough because housing falls apart. If you don’t know how to budget your money, if you don’t know how to cook, if you don’t know what will get you evicted, if you don’t have all those life skills, you’re potentially going to end up homeless regardless.”

Table 18 Initiatives to Prevent Homelessness / Entering Shelter (Open-Ended, n=69)

Service / Initiative	#	Example quote
Housing	30	Increased access to affordable/transitional housing for youth but also their parents/caregivers in the first place.
Family	29	Family counselling for kids at a very early age, for intervention while youth are still in their home environment.
Mental health support	17	Easier and faster access to mental health, addictions, and wellness supports.
Education / Employment support	16	More employment opportunities, employment opportunities with benefits, lower cost of education.
Schools – Services	8	A larger presence of Child and Youth Workers with a housing background, in schools to help kids understand their options.
Systems	8	We need better infrastructure within the child welfare system.
Outreach	8	Neighbourhoods at risk...I believe we need more outreach workers.
Wrap around supports	5	A wrap around and continuing service for clients.
Education for youth	4	Curriculum that provides real scenarios that depict expectations of what it's like to live independently (including crazy rent prices.)
Collaboration / Information sharing	3	Ability to provide continued care as youth move between shelters.
Other – Single answers	5	Creating less dependence on the shelter system.

Table 19 Helpful Services to Prevent Returning to Homelessness (Open-Ended, n=67)

Service / Initiative	#	Example quote
Ongoing case management	35	Continuing support for two to three years after they leave shelter with all the wrap around supports.
Affordable housing	18	Longer, more robust subsidies.
Mental health / Substance use support	15	More/better mental health supports in the community.
Employment	11	Job training / skills development; employment with sustainable and living wages.
Life skills	11	Budgeting and life skills courses—such as how to read a lease, your tenant rights, etc.
A sense of community	11	Centres for youth to come together to prevent the feelings of loneliness; many youth come back to shelter as they feel lonely living on their own.
Income support	8	Financial support (gift cards, phone cards, data plan) to bridge while they are budgeting their money.
Mentorship	4	Mentoring programs—social capital is important when they are living on their own.
Youth confidence	2	Confidence to be independent—mentally, emotionally, financially.
Other – Single answers	7	Trauma-informed safety nets designed to allow for failure when living independently that doesn't result in having to start over.



Summary

Several staff and stakeholders spoke about the need for Toronto to change the way it responds to youth homelessness, including by developing a youth-specific strategy, stopping the inflow into homelessness, and providing housing to youth before they become chronically homeless.

Staff and stakeholders emphasized the need for more affordable housing and income supports as a way to prevent youth from becoming homeless and to assist them in maintaining housing. Other prevention interventions described included family and natural supports, improvements in various systems, school-based services, and ongoing case management in the community once a youth obtained housing.

Prevention

Youth Interviews

Youth participants (n=45) were asked to think about services or supports that might have prevented them from entering shelter or could prevent youth homelessness in general. This line of questioning was difficult for many participants, and when this was the case, interviewers provided some prompting examples, such as family counselling or school-based supports, among others. The most common responses from youth centred around help with housing or income, and about a third spoke about family supports. A small number spoke about having more support provided in school, and about a quarter felt that youth homelessness was not something that could be prevented. Each theme is elaborated on below.

1. HOUSING AND INCOME

Approximately three-quarters of youth interview participants described the role that their income (or lack thereof) and the high cost of housing in Toronto played in their experience of homelessness. One young person, for example, described how youth often leave their family homes with limited money and therefore need subsidized housing:

“You have no money and you’re leaving your family. So, what can be done to stop you from coming to shelter? It has to do with money. Give them more welfare for housing. Subsidized housing.”

Another youth commented on the high cost of rent in contrast to the minimum wage as well as the state of obtaining social housing in the city:

“Make rent affordable. Rent in the city is ridiculous, especially with the minimum wage here and they charge that much for rent...one more thing is subsidized houses, like rent geared to income because I know the waitlist is like 7-10 years, which no one who is homeless can wait 10 years.”

In addition to the cost of renting in Toronto, other youth described barriers they faced trying to obtain housing, such as needing to have a reference, which was difficult when it was their first time renting an apartment.

In order to help them secure an income, a few youth described their desire to have more support with finding employment while living in a shelter, including this youth participant:

“I think there could be more programs to help people get back on their feet. More job programs, like workshops where they could learn what to do. Job courses.”

2. FAMILY-BASED SUPPORTS

Around one-third of youth interview participants spoke about family as a factor in being able to prevent youth homelessness, although they varied in the degree to which they felt it would have been helpful in their own experience. Many youth identified that family issues were a leading cause of youth homelessness, but were not able to identify what supports could help address family problems. One youth stated: *“Unless you can stop problems at home, I don’t think you can fix it”*, and another said: *“Prevent homelessness? I don’t know because it’s family issues right?”* When responses like this were given, researchers would list a few ideas, such as family counselling. Some youth felt that it would not have helped in their case, citing factors such as family members being *“too hard-headed”*; one said *“I’d prefer for it [i.e., family reconciliation] to happen naturally, I don’t want to force it.”* However, some youth did feel that family counselling and support with finding chosen family members would have helped, such as this youth:

“Family counselling perhaps. And maybe more of the chosen family stuff. I mean my situation was unfortunate, it’s just something that happened suddenly, so it’s not really something I had a chance to think about. But family counselling probably would have helped.”

This quote also illustrates how in addition to strengthening their relationships with family, some youth may desire support in establishing connections with chosen family, or building their network of supports outside of the agency.

3. SCHOOL-BASED SUPPORT AND EDUCATION

A small number of youth interview participants stated that additional supports provided at their school would have been helpful in preventing their experience of homelessness. For instance, one youth spoke about having dyslexia and experienced difficulties at school, and how they wished they had more support to get better grades. One participant described struggling at a very early age, and wished there was more mental health support at their school:

“The issues I faced is just bullying and harassment in school and just bad things, like drugs and alcohol affecting my life—I know it sounds silly for a 13-year-old to be complaining or struggling with drug or alcohol issues, it seems unheard of because they’re so young and they have so much to experience, but these issues are coming before them and they’re being pressured and all sorts of things, so there’s just not enough mental health supports in schools.”

This quote illustrates the need for more supports to be provided within the education system at a younger age than some might assume is needed. Another young person spoke about the need to raise awareness about the issue of homelessness, and stated that the education system would be a good place for this to happen:

“I think there needs to be less of a stigma around the idea or the circumstances of being homeless. I think there needs to be more awareness taught in schools around mental health, and some of the experiences that lead to someone being homeless...you know every person is capable of living a good life or being happy, or at least trying to. Some people just might need more support than others.”

4. OTHER PREVENTION EFFORTS

There were a few additional topics youth interview participants discussed to prevent youth homelessness, including raising awareness of what services and supports are out there for youth that are struggling or might become homeless, increasing the age mandate at

agencies that serve youth that are homeless because “some people aren’t ready to go into the other [adult] system”, and working with youth on a one-on-one basis to identify their unique needs for housing. One young person described wishing the immigration system provided more support to them:

“I’m an immigrant, from South America and I think that was a huge part of the struggle. I came into the country and I tried to prepare, but we just got thrown in here. Where do we even start? Everything is different including the weather, the language, the food, I think the social aspects—I wish there were more supports systems for immigrants in terms of housing instead of getting thrown in here [shelter] so you have a place to stay, help me set up a bank account. It doesn’t have to be an allowance—direct me to employment, language services, things like that.”

This quote illustrates that this young person wanted to earn their own way in Canadian society, but faced numerous barriers to doing so.

5. HOMELESSNESS AS DIFFICULT TO PREVENT

For some youth, it was easy to make suggestions for what might have prevented their own experience of homelessness or youth homelessness in general; however, others could not think of anything, responding with answers such as, “Honestly I don’t know”. Several also felt that homelessness was not something that could be prevented. For example, one youth said:

“I don’t think there’s any way to prevent that [homelessness] to be honest. I think that’s something that can’t be helped. People in the system, they’re not there for reasons that can be prevented by the system until the system is needed. There’s no pre-emptive assistance.”

For a few youth, the prevention of homelessness—usually described in terms of exiting homelessness—was described as ultimately being a matter of individual responsibility. For instance, one young person described how although he had been through some very difficult times, he found the strength to persevere:

“So, I appreciate everything that gets handed to me, but you have to put in the work in order to surpass what you’re used to and keep moving forward.”

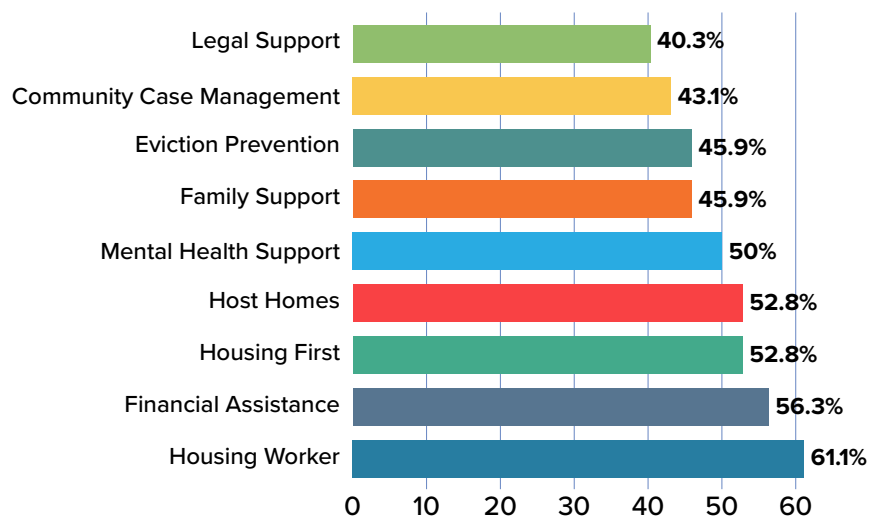
Prevention

Youth Survey

Youth survey respondents (n=76) were asked what services or interventions would have been helpful in preventing their experiences of homelessness. The type of intervention listed on the survey was described in plain language rather than by program name. For instance, Housing First was described as “immediate access to your own unit, with a subsidy, and staff checking in once a week”. When the ‘very helpful’ and ‘helpful’ responses were added together³, the top three services that survey respondents felt would have been the most helpful was having housing workers, followed by having more money when leaving CAS or corrections, and then Housing First and Host Homes (worded as a program that connects me with people in the community that provides a place to stay). Half of the survey respondents indicated mental health support would have been helpful, and 45.9% felt family counsellors and eviction prevention would have helped. Approximately 43% felt that services provided at their school or a community centre would have helped, and 40% indicated legal support would have helped. See Figure 20 for detailed results.

FIGURE 20

What Would Have Been Helpful? (n=70)



Percent of youth survey respondents who said different services would be ‘helpful’ or ‘very helpful’ before they came to the shelter or hotel.

3. Other options included “somewhat” and “slightly” helpful or “not helpful at all”. The percentages listed above do not imply the remainder did not think that service was helpful at all.

1. YOUTH HOUSING PREFERENCES – INTERVIEWS

In the interviews with young people, the research team described various housing models and asked young people to describe which model they would prefer when leaving the shelter or hotel. They were provided with four options including:

- Housing First, or housing provided immediately with a subsidy and staff check-in about once a week
- Congregate housing models are often referred to as transitional housing, or a building where many young people live and staff are available 24/7
- Subsidized housing with no staff support
- Own apartment, no subsidy, no staff

Among the interview participants (n=45), the vast majority wanted their own unit, mainly subsidized. Only three young people chose the transitional, congregate site model. Where participants varied was in terms of the amount of staff support they desired. When youth were asked why they wanted their own place, it was generally described in terms of having a sense of independence and freedom. For one youth, it countered the negative feelings of living in a shelter and provided motivation:

“There’s this feeling—like, I’m in a shelter. So, when you’re in a place of your own, and you have staff coming to work with you, and you feel like you’re in your own stable environment, like this is your home, it gives you a bit more motivation.”

When asked why they did not choose the congregate, transitional model, several youth referenced not wanting to live with other people, or a distaste for the rules that accompany these models, such as not being permitted to have visitors. For one youth, transitional housing was equated with living in a shelter: *“I checked out transitional housing before as an option and to me it feels like a shelter that you pay for kind of thing.”* A few youth felt that the concept of transitional housing was a good one, but nonetheless did not feel like it was for them, as described by this youth:

“I think I’d give it [transitional housing] second place. It’s a good idea, I think it gives you contact with people, constant access to services, and you’re not having to buy your own groceries, clean, stuff like that.”

Finally, for one youth, any option that avoided being homeless on the streets was a good one: *“A bed is a bed in my eyes...as long as I’m not on the street cold.”*

Youth participants varied in terms of the level of ongoing support they desired from staff once they were housed. Some youth, such as the one quoted below, expressed their desire for ongoing support from staff:

“I think that it’s helpful—having a bit of guidance of what to do, because it can be pretty overwhelming to do everything yourself.”

Some youth felt that they had enough supports in their lives through friends and family and therefore did not feel the need for additional staff support, and others just preferred to do things on their own. One youth described how staff involvement could feel somewhat intrusive:

“Staff are sometimes kind of a hassle; they come randomly and see if you’re messy. You know when someone is coming over and you then you have to make everything a certain way when they come? That’s not something everyone wants to deal with. Those are things you should monitor and do yourself.”

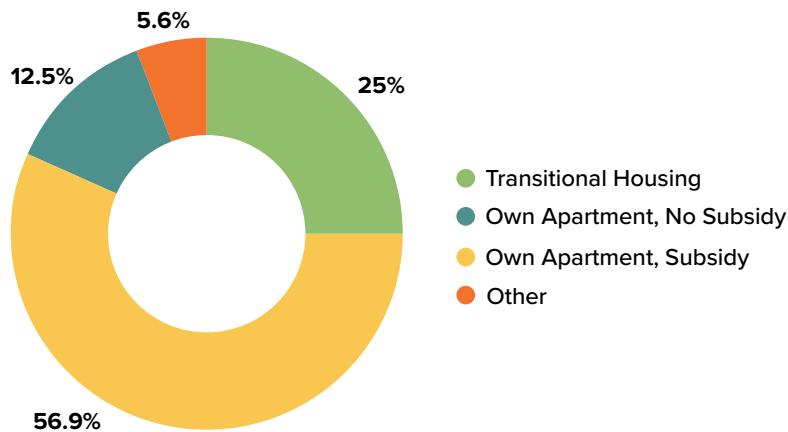
Interestingly, the discussion on housing had a few youth indicate they would prefer to be provided with services in the community rather than shelter, and expressed a desire to have the housing process move faster in the shelter. While not explicitly stated, this is congruent with a Housing First philosophy, which aims to provide housing as quickly as possible (as a first priority), and then ensure necessary supports are in place to assist in maintaining the housing. For instance, one youth said:

“They [staff at shelter] do a really good job of making it feel comfortable and stuff, but I feel like there’s just sometimes they don’t focus on the primary concept of this shelter is to get the youth out of the shelter. You know, it’s like you’re trying to offer us all these services and it’s awesome, but let’s get down to business.”

2. YOUTH HOUSING PREFERENCES – SURVEYS

Since the findings from the interviews with youth revealed differences among participants in terms of the degree of staff support they desired once they were housed, we separated the type of housing preference from the amount of staff support in the survey. Youth were asked which living arrangement they would prefer upon leaving the shelter/hotel. The majority of respondents once again indicated a preference to have their own apartment, mainly with a subsidy, with 56.9% choosing this option. Another 12.5% wanted their own apartment with no subsidy. Taken together, 69.4% would prefer to have their own apartment upon leaving the shelter or hotel. In contrast to the interviews, 25% of survey respondents preferred the congregate living, transitional housing model. An additional 5.6% chose “other”, which for two was returning to the family home, one was homeownership, and one a room in a basement (see Figure 21).

FIGURE 21
Housing Preference, Survey (n=72)



Percent of youth survey respondents who would prefer transitional housing, their own apartment with subsidy, their own apartment with no subsidy, or other upon leaving the shelter/hotel.





Summary

When youth were asked about prevention, the most prominent theme that arose was affordable housing. When asked about family supports, youth varied in the degree to which they felt it would have been helpful in their own experience. A small number of youth also discussed school-based supports and other prevention approaches. Many were unsure of how youth homelessness could be prevented, or maintained that homelessness is not something that can be prevented.

Youth were also asked about their preferences for different housing models that exist. Among interview participants, the overwhelming majority wanted their own apartment with a rent subsidy, but youth varied in their desired level of staff support. Survey respondents' answers were similar, although here a quarter of youth were interested in the transitional congregate housing model.

Barriers to Shifting to Prevention

Staff and Stakeholders

Staff and stakeholders were asked in the interviews and in the staff survey to identify what they felt to be the main barriers to shifting to a prevention-based response to youth homelessness in Toronto. One staff commented that the way the homelessness sector was designed was to respond to emergencies, which made it difficult to focus on prevention:

“Homelessness serving organizations, we don’t tend to shift our lens to thinking that [prevention] early on. Our lens is on picking up the pieces after things have fallen apart.”

Aside from the structural design of the homelessness system, the most frequent barriers identified were a lack of resources, political issues, the complexity of the issue, and a lack of collaboration and information sharing across the sector. Each is discussed below.

1. RESOURCES

The most frequently discussed barrier in the survey (17.2%, n=16) and a common theme in the interviews, was the lack of resources available to support prevention work. Some participants described the lack of resources occurring across multiple sectors and services, including the homelessness sector. The political shift to neoliberalism starting in the 1980s and the reduction of investments in Canada's social safety net was identified as a primary cause of resource depletion. For instance, one participant said:

“The thing underlying everything is massive decreases in funding. We know the whole safety net has been intentionally defunded since the ‘80s and this is the result of it. We have a minimum of services for people.”

For other participants, such as the survey respondent below, the homelessness sector was described as struggling to respond to the current number of people experiencing homelessness, meaning there was simply nothing left to devote to prevention:

“The problem almost seems too big and resources are being stretched thin in regard to dealing with the issue presently versus dealing with prevention.”

For these participants, it was difficult to identify a way to invest in prevention when the sector is struggling already with insufficient resources to support those who are homeless, let alone those who are at risk of becoming homeless in the future.

2. POLITICAL ISSUES

Several staff/stakeholders in the interviews and the staff survey (9.7%, n=9) discussed the political barriers that make shifting to prevention difficult. For instance, one participant discussed how the municipal government is structured in such a way that there are different departments for emergency shelters (Shelter, Support & Housing Administration, SSHA) and housing (Toronto Community Housing Corporation, TCHC), as well as a Housing Secretariat. This means that the SSHA as it was originally structured, is mandated to respond to homelessness by creating and managing emergency shelters, and it can be difficult to coordinate with other divisions to create long-term strategies. It also creates political tensions in terms of responsibility and funding. For instance, if funding was reinvested in prevention, would other divisions worry about losing their budgets, and perhaps even their jobs? It is for this reason that one participant cautioned that shifting the focus to prevention would require that those mandated to and employed in the emergency sector are redeployed elsewhere:

“There would be a human cost to the people working in the programs as well. So, you could work to make sure there’s a place in other programs that are more housing-focused.”

An additional political complexity is the way the distribution of powers and jurisdictional issues are divided among the different levels of Canadian governments. A few interview participants described how the municipal government is limited in how much impact it can have on the issue of homelessness. For instance, one stated that many of the systemic causes of homelessness, and services required to address it, are the responsibility of the provincial, and to a lesser extent, the federal governments. The municipal government is also heavily reliant on investments from the provincial and federal governments to fund any major initiatives aimed at addressing homelessness and have limited means of raising their own funds (such as through tax dollars). The municipal government was described as struggling in their own right by a few participants, with insufficient resources to manage the current homelessness crisis in Toronto, and any long-term solution, including shifts to prevention, would require the support of senior levels of government. Nonetheless, one participant argued that the municipal government could have invested more money in affordable and/or supportive housing years ago, as opposed to emergency shelters. They described the “*enormous budget hole*” the municipal government is contending with, which has been made worse by the pandemic, as the government of Toronto had to “*essentially double their costs with the expansion of the hotels.*” This participant continued that this was unfortunate, as had this money been invested in housing years ago, perhaps Toronto would not be in the crisis state it is now:

“I think it’s unfortunate we had to spend all this money that is really just going up in smoke. I mean it’s not really resolving the issues...previously we could have spent this money on housing, right? If you know, 10 years ago, we should have been spending the money then, and we would have been in a much better position to manage...homelessness would have been a lot less, but you know we’ve left this portfolio unattended to for a large number of years politically, right?”

In both the staff survey and the interviews some participants felt, that ultimately, homelessness is not a government priority, which is why it is underfunded and continues to persist. For instance, one interview participant stated:

“If homelessness was truly an outrage to our government, we wouldn’t have it. So, on some levels we’re trying to fix all the things we have limited power to fix. There needs to be an important political outrage so that meaningful resources can support families well before they ever come into our lens...youth homelessness is one of the many symptoms of our system.”

One of the reasons there is not a “political outrage” as discussed in the above quote according to participants is the ongoing stigma and lack of awareness around the causes of youth homelessness. One participant spoke about how political outrage sometimes does occur when people are visibly homeless on the streets, particularly in the winter, but by opening emergency shelters and respite programs, even if they are not long-term solutions, politicians give the appearance that they are responding to the problem, and hence the outrage is abated. Thus, the barriers youth experiencing homelessness face to obtaining and maintaining long-term housing are often not known among the general public.

3. COMPLEXITY OF ISSUE

A few participants pointed to the complexity of preventing youth homelessness, including coordinating all of the relevant stakeholders. For instance, as mentioned above, prevention at the municipal level requires (at a minimum) the involvement of SSHA, TCHC, and the Housing Secretariat. At the provincial level this involves various ministries that address housing, education, child welfare, income assistance, health care, mental health, corrections, and developmental services. Federally, this would involve the Canadian Mortgage Housing Corporation (CMHC), the homelessness initiative Reaching Home, Indigenous partners, the Ministry of Indigenous Affairs, and of Immigration, Refugees and Citizenship Canada. Each of these areas have their own focus; the majority do not pertain to homelessness in a direct way. Due to the number of systems that can create pathways to homelessness, two interview participants felt that prevention of youth homelessness ultimately could not rest with any one agency that addresses homelessness, or even at the agency-level broadly, as this issue was seen as being “*beyond their scope*.” For instance, one interview participant said:

“We [shelter providers] aren’t the ones that have the power to make meaningful change. And I feel like it’s a very clever way for government to put responsibility on people that aren’t really able to access money and resources that would be life changing.”

A few interview participants stated that when they thought about the complexity of preventing homelessness, it could get really overwhelming, and it was difficult to know where to even start. One suggested that the sector start small and carve out a few target areas rather than try to tackle youth homelessness prevention all at once:

“I think what we need to zero in on in Toronto, is we need to chunk it out a bit. What is our youth homelessness strategy? Who are all the partners around the city? Not every aspect of the system, because if you water it down too much you won’t get much. But if we could just take a couple strategic directions that we want to address.”

4. LACK OF COLLABORATION / INFORMATION SHARING

A few interview and survey participants (6.5%, n=6) stated that shifting to a prevention-focused model of addressing youth homelessness would require a level of collaboration and information sharing across various government ministries as well as with the youth homelessness sector that currently does not exist. For example, one interview participant referenced that the municipal government currently does not know the number of individuals discharged to the shelter system from various provincial institutions such as corrections or hospitals, and are thus unaware of the “demand” this places on the shelter system from those that are leaving other system.

A few participants stated that it is difficult to work toward a prevention-focused model without increased collaboration and information sharing across Toronto’s eight emergency shelters for youth. One survey participant wrote:

“Lack of a coordinated assessment and intake creates significant challenges in implementing prevention initiatives that are not limited to specific agencies and can operate across the shelter system, and across systems (criminal justice, child welfare, hospital etc.).”

Another interview participant referenced that there is currently no way for the youth homelessness sector to understand the “big picture” of youth homelessness in the city, as there is limited system-wide data available, and it is difficult to know how youth move between the various shelters and services:

“One thing [to help with prevention] would be centralized data collection. Like some way to pull our data together to really tell a story about the youth that are homeless in Toronto. What does that look like?”

Table 20 Survey Responses - Barriers to Shifting to Prevention-Based Response (n=55)

Barrier	#	Example quote
Lack of resources	16	<i>Funding; we still need to allocate enough resources to youth who are experiencing homelessness.</i>
Lack of housing options	12	<i>Lack of affordable housing for folks.</i>
More services needed	12	<i>Mental health supports are really hard to secure. More mental health services, especially long-term counselling for folks who are housed, along with case management.</i>
Political	9	<i>Politicians not prioritizing this and the housing crisis around the city.</i>
Ideology / Stigma	8	<i>Institutional and structural ideologies about poverty and social inequality—massive disconnect in understanding what it’s like to be poor in an urban city.</i>
Awareness / Education	7	<i>Community does not understand the different and several causes of homelessness.</i>
Income related	7	<i>The high cost of living in the city.</i>
Systemic collaboration	6	<i>Lack of collaboration with other agencies.</i>
Family-related	5	<i>It’s hard to prevent family breakdowns if we don’t know of them.</i>
Staff-related	3	<i>Lack of training and paid training for staff (suicide intervention, resource hub sharing, etc.).</i>
Systemic barriers	4	<i>If we are to think about prevention solely, it means tackling systemic barriers (our education and welfare systems are racist), it means addressing intergenerational trauma.</i>
Issue is complex	2	<i>Considering that every youth comes from different backgrounds, social settings, environments—solutions may not fit into one box.</i>
Youth-level barriers	2	<i>Transient clients lost to follow up—how can we stay connected to clients who are always on the move?</i>
Other	2	<i>Not reinventing the wheel, but let’s use best practice info to build our supports.</i>

Pandemic as an Opportunity to Change the Status Quo

Despite the pandemic clearly exerting its toll on the youth experiencing homelessness and the staff that serve them, some participants exerted cautious optimism that the pandemic also created some important new opportunities. For instance, one participant described how the pandemic highlighted the need for everyone to have a home:

“I think with the pandemic it has expanded the recognition that housing and homelessness is critical amongst a wider group of people. Like beforehand you had our sector and a group of specific stakeholders that recognize it is a critical issue, and now I think you do see more movement among a wider section of the public in general, but also among other orders of government.”

Some staff and stakeholder participants felt that the pandemic has also demonstrated to local government that shelters and respite programs are not a long-term, sustainable strategy to address homelessness, and referenced a recent municipal government policy shift from investing in shelters to investing in supportive housing, as well as their “Housing TO” plan (City of Toronto, 2019) and federal investment in rapid housing during the pandemic. One participant stated that, *“It’s a good time to capitalize on that and sort of scale things up.”* Hence despite the hardships, a few participants were hopeful that the pandemic could serve as an impetus for change.



Summary

Staff and stakeholders discussed many barriers to shifting to prevention, including how the foundational structure of the homelessness system was designed as an emergency-response, and hence requires an entire paradigm shift. Other barriers included insufficient resources and funding, political issues across multiple levels of government, and the sheer complexity of the issue.

Some staff and stakeholders felt that the pandemic created an opportunity to shift towards prevention given the ways it has further emphasized the importance of everyone having access to housing.



Section 3

Discussion

In this report, we demonstrated the myriad effects the COVID-19 pandemic had on youth experiencing homelessness, as well as the staff who support them. We highlighted the need to shift the response to youth homelessness in Toronto towards a more collaborative, and prevention-focused one, and shared participants' recommendations for how to do so. In this section, we situate these findings with the broader literature on youth homelessness, separated by each of the objectives of the study.

Objective One: Impact on Youth



The first objective of this study was to understand the ways in which the COVID-19 pandemic impacted youth experiencing homelessness in Toronto. In this research, we showed that government-mandated restrictions led to several structural changes in the young people's lives, which in turn, resulted in many psychosocial impacts. Many youth faced additional hardships in securing basic needs, were laid off as a result of the pandemic, and struggled to find work. Survey results indicated that this was particularly the case for youth who identify as Black or People of Colour, which may indicate, as was stressed by several interview participants, that the barriers created by the pandemic were exacerbated for those who must also contend with systemic racism. Youth that were able to find employment largely did so in the gig economy, which has been shown to be a particularly precarious form of work, as workers do not have guaranteed wages and lack basic protections (Maozami, 2016). The difficulties youth faced in securing an income meant that many faced additional barriers in finding housing, leaving some to feel that they were unable to leave the shelter or hotel they were residing at or that, in essence, their lives were on hold. Other youth indicated that their loss of employment was the reason for their homelessness.

These structural changes resulted in psychosocial impacts for many youth, including increased feelings of boredom, isolation, worsened mental health, and increased substance use. While experiencing boredom might seem innocuous, research has shown that prolonged boredom is correlated with anxiety, depression, and substance use (LePera, 2011; Lee & Zelman, 2019). In addition, Yan et al., (2021) found during COVID-19 lockdowns specifically, those who experienced boredom were more likely to experience high levels of emotional distress.

The majority of staff and youth interview participants indicated that the pandemic had increased youth's feelings of isolation and loneliness, which echoes other research on the pandemic's impacts on young people in general (Lee et al., 2020), adults experiencing homelessness (Bertram et al., 2021), and youth experiencing homelessness (Tucker et al., 2020), including subpopulations of youth experiencing homelessness such as women (Smith et al., 2021), and youth that identify as 2SLGBTQ+ (Abramovich et al., 2021). Loneliness has been associated with increased levels of depression, anxiety, chronic stress, insomnia, and suicide (Banerjee & Rai, 2020). It has also been found to increase levels of cortisol—colloquially referred to as ‘the stress hormone’—in young people, which has been shown to lead to increased risk of depression, and physical health concerns such as inflammatory and cardiovascular disease, obesity, and cancer (Jopling et al., 2021). These findings suggest that loneliness is more than a benign feeling; it can lead to serious mental and physical impacts.

With this confluence of reduced access to employment, housing, and changes in daily routines and isolation—in addition to continued homelessness—it is not surprising that we found that there was a decline in the mental health of many young people as well as increased substance use. Particularly concerning was that many services that support mental health and substance use were required to shut down temporarily or were moved online. This meant for many youth experiencing homelessness, their increased distress was met with a decrease in access to services and supports. Participants also spoke about having less access to their previous healthy coping mechanisms, such as recreational activities and exercise, which has been shown to increase feelings of wellbeing among youth experiencing homelessness (Thomas et al., 2021). While it is certainly necessary to follow public health guidelines and precautions, the increase in mental health issues and distress alongside the inequitable access and/or discomfort in participating in virtual services suggests the importance of service providers finding a balance between stopping the spread of the virus and ensuring young people in need are well-supported, including through in-person services. Several staff shared that virtual supports were particularly difficult for young people with more serious mental health concerns or developmental disabilities to access. In addition, some youth did not have access to the necessary devices, stable internet connection, or a private space to discuss confidential concerns online. This means that the changes to services likely affected the most marginalized youth, and there need to be strategies put in place to continue to support young people when they need it most.

Looking more broadly, the Centre of Addiction and Mental Health (CAMH)(2020) reported that the mental health of young people in general is declining as a result of the pandemic. Poorer mental health and increased substance use alongside severely backlogged or inaccessible services is a cause for immediate concern and may be the impetus for what some are referring to as an impending mental health pandemic (Galea et al., 2020; Moreno et al., 2020). The backdrop for these concerns is the ongoing opioid crisis in Toronto, and across much of North America, which has only worsened during the pandemic. Comparing 2020 to 2019, the City of Toronto (2021c) reported a 71% increase in drug-related overdoses and a 78% increase in opioid-related deaths. The interplay of these public health crises could prove to be devastating for the most vulnerable in our communities, including youth experiencing homelessness.

Several of the findings in this study have been echoed in other COVID-19 research with youth experiencing homelessness, including one Canadian study conducted by the authors of this study (Thulien et al., 2020), and two studies in the United States (Tucker et al., 2020; Rew et al., 2021). In our survey with 188 service providers that work with youth experiencing homelessness across Canada, we found that providers felt that since the pandemic began, youth were experiencing increased feelings of boredom and isolation (90%), increased anxiety (85%), depression (75%), and sleep disturbances (67%). Just under 70% of providers reported an increase in substance use (Thulien et al., 2020). Similarly, a survey done with 90 youth experiencing homelessness in the United States found that 44% reported increased feelings of anxiety, 38% loneliness, 34% sleep disturbances, 36% depression, 48% feelings of hopelessness, and 16% increase in substances (Tucker et al., 2020). In a qualitative study with 20 youth experiencing homelessness, Rew et al. (2021) found that youth described their experiences during the pandemic as resulting in “multiple losses”, particularly in regard to their employment and social lives, and reported increased feelings of depression and anxiety. All three studies similarly pointed to the reduced access to services and supports for youth experiencing homelessness during the pandemic, despite their increase in need.

Importantly, there was a consistent minority of participants in both the survey and interviews that discussed how the pandemic, while not ideal circumstances, led to some positive experiences in their lives, such as time for increased respite and reflection. These findings suggest that while the pandemic impacted many youth negatively, we cannot generalize these findings to all youth experiencing homelessness. Other research has also echoed this finding—that despite the overall negative impacts of the pandemic, there is a ‘silver lining’ for some, such as increased time for relaxation and decreased social

stress (Silk et al., 2021; Serlachius et al., 2020). Several of the young people in this study that described positive aspects of the pandemic identified it as a chance to rest and contemplate their next steps; a pause in their lives that they might not have otherwise found. These findings may indicate that for some youth experiencing homelessness, they may benefit from a period of respite, as well as time to reflect on their future directions; a luxury that is often afforded to young people in general as they transition from adolescence to adulthood.

This research also brought to light the impact of the pandemic on subpopulations of youth experiencing homelessness, particularly youth that identify as People of Colour, those who are newcomers to Canada, and those who identify as 2SLGBTQ+. In Toronto, People of Colour are over-represented among those who have contracted COVID-19; Toronto Public Health has reported that despite making up just over half of the population (52%), those who identify with a “racialized group” have made up 73% of reported COVID-19 cases in the city (City of Toronto, 2021d). This statistic reinforces the impact of social inequities on health outcomes. Moreover, Liu & Modir (2020) assert that during times of national chaos and distress, racialized communities often experience secondary trauma, such as the trauma that comes from the disproportionate contraction and impact of COVID-19.

In addition to the challenges Black youth faced as a direct result of the pandemic, this research also provided insight into the hardships associated with ongoing systemic racism, which were only further emphasized following a series of public displays of police brutality towards Black individuals and the associated Black Lives Matter movement and protests. Exposure to traumatic video content, such as the publicly shared videos of police killing unarmed Black citizens, has been linked to depressive and post-traumatic stress symptoms among Black adolescents (Tynes et al., 2019) and Black persons in general (Bor et al., 2018). Unanimously, Black staff that participated in this research agreed that Toronto’s emergency shelter system has not done enough to meet the needs of Black youth, highlighting a paucity of identity-specific supports. Moreover, there is also a gap in the literature on the experiences and needs of Black youth in Toronto, despite their over-representation among youth experiencing homelessness. These factors indicate a need for prioritized research and program design for Black youth moving forward.

Another group that was discussed was youth that are newcomers to Canada, particularly how pandemic restrictions prolonged timelines for obtaining legal documents (e.g., work permits), which in turn limited their ability to earn an income. These young people reported experiencing a great deal of stress due to these delays, as many were trying

to earn enough money to both support themselves and, in some cases, send to families in their countries of origin. In cases where these young people had legal status, some newcomer youth of colour spoke about instances of discrimination when trying to obtain employment, which has been echoed in other research (e.g., Oreopoulos & Dechief, 2012; Wilkinson et al., 2016). Without legal status or a way to access an income, young newcomers are often forced to reside within the shelter system for extended periods of time (Paradis et al., 2008).

The last subpopulation discussed in this study were youth who identify as 2SLGBTQ+. Several staff expressed concern for youth in this community during the pandemic, as closures led to reduced access to affirming communities and in-person supports, contributing to increased feelings of loneliness and isolation. The reduction in services is particularly relevant given that many young people who identify as 2SLGBTQ+ move to major cities, like Toronto, from more rural areas in part due to the larger, more established 2SLGBTQ+ community and the wide range of available services (Gaetz, 2014)—both of which became less accessible during the pandemic. Previous research has demonstrated that 2SLGBTQ+ youth are more likely to experience mental health concerns in general, including depression and suicidal ideation (Williams et al., 2021; Green et al., 2020). As a result of the pandemic, these issues have become direr (Abramovich et al., 2021; Salerno et al., 2020). For example, when looking at a sample of 92 youth experiencing homelessness who identify as 2SLGBTQ+ living in the Greater Toronto Area, Abramovich et al. (2021) found that 100% of respondents reported experiencing severe anxiety, 66% were experiencing moderate to severe depression, and 97% reported increased loneliness resulting from the pandemic. The authors of this study reiterated the importance of inclusive and affirming housing options and mental health services for 2SLGBTQ+ youth experiencing homelessness, as well as the potential of setting up “social bubbles” that allow regular contact with some youth while living in a shelter as a way to combat isolation. Other research has shown that a salient protective factor for these mental health impacts is the presence of affirming family members (Ryan et al., 2010; Simons et al., 2013), suggesting that 2SLGBTQ+ youth are a key demographic for working with programs such as the Family and Natural Supports program.

In this study, only a few participants described the impact of the pandemic on other subpopulations of youth experiencing homelessness, including Indigenous youth and neurodiverse youth/youth with disabilities, though the importance of addressing their unique needs cannot be overlooked. Research has shown individuals who identify as Indigenous face inequities and adversity across all social determinants of health, making

them more vulnerable to contracting and experiencing the most negative impacts of the virus (Power et al., 2020). Moreover, research has also shown that Indigenous youth who are homeless are more likely to experience mental health distress and addiction than other youth experiencing homelessness, largely as a result of cultural displacement, historical trauma, problematic experiences in systems such as child welfare, and victimization (Kidd et al., 2018). Given that our research has demonstrated the adverse impacts of the pandemic for many youth experiencing homelessness in general, coupled with reduced access to services, it is likely that these impacts are particularly acute among Indigenous youth.

The relationship between ongoing colonialism and systemic racism against Indigenous people is well documented in the literature on homelessness, as is their disproportionate representation among youth experiencing homelessness in Canada. This is also the case in Toronto. The Streets Needs Assessment (SNA) found that 11% of youth experiencing homelessness identify First Nation, Inuit or Metis compared to 2.5% of the general population in Toronto (City of Toronto, 2021a). In the qualitative interviews with staff, however, a few participants stated that the number of Indigenous youth that use their agency's services is low (at least at the particular shelter they work at), although we do not have the administrative data to substantiate this. The SNA also found that among people experiencing homelessness in Toronto, those that identified as Indigenous (although not necessarily youth) were more likely to be among those surveyed outside rather than at a shelter (City of Toronto, 2021a). More research is needed to understand this as this likely points to a large gap in housing and emergency shelter programs in Toronto for Indigenous youth and the need to expand culturally safe and Indigenous-specific housing and programming.

Similarly, the impact of the pandemic on neurodiverse youth and youth with disabilities was not frequently discussed among participants in this study. In contrast, 42% of youth survey respondents identified as having a disability. While for many youth this pertained to their mental health, others expressed they had a learning disability and one reported having Asperger's syndrome. Many others left this section blank, so the nature of their self-identified disability is unknown. This may be an underestimate as some disabilities, particularly cognitive and developmental, may remain unknown or undiagnosed among youth experiencing homelessness (Baker Collins et al., 2018). It is also possible that this research design, particularly with COVID-19 restrictions not permitting in-person data collection, was not accessible for some youth with a disability.

While the proportion in Toronto is currently unknown, there is emerging evidence that youth who are neurodiverse or who have a disability are also disproportionately likely to experience homelessness. This, however, largely remains ‘invisible’ or unacknowledged in the youth homelessness sector (ibid.). One study with three agencies in Southern Ontario found that youth experiencing homelessness are more likely to have an intellectual, developmental or learning disability than the youth population at large (Baker Collins & Schormans, 2021). This not only points to key failures in public systems available to support youth with disabilities but also the need for the youth homelessness sector to make accommodations to their environments and case management processes to support these youth. This also suggests that increased awareness and discussion among the youth homelessness sector is needed as individuals with a disability have a human right to be accommodated. More research is needed on the intersection between ability, neurodiversity and youth homelessness—particularly in regard to preventing homelessness among this population and how to provide supports for sustained exits from homelessness.

Finally, it is critical to contextualize the impacts of the pandemic on youth experiencing homelessness within the socioeconomic context they exist (Thulien et al., 2020). Youth experiencing homelessness face multiple social exclusions because of their social location including poverty, a lack of permanent housing, and limited ability to secure a living wage. This exclusion is compounded for those who are marginalized further by their race, gender identity, sexuality, ability, and citizenship status. It is this structural context in which they are forced to exist that has made them more likely to experience the negative impacts of COVID-19 rather than individual-level vulnerabilities exclusively. Indeed, the preponderance of the impacts outlined in this study—including barriers to obtaining housing and employment, feelings of isolation, mental health concerns, and substance use—have all been well documented in the literature pre-pandemic (e.g., Gaetz, 2014; Braciszewski et al., 2016; Kirst et al., 2011; Gaetz & O’Grady, 2013; Thulien et al., 2018; Kidd et al., 2016; Kidd et al., 2018). The pandemic has only served to heighten and amplify these barriers. Rather than asking ‘how has the pandemic impacted youth experiencing homelessness?’, it may be more pertinent to ask ‘how has the pandemic further impacted a group who have been subjected to a lifetime of multiple and intersecting inequities?’ In addition, what will the long-term impacts be on those youth who were caught in the intersecting crises of homelessness and the pandemic?

Objective Two: Impact on Staff



Although not the original intention of this research, findings from the qualitative interviews demonstrated that the pandemic also had a tremendous impact on the staff that work with youth experiencing homelessness in Toronto. Many staff, particularly those that were required to work on-site, expressed feelings of anxiety of contracting the virus and bringing it home to their loved ones. Most staff felt that they had adequate access to PPE and rapid testing; however, many also seemed unsure of whether their organization would support their needs if they contracted COVID-19. The majority of survey respondents felt satisfied with their agency's response to the virus, and a somewhat smaller number felt that the agency did all it could to respond, suggesting that while largely satisfied with the response, there was room for improvement.

Nearly half of survey respondents felt that their overall wellbeing, mental health and stress levels were worse compared to before the pandemic. The finding that front-line staff working with people experiencing homelessness face high rates of their own mental health concerns has been supported in research done prior to the pandemic (e.g., Wirth et al., 2019) as well as during the pandemic. For instance, in their survey with 701 service providers of homelessness services, supportive housing, and harm reduction services, Kerman et al. (2021) found that 79.5% reported worsened mental health as a result of the pandemic, with 68.4% reporting a slight decrease and 31.6% a substantial decrease. This rate was found to be similar to front-line staff working in health care settings (Statistics Canada, 2021a). Importantly, Kerman et al. (2021) also found that 41.9% screened positive for symptoms of post-traumatic stress disorder (PTSD) and 22.7% had experienced the death of at least one client they worked with during the pandemic (for any cause). While the proportion that indicated their mental health was worse in this study was lower, it nonetheless points to a worrying trend in the sector, and an urgent need to increase the supports available to staff. It also highlights the need to be vigilant to signs of PTSD, as well as tend to issues of grief and loss staff may be facing.

A particularly important finding of this research was the high level of exhaustion and burnout experienced by staff during the pandemic, which was reported to increase as the pandemic persisted. Rates of burnout were highest among staff that had worked three or more years at their agency, suggesting the longer staff work in their roles, the more vulnerable they are to experiencing burnout. In addition to their own anxiety about the pandemic, front-line staff were faced with staffing shortages, an increase in the acuity of

the young people they served, and increased incidents of overdoses. Other research done prior to the pandemic has found high levels of burnout among front-line staff working in homeless-serving organizations, with one study finding that 24% of the 472 front-line staff surveyed had burnout symptoms so severe it indicated they required time away from their responsibilities (Waegemakers Schiff & Lane, 2019). This suggests that staff participants in our study were likely experiencing burnout prior to the pandemic; a risk that was likely magnified by the pandemic.

While these findings are worrisome in their own right, it is important to also consider: if staff are contending with their own mental distress, exhaustion, and burnout, what impact does this have on the youth they serve? In their study with service providers for refugees and front-line homelessness services in the United Kingdom, Lemieux-Cumberlege & Taylor (2019) found that secondary trauma, poor mental health, and emotional exhaustion was associated with lower levels of empathy, work dissatisfaction, and low motivation, which they argued, impacted the quality of services provided. Similarly, research in the health care field in the United States has found that burnout is related to lower patient satisfaction and reduced outcomes (Bodenheimer & Sinkov, 2014). These studies demonstrate that in order to provide adequate care to clients, care must also be taken of the caregivers. There is an urgent need for workplaces to understand and respond to this accordingly.

Although the body of research is small, there is some evidence that regular supervision and debriefing can reduce levels of burnout and vicarious trauma (Ben-Porat & Itzhaky, 2011), particularly if it is not conducted by the staff's direct supervisor or manager, as there is less chance that employees will be fearful of repercussions to their employment (Knight, 2013; Wirth et al., 2018). Another potential protective factor may be the development of particular forms of professional identity. Geoffrin et al. (2016) describe professional identity as the meaning that workers associate with their role, such as a caretaker. They argue that a strong commitment to their professional identity can mitigate some of the negative impacts of adversity. While not explicitly described in these terms, several staff in this study did speak about how it was important for them to continue to come to work every day for the young people, as they knew the youth were facing additional hardship as well, and it was their job to do so. As such, their identity as a helper, as someone who is providing support to youth, particularly during difficult times, may have helped some staff stay resilient during these turbulent times. Other research has shown that staff identify organizational support structures as key to maintaining their mental health, and suggest having on-site peer support available (Dooley & Peyton-Lander, 2014). Taken together, it is clear that staff wellbeing must be a priority for organizations that serve youth experienc-

ing homelessness, meaning dedicated funds are available to support the mental health of employees, that mental health supports are readily available, and employers remain flexible and accommodating to permit staff to take the time to care for their wellbeing (Kerman et al., 2021; Lemieux-Cumberlege & Taylor, 2018).

It is equally important for staff as it is for youth to place their experiences within the socio-economic context in which they exist. Not only are staff witnesses to many of the same exclusions that youth experience, there is also some data to suggest that many of the staff that support youth experiencing homelessness—particularly those on the front-lines—are subject to their own inequities, albeit to a lesser extent. On behalf of Statistics Canada and in partnership with the Employment and Social Development Canada, Toor (2019) analyzed data on those working in the homelessness support sector nationally from the 2016 Census. They found that there were two major groups of people employed in this field: social workers, who largely held clinical roles, and social and community services workers, or those that provided basic needs and emergency services (i.e., front-line staff). The results showed that the homelessness support sector is over three-quarters female (76.5%), and more than twice as likely to be lone parents compared to all workers in Canada (13.2% versus 6.1% respectively). Moreover, those that work in the social and community services division (not social workers) earned on average less than the average of all workers across all occupations, and one in ten were living in poverty, measured by the low-income measure after-tax. The data also showed that ‘visible minorities’ and Indigenous persons were more likely to work in the social and community services division. While the majority of research has justifiably focused on the state of homelessness in Canada, it is also important that more research be conducted to investigate the state of the homelessness sector, and the people who work within it. With high levels of crisis, and staff being asked to respond to situations in which they have limited expertise, staff are becoming increasingly burnt out and even traumatized. It is therefore worth asking: How can we expect staff to provide the care and services the young people so desperately need when they themselves are in need of care? There is an urgent need for additional research on the levels of burnout, PTSD, and mental health concerns among front-line workers in the homelessness sector, as well as what responses, both at an organizational level as well as systemically, can help mitigate these impacts. In addition, given the increasingly complex needs of youth experiencing homelessness, there is also a need for research on what education, training and experiences would be most beneficial to equip staff to work in this sector (Waegemakers Schiff & Lane, 2019).

Objective Three: Collaboration



The third objective of this research was to understand how the pandemic led to increased collaboration both across and within the youth homelessness sector, and to identify recommendations to strengthen this collaboration in the future. In this research, we found that several local systems, such as the municipal government and Toronto Public health, and various downtown youth-serving shelters increased their levels of collaboration during the pandemic. Survey respondents indicated that the youth homelessness sector in Toronto is currently in a ‘borderline’ position of collaboration, meaning while there is some communication and collaboration, there is still work to do before the state of collaboration is ‘very good’. In addition, the vast majority felt that the time was right for increased collaboration, that their organization would benefit from increased collaboration, and that their own role would be easier. Importantly, while the vast majority of respondents felt that they had a lot of respect for others doing similar work at other organizations, very few felt a positive level of trust between them. Taken together, it appears that the majority feel that there is much to be gained by increased collaboration across the sector, but there is more work to do to build stronger collaboration and trust among the various organizations. Several interview participants argued that the response to the pandemic showed that collaboration across the system is possible, that it can lead to successful outcomes, and that the momentum should be seized upon to continue this work in the future.

These findings are particularly important given that the youth homelessness sector in Toronto currently operates as separate organizations, despite having similar objectives and, in many cases, serving the same youth. There are many reasons to consider developing a local system of care, particularly to coordinate services among youth that are utilizing multiple services, to improve access to services for youth who are experiencing homelessness, and ultimately to fix gaps in the system (Homeless Hub, 2021). With fragmented services, there is the potential for many duplicated services to be provided, even to the same youth. Moreover, it will be exceedingly difficult—if not impossible—to shift to a prevention-focused response to youth homelessness across Toronto without a coordinated system of care. This requires the development of two distinct systems of care: within the homelessness sector, also referred to as program-level collaboration, and with the homelessness sector and other key systems such as mental health and child welfare, or inter-sector collaborations (Turner & Harvey, 2016; Doberstein & Nichols, 2016). In the first instance, consider a prevention program that operates within one shelter. One shelter

may provide services and support that prevent a youth from entering their shelter, but if the services providers lose contact with that young person, how do they know they simply did not access another emergency shelter in the city? Agency-level prevention efforts require knowledge of what is happening across the system, otherwise they have no way of knowing if they were truly effective, or how their efforts are impacting the system at large.

In addition, while providing seamless care for young people within the shelter system is an important first step, inter-sector collaboration among all of the systemic drivers into homelessness is also crucial to preventing and addressing youth homelessness. Many of the systemic failures that lead to youth homelessness are arguably the result of a lack of collaboration across (and within) various systems and institutions (Nichols, 2016). For instance, the most frequently mentioned system referenced in this study—the mental health system—may discharge clients into homelessness or fail to collaborate with the homeless-serving sector to ensure a person has access to housing before being discharged. In addition, many of the youth in the shelter system could benefit from increased partnerships between the homelessness sector and mental health agencies.

There are examples of cities in Canada developing coordinated systems of care in the homelessness-service sector, including Calgary and Hamilton (Gaetz, 2014; Milaney, 2016). There are also leaders working with communities across Canada to develop systems of care, such as the Systems Planning Collective (see Buchnea et al., 2021; Turner & Harvey, 2016). They have shown that the key steps in developing a system plan include planning and strategy development, system mapping (or taking stock of all of the existing services that are part of the homelessness sector or feed into it), coordinating service delivery, integrated information management (such as a shared information system), and performance and quality assurance.

Factors listed as being critical to the development of a system of care are a coordinating body, a systems planning framework or design, and ensuring there is someone to lead the implementation of the systems plan (a system planner). A collaborative mindset or culture, rather than a competitive one among key agencies, has also been described as necessary for this work to happen, as well as shared data infrastructure (Gaetz, 2014; Nichols & Doberstein, 2016).

There are a few concrete ways the Toronto youth homelessness sector can begin to develop a system of care, particularly with the support of the municipal and provincial governments. Given that the sector is in the beginning stages of a formalized collab-

oration and has not begun to plan to develop a system of care, one first step may be to begin the process by strengthening program-level collaboration. This integration can range from strengthening referral pathways and communication, to coordinated delivery of services, to the most extreme: pooled resources and a centralized organization (Turner, 2014). The municipal government can provide funding for a coordinating party to facilitate this. The municipal government can simultaneously convene a working table of some of the important stakeholders required (e.g., child welfare, mental health, corrections) for inter-sectoral collaboration, or fund a third party—such as the Toronto Alliance to End Homelessness—to do so. While inter-sectoral collaboration is pivotal to preventing youth homelessness, as Doberstein (2016) argues, it is also more fraught with barriers in terms of bringing relevant stakeholders together and having an impact. Currently the various systems (mental health, housing, etc.) operate independently and have separate funding streams making collaboration difficult. Moreover, the majority have mandates which in theory have nothing to do with homelessness, and there is currently no accountability if particular policies and practices result in increased homelessness (ibid.). While there are multiple actions local governments can and should take (and there are examples of this being done across Canada), shifting to an inter-sector system of care will require shifts in policy and legislative frameworks, and this will be most effective from the province given many of the systems fall within their jurisdiction. For instance, the provincial government of Alberta legislated intergovernmental responsibility as part of their response to homelessness (Gaetz, 2014).

Objective Four:

Shifting to a Prevention-Focused Response to Youth Homelessness



The fourth objective of this research was to identify ways the City of Toronto could shift its focus from an emergency-based response to one focused on prevention. There are many compelling reasons to shift to a prevention-focused response to youth homelessness. The City of Toronto has approximately 900 young people living in the shelter system on any given night (City of Toronto, 2021a). Many of these youth are first-time users of the system (City of Toronto 2022a). Yet due to a lack of affordable housing options, many youth remain in the shelter system for long periods of time, and without adequate support, many return to the system after leaving (ibid.). The impacts of homelessness on a young person are well-documented and include worsening mental health, risk of victimization and exploitation, and school disengagement (Gaetz et al., 2018). As referenced in this study and others (e.g., Thulien et al., 2018; 2019; 2021), the experience of homelessness can be damaging to a young person's developing identity. While not frequently discussed, taking on the identity of a 'homeless youth' can result in young people internalizing the negative stigma associated with homelessness and their sense as an outsider in mainstream society, which can have long-term impacts to a youth's self-esteem, self-efficacy, and hope (Thulien et al., 2018; 2019). As argued by one of the lead researchers in this current study, at its worst, this can lead to a situation akin to learned helplessness, with young people giving up in the face of hardship because the life of poverty and homelessness is who they believe themselves to be, and the path of least resistance (Thulien et al., 2019; 2021).

There is also evidence suggesting that many chronically homeless adults had their first experience of homelessness as youth. For example, in an Australian study, Chamberlin and Johnson (2013) found that, in a sample of 2941 adults who were homeless, 33% had their first experience of homelessness as a youth. An almost identical percentage was found in Toronto's Street Needs Assessment (City of Toronto, 2021a), with 32% of all people surveyed across the city having their first homelessness experience as a child or youth. An Ontario-based study by Baker Collins (2019) may provide insight into these findings. In this study, adults who were chronically homeless, but who had their first experience of homelessness as a youth, were recruited to participate. Baker Collins found that the rate of adverse childhood events among this population was very high, which other research has echoed (Liu et al., 2021). The author argued that these childhood

events led to high levels of mental distress, substance use, and social isolation in youth, which persisted into adulthood. These studies indicate that without adequate support and intervention, the trauma and difficulties that lead to youth homelessness can also result in chronic homelessness as an adult—underscoring the importance of prevention and early intervention. Adolescence and young adulthood are critical developmental periods; therefore, fast and appropriate support that ideally prevents the experience of homelessness or intervenes as quickly as possible can significantly shape their future trajectories and minimize long-term consequences.

In their *Roadmap to the Prevention of Youth Homelessness*, Gaetz et al. (2018) present a typology of different ways to prevent youth homelessness which will be used to frame this section of the discussion. The authors distinguish between five types of prevention; four featured prominently in this research including: **structural prevention, systems prevention, early intervention, and housing stability**. The authors also note the need for ongoing data management and information sharing as part of a systemic response to youth homelessness.

Structural Prevention

Structural prevention refers to initiatives that generally occur at a universal level (e.g., public policy, legislation) that addresses structural and systemic factors that may lead to homelessness (Gaetz & DeJ, 2017; Gaetz et al., 2018). In this research, the most frequently discussed topic across all participants was the gap between the cost of living in Toronto and young people's limited incomes. The lack of affordable housing and the poverty that young people experiencing homelessness experience cannot be overstated, and any strategy to address youth homelessness must involve ways to make housing deeply affordable. The cost of rental units in Toronto has skyrocketed over the past ten years (Better Toronto Coalition, 2020). One study by the Canadian Centre for Policy Alternatives found that there is not a single neighbourhood in Toronto where someone who earns the minimum wage can afford a one-bedroom apartment (Macdonald, 2019). This is particularly the case for young people, as shown in research by Leon & Iveniuk (2021). Using data from the 2016 Census and a National Housing Survey, the authors analyzed shelter to income ratio (STIR) across several demographic groups in the Greater Toronto Area. Using the affordability benchmark used by the Canadian Mortgage Housing Corporation, where housing is affordable if a household spends 30% or less of their gross income on housing (including utilities), they found that of all households led by those between the ages of 15-24 (1.5% of the population), 31% of households were in the “unaffordable” range

(30-50% STIR) and 32% were in the “severely unaffordable” range, meaning they spent 50% or more of their income on housing costs. Youth, therefore, are contending simultaneously with high housing costs and generally low incomes. Even for the young people who work full-time, the cost of housing in Toronto can be unaffordable. The situation is even direr for those who cannot find employment—including many in this study. New data from Statistics Canada suggests that youth employment rates were among the hardest hit by the pandemic (Statistics Canada, 2021b), which does not even consider the numerous barriers youth experiencing homelessness face in obtaining employment. Taken together, high housing costs, coupled with low wages for those that are working and high unemployment rates, it is clear that many will require ongoing rent subsidies to support them in living independently.

Addressing discrimination was also a key feature of structural prevention outlined by Gaetz et al. (2018). The multiple and at times intersecting inequities youth experiencing homelessness contend with by virtue of their race, history of colonialism, gender identity, sexuality, and ability also underscore the need for any strategy to incorporate equity, inclusion and diversity—including anti-colonialism, anti-Black racism, anti-homophobia, and anti-transphobia, among others—as a key part of structural prevention. An example of this is implementing the Calls to Action of the Truth and Reconciliation of Canada (2015), a series of actions required to redress the legacy of residential schools.

Systems Prevention

Systems prevention addresses the barriers and practices in public systems that can make a young person at risk of experiencing homelessness (Gaetz et al., 2018). Gaetz et al. (2018) argue that there are at least three elements that must be addressed by systemic prevention, including failed transitions from systems (such as corrections, child welfare), poor access to systems, and negative experiences in systems. Multiple systems’ gaps and failures have been linked to youth homelessness, including in the criminal justice, education, immigration, public health, housing, and child welfare systems (Gaetz et al., 2018). The mental health system was the most commonly discussed system among staff and stakeholders in this research. In addition, half of all youth surveyed indicated that mental health supports would have helped prevent their homelessness experience. Despite the high prevalence of mental health concerns among youth who are experiencing homelessness, ranging from severe illnesses such as psychosis to more ‘common’ symptoms of distress such as anxiety and depression, access to and utilization of mental health services remains low among youth experiencing homelessness (Abdel-Baki et al., 2019).

There are many common barriers to accessing mental health services among Canadians in general, including a lack of knowledge of available services, poor integration of mental health services with primary health care, unaffordable private services, cultural and language barriers, and lengthy waitlists for public services (Moroz et al., 2020). Regarding this latter point, according to Children’s Mental Health Ontario (CMHO) (2020), the length of time that children, youth and families spend waiting for publicly-funded mental health services in Ontario is at an all-time high. Even before the pandemic, Ontario’s mental health and addiction support system was arguably already in a state of crisis, with 28,000 children and youth on waitlists to access services (Spafford, 2021). This is primarily the result of mental health services being underfunded by provincial and federal governments (Moroz et al., 2020; CAMH, 2022). For instance, Canada currently spends 7.2% of health care spending on mental health, which is lower than other G8 countries such as England, which spends 12% (CMHO, 2020). The Centre for Addition and Mental Health (CAMH, 2022) estimates that Ontario’s mental health system is underfunded by at least \$1.5 billion.

In a recently released e-textbook on homelessness in Canada, psychologist Sean Kidd argues that, while treatments for mental health concerns are the same for youth experiencing homelessness as the broader population (e.g., medication and psychotherapy), without foundational elements such as stable housing and nutritional security, it is challenging for youth to utilize and benefit from them (see Buccieri et al., 2022). In other words, youth experiencing homelessness must contend with simultaneous gaps in the mental health and housing and homelessness systems, as well as their poor integration.

There are few options in Toronto’s youth homelessness sector for those who require permanent housing with built-in support for their mental health and/or addiction—a model known as supportive housing. In Toronto, eligible people can apply to a waitlist for supportive housing through ‘The Access Point.’ Current wait times are estimated to be approximately eight months to one year, depending on the client’s needs (Access Point, 2022). An analysis of six years of Access Point data found that those ages 16-24 made up just under 7% of all those on the waitlist (Sirotich et al., 2018), despite representing approximately 11% of people experiencing homelessness in Toronto (City of Toronto, 2021a). It is not known whether this indicates that fewer youth require supportive housing (which seems unlikely given the high prevalence of mental health and substance use concerns) or whether there are barriers to youth accessing this resource. More research is needed to investigate this.

Some recent promising announcements have been made from all three levels of govern-

ment to increase the number of supported housing units, including in Toronto (see City of Toronto, 2020a; Government of Ontario, 2020; Government of Canada, 2020). Yet despite these efforts, the current resources remain insufficient to meet the current demand, which is also projected to increase (Sanford et al., 2022). In a needs assessment conducted by the Wellesley Institute and the Canadian Mental Health Association, Sanford et al. (2022) reported that at the end of the City's fiscal year 2019, there were 19,000 individuals on the waitlist for supportive housing. However, the City of Toronto aims to increase supportive housing units by only 2,000, demonstrating this gap between supply and demand (City of Toronto, 2020a). What is more, Sanford et al. project that, without new investments, the waitlist will grow to be 41,000 by the end of the fiscal year 2030.

This research also pointed to the need to address how various public systems continue to be inequitable and discriminatory, particularly regarding race. This is well-supported in the literature. For instance, Indigenous and Black children are overrepresented in the child welfare system in Ontario (Ontario Human Rights Commission, 2016). There is also evidence of systemic racism against both Black and Indigenous persons in the health care (Dryden, 2021; Phillips-Beck et al., 2020; Mahabir et al., 2021), criminal justice (Singh, 2020; Maynard, 2017) and education systems (Pallas et al., 2022; James & Taylor, 2017). In this research, just under 70% of youth stated they had experienced adverse treatment at the shelter/hotel, with race being the most commonly cited reason. While there is evidence that Black persons who experience homelessness, both Canadian-born and newcomers, face discrimination in the housing market (e.g., Teixeira, 2008), more research is needed to investigate their experiences within various systems that may result in homelessness, the shelter system itself, as well as their outcomes in the shelter system. The homelessness sector is not immune from discriminatory practices, as research has found that youth that identify as 2SLGBTQ+ have also experienced homophobia and transphobia in Toronto's shelter system (Abramovich, 2017). Other evidence has shown that the commonly used assessment tool to prioritize access to housing in Canada (the VI-SP-DAT) is racially biased, as scores consistently underestimated the acuity of needs of Black women, systematically disadvantaging their access to housing (Cronley, 2020).

Addressing youth homelessness among those who are Black and People of Colour requires dismantling institutional and systemic practices that normalize White privilege and power. According to Fleras (2013), dismantling systemic racism requires strategies at both individual and institutional levels. Individual-level interventions involve education and training on attitudes and behaviours that perpetuate racism. Institutional interventions need to identify the barriers that create discriminatory practices, add measures

that compensate for historical disadvantage, and develop culturally safe spaces. In the City of Toronto's (2017) *Action Plan to Confront Anti-Black Racism*, recommendations are provided for improving equity within various systems in Toronto, including community services, the police, and shelter and housing. These include developing clear anti-Black Racism policies, working collaboratively with community members, ensuring there is Black leadership represented in all systems, collecting race-based data to ensure accountability, and creating opportunities specifically for Black Torontonians that facilitate leadership, skills, and employment. In addition, an engagement strategy was co-developed between the City of Toronto's Shelter Support and Housing Administration (SSHA) Division and the Toronto Aboriginal Support Services Council (TASSC) to support their partnership in working together to address Indigenous homelessness in Toronto (City of Toronto & TASSC, 2018). The report entails several commitments from the SSHA to recognize Indigenous People's right to self-determination, representation in spaces where municipal policies are developed and increase opportunities for training and employment.

→ **A note on structural and systemic prevention of youth homelessness**

Until this point, we have spoken about structural and systemic factors in terms of how they directly lead to homelessness among youth and create barriers to escaping it. Yet the most common pathways to youth homelessness centre on the family, whether it be the breakdown of family relationships and supports, neglect or abuse, or involvement in systems designed to support youth whose families are not safe or available to care for them. Therefore, a discussion on structural and systemic prevention must also consider how these factors strain families and indirectly lead to youth homelessness. Multiple factors impact family interactions outside of the relationship itself. Poverty, a lack of affordable housing, racism, colonialism, and inequitable access to various supportive systems impact families tremendously. The family stress model (FSM), created by Conger & Conger (2002) and later revised by Chzhen et al. (2022), is one theoretical framework that conceptualizes the relationship between poverty and family relationships. The original FSM depicted how economic hardship creates distress among parents, resulting in disrupted parenting such as being unduly harsh or unresponsive, and parental conflict. This, in turn, can lead to impacts on the children, such as internalizing and externalizing behaviours, school disengagement, depression, and substance use later in life. The updated model by Chzhen et al. highlights how children's experiences are not only mediated by their parents, but that children are active social agents whose lives are also shaped by their experiences of poverty and their interactions with institutions and structures outside of their families. These children are subjected to their own worries about

poverty, including food insecurity, social exclusion from activities, and being bullied due to not meeting particular societal norms (e.g., their homes, their clothes). The parents' and children's concurrent stresses and experiences of family members can lead to increased family distress and conflict.

Similarly, the stress and trauma that result from experiences of racism and colonization can also create a variety of negative impacts on the wellbeing of parents and children, impacting the overall functioning of a family (Anderson et al., 2019). They are also known to lead to historical and intergenerational trauma, or the transmission of psychological trauma within families and communities (Isobel et al., 2017). This can occur through the impacts of trauma on attachment patterns (ibid), parental stress, and epigenetically (Kealohi Sato Conching & Thayer, 2019). Therefore, discussions on youth homelessness prevention must include how structural and systemic factors impact family stability and well-being as a whole, rather than just family breakdown and conflict.

Early Intervention

Early intervention refers to initiatives and programs that support youth (and their families) who are at imminent risk of, or who have recently become homeless, either retain their housing or access appropriate housing rapidly (Gaetz & DeJ, 2017; Gaetz et al., 2018). Program-level early intervention programs can be designed that target youth at risk of becoming homeless or who are just entering the shelter system. The most frequent early intervention strategies discussed in this research, including among youth participants, were providing increased family support and school-based early intervention. Indeed, much of the available literature on early intervention supports prioritize these two areas for young people. Family conflict and abuse in the household are among the most frequent causes of youth homelessness (Karabanow, 2004, 2009; Van den Bree et al., 2009). In a national survey with 1,103 youth experiencing homelessness across Canada, 77.5% reported that they left home because of family conflict, and nearly 60% indicated an abusive relationship in the home contributed to their homelessness (Gaetz et al., 2016), suggesting this is a critical area for early intervention. International research also supports this notion. For instance, in their longitudinal analysis of 927 survey responses conducted when participants were in early adolescence (13-15) and then ten years later in Australia, Heerde et al. (2021) found that family conflict between the ages of 13-15 predicted homelessness by age 25, even after controlling for academic performance, community safety and peer groups. The authors argued that this highlights the need for prevention programs that focus on healthy family relationships. There is also some preliminary Cana-

dian evidence suggesting that family-based support programs effectively reduce conflict, keep young people in their homes, and ensure youth have supportive adults in their lives (Sage-Passant, 2021).

School-based interventions, such as Youth Reconnect (for program model see Gaetz et al., 2020), have also shown to be effective in identifying young people at risk and providing necessary services to them. This is because teachers and school personnel are usually the first adults other than family to become aware of the risk factors that can result in homelessness (Gaetz et al., 2014). By identifying when a young person is struggling, teachers can provide rapid referrals to a Youth Reconnect program, and wraparound supports can be provided well before a young person becomes homeless. In addition to providing the necessary services to keep a young person housed (ideally in their family home), research also suggests that early intervention programs, whether school- or community-based, should make maintaining school engagement among youth a key priority. For instance, a longitudinal study comparing nearly 8,000 youth in Australia and the United States when they were 12-16 years of age and then 23-27 years of age, found that academic failure and school suspension were strongly associated with youth homelessness in both countries (Heerde, 2020). Given the negative effects that being homeless can have on a young person, family-based supports and interventions aimed at keeping youth engaged in school should be provided both before a young person becomes homeless—while they are in the family home if possible—as well as for those who have recently become homeless.

One promising early intervention that may pair well with these supports is Shelter Diversion. Shelter Diversion is an early intervention program in which staff work with youth to assess if there are any safe and suitable alternative accommodations that they can utilize so that they do not need to enter shelter, which can be a dangerous place for young people (e.g., risk of violence or sexual exploitation). The program is not about blocking access to shelter if a youth is in need, but rather conducting an assessment to determine whether there are options for alternative accommodations the youth might not have explored, and whether the program can assist in removing any barriers that may be preventing them from accessing appropriate supports (Lethby, 2021). Emerging evidence suggests this might be an effective strategy, particularly for first time shelter users. In an analysis done by Lethby (2021) in Niagara Region with 379 youth over two years, 36% were successfully diverted. Moreover, system-wide data showed that of those youth diverted, only 26% returned to the homelessness system in the region during the two-year follow-up period (April 2019-April 2021). The success rate for first-time users was

almost double, with 64% of first-time users being successfully diverted. With that said, more research is needed to determine the long-term impacts of Shelter Diversion for young people.

Other research has also suggested that first-time users of shelter may particularly benefit from early intervention strategies. For instance, national research using the largest database on shelter users across Canada, Homeless Individuals and Families Information System (HIFIS), with over 400,000 shelter users between 2014- 2019, found that first-time users of shelters exited into housing nearly five times more often than recurrent users (37.5% compared to 7.8% respectively) (Chen et al., 2021). The authors further showed that the duration of previous homelessness in the shelter system decreased the likelihood of people exiting into housing, highlighting the need for early intervention. The authors concluded that first time shelter users should be targeted for local prevention initiatives.

Housing Stability

The final form of prevention outlined by Gaetz et al. (2018) is housing stability, a tertiary prevention approach, aimed at preventing the recurrence of homelessness once a young person is housed. Definitions of housing stability range from whether a person remains housed for a certain length of time (Stergiopoulos et al., 2015) to more comprehensive frameworks that assess all of the risks and assets that make housing stability possible (e.g., Sylvestre et al., 2009; Frederick et al., 2014). In terms of approaches to achieving housing stability, there are few areas in the homelessness literature with as robust of an evidence base as Housing First. In randomized-control studies, Housing First has consistently shown to be more effective in keeping people housed, particularly those with mental health and/or substance use concerns, at rates well above treatment as usual both in Canada (Goering et al., 2014) and internationally (e.g., Délégation interministérielle pour l'hébergement et l'accès au logement, 2017). This has also been shown, albeit with much less research, to be the case with young people as well (Kozloff et al., 2016a), although some researchers have cautioned that the model must be adapted to meet the unique needs of young people (Kozloff et al, 2016b; Gaetz et al., 2021). Gaetz et al. (2021) have published a framework on how Housing First can be adapted to meet the needs of young people, which includes the key principles of a right to housing with no preconditions; youth choice, voice, and self-determination; positive youth development and wellness orientation; individualized, client-driven support with no time limits; and social inclusion and community integration.

In line with the principle of youth voice and self-determination, it is important to consider the housing preferences of young people. By far in this study, most youth in both the interviews and survey wanted their own independent housing, a finding that is supported by research with other populations of people experiencing homelessness (Darab, Hartman, & Holdsworth, 2018; Schutt et al., 2005), including a meta-analysis of housing preference research, which found 84% of all participants across all studies preferred independent housing (Richter & Hoffmann, 2017). For the participants in this study, having their own unit was described as critical to having a sense of freedom and independence. It is hence important for service and housing providers to consider this preference when designing housing programs for young people and prioritize providing youth with their own units. A notable minority did favour the congregate, transitional-housing model suggesting that, while it was not the dominant preference, it does play an important role in the continuum of housing options for youth (Holtzschneider, 2016). This may be particularly true, as this research suggests, for younger youth and newcomer youth, although more research is needed on youth housing preferences and how they may vary among different groups of young people.

The principle of choice and self-determination is also applicable in the degree of supports—if any—provided to young people. In this study, youth varied in their desire for ongoing staff engagement once they were housed. Some young people felt a subsidy would help them maintain their housing but did not desire ongoing staff support. In line with a Housing First philosophy, this is a choice they have the right to make, and staff support should not be imposed on them. An ‘open-door’ policy can permit these young people to access services in the future should they need.

For those who choose to utilize ongoing case management supports, this research suggests that these supports can play an important role in housing stabilization for youth by connecting them to necessary services, as well as assisting in the development of necessary life skills. The few longitudinal studies with youth who exited homelessness in Canada have found that youth continue to struggle in many domains of their lives, including financially, quality of life, mental health, a sense of hope, and social inclusion (e.g., Kidd et al., 2016; Thulien, 2017). Similarly, while the Housing First literature is very clear on establishing housing stability, many other outcomes are less clear (Aubry, 2020). For instance, there is no rigorous evidence that Housing First programs improve the mental or physical health of program participants or reduce substance use (ibid.). Other findings in the Housing First literature indicate that success in achieving social and community integration is inconsistent at best (Quilgars & Pleace, 2016). All of this suggests that while

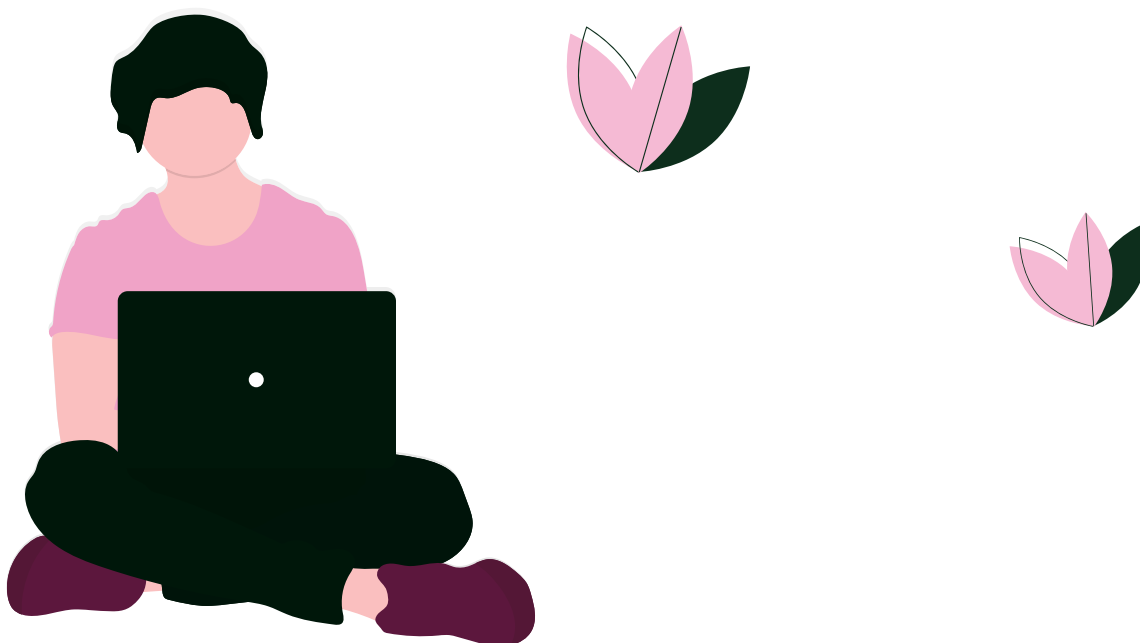
there is no longer a need for debate on the effectiveness of Housing First in keeping people housed, there remains a need to determine how the model can facilitate other important outcomes in young people's lives—outcomes beyond housing stability.

One key area that needs further development in programming for youth either experiencing homelessness or recently exiting homelessness is ensuring that young people have community connections, preferably 'natural' supports (i.e., people not paid to be in a young person's life) as well as social inclusion in a broader sense. Staff participants in this study discussed this as being important to ward off feelings of isolation and loneliness, which they argued can lead to difficulties such as mental health concerns, substance use, and even having youth return to shelter to avoid being isolated. As noted earlier, longitudinal studies have shown that youth exiting homelessness struggle with social inclusion despite achieving at least a modest level of housing stability (Kidd et al., 2016; Thulien et al., 2018). Emerging evidence from the field of Occupational Science is highlighting the importance of addressing the sense of boredom and meaninglessness that can accompany a post-homelessness existence and supports what we heard from staff participants regarding concerns around mental health and substance use (Marshall et al., 2019). Indeed, there are growing calls to direct more effort on inclusion-focused outcomes once people become housed (Chamberlin & Johnson, 2017; Luchenski et al., 2018; Quilgars & Pleace, 2016).

→ Youth's perspectives on prevention

During the interviews with youth, while some were able to identify the specific factors that would have prevented their experience of homelessness or youth homelessness in general, many others answered, "I don't know", or felt that youth homelessness was not something that could be prevented. For those who stated the latter, the main reason cited were family issues or matters of personal responsibility. While there are few known studies that have investigated this, authors from one Canadian study with 114 youth wrote, "Many young people can pinpoint the key moment or intervention that could have changed their path into homelessness" (Schwan et al., 2018, p. 122). It is unclear if this means that the findings from our study are divergent from Schwan et al.'s, or if this was also the case for some of the youth in the latter study and it was not discussed. It is possible that some of the youth in our study were in a state of crisis (currently homeless during a pandemic) and as such found it difficult to reflect and gain insight on the key events in their lives that led to their experience of homelessness. This may be particularly true if there were multiple and intersecting factors that did not directly lead to a homelessness episode (such as adverse childhood events, childhood poverty, etc.).

It is also possible that some youth are unaware of particular interventions, or how they might have helped them. A key example of this is FNS programs. Many of the youth who felt homelessness could not have been prevented cited family relationships, which they associated with their personal lives rather than something that programming could address. This demonstrates the need for awareness to be raised at key intervention points, such as in school-based programming and when a youth first enters a shelter, when there are family support programs available. Finally, some young people referenced individual responsibility, particularly for exiting homelessness. While facing the multiple barriers to exiting homelessness undoubtedly requires individual effort and grit, this may also reflect internalized social stereotypes that locate the causes of homelessness individually rather than as resulting from social inequities. This suggests the need for continued public education on the structural and systemic causes of, and solutions to, youth homelessness. The findings from this study indicate that at least for some youth, discussing prevention can be difficult, which points to an important methodological consideration for future research on prevention with youth. In our study when we provided concrete examples of prevention ideas, it became easier for youth to think about whether they would have been helpful, in contrast to when questions were open-ended. A participatory research model, or co-designing interview and survey tools with youth with lived experience, may be particularly helpful for further researchers to attain the most useful insights from youth.



Shifting the Response to Youth Homelessness in Toronto



This research has contributed to the growing calls for action to shift the way we address youth homelessness in Canada. Several participants in this research expressed that it is time to shift the response to youth homelessness by developing a youth-specific strategy which acknowledges the unique stage of life they are in, both developmentally and economically. The vast majority of government plans to end homelessness in Canada (including the one in Toronto where this study was situated) prioritize the chronically homelessness (City of Toronto, 2019). In the face of limited resources, and ample evidence that those who are chronically homeless utilize a disproportionate number of shelter beds (e.g., Kuhn & Culhane, 1998; Jadidzadeh & Kneebone, 2018), the logic is understandable. People who experience chronic homelessness are also most likely to have urgent health needs, and thus require immediate assistance. The problem is that by prioritizing the ending of chronic homelessness, insufficient energy is placed on stopping the flow into homelessness. Moreover, there is insufficient resources to ensure that the needs of those who do not meet the acuity threshold to warrant prioritization will not become more acute while they remain homeless. This is true for young people, who in the absence of family or other supportive adults they can live with, do not have the means to secure a living wage and afford to live independently, particularly in large urban centres like Toronto. If we are to truly ‘end’ the homelessness crisis as we know it, resources must also be devoted to prevention and long-term housing strategies aimed at preventing the recurrence of homelessness for young people.

The pandemic further underscored the role that housing plays in health inequities. Many of the health directives given by the provincial government—such as the stay-at-home order—were predicated on the notion that one has a home to stay at. Social distancing is exceedingly difficult when you must live with dozens of other youth and have staff on premises. For many reasons, it is clear that there is a need to prevent young people from having to seek emergency shelter or becoming homeless. In fact, congregate emergency shelters have not only been shown to be potentially catastrophic in the face of a public health crisis; they also have not been effective at reducing youth homelessness in Toronto.

The barriers identified in this research, both to increased collaboration and shifting to prevention, are real and can seem overwhelming. The seemingly largest barrier is the degree of crisis the shelter system is currently contending with; a crisis the pandemic has only made more severe. Yet the situation we are in now is not a viable solution to the homelessness crisis, nor is it sustainable. The cost of providing emergency shelters during the pandemic has doubled for the municipal government (City of Toronto, 2020a). It is also unknown what the long-term impacts of the pandemic will be on the shelter system, but increased homelessness is possible (Falvo, 2021). It is paramount that a proactive strategy to reduce demand on the shelter system through prevention and working to stabilize housing for more youth experiencing homelessness, through a Housing First approach, is developed to address this crisis. Not only will this reduce homelessness, but there is also evidence this is a more cost-effective approach in the long-run (Ly & Latimer, 2015). At the beginning of the pandemic, an initial wave of funding was provided from the federal government to Reaching Home (Falvo, 2021). The municipal government of Toronto also rapidly rehoused an unprecedented amount of people in Toronto (City of Toronto, 2020b), which shows the resources can be made available when there is political will.

While the shelter system in Toronto has done reasonably well to curb the spread of COVID-19, there are other crises that warrant urgent attention, namely the opioid and mental health crises, which could prove to be deadly to youth experiencing homelessness. We can do things differently in Toronto—and based on the findings from this research, there is every indication that staff and stakeholders desire change; they just don't have the resources to do so. One of the first steps toward change is acknowledging that what we are doing is only partially addressing the problem of youth homelessness in Toronto. We are providing much-needed, critical interventions for young people in crisis. Yet, until we step back and develop a proactive, evidence-based strategy, the problem of youth homelessness will remain unabated in Toronto, with long-term, negative consequences to young people. If history is any indication of what is to come in the future, for every youth that is housed, another one will replace them in the shelter system, or they will return. Making these changes will not occur overnight, but we can start small and continually work to scale up our response. Of course, none of this is possible without the policy frameworks and investments to support it (Gaetz, 2014; Lethby & Pettes, 2016). We have shown repeatedly in this research that the state of the youth homelessness sector in Toronto is in crisis. It cannot divert any of its funding or shift its current programming without a substantial investment from local and senior levels of government. Developing a long-term strategy to address youth homelessness means shifting the current mindsets, and policy and governance frameworks, away from individual, program-level emergency

interventions to examining the system as whole. It means broadening the very definition of the what the 'youth homelessness sector' is: away from crisis management and the provision of basic needs to include the multiple systems that cause homelessness such as mental health, child welfare and corrections, and the ones pivotal to sustaining housing in the long-term, such as housing, income assistance, and employment (Doberstein, 2016). In the midst of all this hardship, the pandemic can also serve as an opportunity or an impetus to do things differently (Ayer, 2021). We have an unprecedented opportunity to use the negative impacts of the pandemic, and the necessary shifts in practice, as a chance to change the status quo and change the way youth homelessness is addressed in Toronto and beyond.

Conclusion



In this study, we demonstrated that while not universal, the COVID-19 pandemic had many adverse impacts on youth experiencing homelessness in Toronto, as well as the staff that support them. We discussed the current state of collaboration in Toronto, ideas for shifting the response to youth homelessness, as well as barriers to doing so. The findings of this study, coupled with the existing literature, strongly suggest that local agencies and government should develop a prevention-focused strategy for youth homelessness that emphasizes family work and providing school-based supports, both upstream and for those newly homeless—particularly first-time shelter users. These supports should focus on keeping youth in their homes or with other family members (however they define family) whenever it is possible and safe to do so, and also work to keep young people engaged in school. For those young people for whom this is not possible, a Housing-First approach, where youth are able to choose (within reason) their type of accommodation and level of support provided is both what the majority of youth prefer, and what the evidence indicates is effective in stabilizing their housing situation. As the majority of youth experiencing homelessness have not had the chance to complete their secondary education or gain sufficient work experience, they will need support to be able to afford the high costs of rent in cities like Toronto. This means either providing a portable housing subsidy that is tied to the young person (and hence permits them to be able to move if necessary) or a rent-geared-to-income unit, either through the municipal government or a non-profit organization/developer. For youth that choose to have continued staff support, ongoing youth-led case management supports (or ‘coaching’) should be provided in the community, geared to the needs and preferences of the young person.

Limitations



There are several limitations to this research. First, the interviews and survey data were collected at different periods during the pandemic. Interviews were conducted from November 2020 to March 2021, during the ‘second wave’ in Ontario when cases were rising, lockdowns were enforced, and vaccines were scarcely available. Survey data, on the other hand, was collected in August and September of 2021—a period during which cases were lower in the province, many government-imposed restrictions were lifted, and vaccines were accessible. Given the differing timelines, the experiences and feelings of participants may have varied and interview and survey data are not directly comparable. Moreover, all data was collected before the onset of the Omicron variant, which hit the Toronto shelter system harder than previous waves (Woodward, 2022). Therefore, we cannot report on the cumulative impact of the pandemic on youth or staff, and the adverse effects may be understated in this report.

Second, given the convenience sampling approach utilized in this study, recruitment may have skewed representation from some groups of participants. In the interviews, limitations on where interviews could be held—i.e., on Zoom and/or over the phone—may have introduced selection bias during recruitment, such that youth who did not have access to phones or Wi-Fi and/or Wi-Fi-enabled devices would have experienced barriers to participation. Similarly, given the high levels of stress agency staff were experiencing at the various shelters, recruitment of participants was difficult at times, and youth and staff from all four shelters were not equally represented.

Third, while we used a number of standardized measures in the surveys, two of the measures had to be modified to be relevant to the youth homelessness sector during the COVID-19 pandemic. Modifications took the form of either changing language or removing items that were not pertinent to the experiences of participants. Given these adjustments, it is important to note that the standardized instruments that were changed have not been validated in their revised form, and results should be interpreted with caution.

Fourth, while analyzing the survey data, it became clear that the wording on the Williams Everyday Discrimination Scale (Williams, 1997) could have been revised to be more precise for participants. In the survey, participants were asked if they had ever experienced various forms of unfair treatment and major discrimination ‘during their time in shelter or at the hotel’. While this wording was useful for specifying a timeframe for youth, the timeframe varied depending on the participant, and the question failed to capture where the treatment occurred and by whom. In retrospect, follow-up questions could

have asked whether the discrimination occurred at the shelter/hotel and who committed the acts of discrimination, to provide a more nuanced understanding their experiences of discrimination in the shelter system and more broadly.

Finally, despite taking a CST lens, this research did not create insights on the unique impacts the pandemic may have had on First Nation, Inuit, or Metis youth, as well as neurodiverse youth and youth with disabilities. This is likely in part the result of recruitment; indeed, Indigenous youth were underrepresented in both the interview and survey samples. Limitations on in-person data collection may have also introduced barriers for neurodiverse youth to participate in the study. This further highlights the research gap on the experiences of these two subpopulations of youth experiencing homelessness and reinforces the call for future research to centre the experiences of Indigenous and neurodiverse youth.

Recommendations



Practice

- Ensure a balance is maintained between preventing the spread of the virus (COVID-19 or in the case of future pandemics) and continuing to offer in-person services, particularly for mental health
- When possible, implement prevention-based programs that focus on the role of families/natural supports and school engagement—both in the community and immediately upon coming to shelter
- If funding is available, pilot a shelter diversion program, which includes providing wrap-around support to youth and families in the community
- Adopt a Housing First for Youth philosophy and practice which prioritizes exiting shelter as quickly as possible, and community-based supports are provided once they are housed (if desired by the youth)
- Employment supports should focus on assistance in finding quality employment and maintenance
- Ensure programs are evaluated for effectiveness and adapted as needed
- Develop an explicit equity, diversity and inclusion policy, ensuring that identity-specific programming and needs are considered
- Examine programming and policy from an accessibility lens, considering the needs of youth with disabilities and who are neurodiverse
- Housing models developed for youth should prioritize stand-alone independent units with the level of staff support determined by young people, with a smaller proportion of congregate housing models
- Incorporate regular wellness checks for staff and ensure flexible supports are available to support their wellbeing
- Provide facilitated opportunities for service providers across the sector to meet to collectively discuss their work, build relationships and support one another

Policy

1. MUNICIPAL

- Develop a local plan to address youth homelessness specifically that simultaneously prioritizes preventing the inflow into homelessness and housing stability, taking into account young people's unique developmental needs. This may include a dedicated Coordinated Access process for youth and supported housing for youth
- Consider hiring a system-planning consultant to develop a strategy to develop a system of care in Toronto, including system mapping (taking stock of all relevant systems and services)
- Convene a table of local, provincial, and federal stakeholders to identify and address system-level drivers and barriers to addressing youth homelessness
- The system planning table should develop an explicit equity, diversity and inclusion lens
- Funding should be provided to support program-level collaboration among the youth homelessness sector
- Create a prevention-focused funding stream, focusing on family and natural supports programs, community-based services, school-based services, and shelter diversion
- Increase the number of rent subsidies available to youth, ensuring they remain with the youth even if they move
- Incorporate city-wide standards for agencies to combat discrimination and systemic barriers, including anti-Black racism, anti-Indigenous racism, homophobia, transphobia, and ableism
- Partner with Indigenous organizations to increase culturally safe emergency spaces and housing options for Indigenous youth experiencing homelessness
- Invest in long-term outcomes for young people beyond housing that facilitate meaningful socio-economic inclusion
- Consider expanding the open-access database to permit organizations to track the movement of youth experiencing homelessness across the sector (with non-identifiable indicators), the number of youth that age out of the youth system and end up in the adult system, recidivism among those who have been housed, and to understand the impact of prevention initiatives across the system

2. PROVINCIAL / FEDERAL

- Expand funding for mental health and substance use services
- Increase funding for the development of affordable and supportive housing
- Mandate through legislation ministries that are pertinent to youth homelessness to join system planning tables and decrease exits to homelessness from provincial and federal systems
- Increase funding to include prevention-focused funding streams in all homelessness initiatives (e.g., Reaching Home)

Research

- Assess the unique pathways, experiences, and exits from homelessness among: Black youth and youth that identify as People of Colour, Indigenous youth, and neurodiverse youth/youth with disabilities in Toronto
- Investigate the underrepresentation of young people utilizing Access Point (the waitlist for supported housing) in Toronto
- Utilize a participatory research model, or codesign research tools with youth to gain meaningful input from youth on prevention
- Ongoing research on burnout, grief, vicarious trauma with front-line staff, as well as effective strategies to mitigate this
- Investigate what combination of education, training and experiences will best equip front-line service providers to work with youth experiencing homelessness and whether current curricula (e.g., workplace training, post-secondary programs) are aligned with this
- Rigorously study the effectiveness of prevention initiatives and programming, longitudinally when possible



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