



Best Practices *for* **Working with Homeless** **Immigrants and Refugees**

A Community-Based Action-Research Project
PHASE I: RESEARCH



Funded by the
**Supporting Communities
Partnership Initiative**
(SCPI)

MARCH 2003



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Funding for this project is provided by the Government of Canada's Supporting Communities Partnership Initiative. Funds provided by the Government of Canada are matched by contributions from partners including the Province of Ontario, the City of Toronto and by private and voluntary organizations.

This report does not necessarily reflect the views of the funders of this project.

Access Alliance and the project partners would like to thank the Supporting Communities Partnership Initiative for its funding support.

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Acknowledgements

The successful completion of Phase I of the *Best Practices for Working with Homeless Immigrants and Refugees* project is the result of the energy and commitment dedicated by numerous individuals and agencies. First and foremost, we are grateful to the many immigrants and refugees who shared their experiences and stories with the project team. The research could not have been carried out without their participation. We also thank the service providers who participated in the individual interviews, focus groups and community reference groups.

This project was sponsored by Access Alliance Multicultural Community Health Centre and supported by a partnership with Fred Victor Centre, Sistering, St. Christopher House and the Ontario Council of Agencies Serving Immigrants. The research was conducted by Sam Dunn (Project Coordinator) and Shahnaz Perveen (Research Assistant) and supervised by Sonja Nerad (Planning and Community Programs Manager) at Access Alliance. The project team thanks the partners for supporting Access Alliance to carry out this project.

We also extend thanks to the agencies that participated, and continue to participate, in the Steering Committee. In addition to the project partners, this committee is made up of the following agencies:

STEERING COMMITTEE MEMBERS

Across Boundaries: Ethnoracial Mental Health Centre
Canadian Red Cross
Centre for Equality Rights in Accommodation
Fife House
Flemingdon Community Legal Services
HIV/AIDS Legal Clinic of Ontario
Ontario AIDS Network
Red Door Shelter
Regent Park Community Health Centre
Ryerson University
Seaton House
Shout Clinic
Sojourn House
St. Christopher House
St. Stephen's Community House
York Community Services

We thank Joseph Springer for assisting with the methodological design. We also thank Ted Richmond, Melodie Mayson-Richmond and Zarsanga Popal for reviewing the final draft of this research report.

Thanks are due to Kathy Kimmerly and Greta Theobalds for providing transcription services for this project and to Heather Guylar for designing this report.

A final thanks to Kin Wah Siu at SCPI, City of Toronto, for his patience, guidance and support.



Executive Summary

BACKGROUND AND PURPOSE

Immigrants and refugees in Toronto, particularly refugee claimants, are at-risk for homelessness. As a result, increasing numbers of immigrants and refugees are requiring shelter, drop-in and other housing services. The needs of immigrants and refugees who have become homeless may be different than those who are Canadian-born. Newcomers may be adjusting to a new language and culture and may also face unique challenges with respect to employment, health and legal issues. However, most shelters and drop-ins are not mandated to meet the needs of immigrants and refugees who have become homeless. Most shelter and drop-in staff lack the time, skills or resources to effectively house and settle newcomers. Moreover, there have been few systemic attempts to develop shelter and drop-in services that are accessible, appropriate, and responsive to the needs of this population.

Best Practices for Working with Homeless Immigrants and Refugees is a community-based action-research project sponsored by Access Alliance Multicultural Community Health Centre and funded by the Supporting Communities Partnership Initiative (SCPI) with the following objectives:

- *Document* the experiences of adult immigrants and refugees who have used single men's and women's shelters and drop-ins (i.e. "visibly" homeless) in downtown Toronto.
- *Develop* best practices among shelter and drop-in staff for working with immigrants and refugees.
- *Facilitate* the linking of shelters/drop-ins with health, settlement, legal and community-based social services.

The specific goals of Phase I, the *research phase*, were to:

- *Interview* adult immigrants and refugees who have used single men's and women's shelters and drop-ins in downtown Toronto.
- *Interview* shelter and drop-in staff to identify the service needs of homeless immigrants and refugees.
- *Conduct focus groups* with staff from settlement agencies, community legal clinics and community health centres to identify ways to strengthen links with shelters and drop-ins.
- *Develop an analysis* of the rules and practices that inhibit access to services for homeless immigrants and refugees.
- *Develop recommendations* for increasing access and improving services.
- *Develop and disseminate* the research report "Best Practices for Working with Homeless Immigrants and Refugees."

This project and the work of Access Alliance Multicultural Community Health Centre is grounded in the Ottawa Charter on Health Promotion which states that the prerequisites for achieving health are peace, shelter, education, food, income, a stable economic system, social justice and equity. Access Alliance believes in the fundamental right of people living in Canada to have access to adequate and affordable housing, as it is an essential component of their overall health and wellbeing.

METHODOLOGY

The research employed a community-based, qualitative methodology that included:

Steering Committee

- Homeless immigrants and refugees, shelter and drop-in staff, and staff from other community-based agencies who provided input on all aspects of the research methodology

Semi-Structured Interviews

- 30 adult homeless immigrants & refugees who have used single shelters and/or drop-ins
- 27 shelter and drop-in staff (front-line and managerial)

Focus Groups

- 19 representatives from settlement, community legal and community health sectors

Community Reference Groups

- 14 individuals (including community agency staff and immigrant and refugee shelter users) who provided feedback on the recommendations

When I got pregnant I had nowhere to go. So I had to go into shelters. Then last year I had my own place, but then after the rent was expensive and I couldn't [pay my rent] I ended up back in the shelter.

FINDINGS & RECOMMENDATIONS

The research phase of the *Best Practices for Working with Homeless Immigrants and Refugees* project has generated 11 findings and 21 recommendations for addressing housing, homelessness and access to services for immigrants and refugees, and the needs of the service providers who work with them. The findings and recommendations are organized into eight themes: *socio-economic status, housing and homelessness, shelter and drop-in services, language, discrimination, coordination of services, training, and future research and funding.*

I was raised to be educated, to go to university, then finish from university and have a good job. But all those dreams are not there. I end up at the bottom staying with the homeless people, chronic alcoholics and people that are criminals.

SOCIO-ECONOMIC STATUS

FINDING #1: Immigrants and refugees are at risk for homelessness due to poverty, cuts to social programs, unrecognized employment and education credentials, delays in work permits, and mental illness.

Recommendation #1: With support from appropriate levels of government, community agencies should continue to address poverty, cuts to social programs, lack of recognition for foreign trained professionals and workers, delays in work permits, and mental health issues among homeless immigrants and refugees in Toronto and across Canada.

HOUSING

FINDING #2: The current housing market in Toronto is inadequate for meeting the needs of immigrants and refugees.

Recommendation #2: Federal, provincial and municipal governments should work together to immediately implement a National Housing Strategy in Canada.

Recommendation #3: The federal and provincial governments should provide funds to the municipal government to develop affordable housing that is accessible to immigrants and refugees.

Recommendation #4: Not-for-profit housing providers should make a commitment to ensuring that immigrants and refugees have equitable access to all forms of not-for-profit housing.

Recommendation #5: Community-based agencies should continue to pressure the appropriate levels of government to amend the Tenant Protection Act (TPA) and reinstate rent control.

We experienced trying to find a house...it is very difficult to find a house here in Toronto. The rents are very high and there are certain premises where the landlords are a little difficult.

The role of shelters has changed, or the clientele has truly changed in the last four years. The number of newcomers going to shelters is just growing in leaps and bounds.

From youth shelters to adult shelters, a population that was less than one percent is now at least 50 percent and higher. The workers are definitely not equipped to deal with them.

SHELTER AND DROP-IN SERVICES

FINDING #3: Despite the number and variety of shelters and drop-ins in Toronto, the needs of homeless immigrants and refugees are not consistently being met.

Recommendation #6: The federal, provincial and municipal governments should jointly increase funds to create new shelters and drop-ins, and to support existing shelters and drop-ins, to specifically meet the needs of immigrants and refugees in Toronto.

Recommendation #7: In coordination with shelters, Shelter, Housing and Support Division (SHS) should evaluate whether these shelters are meeting the specific needs of immigrants and refugees, particularly women.

FINDING #4: Many shelters and drop-ins are not accessible for immigrants and refugees due to uncomfortable environments and lack of culturally appropriate services.

Recommendation #8: Shelters and drop-ins should work together with Shelter, Housing and Support Division (SHS) and the Ontario Association of Hostels (OAH) to develop definitions of “culturally appropriate services” and to develop and share culturally appropriate service delivery models.

Recommendation #9: The provincial government should fund the Shelter, Housing and Support Division (SHS) and its constituent shelters to develop standards on the delivery of culturally appropriate services, and to ensure that these standards are rigorous and measurable.

What is the most challenging is still the language barrier. Not always can you ask for service so you have to wait until you can get some one, so that's tough.

LANGUAGE

FINDING #5: Many shelters and drop-ins are not linguistically accessible to immigrants and refugees.

Recommendation #10: Shelters and drop-ins should work with Shelter, Housing and Support Division (SHS) to develop pilot programs to address the issue of language access in shelters.

Recommendation #11: The Shelter, Housing and Support Division (SHS) should build on existing guiding principles within Shelter Standards on linguistically appropriate services by developing standards on language.

Recommendation #12: The City of Toronto should ensure that all city-funded agencies and services (including shelters and drop-ins) have consistent access to funding for interpreter services to better meet the language needs of immigrants and refugees, and other clients, with limited or no English language skills.

Well I find it is very difficult. Because being on Welfare, or being homeless basically, you have no references, and most landlords don't like that. I tried to get a place one time and the landlord needed first and last, that's number one, I don't have that, and secondly, it's my colour, some landlord don't like that. I went to this lady and she said she has a problem with Black people. I say what, if you have problems with Black people, that's Black people. Black people are not all the same. But we have those kind of stereotype and the other problem is even once the landlord knows you are on Welfare, they have a problem accepting you.

DISCRIMINATION

FINDING #6: Immigrants and refugees may face barriers to accessing housing and services for the homeless due to discriminatory practices among some landlords and shelter and drop-in staff.

Recommendation #13: Community legal clinics and other community-based agencies should continue to raise awareness about discrimination in housing and other barriers to housing through education and advocacy with the public and various levels of government.

Recommendation #14: The Supporting Communities Partnership Initiative and other appropriate funding bodies should support research to study the rate and nature of evictions among immigrants and refugees in Toronto.

The staff, the ones who work in the shelters, they must be screened so that they don't end up being racist and discriminate other people. They should be screened.

Recommendation #15: Shelters and drop-ins should develop in-house anti-racism/anti-oppression policies that are delivered appropriately and monitored on an ongoing basis.

Recommendation #16: Shelter, Housing and Support Division (SHS) should evaluate the delivery of anti-racism/anti-oppression services to ensure that shelters and drop-ins meet existing standards.

COORDINATION OF SERVICES

FINDING #7: There is a lack of effective coordination of services among shelters and drop-ins and between these services and settlement organizations, community legal clinics and community health centres.

Recommendation #17: Settlement agencies and shelters and drop-ins should work with appropriate levels of government and other key stakeholders to develop systems and structures to improve coordination of services between sectors.

Much of the time there isn't enough communication between, for example, the shelter system and the settlement agencies nor among the settlement agencies themselves.

TRAINING

FINDING #8: Shelter and drop-in staff require improved and up-to-date information on current immigration and refugee policy and how to complete refugee claimant forms.

Recommendation #18: Shelters and drop-ins and other community-based agencies should collaborate to increase the capacity of their respective organizations to plan and deliver training on diversity, immigration and refugee policy, and completing refugee claimant forms.

Well I think at all levels, whether it be staff, organization or sectoral, I think that there needs to be more education around why people come to Canada, and then what's available for people when they do come here and all depending on if they come sponsored or not sponsored, when sponsorship breaks down, that sort of thing.

FINDING #9: Some shelter and drop-in staff require more knowledge on the culture, religion and history of immigrant and refugee groups.

Recommendation #19: Together with Shelter, Housing and Support Division (SHS), agencies that deliver training to shelters and drop-ins should evaluate whether their training on specific issues affecting immigrants and refugees (such as immigrant and refugee policy, cultural competence, anti-oppression/anti-racism, and completing refugee claimant forms) is reaching the agencies and individuals that need it most.

FUTURE RESEARCH AND FUNDING

FINDING #10: There is insufficient knowledge and information about the scale of visible and hidden homelessness among immigrants and refugees in Toronto among policy makers, academics, shelter/drop-in staff and other service providers. This knowledge gap hinders the development of broad policy and program initiatives that address homelessness among immigrants and refugees in a systemic manner.

Recommendation #20: The Supporting Communities Partnership Initiative and other appropriate funding bodies should support research to quantify the full extent of hidden and visible homelessness among immigrants and refugees in Toronto.

FINDING #11: Many of the findings and recommendations of the *Best Practices for Working with Homeless Immigrants and Refugees* project require actions that cannot be adequately addressed within the limited time and budgetary scope of the current SCPI fund. This project has identified key issues and challenges that require sustained effort and funding.

Recommendation #21: The federal, provincial and municipal governments, through programs such as the Supporting Communities Partnership Initiative should make a commitment to the development of best practices for working with marginalized populations, such as immigrants and refugees, in future funding initiatives.

MAIN CONTRIBUTIONS OF RESEARCH

The contributions of the research for the *Best Practices for Working with Homeless Immigrants and Refugees* project lie in two key areas:

1. Provides scientific (evidence-based) verification of a number of key problems and solutions for which previous knowledge was either scattered and partial, or simply impressionistic and anecdotal.

This research brings together the experiences, stories and recommendations of adult immigrants and refugees who have used shelters and drop-ins (i.e. “visibly” homeless) in downtown Toronto, shelter and drop-in staff, and service providers in the settlement, community health and community legal sectors. Although this research focussed on a specific sub-set of the homeless population researchers, policy makers, and service providers are urged to consider how the findings, recommendations and actions are relevant to other homeless populations and other geographical contexts. The results of this study will hopefully shed light on problems, issues and potential solutions for other communities locally, provincially and nationally.

2. By linking findings with recommendations and subsequent proposals for action, provides a vital shift from identifying problems to generating solutions.

Homelessness has reached crisis proportions in Canada. To address this crisis, research on homelessness and housing should seek to bring about understanding as well as change. In this study, a community-based research approach was employed to directly inform the development and implementation of action strategies to address homelessness among immigrants and refugees in Toronto. As such, this study defends and promotes the application of commu-

nity-based action-research on homelessness and housing to ensure that research questions, methodology and analysis are responsive to – and grounded in the realities of – participating communities.

tions for the problem of homelessness among immigrants and refugees in Toronto and other Canadian urban centres. A roundtable report will be distributed to participants, key stakeholders, and interested individuals and agencies.

FUTURE ACTIONS

A key purpose of the *Best Practices for Working with Homeless Immigrants and Refugees* project is to bridge the gap between research and action on the issue of homelessness. Using a community-based approach, the second phase of the project has involved the prioritization of recommendations by the Steering Committee. Steering Committee participants, including homeless immigrants and refugees and staff from community-based organizations, called for action in four key areas:

- linguistic accessibility of shelters and drop-ins
- delivery of culturally appropriate services in shelters and drop-ins
- coordination of services between settlement sector and shelters and drop-ins
- coordination of training on issues affecting homeless immigrants and refugees

To address these issues, Access Alliance Multicultural Community Health Centre will host a series of “roundtables” to develop pilot project ideas and build partnerships. The specific goals of the roundtables are:

- To bring together key agencies and individuals with an interest in the particular theme area.
- To build on key issues identified through the research and develop opportunities for action.
- To brainstorm pilot project ideas.
- To facilitate the building of partnerships to conduct projects.

To ensure that the roundtables reflect the broad range of expertise and interests of stakeholders the participants will include representatives from community-based organizations and various levels of government. It is hoped that the roundtables will generate systemic and sustainable solu-



PART I:

Background

1.0 INTRODUCTION

Best Practices for Working with Homeless Immigrants and Refugees is a community-based action-research project sponsored by AccessAlliance Multicultural Community Health Centre and funded by the Supporting Communities Partnership Initiative (SCPI). The overall objectives of this project are to:

- *Document* the experiences of adult immigrants and refugees who have used single men's and women's shelters and drop-ins (i.e. "visibly" homeless) in downtown Toronto.
- *Develop* best practices among shelter and drop-in staff for working with immigrants and refugees.
- *Facilitate* the linking of shelters/drop-ins with health, settlement, legal and community-based social services.

The specific goals of Phase I, the *research phase*, were to:

- *Interview* adult immigrants and refugees who have used single men's and women's shelters and drop-ins in downtown Toronto.
- *Interview* shelter and drop-in staff to identify the service needs of homeless immigrants and refugees.

- *Conduct focus groups* with staff from settlement agencies, community legal clinics and community health centres to identify ways to strengthen links with shelters and drop-ins.
- *Develop an analysis* of the rules and practices that inhibit access to services for homeless immigrants and refugees.
- *Develop recommendations* for increasing access and improving services.
- *Develop and disseminate* the research report "Best Practices for Working with Homeless Immigrants and Refugees."

The specific goals of Phase II, the *action phase*, are to:

- *Hold community meetings* to facilitate the co-ordination of advocacy efforts of various networks working on issues affecting homeless immigrants/refugees
- *Hold roundtable discussions* to develop pilot project ideas on the findings of the research.
- *Develop and disseminate* a community action plan for alleviating homelessness among immigrants and refugees.

This document reports on the background, methodology and findings of the *research phase* and outlines the recommendations and specific actions for the *action phase* of the project.

1.1 RATIONALE

Access Alliance Multicultural Community Health Centre is a community health centre serving immigrants and refugees across the City of Toronto. Access Alliance works to promote health and increase access to services for newcomers by addressing social, health, educational, legal and cultural needs, by addressing barriers to service access, and by promoting full and equitable participation in Canadian society.

This project and the work of Access Alliance is grounded in the Ottawa Charter on Health Promotion which states that the prerequisites for achieving health are peace, shelter, education, food, income, a stable economic system, social justice and equity. Access Alliance believes in the fundamental right of people living in Canada to have access to adequate and affordable housing, as it is an essential component of their overall health and wellbeing.

“Best practices” principles developed in housing and health promotion literature also guide this project. Broadly speaking, best practices aim to (1) adapt practice in ways that suit the particular issue and context and (2) share stories, tools and understanding so that we do not keep reinventing the wheel (Interdisciplinary Team Tool Kit 2001: 13). In housing, best practices are “innovative approaches, transferable to other organizations, which have resulted in concrete, sustainable improvements in the lives of homeless persons in Canada” (Canada Mortgage and Housing Corporation 1999a: 1).

This project focuses on a specific homeless population: *adult immigrants and refugees who have used single men’s and women’s shelters and drop-ins (i.e. “visibly” homeless) in downtown Toronto*. It does not attempt to document the experiences of homeless persons living on the streets (i.e. “sleeping rough”) nor the *hidden homeless* (staying temporarily with friends or family; spending so much income on rent that the necessities of life cannot be afforded; or living in unsafe or overcrowded households).

The rationale for focussing on this specific population is twofold:

1. Preliminary research indicated that there is a wealth of anecdotal and impressionistic information on shelter and drop-in use among immigrants and refugees in Toronto, however, this data has not been collected, analyzed and documented in a systematic way. Preliminary research involved the following:
 - A review of literature on housing and homelessness in Canada.
 - Informal conversations with several shelters, drop-ins and other housing agencies in Toronto. The agencies consulted during this phase included Fred Victor Centre, Sistering, St. Stephen’s Corner Drop-In, Romero House, Seaton House, Matthew House, FCJ Hamilton House, Sojourn House, Fife House, Red Door Shelter, East York Housing Help, and North York Housing Help.
 - Informal conversations with staff at Shelter, Housing and Support Division, City of Toronto.
2. There are several other SCPI-funded projects on homeless immigrants and refugees in Toronto. This study is designed to complement these other projects.
 - Canadian Red Cross, *First Contact: The Arrival Needs of Refugee Claimants*
 - FCJ Hamilton House, *Research, Training and Capacity Building for Shelters Housing Refugee Claimants in Toronto*¹
 - York Hispanic Centre, Islamic Social Services and Resources Association (ISSRA), Syme-Woolner Neighbourhood and Family Centre, and Community Resources Consultants of Toronto, *Informal Housing Network Project*
 - Youthlink, *Action Mentors for Immigrants*

Based on these two factors, the three groups selected for data collection were:

Homeless Persons

Homeless immigrant and refugee men and women who are:

- a) Adults (18-60 years)
- b) Refugee Claimants, Convention Refugees or Landed Immigrants

¹ This project focusses on the refugee claimant-specific shelters in Toronto.

- c) Arrivals to Canada as singles within the last ten years
- d) Using homeless shelters or drop-ins in Toronto *which are not specifically mandated to serve immigrants and refugees*

Shelter and Drop-In Staff

Front-line and managerial staff at shelters or drop-ins in Toronto *that are not specifically mandated to serve immigrants and refugees*.

Community-Based Agency Staff

Front-line and managerial staff at settlement agencies, community health centres and community legal clinics who provide services to immigrants and refugees in Toronto.

2.0 LITERATURE REVIEW

Homelessness in Canada has reached crisis proportions. This issue is well-documented in both academic and advocacy literature (Layton 2000; Murphy 2000; National Housing and Homelessness Network 2001; The View from the Sidewalk 2001; Glasser and Bridgman 1999; Boydell et al. 2000; Kappel Ramji 2002). The Report of the Mayor's Homelessness Action Task Force, *Taking Responsibility for Homelessness: An Action Plan for Toronto*, outlines the primary causes of the homelessness crisis in Canada, particularly Toronto (City of Toronto 1999: v):

- *Increased poverty*: Both the incidence and depth of poverty have increased because of changes in the structure of the labour market and because of public policy changes such as restrictions on Employment Insurance and cuts to welfare.
- *Lack of affordable housing*: The dwindling supply of low-cost rental units and rooming houses, along with the withdrawal of support by both the federal and provincial governments for new social-housing programs, have made affordable housing much harder to find.

- *Deinstitutionalization and lack of discharge planning*: Many people who suffer from mental illness and addictions are homeless partly as a result of deinstitutionalization without adequate community support programs; in addition, their problems have been exacerbated by the inadequate discharge planning of hospitals and jails.
- *Social factors*: Domestic violence, physical and sexual abuse, and the alienation of individuals from family and friends have increased the incidence of homelessness.

Similarly, in her book *On The Street: How We Created the Homeless*, Barbara Murphy summarizes the homeless crisis in Canada: "The formula is simple - combine a growing number of poor and a growing number of expensive housing units and we have people on the streets. Add to this a failure to recognize that the mentally ill cannot manage on their own, economically or with even the simplest of life's demands, and we have even more people on the streets" (2000: 19).

The homelessness problem in Toronto is particularly severe (City of Toronto 1999; Springer et al. 1998; Ward and Reville 1998; City of Toronto 2000a, 2001b; Eberle 2001; Zine 2002). In 1996, almost 26,000 people used the shelter system in Toronto. There are also 37,000 primary applicants on the subsidized housing waiting list, representing over 100,000 people. In addition, at least 106,000 people in Toronto are presently at risk of losing their housing because they pay more than 50 percent of their income on rent (City of Toronto 2001).

Homeless people are at increased risk for health problems, including seizures, chronic obstructive pulmonary disease, musculoskeletal disorders, tuberculosis, and skin and foot problems (Hwang 2001; Kappel Ramji 2002). Homeless people face many barriers that impair their access to health care. Although Canada has a system of universal health insurance, many homeless people do not possess proof of coverage because their identification is lost or stolen. Homeless immigrants and refugees may also face linguistic and cultural barriers in accessing health care.

A major barrier that has prevented effective solutions to the homelessness crisis in Toronto is all three levels of government squabbling over issues of responsibility. Homelessness is a complex issue that requires the coordinated efforts of all levels of government and many departments

within governments. The federal government reduced its involvement in social housing and the province has downloaded social housing to the municipalities. Also, the province argues that the federal government should take responsibility for homelessness among Aboriginals, immigrants and refugees, but the federal government argues that urban Aboriginals and immigrant and refugee settlement issues are a provincial responsibility (City of Toronto 1999).

Specific literature on homelessness among immigrants and refugees in Canada is scant, but some recent research in Toronto is beginning to shed light on the issue (Hunter 1998; Murdie and Teixeira 2000; Hulchanski 1993; Ryan and Woodill 2000; City of Toronto 1999; Alfred and Sinclair 2002; Zine 2002).

There are three categories of immigrants (City of Toronto 1999):

- *Family class immigrants* have a close family member already resident in Canada who has agreed to assume care and shelter until they are established in Canada.
- *Independent immigrants* have special occupational skills and experience that are transferable to the Canadian labour market. They do not necessarily have a sponsor. Within this category is the business immigrant which includes entrepreneurs, investors, and the self-employed.
- *Refugees and refugee claimants* are people who seek protection in Canada. Convention refugees fall within the definition established by the United Nations Convention on Refugees which Canada has signed. The government sponsors some convention refugees; others are privately sponsored by faith groups or other organizations or by individuals. Refugee claimants are people who have arrived in Canada seeking convention refugee status, but whose status as refugees has not yet been established.

As many as 80,000 new immigrants and refugees come to Toronto annually. This is more than one third of the Canadian total and half the Ontario total. Of these, 8,000 a year (ten percent) are refugees. Approximately 50 percent of these are non-sponsored refugees who claim asylum upon their arrival in Canada. These refugee claimants receive limited assistance from government and private sponsors and it can take years to settle their claims. Because they are not entitled to full health benefits² and it may take

months to receive work permits or student authorization, many claimants live in poverty and in overcrowded and unsafe housing. These refugees are most at risk of becoming homeless (City of Toronto 1999: 71-75).

Toronto also has the highest percentage of immigrants in the country and an even greater proportion of recent immigrants. Until 1989, the incidence of poverty among immigrant-headed families was the same as that of Canadian headed families. Since 1989, the incidence of poverty for immigrant headed families has increased by 128 percent as compared to 36 percent for Canadian headed families. This can be attributed to shifts in the labour market, rising unemployment, restrictions and cutbacks in income security programs and the lack of affordable housing, all of which put immigrants at great risk for homelessness (City of Toronto 1999).

As a result, increasing numbers of immigrants and refugees are resorting to shelters and other services for the homeless (Canada Mortgage and Housing Corporation 1999b: 13). Between 1988-1996, refugee claimants constituted 1.4 percent of shelter users (1,889 individuals) (Springer et al. 1998: 14). During the same time period, 13.6 percent of shelter users (18,072 individuals) indicated their residence one year before admission as "Another Country" (Springer et al. 1998: 14).

Currently, the Toronto shelter system has only one shelter, Sojourn House, designated by funding to serve single immigrants and refugees. Sojourn House serves refugee claimants and it has a waiting list that is consistently at about 50 persons (Hunter 1998: 6). Additionally, the First Contact program of the Canadian Red Cross provides information and assistance to refugee claimants. In an attempt to mitigate homelessness among refugee claimants, First Contact serves as a point of congregation, referrals and services for refugee claimants who are living in the general shelter system.

There are also several faith-based settlement houses, including Brottier House, FCJ Hamilton House, Matthew House, Romero House and World Vision Shelter, that provide refugee claimants with shelter and basic settlement needs. Most general shelters do accept immigrants and refugees but most are too small and overcrowded and

² Once a claimant is found to be "eligible", the claimant will be entitled to Interim Federal Health Plan (IFH) benefits which generally covers emergencies only.

are not equipped to provide the assistance that refugees specifically need. As noted in the Romero House report, “Staff in general shelters do not have the time, training or mandate to assist with refugee specific needs” (Ryan and Woodill 2000: 11). Also, many shelters present an environment that may not be suitable for refugees (Hunter 1998: 19).

Several studies provide recommendations to develop adequate and appropriate shelter and drop-in services for immigrants and refugees in Toronto. Specifically, the Romero House report recommends that individuals who staff shelters and other community service agencies need to be informed about the distinction between refugees and immigrants, the basic refugee process, and also refugee specific services available. “Therefore, funding needs to be provided to educate service providers who work in the non-refugee specific shelters, community health centres and social services to be able to assist refugees. Education can be done through workshops and a provision of education materials” (Ryan and Woodill 2000: 53).

In response to this problem, this project aims to develop “best practices” for working with homeless immigrants and refugees who have used general shelters or drop-ins. Best practices, as defined by the Canada Mortgage and Housing Corporation, are “innovative approaches, transferable to other organizations, which have resulted in concrete, sustainable improvements in the lives of homeless persons in Canada” (1999a: 1). The goal is to improve the knowledge and skills of front-line and managerial staff at general shelters and drop-ins to better meet the needs of the immigrant and refugee community. As well, the aim is to identify the organizational and sectoral practices that best serve homeless immigrants and refugees.

3.0 METHODOLOGY

To understand the experiences of homelessness among immigrants and refugees and to identify best practices for working with this population, this project employed a qualitative and community-based methodology.

Community-based research aims to have a high degree of relevance to the community and seeks to bring about change as well as understanding (Community Health Promotion Coalition 2001). Recent social science research with refugees and immigrants suggests that successful research outcomes depend on the involvement of participants in the design and implementation of outreach tools (Krulfeld and MacDonald 1998). Community involvement, therefore, is a condition for project success rather than an *ad hoc* research component. This project involves collaboration between the project team, community-based agencies and homeless immigrants and refugees on a number of levels, including participation in the steering committee and contribution to the design of interview questionnaires and other research materials.

The following sub-sections outline the key components of the methodology:

3.1 STEERING COMMITTEE

The Steering Committee is the key source of community input on the project. It functions to ensure that the project is responsive to, and grounded in the realities that homeless immigrants and refugees are living. The Steering Committee is comprised of some immigrants and refugees who were interviewed for this project, as well as service providers from the shelter/drop-in, settlement, community health, and community legal sectors. The Steering Committee continues to meet on a bi-monthly basis.

Steering Committee Members

Across Boundaries: Ethnoracial Mental Health Centre
Canadian Red Cross
Centre for Equality Rights in Accommodation
Fife House
Flemingdon Community Legal Services
HIV/AIDS Legal Clinic of Ontario
Ontario AIDS Network

Red Door Shelter
Regent Park Community Health Centre
Ryerson University
Seaton House
Shout Clinic
Sojourn House
St. Christopher House
St. Stephen's Community House
York Community Services

3.2 PARTICIPANT RECRUITMENT

Given that Access Alliance is not an organisation with a specific mandate to provide services to homeless people, the methodology involved establishing partnerships and informal relationships with agencies that serve homeless immigrants and refugees. As such, immigrant and refugee participants were contacted through the following 13 agencies:

Fife House
Fred Victor Centre
Good Shepherd Ministries
Nellie's Shelter
Regent Park Community Health Centre
Salvation Army Gateway
Salvation Army Hope Shelter
Salvation Army Maxwell Meighen
Seaton House
Sistering
St. Christopher House
St. Stephen's Community House
YWCA - Stop 86

These agencies provide services to homeless immigrants and refugees but are not specifically mandated to do so. The data were collected April-August 2002.

3.3 QUESTIONNAIRES

The project team developed the semi-structured interview and focus group questionnaires collaboratively with the Steering Committee. For the individual interviews, each questionnaire was comprised of two parts: socio-demographic data and open-ended interview questions. For clients, the socio-demographic data section included questions on gender, age, languages spoken/written, level of education, length of time spent in shelter(s), arrival status and several other categories. The open-ended question section sought information on the meanings attached to "home", the experiences in staying in shelters and using drop-ins services, and recommendations on how to improve these services (Appendix 1).

For staff, the socio-demographic profile involved collecting data on employment position, languages spoken/written, and an estimated percentage of clients who are immigrants and refugees. Open-ended questions gathered information on experiences and challenges in working with homeless immigrants and refugees, level of knowledge of immigrant and refugee issues, and ways to improve services for this community (Appendix 2).

3.4 DATA COLLECTION

Data were collected in three phases: individual interviews, focus groups and community reference groups. In all instances, homeless immigrant and refugee participants were provided \$20 and two transit tokens for their time and contribution.

Individual Interviews

Semi-structured individual interviews were conducted with 30 homeless immigrants and refugees and 27 shelter and drop-in staff. These staff represent 15 different shelters and drop-ins. These interviews documented the experiences of homelessness among immigrants and refugees who have used shelter and drop-in services, as well as the challenges for shelter/drop-in staff who have worked with this population. With the consent of each participant (Appendices 3 & 4), all interviews except one were taped and then transcribed by professional transcribers.

Focus Groups

In order to collect specific data on the coordination of services among agencies that serve homeless immigrants and refugees, three focus groups were conducted with representatives from settlement agencies, community legal clinics, and community health centres, respectively. A total of 19 service providers participated in these sessions. The purpose of these groups was to identify ways to improve the coordination of services between shelters/drop-ins and the settlement, community legal, and community health sectors (Appendix 5). Participants were asked for consent to tape record the focus groups, and were assured that anonymity would be maintained (Appendix 6).

Here is a list of the participating agencies:

Settlement

Centre for Information and Community Services
COSTI - North York Housing Help
Culture Link
St. Christopher House
St. Stephen's Community House

Community Legal

Centre for Equality Rights in Accommodation
Centre for Spanish Speaking Peoples Legal Clinic
Flemingdon Community Legal Services
Kensington Bellwoods Community Legal Services
Rexdale Community Legal Clinic
West Toronto Community Legal Services
York Community Services

Community Health

Across Boundaries Ethnoracial Mental Health Centre
Four Villages Community Health Centre
Lawrence Heights Community Health Centre
Parkdale Community Health Centre
Shout Clinic
St. Joseph's Women's Health Centre

Community Reference Groups

Once the literature review, individual interviews and focus groups were completed, an Executive Summary of the Research Report was drafted. This draft was fed back to the

Steering Committee to help refine the recommendations and specific actions. The Steering Committee suggested that the project team seek broader consultation on the recommendations and specific actions to ensure that clear steps were established for the action phase.

This broader input was achieved through two Community Reference Groups (CRG). These two groups (totaling 14 individuals) included members of the Steering Committee as well as service providers who participated in the focus groups. Each CRG tackled a set of recommendations and the corresponding actions (Appendix 7). These "hands-on" sessions helped the project team refine the recommendations and ensure that the specified actions were targeted towards the appropriate agencies and levels of government.

Participants in the CRGs were from the following agencies:

Flemingdon Community Legal Services
Fred Victor Centre Women's Hostel
Good Shepherd Centre
Hamilton House
Ontario AIDS Network
Regent Park Community Health Centre
Shout Clinic
Sistering
St. Christopher House
St. Stephen's Community House
St. Joseph's Women's Health Centre
York Community Services

3.5 DATA ANALYSIS

All generated data - semi-structured interviews, focus groups, and community reference groups - were analyzed using theme (and sub-theme) identification and narrative selection. Themes and sub-themes were developed through a process of immersion and crystallization (Borkan 1999), whereby the project team went through repeated cycles of immersing itself in the data and then "stepping back" to synthesize or "crystallize" themes. The following are the eight themes and corresponding sub-themes that were developed from the data:

THEMES

SUB-THEMES

Socio-economic status	Poverty Employment and unemployment Education Mental health
Housing	Housing policy Affordable housing
Shelter and drop-in services	Immigrant/refugee specific shelters Funding Staff workload Skills and resources Shelter environment Food
Language	Interpretation services Staff language capacity Coordination with other organizations
Discrimination	Landlords Shelters/drop-ins
Coordination of services	Communication between agencies Guidebook
Training	Immigration policy Claimant forms Cultural competence
Future research and funding	Quantitative data Evictions

Narrative selection involved carefully identifying responses that best illustrated these themes.

Once the preliminary data analysis was completed, the project team received feedback from the Steering Committee on potential gaps in the analysis and suggestions on how to present the data in a clear, easily accessible manner. The project team used this input to develop the themes into findings.

3.6 LIMITATIONS OF METHODOLOGY

Several methodological issues warrant comment:

- This project focuses on adult immigrants and refugees who have used single men's and women's shelters and drop-ins (i.e. "visibly" homeless) in downtown Toronto. The explanatory nature of this study is thus limited because it does not address "hidden" homelessness within this population. However, anecdotal evidence from this study indicates that this is a growing concern among immigrant and refugee communities and the service providers who work with these communities.
- The method of recruiting participants for this study was aimed at creating a diverse sample of adult homeless immigrants and refugees who have used shelter and drop-ins, shelter and drop-in staff, and service providers at community-based agencies. However, the results of this study cannot be generalized to represent all homeless persons, immigrants and refugees, shelter and drop-in staff, or community-based service providers.
- The objective of the research was to explore the issues and challenges facing homeless immigrants and refugees, shelter and drop-in staff and community-based service providers, with the aim of making recommendations for improvements in housing, shelters and drop-ins and other services. Thus, the ability to generate quantifiable data from this study is limited by its small-scale and exploratory nature.
- The research involved interviews with immigrants and refugees from a wide range of cultural and religious backgrounds. Due to the limited language capacity of many shelter and drop-in staff, however, this study may not have reached immigrants and refugees who are the most isolated due to language barriers. Shelter and drop-in staff may not be able to effectively refer or communicate with these clients, which may have influenced the sample in this study.

- This study aims to develop best practices among the general shelters and drop-ins in Toronto to better work with immigrants and refugees. Many of the findings and recommendations, therefore, are directed at agencies who are not specifically mandated to provide services to immigrants and refugees but who may serve a significant number of clients from this population. Other SCPI-funded projects, namely *Research, Training and Capacity Building for Shelters Housing Refugee Claimants in Toronto*, conducted by FCJ Hamilton House, is developing best practices among refugee-specific shelters in Toronto.



PART II:

Socio-Demographic Profile

This part presents the socio-demographic characteristics of the 30 immigrants and refugees and 27 shelter and drop-in staff who participated in the individual interviews. Although this sample is by no means intended to be representative of these two groups, the data provides a snapshot of the immigrants and refugees who have used shelters and drop-ins, and the shelter and drop-in staff who work with this client community.

4.0 HOMELESS IMMIGRANTS & REFUGEES

This section outlines the socio-demographic profile of the homeless immigrants and refugees that were interviewed for the research. Each sub-section pinpoints the highlights of this data, while Appendices 8 & 9 illustrate these profiles in more detail. It must be remembered that this profile reflects the deliberate, non-random sampling process.

4.1 GENDER AND AGE (TABLES 1 & 2)

- *Gender*
16 of the 30 participants (53 percent) were male, and 14 (47 percent) were female.

- *Age-Group*
The largest group (53 percent) were in the 20-39 age group while 37 percent were between 40-59 years and 7 percent were under 20 years of age.

4.2 MARITAL STATUS & NUMBER OF CHILDREN (TABLES 3 & 4)

- *Marital Status*
Single men and women constituted the largest group at 47 percent (eight men and six women). The next largest groups were divorcees at 23 percent (two men and five women) and married individuals at 17 percent (three men and two women).
- *Number of Children*
Nineteen of the 30 participants have children (63 percent). Many participants (particularly singles) shared stories of being separated from their children upon emigrating or claiming asylum and the deleterious effects of this separation on their health and settlement in Canada.

4.3 COUNTRY OF BIRTH & LANGUAGE (TABLES 5 & 6)

- *Country of Birth*

The most frequently reported country of birth was Ethiopia (six individuals at 20 percent). Two respondents were from each of the following countries: Somalia, Zimbabwe, Grenada, Pakistan, and Kenya (10 individuals at 33 percent). The remaining 14 participants (47 percent) were from each of the following countries: Hungary, Mexico, Poland, Uruguay, Venezuela, Malaysia, Costa Rica, Philippines, Dominican Republic, Sudan, Guatemala, Uganda, Nigeria and Rwanda.
- *Language*

Twenty-three of the 30 participants (77 percent) speak and write some English. Three or more individuals speak and write each of Spanish, Arabic, Amharic, and French. The remaining language groups represented were Italian, Somali, Punjabi, Urdu, Shona, Swahili, German, Hungarian, Kiswatiti, Madi, Malay, Portuguese, Russian, Sindhi, Tagalog, Ethiopian, Harar, and Tigrinya.

4.4 INCOME SOURCE & EDUCATION (TABLES 7 & 8)

- *Income*

The primary income source for half of the participants is Social Assistance (15 participants at 50 percent). The other significant source of income is Personal Needs Allowance (PNA) from shelters (nine participants at 30 percent). Three participants (ten percent) reported having no income and three participants (ten percent) reported having some form of income through employment.
- *Education*

Almost half (14 participants at 47 percent) of the respondents have completed high school. Twenty-percent of the respondents (six individuals) have received some university-level education and 23 percent (seven individuals) have completed a diploma.

4.5 YEAR OF ARRIVAL & IMMIGRATION STATUS (TABLES 9-11)

- *Year of Arrival*

One half of the participants (15 individuals at 50 percent) had arrived in Canada during the years 1999-2002. The remaining participants arrived in Canada at a wide range of dates prior to 1999.
- *Arrival Status*

In terms of arrival status, refugee claimants constituted the largest group in this study (15 individuals at 50 percent). The next largest group (nine individuals at 30 percent) were landed immigrants. Four individuals (13 percent) arrived as visitors and two individuals (seven percent) arrived on work permits. Although this is a small sample, these figures appear to support the Mayor's Homelessness Action Task Force's findings that refugee claimants are at greater risk for homelessness than other immigrant groups (City of Toronto 2001b: 39).
- *Current Status*

In terms of current status, 50 percent (15 individuals) are refugee claimants. Twenty-three percent (seven individuals) are now citizens and 13 percent (four individuals) have landed immigrant status. Three individuals (ten percent) have convention refugee status and one individual (3 percent) has visitor status.

4.6 SHELTER USE (TABLES 12 & 13)

- *Duration in Current Shelter*

The majority of participants had been in their current shelter less than one year (17 individuals at 57 percent), with most having been in the shelter for three to six months. Some participants (six individuals at 20 percent) had been in the shelter for longer than one year and seven individuals (23 percent) were no longer in shelters. The individuals who were not currently staying in a shelter were renting apartments and using drop-ins.

- *Number of Shelters Used*
Most of the participants (11 individuals at 37 percent) had used one shelter, and the second largest group had used two shelters (nine individuals at 30 percent). Nine participants (30 percent) had used three or more shelters and one participant had never stayed in a shelter but had “slept rough” before securing an apartment.

5.0 SHELTER & DROP-IN STAFF

This section outlines the key socio-demographic data on the shelter and drop-in staff that were interviewed for the research. This information was collected to gain some knowledge around the capacity and resources available for shelter and drop-in staff to work with homeless immigrants and refugees. Twenty-seven staff representing 15 shelters and drop-ins was interviewed. Front-line and managerial staff was selected non-randomly to get a broad perspective on the challenges and issues facing shelters and drop-ins who work with homeless immigrants and refugees but are not specifically mandated to serve this population.

5.1 STAFF POSITIONS (TABLE 14)

The majority of the 27 staff interviewed for the research worked in front-line positions (19 interviewees at 70 percent). These positions included housing worker, counselor, program/youth worker, refugee worker, intake interviewer, and community support worker. The other respondents (eight interviewees at 30 percent) were managers, directors, supervisors, team leaders, and senior counselors.

5.2 LANGUAGES SPOKEN & WRITTEN (TABLE 15)

All 21 staff who responded to the questions on language speak and write English.³ A small minority of staff had multi-

³ Only 21 staff responded to the question on language. One staff had incorrectly responded to the language question and could not be reached for a correction. One staff requested not to respond to the question on language. Four staff completed the language question in pairs where only one staff in each pair completed the language question.

lingual skills. Three staff speak and write French. The following languages are spoken and written by one staff each: Bosnian, Croatian, Farsi, Hebrew, Kikuyu, Serbian, Somali, Spanish, and Swahili. The following languages were *spoken only* by one staff each: Albanian, Arabic, Bulgarian, Italian, Macedonian, Portuguese, Russian, Slovenian, Ukranian, and Urdu.

5.3 ESTIMATED IMMIGRANTS & REFUGEES IN SHELTER/DROP-IN (TABLE 16)

To gather data on shelter/drop-in use by immigrants and refugees, we asked staff to estimate the levels of usage at three periods: currently, highest point, and lowest point. The inconsistent numbers in this area indicate the difficulty some staff had in answering this set of questions. Shelters and drop-ins are not required to specifically document the immigration status of users. However, these figures do provide a rough indication of the levels of shelter/drop-in usage by immigrants and refugees.

Currently, the numbers of immigrants and refugees in shelters and drop-ins are relatively low compared to previous periods. Some staff reported that this was primarily due to immigration restrictions and increasing deportations following the events of September 11, though this evidence is anecdotal. The largest group, 14 of 18 staff (78 percent), estimated that immigrants and refugees constitute 0-20 percent of their shelter/drop-in population. Four staff reported that their current level is at 21-40 percent, and two estimated 41-60 percent.

Ten of 19 staff (53 percent) estimated that at the highest point, immigrants and refugees constituted 21-40 percent of the total shelter/drop-in population. The second largest group were those staff (four of 19 at 21 percent) who estimated that the highest point was at 41-60 percent.

Fourteen of 18 staff (78 percent) reported that at the lowest point, immigrants and refugees constituted 0-20 percent of the shelter/drop-in population. The remaining four respondents (22 percent) estimated this low point figure was 21-40 percent.



PART III:

Findings, Recommendations & Actions

The research phase of the *Best Practices for Working with Homeless Immigrants and Refugees* project has generated 11 findings and 21 recommendations for addressing housing, homelessness and access to services for immigrants and refugees, and the needs of the service providers who work with them. Each recommendation is accompanied by concrete strategies for implementation.

The findings, recommendations and actions are organized under eight themes: *socio-economic status, housing and homelessness, shelter and drop-in services, language, discrimination, coordination of services, training, and future research and funding.*

Grouping the findings, recommendations and actions in this way illustrates the need for multiple strategies to increase access to housing and improve homeless services for immigrants and refugees. However, Access Alliance and the project Steering Committee cannot do the all of the work alone. Homelessness is a complex issue that requires commitment, leadership and effort from various sectors and all levels of government. Uptake of the recommendations will depend on the commitment and political will of stakeholders, with appropriate funding, to create systemic and sustainable change and to improve the lives of immigrants and refugees experiencing homelessness.

6.0 SOCIO-ECONOMIC STATUS

6.1 FINDING #1: Immigrants and refugees are at-risk for homelessness due to poverty, cuts to social programs, unrecognized employment and education credentials, delays in work permits, and mental illness.

This finding supports the Mayor's Homelessness Action Task Force (City of Toronto 1999) evidence that newcomers, particularly refugee claimants, are vulnerable to homelessness. This research documents high levels of poverty among immigrants and refugees due to low income, experiences of discrimination, and the high cost of rental housing in Toronto. For refugee claimants, long delays in receiving work permits and insufficient health coverage under the Interim Federal Health Plan may further contribute to poverty. Although immigrants do not face many of the same initial employment and education barriers as refugee claimants, this project demonstrates that immigrants are also at-risk for chronic homelessness due to low socio-economic status.

POVERTY

The combined impact of unemployment, underemployment, cuts to social assistance and lack of affordable housing has led to increased levels of poverty among immigrants and refugees. Forty-five percent of immigrants who arrived in Toronto from 1991-96 reported household incomes of less than \$19,000, as compared to 23 percent of all Toronto households. In addition, families are spending an increasing proportion of their income on housing and are facing affordability problems. As a result, the city increasingly relies on emergency shelters and food services to meet the needs of immigrants and refugees (City of Toronto 2001a: 28, 30).

The participants in this study confirmed the negative impact of poverty on housing and settlement:

When I got pregnant I had nowhere to go. So I had to go into shelters. Then last year I had my own place, but then after the rent was expensive and I couldn't [pay my rent] I ended up back in the shelter.

I am self-employed, I am making dresses, pictures and things like that. I am making a little dollar here and there, not very much, because the economy is not very good.

[Toronto] is a nice place to stay if we had our job and everything, but if you don't have any work, how can you survive on social welfare?

I was raised to be educated, to go to university, then finish from university and have a good job. But all those dreams are not there. I end up at the bottom staying with the homeless people, chronic alcoholics and people that are criminals.

CUTS TO SOCIAL PROGRAMS

Cuts to social programs in Ontario in recent years have put immigrants and refugees at further risk for homelessness. The federal and provincial governments have altered policies in ways that make it more difficult for immigrants and refugees in Ontario, especially women, to survive. For example, in 1995, Ontario Works benefits were reduced by 21.6 percent and childcare services were downloaded to the city resulting in a freeze on subsidies and long waiting lists (Clutterbuck and Howarth 2002: 18). Moreover, Ontario Works provides a limited number of training programs that could potentially enhance the knowledge and skills of immigrants and refugees to join the labour market.

When I moved to Toronto I couldn't find a job, I had an apartment to pay for and the government kept cutting my welfare and I didn't know what to do. I had nobody, so I just decided to work on the street, you know, and I realized it's easy money

Because welfare money is not the money that I can depend on, most people run back to shelter.

Welfare doesn't provide any translators. They ask you to find them on your own, and it becomes an issue for some ethnic groups.

LACK OF RECOGNITION FOR FOREIGN TRAINED PROFESSIONALS, WORKERS AND STUDENTS

Many highly skilled and experienced immigrants and refugees do not get their previous employment or education credentials recognized. Unrecognized employment and education credentials have in turn together put immigrants and refugees at risk for poverty and homelessness.

I think that there is something wrong with the immigration policy of Canada. I don't understand why the Canadian government have about 300,000 immigrants yearly arrive in Canada and after arriving to Canada, we can't get a job easy or if we can get a job we are usually underemployed.

I'm not qualified for OSAP because I'm still a refugee claimant. I've been to high school already, and I wanted to go to college, but because of my status I am having problems.

What I've seen, they lose their self-respect. They may have had decent jobs in their own country, a fair education, and here they're met with racism and discrimination and unable to have that kind of status or here they're on welfare and living in public housing. That seems to have quite an emotional blow.

DELAYS IN WORK PERMITS

Another factor impacting on the housing experiences of immigrants and refugees, especially refugee claimants, is the long delay in receiving work permits in Canada. For refugee claimants, securing work permits can take weeks or months after settling in Canada which may result in a long period of unemployment. Many of the refugee claimants in this study expressed frustrations waiting for their employment authorizations:

I want to work, so please, I request to government to give me a work permit. I want to share with society, I want to give the tax. I want to earn the money and work hard.

I came under the system of refugees. Refugees come over, find a lawyer and take the time to fill out forms. But I have been lying idle for two months.

There should be a system here: Fellow comes, in a week's time he should be taken to certain administration where he is tested for his talents. Yet we have to wait for the worker employment authorization; it may take quite a bit of time. So that time is wasted, being wasted absolutely. This is human skill. Human hours are being wasted.

MENTAL HEALTH

Emotional and mental problems may also put immigrants and refugees, particularly refugee claimants, at risk for homelessness. Research in a wide range of social science and health fields suggests that although the experience of migration itself does not produce mental illness (Beiser 1999; Hyman et al. 1996), the multiple processes of dislocation, movement, and resettlement may together put immigrants and refugees at risk for emotional problems (Losaria-Barwick 1992; Jenkins 1991; Desjarlais et al. 1995). For refugees in particular, experiences of war, state endorsed terror, political persecution can result not only in physical health problems (due to torture, for example) but also may cause anxiety, stress, depression, and other emotional difficulties. For most newcomers, the process of adjusting to a new economic, social, and cultural climate in the host society can be painful (Beiser 1999; Meredith 1992).

Unfortunately we have a lot of refugees who have post-traumatic stress disorder, so a shelter can be a very scary place. The mainstream shelters are very nerve wracking for refugees. Sometimes it can replicate some of the circumstances that they've been through and you know, that makes them feel particularly vulnerable.

Emotionally, I am on a roller coaster because today I feel okay, tomorrow I feel sad. My partner, my refugee claim, my school, everything makes me feel anxious.

A lot of them are just traumatized by being in another country and having to leave their countries, especially war torn countries. A lot of them are very emotional and we have to get them to believe they're in a secure place because some of them have never been in a secure place for their whole lives, or some of them are fleeing war torn countries.

I have noticed a whole bunch of newcomers, that come to the country quite healthy and they now have mental health problems because of the stress, depression, which leads to you know, bipolar disorder, may be in some cases, you know, awaken

the schizophrenia within them, and I have one guy you know, good in mathematics, he was healthy, he pass independent, three years later he is not a healthy man. He lost his self esteem, you know, everything, so there are lots of challenges here, but nobody utters them, you know.

Housing is a determinant of health. And for people who are suffering from mental health issues, if they don't have the basic necessities such as housing, it's hard for them to focus on the other things that are really important.

Recommendation #1: With support from appropriate levels of government, community agencies should continue to address poverty, cuts to social programs, lack of recognition for foreign trained professionals and workers, delays in work permits, and mental health issues among homeless immigrants and refugees in Toronto and across Canada.

□ **SPECIFIC ACTIONS**

Continue to meet with the project Steering Committee to discuss key socio-economic issues among homeless immigrants and refugees and lend support to existing initiatives in this area.

7.0 HOUSING

7.1 FINDING #2: The current housing market in Toronto is inadequate for meeting the needs of immigrants and refugees.

According to the Report of the Mayor's Homelessness Action Task Force (City of Toronto 1999), the cancellation of new public housing programs in Ontario has contributed to the housing crisis in Toronto. Recently released census data show an increase in the number of tenants with affordability problems. The average rent on a two-bedroom apartment in Toronto is \$1,039. (Toronto Star 2002, B4-5). In addition, over 100,000 tenant households pay over 50 percent of their income on rent, leaving very little for food and other basic needs (City of Toronto 1999). Ontario Works recipients receive a "shelter allowance," but this allowance is not enough

to pay for the high housing costs people face in Toronto. As such, there has been increase in demand for affordable rental units in the GTA but virtually no new affordable rental construction has taken place.

This research supports findings from the Report of the Mayor's Homelessness Action Task Force (City of Toronto 1999) that immigrants and refugees in Toronto (particularly refugee claimants) constitute a "high-risk" population for homelessness. While this study acknowledges the need for more affordable housing for all groups in Toronto, it highlights the acute need for housing among immigrants and refugees in particular.

HOUSING POLICY

There is no proactive leadership at the federal or provincial levels to develop a National Housing Strategy. Due to this political impasse, housing providers and housing advocacy groups have limited a capacity to create meaningful, sustainable change.

If the federal government along with the provincial government take responsibility for housing people, there won't be a need to put them in shelters.

Responsibility should be given to public housing and corporate resources to provide housing for newcomers and refugees. When I was thinking for example of my own experience, I think that now the so-called Toronto Community Housing Corporation should be provided with corporate funds, and federal and provincial funds, to create housing for refugees. This should be administered by the public sector, not the for-profit sector.

We need to be more strategic in how we actually define affordable housing for people. The current government that we have right now is Conservative and is much more concerned about Bay Street and developing condominiums as opposed to subsidized housing. What are we doing to create better access for landlords who may want to have a subsidized unit?

We have to establish a policy and politics regarding housing in the long term.

Recommendation #2: Federal, provincial and municipal governments should work together to immediately implement a National Housing Strategy in Canada.

□ SPECIFIC ACTIONS

Meet and share results with the Toronto Disaster Relief Committee to lend support to the “1% Solution” and other campaigns for the creation of a National Housing Strategy.

ACCESS TO AFFORDABLE HOUSING

The most important factor that puts immigrants and refugees at-risk for homelessness is the lack of affordable housing. Many participants in this study spoke about the difficulties in trying to obtain and maintain housing due to high rental costs.

We experienced trying to find a house...it is very difficult to find a house here in Toronto. The rents are very high and there are certain premises where the landlords are a little difficult.

I was looking for a two bedroom. If you want one in bad condition, like, a really nasty place, that's a two bedroom, you're looking at about \$900.00. And if you are looking for like, reasonably good place, clean, not too bad and not good, but just okay, you're looking at about \$1,100 to \$1,300. And if you want a really nice place, you're looking at \$1,600.00.

When I was in the shelter it was so hard to find housing, so I stayed for a long time in that shelter.

What is the local government doing in regards to trying to develop some more affordable rents for not only refugees but for anyone within the city?

I see there's a huge gap right now in housing services for newcomers. There has been more attention given to street people and they're a very hard to house kind of group and [our agency] has been working very diligently in that area, but I'm afraid that our own

agency and I think many other agencies have not paid as much attention to the housing issue for newcomers and I would like to see the definition of homelessness brought in to include the incredible overcrowding that most newcomers are living with.

Recommendation #3: The federal and provincial governments should provide funds to the municipal government to develop affordable housing that is accessible to immigrants and refugees.

□ SPECIFIC ACTIONS

Hold a press conference to present the results of the *Best Practices for Working with Homeless Immigrants and Refugees* project to officials from federal, provincial and municipal governments, profit and non-profit housing providers, Boards of Trades, Chambers of Commerce and housing advocacy groups.

Recommendation #4: Not-for-profit housing providers should make a commitment to ensuring that immigrants and refugees have equitable access to all forms of not-for-profit housing.

□ SPECIFIC ACTIONS

In collaboration with the Refugee Housing Task Force, Working Group on Immigrant and Refugee Issues, and the Supportive Housing and Diversity Group, meet with a range of not-for-profit housing providers to discuss this recommendation and advocate for action on the issue.

Recommendation #5: Community-based agencies should continue to pressure the appropriate levels of government to amend the Tenant Protection Act (TPA) and reinstate rent control.

□ SPECIFIC ACTIONS

Through the project Steering Committee, lend support to existing initiatives and projects that address the TPA and rent control.

8.0 SHELTER & DROP-IN SERVICES

8.1 FINDING #3: Despite the number and variety of shelters and drop-ins in Toronto, the needs of homeless immigrants and refugees are not consistently being met.

The primary focus of this research is on shelters and drop-ins and the experiences of immigrants and refugees who have used these services, as well as shelter/drop-in staff who have worked with immigrants and refugees.

There are 27 drop-ins in Toronto. Drop-ins provide day-time shelter that is safe, secure, comfortable, and non-stigmatizing for people who have no other place to go. Drop-ins typically provide social support and recreational opportunities as well as services such as information and referral, crisis intervention, advocacy, and counseling. One of the drop-ins included in the research, for example, has practical skill development training such as crafts, woodwork, flower management, and tailoring. This innovative program provides drop-in users with an opportunity to develop employment skills and establish social connections (City of Toronto 1999).

There are four municipally-run shelters and 45 community-run shelters in Toronto. Most of these shelters are concentrated in the downtown core. Shelter use has dramatically increased in recent years. In 1996, almost 26,000 different people used the shelter system in Toronto. This is partly the result of the provincial and federal governments cutting their affordable housing programs in 1992 and 1995, respectively. Originally shelters were designed as an emergency response to homelessness but now three-quarters of shelter users use the system as transitional housing or are chronic shelter users. Moreover, almost 47 percent of shelter users in Toronto come from outside the city, including 14 percent who come from outside the country (City of Toronto 1999)

One of the primary goals of this research was to identify gaps in service in shelters and drop-ins in working with homeless immigrants and refugees. Despite this focus, many respondents commented on their positive experiences at shelters and drop-ins and on the hard and compassionate work of shelter and drop-in staff:

The people in the shelter are really nice, and they help me a lot. They help me go to lawyers and everything.

I must mention that staff of this [shelter], with the exception of a few odd people, they're excellent, they're very good. And food is very good. But there are certain problems.

They provide everything. They provide the news or shampoo, washing machine. You just go downstairs and they give it to you. So I think the needs are very well taken care of.

The good thing about the shelter was we received counseling if you had a problem. They could look for accommodation for us even if they couldn't quickly get accommodation, but they were trying.

LACK OF IMMIGRANT AND REFUGEE SHELTERS

Overall, the project team was impressed by the commitment and sensitivity demonstrated by shelter and drop-in staff. These staff provide tireless support to the homeless community with limited resources. However, the research also documented gaps in service to homeless immigrants and refugees due to lack of funding, expertise, coordination between service agencies, and long-term policies that specifically address the needs of immigrants and refugees. Many clients and staff identified the need for more immigrant and refugee specific shelters:

I am very happy in this country but I wish that you would give us a separate residence for the refugees.

The role of shelters has changed, or the clientele has truly changed in the last four years. The number of newcomers going to shelters is just growing in leaps and bounds. From youth shelters to adult shelters, a population that was less than one percent is now at least 50 percent and higher. The workers are definitely not equipped to deal with them.

One of the big problems is that there is no refugee or newcomer shelter for single women and that's why single women who are coming to this country end up being in the single women's hostel system which is not well equipped to serve them.

The main thing they have to do to improve a shelter is to categorize people according to their needs. Some people just have a minor problem and they need quick help.

[There is a] need to create new shelter for newcomer and address their needs and give chance to them to achieve their goal.

There are not many shelters that are specifically for immigrants and refugees. They feel more isolated in [mainstream] shelters, they feel unwelcome because they mix with different groups and they feel like it's not a place where they would like to live.

ENHANCED FUNDING FOR EXISTING SHELTERS AND DROP-INS

Most shelters are cost-shared on an 80:20 basis between the province and the city. In many cases, shelters do not have adequate funding to meet the needs of the refugees and immigrants. As a result, many staff expressed frustrations with workload. Whether due to lack of funds or organizational mandate, the needs of immigrants and refugees in some shelters and drop-ins could not be met.

The federal government saw a way to get more people into this country and my assumption is to fill jobs and to fill jobs that Canadians are unwilling to fill. If they want to do that effectively, they need to front load the services in order to address all of the issues of this population when they come in and they shouldn't be overburdening the hostels, the other non-profit agencies without throwing money their way so that they can put these services in place.

Working with immigrants and homelessness, it can be very difficult, both for the woman and for us; because we wish we could do more for them, but it's only so much resource.

All hostels are funded by Hostel Services the City of Toronto so they're the only people you rely on for funding and funding has generally stayed the same amount but our expenses continue to increase with our facilities and so forth, so that's what's frustrating is trying to stretch what you've got.

Okay, shelters, they need funding. The government of Ontario or Canada, they must spend more funding, building more shelters. The shelters are overcrowded.

I wish we had more funds in order to do this work properly and probably have more staff.

We're still understaffed. I mean, because of the budget.

The system is overburdened. The system is overtaxed. They're aren't enough resources in place for the refugees to come to Canada. So we have, as other shelters, we have inherited the overflow so it's impinged upon us to become experts in this field.

The federal government needs to provide more funding or comprehensive services for refugees. The truth is and I'm ashamed to say this, refugees come into this country with very few services, for the services that are already established are overburdened and overtaxed and have to kind of very quickly tap dance to learn how to serve this population because the federal government has not put enough funding in place to serve this population, and yet, the part that I'm ashamed to say is many refugees will take jobs that our indigenous population will not take.

A lot of shelter workers are extremely overworked. The ratio in terms of workers to residents is just unrealistic.

What really is frustrating is we don't have enough time as workers to do everything that we want to do with clients who have multiple needs. [Knowing] some of the social/cultural aspects are so essential.

Another thing that really is frustrating is we don't have enough time as workers to do everything that we want to do with clients who know they have multiple needs. We may have done all the other pieces, the immigration and the medical and all that and then they get out in the community and they're isolated. We want to do so much more. We are so few and there are so many that we serve, so we don't always get to do the bang up job that we know we could do if we had more funding and more positions.

I wish my job description would change to be more flexible to be able to be more involved in immigrant and refugee issues. To give me the opportunity to be more active, advocating on their behalf and see things change.

Recommendation #6: The federal, provincial and municipal governments should jointly increase funds to create new shelters and drop-ins, and to support existing shelters and drop-ins, to specifically meet the needs of immigrants and refugees in Toronto.

□ SPECIFIC ACTIONS

Meet with the Ministry of Community, Family and Children's Services and Shelter, Housing and Support Division (SHS) to discuss this recommendation and identify key federal officials to approach on this issue.

Recommendation #7: In coordination with shelters, Shelter, Housing and Support Division (SHS) should evaluate whether these shelters are meeting the specific needs of immigrants and refugees, particularly women.

□ SPECIFIC ACTIONS

Meet with SHS and single women's shelters in Toronto to discuss this recommendation and share potential action strategies.

8.2 FINDING #4: Many shelters and drop-ins are not accessible for immigrants and refugees due to uncomfortable environments and lack of culturally appropriate services.

SHELTER ENVIRONMENT

Many immigrants and refugees experience shock upon entering a shelter or drop-in. This shock may be due to cultural and language differences among shelter and drop-in clients and between immigrants and refugees and staff, or it may be the result of unsafe environments and the lack of culturally appropriate foods. Also, the specific needs of immigrants and refugees, such as language training, legal assistance and claimant forms (for refugee claimants), may not be met or proper referrals made in shelters and drop-ins.

The situation [at the shelter] was so terrible because it was my first time to stay. They had so many crazy people.

Life in the shelter was hard because I was never used to live with so many people in one place, sometimes in one room. Mainly because there are people with different traditions because they come from another country.

[Shelters] can be dangerous in a sense, emotionally and psychologically, it can be a very dangerous place to be, because you lose the sense of self, you understand. The sense of self disappears here over the years.

Our hostel really caters to women who are hard to house so, when someone just comes as a new immigrant, being in this environment sometimes is shocking and difficult for them because we have women that have bizarre behaviors or who are acting out.

What has it been like staying in the shelter? As I said, it's not easy because there's no, there's no privacy. That's the main thing.

APPROPRIATE FOOD

In some cases, food served at shelters and drop-ins is not culturally or religiously appropriate for immigrants and refugees. Although the City of Toronto has developed a rigorous set of standards on the provision of culturally appropriate and nutritious foods at shelters, this study indicates that food in some shelters and drop-ins is still a barrier for immigrants and refugees.

I'm Muslim and sometimes at lunch they serve pork and I can't eat pork. You know, so they have to know other cultures, and they have to know about other religions so that they understand what we need as Muslim.

Since the day I've come here, I've not had the taste of my own oriental dishes of my area, so I'm missing that and that has affected my health.

Meals are funny. Too much grilled cheese. Meals should be improved.

Last time I put a lot of weight, became two hundred and twenty pounds and I started developing a disease. That was because I was living in a shelter at the time. So the doctor told me that I got a high cholesterol level. I've got sleep apnea because of the food I was eating.

More than anything else, the food is different, and in the shelters there are always people from different nationalities.

Recommendation #8: Shelters and drop-ins should work together with Shelter, Housing and Support Division (SHS) and the Ontario Association of Hostels (OAH) to develop definitions of “culturally appropriate services” and to develop and share culturally appropriate service delivery models.

□ SPECIFIC ACTIONS

Meet with SHS, Ontario Association of Hostels (OAH) and shelters and drop-ins to discuss this recommendation and brainstorm potential strategies.

Recommendation #9: The provincial government should fund the Shelter, Housing and Support Division (SHS) and its constituent shelters to develop standards on the delivery of culturally appropriate services, and to ensure that these standards are rigorous and measurable.

□ SPECIFIC ACTIONS

Meet with representatives from the Ministry of Community, Family and Children's Services and SHS to discuss this recommendation and develop strategic directions.

9.0 LANGUAGE

9.1 FINDING #5: Many shelters and drop-ins are not linguistically accessible to immigrants and refugees.

Language is a major barrier to accessing housing and settlement services for some immigrants and refugees using shelters and drop-ins. Due to limited or no English or French language skills, some immigrants and refugees may become isolated and not receive the services they need. The high proportion of client participants in this study with English language capacity (23 of 30 participants at 77 percent) is worth noting. This may reflect the recruiting bias of shelter or drop-in staff rather than the English language capacity of immigrants and refugees using shelters and drop-ins. When shelter and drop-in staff were asked to identify the biggest challenge in working with immigrants and refugees, language was the most common response.

Language has become very problematic for me the last little while because we have clients who do not speak English, but may speak not just French, it's maybe their mother tongue language, say Hungarian.

What is the most challenging is still the language barrier. Not always can you ask for service so you have to wait until you can get some one, so that's tough.

I think programs need to be delivered in different languages other than English.

You call different agencies that might have that language but that person might not be able to come out, so it's really hard.

Recommendation #10: Shelters and drop-ins should work with Shelter, Housing and Support Division (SHS) to develop pilot programs to address the issue of language access in shelters.

□ SPECIFIC ACTIONS

Meet with the provincial and municipal governments to advocate for adding information on the language capacity of shelters and drop-ins to Street Helpline.

INTERPRETATION AND MULTILINGUAL STAFF

Shelter and drop-in staff frequently requires interpreter services when working with immigrant and refugee clients. However, shelters and drop-ins do not receive funding to provide this service. This research clearly identifies the need for shelters and drop-ins, in collaboration with the city and province, to develop policies around the provision of interpreter services.

The limited language capacity of staff in some shelters and drop-ins was also identified as a barrier to services for immigrants and refugees. Although many staff recognized the importance of providing multilingual services, these principles were not consistently borne out in practice. This indicates the need for shelters and drop-ins, with appropriate funding, to develop policies around multilingual hiring practices.

I would think [there should be] an agency or some place where there are translators there so you know that agency would have ten different languages and

you know they're there so you would be able to phone that place and ask specifically what you're looking for in terms of languages.

Translation is a huge barrier sometimes for us depending on the waves of refugees from different countries. We have a large staff at [our agency] and there is a number of staff that is multilingual. So we do pull from in-house expertise for translation, and then we also have a large volunteer department. We have a co-ordinator who goes out and seeks out specific languages from our volunteers to act as support, because if we don't have that opportunity of getting a translator for the [client], that is a huge barrier. And if we can't get it free and we have to pay, whether it's fee for service it's a huge strain on our budget. Then we could use the money for other things.

Sometimes children act as a translator and they are even ten years old they have all power in the family, it's a future problem.

Recently we were looking for a Russian interpreter and we tried to go through agencies that serve Russian speaking people, but we couldn't get an interpreter.

I really wish there was one number you could call and book an interpreter. You call different agencies that work with immigrants and they might not have that language or the person might not be able to come out, so, it's really hard. Like French it's easier to get an interpreter but I notice even, we had a woman from Angola who is Portuguese speaking, and there is a lot of Portuguese speaking organizations but none of them are willing to come here and work with her, so it was really hard.

Well, like I say, we've got a fair number of staff who speak quite a few languages, so we usually try, that's one of our first avenues, and then beyond that we know several other agencies who have access, like Queen West Community Health Centre they have some other languages that we don't have. We have

even gone to interpretation services if we've needed that, or set someone up with the appropriate referral, where the people who speak the language, that they do, yeah.

Recommendation #11: The Shelter, Housing and Support Division (SHS) should build on existing guiding principles within Shelter Standards on linguistically appropriate services by developing standards on language.

□ SPECIFIC ACTIONS

Meet and advocate with SHS to include linguistically appropriate hiring practices and access to mandatory professional interpreter services for clients in Shelter Standards.

Recommendation #12: The City of Toronto should ensure that all city-funded agencies and services (including shelters and drop-ins) have consistent access to funding for interpreter services to better meet the language needs of immigrants and refugees, and other clients, with limited or no English language skills.

□ SPECIFIC ACTIONS

Gather information on how city services, such as Toronto Public Health, fund existing interpreter services.

Meet with Corporate Services, City of Toronto, to discuss this recommendation.

10.0 DISCRIMINATION

10.1 FINDING #6: Immigrants and refugees may face barriers to accessing housing and services for the homeless due to discriminatory practices among some landlords and shelter and drop-in staff.

Homeless immigrants and refugees interviewed for this study experience discrimination because of several factors, including race, immigrant/refugee status, gender, and income. Discriminatory attitudes and practices among landlords, in particular, is a major barrier to accessing private housing.

LANDLORDS

When asked about experiences in trying to find and secure affordable housing in Toronto, clients highlighted their struggles with landlords. Landlords may lack an understanding of the struggles and challenges faced by immigrants and refugees in trying to secure rental housing. This finding brings attention to the need for community-based agencies to work together with landlords to bring attention to discriminatory practices in the housing market.

Well I find it is very difficult. Because being on Welfare, or being homeless basically, you have no references, and most landlords don't like that. I tried to get a place one time and the landlord needed first and last, that's number one, I don't have that, and secondly, it's my colour, some landlord don't like that. I went to this lady and she said she has a problem with Black people. I say what, if you have problems with Black people, that's Black people. Black people are not all the same. But we have those kind of stereotype and the other problem is even once the landlord knows you are on Welfare, they have a problem accepting you.

Some landlord they give you a break, they say okay, just fill out the paper, sign it, go to the Welfare and bring me my money. They trust you. But some of them, they give you hard time.

I think it would make a big difference if we started to advertise a little more to landlords of the price of discrimination and all these injustices there are and really increase the penalties for those who are caught doing this.

I have found in a lot of the female households with refugees coming from Angola for instance, a lot of times the husbands have basically been lost in the war and they basically come with children and sisters, and the discrimination is so profound that sometimes it's to the point that if there isn't a male led household some landlords won't even accept them as tenants.

A lot of training may happen, a lot of information may be shared, but at the end of the day either a settlement worker, housing worker or shelter worker will come across a landlord who is outright discriminatory.

There are good landlords and bad landlords. You don't need to be a nice person to be a landlord and you don't need to be educated to be a landlord. You just need to have property. So you are going to have landlords who are going to turn you down and they won't always have good reasons, and you didn't want to live with them anyway, but there's not enough time in the world to educate and solve the problems of some landlord.

Often people are taken advantage of by the landlord because the landlord will say, "Well, I'll need four months up front or key money," and the newcomers are not aware of their rights in this country.

Recommendation #13: Community legal clinics and other community-based agencies should continue to raise awareness about discrimination in housing and other barriers to housing through education and advocacy with the public and various levels of government.

□ SPECIFIC ACTIONS

Meet with community-legal clinics, community-based agencies and landlord groups to discuss this recommendation and develop a plan for action.

Recommendation #14: The Supporting Communities Partnership Initiative and other appropriate funding bodies should support research to study the rate and nature of evictions among immigrants and refugees in Toronto.

□ SPECIFIC ACTIONS

Meet with SCPI, Citizenship and Immigration Canada and other funding bodies to advocate for funding this research.

SHELTERS/DROP-INS

The research also documented discriminatory practices by some staff in shelters and drop-ins. This finding indicates that some shelters and drop-ins that require cultural sensitivity and anti-oppression training may not be receiving it.

Like, for example, myself and my other friends from my country, there was racism in the shelter and most of the time we could report to the counselor what was going on. They couldn't accept us.

Yeah, but this [shelter worker], you know, he had problem with Black people. He would call me nigger.

The staff, the ones who work in the shelters, they must be screened so that they don't end up being racist and discriminate other people. They should be screened.

To improve shelters I think we should have more immigrants working at the shelter, more minorities. So people that go there can talk to them. [Staff] also need to improve relationships with homeless people, because some staff, they look at you and they treat you just like you're nothing, which is not fair.

Recommendation #15: Shelters and drop-ins should develop in-house anti-racism/anti-oppression policies that are delivered appropriately and monitored on an ongoing basis.

□ SPECIFIC ACTIONS

Together with the Steering Committee, meet with shelters and drop-ins to discuss this recommendation and share resources and policy ideas.

Recommendation #16: Shelter, Housing and Support Division (SHS) should evaluate the delivery of anti-racism/anti-oppression services to ensure that shelters and drop-ins meet existing standards.

□ SPECIFIC ACTIONS

Meet with the SHS to discuss this recommendation and develop an action plan.

11.0 COORDINATION OF SERVICES

11.1 FINDING #7: There is a lack of effective coordination of services among shelters and drop-ins and between these services and settlement organizations, community legal clinics and community health centres.

Effective linkages and communication between various agencies and sectors is essential to securing affordable, adequate housing as well as ensuring successful settlement for immigrants and refugees. This requires improved coordination of services among the housing, homeless, settlement, community health, and community legal sectors.

Sectorally I think there needs to be a lot more communication and better knowledge about what each other is doing.

We are working with women here and when they are facing immigration problems we should be able to direct them and give them more information.

I think that there needs to be better communication and outreach between the services and I think the city has a role to play in that by putting groups together because they're the ones who know what everybody does.

The only suggestion I would have is that workers from shelters and workers from various organizations that assist newcomers should go and spend a week, not a half a day, spend a week working in the other place to actually have knowledge of what that place does, how that system operates, how that area of the settlement is handled. If someone comes in who is a housing worker, or a shelter worker, and would spend the months with me, they would learn a lot about immigration and the issues: how I assist somebody as a refugee, legal issues, and so on.

I still don't know that much about the services that are available to immigrant refugee people, and I don't know what's going on in their country to know why they've left.

We are working with women here and when they are facing immigration problems we should be able to direct them and give them more information.

Workers need time to do outreach. You have to build relationships so that relationships are there when you need them in a pinch. Every mainstream shelter should have someone who's main job is geared towards going out and getting refugee resources.

If it wasn't for the Blue Book, a lot of people would be in trouble. Basically, that's it, because they don't know what the agencies are in terms of settlement. And it's just really, really difficult.

Much of the time there isn't enough communication between, for example, the shelter system and the settlement agencies nor among the settlement agencies themselves.

Immigrant families face all kinds of barriers in housing - discriminatory barriers as well as systemic barriers to housing. I think it has to do with the lack of co-ordination in the way services are coming to newcomers and the link between shelters, the link between when people arrive and how they get access to housing, and the kinds of supports that they need.

Recommendation #17: Settlement agencies and shelters and drop-ins should work with appropriate levels of government and other key stakeholders to develop systems and structures to improve coordination of services between sectors.

☐ SPECIFIC ACTIONS

Hold a roundtable with key representatives from Citizenship and Immigration Canada, SHS, settlement agencies and shelters and drop-ins to discuss existing models of service coordination and to address policy barriers to coordination.

12.0 TRAINING

12.1 FINDING #8: Shelter and drop-in staff require improved and up-to-date information on current immigration and refugee policy and how to complete refugee claimant forms.

Many shelter and drop-in staff expressed the need for training on immigration policy and completing refugee forms. Some staff emphasized that both front-line and managerial staff should receive this training to ensure that knowledge is reflected in direct service delivery and organizational decision making.

When I go to a seminar on the immigration process I don't want to learn about the theories behind it, I don't want to learn about the laws behind it, those are useless to me. I'm not going to sit with a client and explain why in 1992 this Bill was passed. They don't care and I don't care. I want to know where do I pick up the forms, where do I send this person, how long is the process to be for them? Do I have to anticipate them staying six months?

Well I think at all levels, whether it be staff, organization or sectoral, I think that there needs to be more education around why people come to Canada, and then what's available for people when they do come here and all depending on if they come sponsored or not sponsored, when sponsorship breaks down, that sort of thing.

I'm getting better at it but it would have helped me a heck of a lot a year ago if I'd have known about the different ways you can be an immigrant or a refugee in this country.

I really didn't even understand how to decipher some of the forms that come out of Immigration Canada because I have one case where they disqualified a woman for housing because they said that she faked her forms by typing all of these Xs over the date of expiry for her refugee claim.

It would be really helpful to know what's going on in different regions and why there is there suddenly a little small wave of immigration from a particular region. It might help to understand what people have just come out of.

I still don't know that much about the services that are available to immigrant [and] refugee people and I don't know what's going on in their country to know why they've left.

Recommendation #18: Shelters and drop-ins and other community-based agencies should collaborate to increase the capacity of their respective organizations to plan and deliver training on diversity, immigration and refugee policy, and completing refugee claimant forms.

☐ SPECIFIC ACTIONS

Meet with members of the Steering Committee and representatives from other shelters and drop-ins and community-based agencies to discuss strategies on capacity building and the delivery of training.

12.2 FINDING #9: Some shelter and drop-in staff require more knowledge on the culture, religion and history of immigrant and refugee groups.

Staff also expressed the need for sensitivity training on the culture, religion and history of particular geographic regions and peoples. This finding lends support to the Shelter, Housing and Support Division's Shelter Standards on mandatory delivery of diversity and/or anti-oppression training to shelter staff.

Maybe propose some sensitivity training once in a month or once every three months to the different offices, and just talk about your issue of race sensitivity.

A lot of those workers may not have appropriate cultural training, cultural sensitivity training. It's quite expected that you are coming into a new system. The system will not provide for every one of your needs, but it would be a good idea if they could get enough funding to get enough cultural training...that they deal with certain specific groups.

I think they need more training to deal with people. I know definitely that that's their job, right, but they [shouldn't] actually be a part of our problem. So I think they should take time to listen and understand what we're going through.

In terms of training and when you are talking about anti-oppression and racism and all that, a lot of times we talk about diversity, we talk about cultural sensitivities and we stay away from the actual issues of racism and oppression.

The immigrants and refugees who come to these shelters, they don't really have access to the information and resources because the counselor who is in the shelter is more trained to deal with the people with mental illness and addiction problems.

Recommendation #19: Together with Shelter, Housing and Support Division (SHS), agencies that deliver training to shelters and drop-ins should evaluate whether their training on specific issues affecting immigrants and refugees (such as immigrant and refugee policy, cultural competence, anti-oppression/anti-racism, and completing refugee claimant forms) is reaching the agencies and individuals that need it most.

☐ SPECIFIC ACTIONS

Meet with SHS and agencies that provide relevant training to discuss this recommendation and suggest potential strategies.

13.0 FUTURE RESEARCH AND FUNDING

13.1 FINDING #10: There is insufficient knowledge and information about the scale of visible and hidden homelessness among immigrants and refugees in Toronto among policy makers, academics, shelter/drop-in staff and other service providers. This knowledge gap hinders the development of broad policy and program initiatives that address homelessness among immigrants and refugees in a systemic manner.

This project was hindered by the dearth of data on the scale of visible and hidden homelessness among immigrants and refugees in Toronto. Without a broad understanding of these numbers, identifying key issues for qualitative exploration was a time consuming process. The development of a reliable tool for measuring the level of homelessness among immigrants and refugees in Toronto would greatly enhance future research and program planning initiatives.

Recommendation #20: The Supporting Communities Partnership Initiative and other appropriate funding bodies should support research to quantify the full extent of hidden and visible homelessness among immigrants and refugees in Toronto.

☐ SPECIFIC ACTIONS

Meet with SCPI, Citizenship and Immigration and Canada and other funding bodies to advocate for funding this research.

13.2 FINDING #11: Many of the findings and recommendations of the *Best Practices for Working with Homeless Immigrants and Refugees* project require actions that cannot be adequately addressed within the limited time and budgetary scope of the current SCPI fund. This project has identified key issues and challenges that require sustained effort and funding.

This research has uncovered a range of issues for examination and action, many of which are beyond the scope of the current project. Additional funds are required to adequately address the recommendations of this project.

Recommendation #21: The federal, provincial and municipal governments, through programs such as the Supporting Communities Partnership Initiative, should make a commitment to the development of best practices for working with marginalized populations, such as immigrants and refugees, in future funding initiatives.

☐ SPECIFIC ACTIONS

With the support of members of the Steering Committee and other interested agencies, meet with SCPI and other interested agencies to advocate for moving forward on findings from the research phase and to discuss potential action plans.



PART IV:

Conclusions

The contributions of the research for the *Best Practices for Working with Homeless Immigrants and Refugees* project lie in two key areas:

1. **Provides scientific (evidence-based) verification of a number of key problems and solutions for which previous knowledge was either scattered and partial, or simply impressionistic and anecdotal.**

This research brings together the experiences, stories and recommendations of adult immigrants and refugees who have used shelters and drop-ins (i.e. “visibly” homeless) in downtown Toronto, shelter and drop-in staff, and service providers in the settlement, community health and community legal sectors. Although this research focussed on a specific sub-set of the homeless population researchers, policy makers, and service providers are urged to consider how the findings, recommendations and actions are relevant to other homeless populations and other geographical contexts. The results of this study will hopefully shed light on problems, issues and potential solutions for other communities locally, provincially and nationally.

2. **By linking findings with recommendations and subsequent proposals for action, provides a vital shift from identifying problems to generating solutions.**

Homelessness has reached crisis proportions in Canada. To address this crisis, research on homelessness and housing should seek to bring about understanding as well as change. In this study, a community-based research approach was employed to directly inform the development and implementation of action strategies to address homelessness among immigrants and refugees in Toronto. As such, this study defends and promotes the application of community-based action-research on homelessness and housing to ensure that research questions, methodology and analysis are responsive to – and grounded in the realities of – participating communities.



PART V:

Future Actions

A key purpose of the *Best Practices for Working with Homeless Immigrants and Refugees* project is to bridge the gap between research and action on the issue of homelessness. Using a community-based approach, the second phase of the project has involved the prioritization of recommendations by the Steering Committee. Steering Committee participants, including homeless immigrants and refugees and staff from community-based organizations, called for action in four key areas:

- linguistic accessibility of shelters and drop-ins
- delivery of culturally appropriate services in shelters and drop-ins
- coordination of services between settlement sector and shelters and drop-ins
- coordination of training on issues affecting homeless immigrants and refugees

To address these issues, Access Alliance Multicultural Community Health Centre will host a series of “roundtables” to develop pilot project ideas and build partnerships. The specific goals of the roundtables are:

- To bring together key agencies and individuals with an interest in the particular theme area.
- To build on key issues identified through the research and develop opportunities for action.
- To brainstorm pilot project ideas.
- To facilitate the building of partnerships to conduct projects.

To ensure that the roundtables reflect the broad range of expertise and interests of stakeholders the participants will include representatives from community-based organizations and various levels of government. It is hoped that the roundtables will generate systemic and sustainable solutions for the problem of homelessness among immigrants and refugees in Toronto and other Canadian urban centres. A roundtable report will be distributed to participants, key stakeholders, and interested individuals and agencies.



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Appendix 1:

INDIVIDUAL INTERVIEW QUESTIONNAIRE – HOMELESS IMMIGRANTS AND REFUGEES

OPEN-ENDED QUESTIONS:

1. Tell me about yourself and what has been happening to you over the last:
 - 2 months
 - 6 months
 - 12 months
 - 24 months(Probe: What have been your experiences as a homeless person?)
2. How are you feeling? (Probe: How is your health? How is your physical health? How are your emotions?)
3. What does “home” mean to you?
4. Describe your experiences trying to find a home in Toronto.
5. Do you consider yourself to be “homeless”?
6. What has it been like staying in shelters and/or using drop-ins? (Probe: have these experiences been positive or negative? Have you ever experienced discrimination by staff or any other user?)
7. Have you noticed any changes at shelters or drop-ins since September 11?
8. Have these services met your needs? (Probe: Do they meet the needs of homeless immigrants and refugees like yourself?)
9. How could these shelters and drop-in centres be improved to help you and other immigrants and refugees?
5. Children
6. Place of birth
7. Ethnicity/Race
8. Languages spoken
9. Languages written
10. Year of arrival
11. Arrival status
12. Current status
13. Level of education
14. Professional qualifications
15. Income source
16. Where do you live/sleep?
17. If currently homeless, how long have you been homeless? (days, months or years)
18. How long have you/did you use the shelters and drop-ins?
19. How many different shelters/refugee houses/drop-in centres have you used?
20. What services have these shelters and drop-ins provided?

DEMOGRAPHIC DATA:

1. Name
2. Gender
3. Age
4. Marital status

CHECKLIST:

- Bed
- Meals
- Bathroom facilities
- Phone
- Assistance with settlement needs (PIF etc.)
- Assistance with accreditation
- Referral to health services
- Referral to legal services
- Referral to employment services
- Referral to language classes
- Assistance with ID
- Child care services
- Other

Appendix 2:

INDIVIDUAL INTERVIEW QUESTIONNAIRE – SHELTER AND DROP-IN STAFF

OPEN-ENDED QUESTIONS:

1. What are your job duties? (Probe: Describe a typical workday.)
2. What do you like and dislike about your position?
3. What are your experiences in working with immigrants and refugees who are homeless? (Probe: What are the challenges working with immigrants and refugees, and what do you like about working with this community?)
4. What are the specific needs of this population?
5. How are these needs different from other groups?
6. Are these needs being met by your agency?
7. In your opinion, *should* these needs be met your agency?
8. Do you feel knowledgeable about immigrant and refugee issues? (Probe: Do you understand the distinction between the various immigrant categories?)
9. In general, what kinds of training or resources are needed to better serve homeless immigrants and refugees? (Probe: Settlement assistance, language assistance, employment assistance, legal referrals)
10. What changes need to be made to improve services for this population?
 - a) Staff changes
 - b) Organizational changes
 - c) Sectoral changes
11. If you were responsible for designing training materials to improve services for homeless immigrants and refugees, what information would you want to provide?
12. How could this information/knowledge be best shared/distributed?

DEMOGRAPHIC DATA:

1. Name
2. Gender
3. Place of employment
4. Position
5. Type of program
6. Type of organization
7. Number of staff on a normal shift (maximum)
8. Total number of years you have worked with homeless (paid position)
9. Languages spoken
10. Languages written
11. Number of clients at program per day (average and maximum)
12. Number of clients at agency per day (average and maximum)
 - a) shelter
 - b) drop-in
13. Current estimated total immigrants and refugees
(circle one):

0-20%
21-40%
41-60%
61-80%
81-100%
14. Estimated immigrants and refugees at highest point
(circle one):

0-20%
21-40%
41-60%
61-80%
81-100%
15. Estimated immigrants and refugees at lowest point
(circle one):

0-20%
21-40%
41-60%
61-80%
81-100%

16. Current estimated time spent with this population
per week (*circle one*):

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

17. Current estimated percentage clients landed
immigrants (*circle one*):

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

18. Current estimated percentage clients convention
refugees (*circle one*):

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

19. Current estimated percentage clients refugee
claimants (*circle one*):

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

Appendix 3:

INDIVIDUAL INTERVIEW CONSENT FORM – HOMELESS IMMIGRANTS AND REFUGEES

Experiences of Homelessness among Immigrants and Refugees in Toronto
Funder: Supporting Communities Partnership Initiative (SCPI)
City of Toronto

Consent Form

Coordinator: Sam Dunn

Assistant: Shahnaz Perveen

Organization: Access Alliance Multicultural Community Health Centre

We want to hear about your experiences at shelters and drop-in centres in Toronto. We want to know what your life has been like in Canada, what it has been like to be homeless, and what “home” means to you. *Your story is important to us because it will help us improve services for immigrants and refugees in Toronto who have become homeless.*

The interview will take about one hour. With your permission, we would like to tape record the interview. It is important to us that your story is recorded accurately. You don’t have to answer any particular questions if you don’t want to. Also, we can turn off the recorder at any time if you don’t want some of your responses recorded.

IMPORTANT: Everything you say will be kept confidential. This interview will not affect the services you receive. This means that no staff at your current (or past) shelters and drop-ins will have access to this information. This interview will not be shared with immigration or any government agency. To make sure that your identity is protected, a “fake” name will be used instead of your real name. You may choose this “fake” name if you wish.

An honorarium of \$20 and two TTC tokens will be provided to compensate you for your time and travel expenses.

Signature of Participant

Signature of Interviewer

Date

HONORARIUM RECEIPT - Best Practices for Working with Homeless Immigrants and Refugees Project
Access Alliance Multicultural Community Health Centre (AAMCHC)

I accept a cash honorarium of \$20 and two TTC tokens for my participation in this project.

Signature of Participant

Date

Appendix 4:

INDIVIDUAL INTERVIEW CONSENT FORM – SHELTER AND DROP-IN STAFF

Best Practices for Working with Homeless Immigrants and Refugees Project
Funded by the Supporting Communities Partnership Initiative (SCPI)

Consent Form - Shelter and Drop-In Staff

Project Coordinator: Sam Dunn

Research Assistant: Shahnaz Perveen

Organization: AccessAlliance Multicultural Community Health Centre

The purpose of this project is to document the specific needs of immigrants and refugees who are homeless and have used the shelter system in Toronto, as well as to improve services for this population.

The researcher wants to document my experiences as a service provider for the homeless. The researcher will ask me about my everyday job duties; the challenges I face in my position; and the ways in which services for homeless immigrants and refugees can be improved.

The interview will take approximately one hour. The researcher will tape record the interview to ensure that my responses are documented clearly and accurately. The tape recorder may be turned off anytime at my request. Only the research team will have access to the tapes and transcripts.

Everything I say will be kept confidential. Nothing I say will be used in ways that could identify me. In all written materials, my anonymity will be protected through the use of a pseudonym.

Signature of Participant

Signature of Interviewer

Date

Appendix 5:

FOCUS GROUP QUESTIONNAIRE

Settlement Agency Staff

Welcome and Introductions

I would like to start by asking you to do the following:

- a) give your name and job title
- b) describe briefly what you do in your position
- c) what do you hope to get out of this focus group
- d) what do you hope to contribute

Questions

- How would you define homelessness?
- How would you define underhoused?
- How important are issues of housing and homelessness in your work?
- What are the housing experiences of your clients?
- How does homelessness affect settlement?
- Do immigrants and refugees have unique housing needs?
- What kinds of gaps exist in terms of providing services to immigrants and refugees who are homeless or underhoused?
- What changes could be made to improve settlement services for homeless and underhoused immigrants and refugees?
- What kinds of training, information or resources need to be provided to settlement workers to better serve homeless or underhoused immigrants and refugees?
- How could this information/knowledge be best shared/distributed?

Community Legal Clinic Staff

Welcome and Introductions

I would like to start by asking you to do the following:

- e) give your name and job title
- f) describe briefly what you do in your position
- g) what do you hope to get out of this focus group
- h) what do you hope to contribute

Questions

- How would you define homelessness?
- How would you define underhoused?
- How important are issues of housing and homelessness in your work?
- What are the housing experiences of your clients?
- How does homelessness affect legal status?
- Do immigrants and refugees have unique housing needs?
- What kinds of gaps exist in terms of providing services to immigrants and refugees who are homeless or underhoused?
- What changes could be made to improve community legal services for homeless or underhoused immigrants and refugees?
- What kinds of training, information or resources need to be provided to community legal clinic workers in order to better serve homeless or underhoused immigrants and refugees?
- How could this information/knowledge be best shared/distributed?

Community Health Staff

Welcome and Introductions

I would like to start by asking you to do the following:

- i) give your name and job title
- j) describe briefly what you do in your position
- k) what do you hope to get out of this focus group
- l) what do you hope to contribute

Questions

- How would you define homelessness?
- How would you define underhoused?
- How important are issues of housing and homelessness in your work?
- What are the housing experiences of your clients?
- How does homelessness affect health?
- Do immigrants and refugees have unique housing needs?
- What kinds of gaps exist in terms of providing services to immigrants and refugees who are homeless or underhoused?
- What changes could be made to improve community health services for homeless or underhoused immigrants and refugees?
- What kinds of training, information or resources need to be provided to community health staff to better serve homeless or underhoused immigrants and refugees?
- How could this information/knowledge be best shared/distributed?

Appendix 6:

FOCUS GROUP CONSENT FORM

Best Practices for Working with Homeless Immigrants and Refugees Project
Funded by the Supporting Communities Partnership Initiative (SCPI)

Consent Form - Focus Group Participant

Project Coordinator: Sam Dunn
Research Assistant: Shahnaz Perveen
Organization: AccessAlliance Multicultural Community Health Centre

The purpose of this project is to document the specific needs of immigrants and refugees who are homeless and have used the shelter system in Toronto, as well as to improve services for this population. Also, the project aims to strengthen links between shelters/drop-ins and health, settlement, and legal services.

The researcher wants to document my experiences as a service provider who works with immigrants and refugees who have become homeless or underhoused. The researcher will ask me about how the issues of underhousing and homelessness affect my work; my experiences in working with immigrants and refugees; and the ways in which services for homeless or underhoused immigrants and refugees can be improved.

The focus group will take approximately 1 ½ hours. The researcher will tape record the focus group to ensure that my responses are documented clearly and accurately.

Everything I say will be kept confidential. Nothing I say will be used in ways that could identify me. In all written materials, my anonymity will be protected through the use of a pseudonym.

Signature of Participant

Signature of Researcher

Date

Appendix 7:

COMMUNITY REFERENCE GROUP WORKSHEET

For each recommendation and implementation strategy, please respond to the following:

- 1) Is this recommendation worded effectively? If no, what changes do you suggest?
- 2) Is this recommendation directed at the appropriate groups/levels of government? If no, what changes do you suggest?
- 3) Is this implementation strategy worded effectively? If no, what changes do you suggest?
- 4) Is this implementation strategy directed at the appropriate groups/levels of government? If no, what changes do you suggest?
- 5) Of these recommendations which are the two most important for this project to address?
- 6) Is there a recommendation that is missing that you feel needs to be included in this report?

Appendix 8:

SOCIO-DEMOGRAPHIC DATA

– HOMELESS IMMIGRANTS AND REFUGEES

Table 1: Gender (N=30)

Gender	Respondents	%
Male	16	53
Female	14	47
Total	30	100

Table 2: Age (N=30)

Age Group	Respondents			%
	Male	Female	Both Sex	
<19	0	2	2	7
20-39	9	7	16	53
40-59	7	4	11	37
>60	0	1	1	3
Total	16	14	30	100%

Table 3: Marital Status (N=30)

Marital Status	Respondents			%
	Male	Female	Both Sex	
Single	8	6	14	47
Married	3	2	5	17
Separated	3	0	3	10
Divorced	2	5	7	23
Widowed	0	1	1	3
Total	16	14	30	100%

Table 4: Number of Children (N=30)

Marital Status	Gender and Number of Children						Total
	Male			Female			
	None	1-2	3-More	None	1-2	3-More	
Single	6	2	0	4	2	0	14
Married	0	1	2	1	1	0	5
Separated	0	1	2	0	0	0	3
Divorced	0	2	0	0	3	2	7
Widowed	0	0	0	0	0	1	1
Total	6	6	4	5	6	3	30

Table 5: Country of birth (N=30)

Country of birth	Respondents (each country)	Respondents (total for group)	%
Ethiopia	6	6	20
Grenada	2	10	33
Kenya			
Pakistan			
Somalia			
Zimbabwe			
Costa Rica	1	14	47
Dominican Republic			
Guatemala			
Hungary			
Malaysia			
Mexico			
Nigeria			
Philippines			
Poland			
Rwanda			
Sudan			
Uganda			
Uruguay			
Venezuela			
TOTAL	N/A	30	100%

Table 6: Language (N=30)

(* Some respondents reported speaking & writing more than one language. Thus the total numbers in each column far exceeds the number of respondents.)

Languages	Spoken	Written
English	23	23
Spanish	6	6
Arabic	5	5
Amharic	5	4
French Swahili	3	3
Italian	3	2
Somali	3	1
Punjabi	2	2
Shona		
Urdu		
German	1	1
Hungarian		
Kiswatiti		
Madi		
Malay		
Portuguese		
Russian		
Sindhi		
Tagalog		
Ethiopian	1	0
Harar		
Tigrinya		

Table 7: Income Source (N=30)

Sources	Respondents			
	Male	Female	Both Sex	%
Social Assistance	9	6	15	50
Personal Needs Allowance (PNA)	4	5	9	30
Telemarketing	0	1	1	3
Cleaner	0	1	1	3
Dietitian	0	1	1	3
None	3	0	3	10
Total	16	14	30	100%

Table 8: Level of education (N=30)

Level of education	Respondents			
	Male	Female	Both Sex	%
University degree	5	1	6	20
Diploma	3	4	7	23
High School	8	6	14	47
"Basic Education"	0	1	1	3
None	0	2	2	7
Total	16	14	30	100%

Table 9: Year of arrival in Canada (N=30)

Arrival Year	Respondents			
	Male	Female	Both Sex	%
1989 + before	2	1	3	10
1990-92	2	2	4	13
1993-95	2	2	4	13
1996-98	2	2	4	13
1999-2001	2	6	8	27
2000-	6	1	7	23
Total	16	14	30	100%

Table 10: Arrival status in Canada (N=30)

Arrival status	Respondents			
	Male	Female	Both Sex	%
Refugee Claimant	11	4	15	50
Landed Immigrant	5	4	9	30
Visitor	0	4	4	13
Work Permit	0	2	2	7
Total	16	14	30	100%

Table 11: Current status (N=30)

Current status	Respondents			
	Male	Female	Both Sex	%
Refugee Claimant	9	6	15	50
Citizen	3	4	7	23
Landed Immigrant	2	2	4	13
Convention Refugee	2	1	3	10
Visitor	0	1	1	3
Total	16	14	30	100%

Table 12: Duration of stay in current shelter (N=30)

Year	Respondents			
	Male	Female	Both Sex	%
3 Years +	1	1	2	7
2 Years +	2	0	2	7
1 Years +	1	1	2	7
6 Months +	1	1	2	7
3 Months +	4	5	9	30
1 Month +	4	2	6	20
Not currently using shelter	3	4	7	23
Total	16	14	30	100%

Table 13: Number of shelters used (N=30)

Number of shelters used	Respondents			
	Male	Female	Both Sex	%
0	1	0	1	3
1	5	6	11	37
2	5	4	9	30
3	1	2	3	10
4	3	2	5	17
5 or more	1	0	1	3
Total	16	14	30	100%

Appendix 9:

SOCIO-DEMOGRAPHIC DATA – SHELTER AND DROP-IN STAFF

Table 14: Positions of staff interviewed (N=27)

Staff	Number
Housing Worker	6
Counsellor/Case Manager	5
Manager/Supervisor	4
Program/Youth Worker	3
Community Support Worker	3
Director/Team Leader	2
Senior Counsellor	2
Refugee Worker	1
Intake Interviewer	1
Total	27

Table 15: Language (Number of staff) (N=21)⁴

Languages	Spoken	Written
English	21	21
French	4	3
Bosnian Croatian Farsi, Hebrew, Kikuyu, Serbian, Somali, Spanish, Swahili	1	1
Albanian, Arabic, Bulgarian, Italian, Macedonian, Portuguese Russian, Slovenian, Ukranian, Urdu	1	0

⁴ The low number of respondents on language is due to inconsistent reporting. See footnote #3 on page 27 for further explanation.

Table 16: Estimated immigrants and refugees in shelter/drop-in (N=variable)⁵

Estimated percentage of total shelter/drop-in population	Currently	Highest point	Lowest point
0-20%	14	3	14
21-40%	4	10	4
41-60%	2	4	0
61-80%	0	2	0
81-100%	0	0	0
Total respondents	20	19	18

⁵ This “variable” number of respondents is due to the difficulty some staff had in estimating the level of shelter and drop-in use by immigrants and refugees. For further explanation, refer to section 5.3 on page 27.



**BEST PRACTICES FOR WORKING
WITH HOMELESS IMMIGRANTS AND REFUGEES**

PROJECT PARTNERS:

Fred Victor Centre

Ontario Council of Agencies Serving Immigrants

Sistering

St. Christopher House

ACCESS ALLIANCE

MULTICULTURAL COMMUNITY HEALTH CENTRE

**is a community health centre serving immigrants
and refugees across the City of Toronto.**



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