

# Evaluation of Encampment Outreach Supports during COVID-19

A MARCO Report

## About the MARCO Study

The MARCO project is evaluating how local efforts responding to the COVID-19 pandemic serve people experiencing marginalization, and how these interventions can be improved. Changes in society to control the pandemic have affected everyone, but they place a particularly heavy burden on people who are marginalized.

## About this Report

This report is the final summary of one of the MARCO Evaluations. This report highlights the key findings of the encampment outreach evaluation, which was co-led by Lisa Boucher, Zoë Dodd, and Samantha Young.

The views contained in this report do not necessarily express the views of any MARCO community partner, funding agencies, MAP, St. Michael's Hospital, Unity Health Toronto, the University of Toronto, or any other organization with which MARCO authors or project team members may be affiliated.

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We want to honour and dedicate this report to the many community members who have died as a result of ongoing systemic oppression and the homelessness and overdose crises. We also wish to thank all individuals who participated in this evaluation for sharing their important perspectives. We are also immensely grateful to the amazing community groups that assisted our evaluation. Finally, we thank all members of the larger MARCO study team for their collaboration.

## Land Acknowledgement

We acknowledge the sacred land on which MAP and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home of many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We are also mindful of broken covenants and the need to strive to make right with all our relations.

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# What we learned:

## A summary of the report

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### Background

Encampments have existed for a long time in Toronto. Housing unaffordability, loss of income, a decrease in shelter beds, and the possibility of contracting COVID-19 in the shelters forced people outside during the COVID-19 pandemic. Shelter hotels were opened as a response to COVID-19 so that people could physically distance, but they were sometimes far away from people's usual communities and were limited in number. For these reasons and due to personal preferences, many Toronto encampments formed or grew during the pandemic.

Evicting encampment residents has been common practice in the City of Toronto – for instance, in 2019, parks ambassadors and City divisions dismantled over 700 encampments. However, the public health guidelines during the COVID-19 pandemic and greater community visibility of the encampments made it harder for the City to carry out evictions without significant community response and media attention.

### Community response to encampments during COVID-19 pandemic

To support people living in Toronto encampments during the pandemic and to address the growing humanitarian crisis, new outreach groups formed and existing agencies and organizations working with people experiencing homelessness adapted to provide alternatives to services that were closed or limited due to COVID-19. The supports included (but were not limited to): COVID-19-related supports (such as personal protective equipment and mobile testing), life-sustaining supplies (such as water, food, and blankets), and harm reduction

supports (such as naloxone kits and safer substance use tools).

While various outreach supports were established for encampment residents, it was unclear how well these services were meeting people's needs. Our study addressed the urgent need for an evaluation of the encampment outreach supports to optimize service delivery for people staying in encampments. We also wanted to understand whether these supports helped to mitigate potential human rights violations that can occur in encampments or other places where people experience homelessness.

The purpose of this evaluation was to determine:

1. What outreach supports (including shelter and housing options) were provided to encampment residents?
2. Which needs remained unmet among encampment residents?
3. How did the supports influence encampment residents' health and well-being?
4. What roles and challenges did workers and volunteers face in providing outreach in encampments?

### Overview of how we did our research

We completed a mixed-methods evaluation of the outreach supports provided in encampments during the COVID-19 pandemic (since March 15, 2020) in collaboration with community. We conducted 127 surveys and 23 interviews with current or former encampment residents at encampments across Toronto. We interviewed 16 outreach workers and volunteers from a variety of organizations and groups.

We focused on interviewing encampment residents with marginalized identities (such as Indigenous, Black, 2SLGBTQ+), who make up a disproportionate number of people experiencing homelessness, with the aim of gathering diverse perspectives. A person with lived experience of marginalization was part of the research team as a peer researcher and conducted recruitment and data collection along with other team members. We analyzed the survey data and interview transcripts to find key patterns and summarized the findings.

## Summary of Findings

Overall, our study demonstrates that the community-based outreach supports provided to encampment residents during the COVID-19 pandemic were highly beneficial for their survival and well-being. While residents valued supports that met their greatest basic needs, such as tents and food, they also greatly appreciated the social relationships they had developed with outreach volunteers and workers. Specific characteristics of outreach, such as frequency, consistency, flexibility, and responsiveness to residents' input, were highlighted as critical to their effectiveness. Community-based outreach workers and volunteers similarly emphasized the importance of their relationships with encampment residents, indicating that establishing trust and maintaining continuous connections with residents was central to their outreach approach. These outreach groups and organizations also noted that the way they provided outreach was underpinned by key values, including dignity, autonomy, reflexivity, reciprocity, and collaboration. Furthermore, the encampment environments became a space where residents were able to build communities in which they worked together to survive, which contrasted with more isolated experiences in shelter settings.

Housing-specific outreach, typically by Streets to Homes of the City of Toronto, was less successful at meeting the needs of encampment residents, most of whom expressed an ongoing urgent need for permanent housing options rather than the traditional shelter and shelter hotel beds offered. Residents also highlighted a lack of transparency

and accountability in their experiences with the City's outreach and shelter or housing supports, often leading to distrust of these systems. Our findings illustrate that current shelter and housing supports are not sufficient to meet the needs of many people experiencing homelessness.

Relatedly, it is important to understand the extent to which the City's focus on clearing encampments harmed residents. While much of our study data (among encampment residents) was collected prior to the mass evictions in the spring/summer of 2021, residents still experienced much stress due to the constant threat of eviction and smaller-scale eviction tactics throughout the pandemic, including receiving eviction notices, having their possessions removed, and being pressured to take indoor shelter offers without adequate information to determine whether these options would meet their needs. Both residents and community-based outreach groups highlighted how these eviction efforts were destabilizing for residents' health and well-being, as well as disrupting outreach groups' attempts to support them and maintain continuity of care. Outreach workers and volunteers also highlighted a key issue around the duality and complexities of the City's role as both supporter and evictor (especially Streets to Homes), and how these conflicting roles confused and harmed residents. Encampment evictions were also ineffective at eliminating encampments and appear to continue the cycle of marginalization for people experiencing homelessness.

Outreach workers and volunteers further described several key tensions with the City of Toronto that affected their ability to support encampment residents. While various community-based outreach groups and organizations often collaborated to support residents, they felt that the City was not willing to collaborate in good faith, and instead made decisions and took action without transparent communication or consultation, which destroyed the trust of outreach groups and residents alike.

A fundamental issue that outreach workers and volunteers identified was their belief that the City

had different goals than they did – namely, a focus on getting encampment residents indoors and out of the parks at any cost, regardless of the outcome for residents, rather than on building relationships and supporting residents ‘where they’re at’. Further, the lack of basic humanitarian aid was seen as a failure of the City to meet their human rights obligations. Outreach groups thought this inaction might be purposeful due to the City’s concern that providing such survival support would be seen as enabling encampments. Similarly, outreach workers and volunteers expressed frustration at some of the narratives that the City used against encampments, such as considering them less safe due to risks like fire, overdose, and COVID-19, even though these threats were equal or greater in shelter settings.

Many outreach workers and volunteers highlighted that their need to engage in continual advocacy to counter the City’s misinformation was exhausting and placed an additional burden on top of the many challenges they already faced trying to support residents. This burden was exacerbated by outreach groups’ impression that the City portrayed them in the media as activists yet also relied on them to meet encampment residents’ basic needs.

Our findings reveal the ways in which the COVID-19 pandemic and the overdose crisis intersected with the housing crisis to complicate encampment residents’ experiences. A key lesson from our study centered around the importance of attending to encampment residents’ perceptions of health and safety risks, which existed across all settings for people experiencing homelessness. While COVID-19 and overdose were commonly discussed risks, other risks included violence, theft, and non-accommodation of health or accessibility needs, such as dietary or mobility issues. While the City often justified evictions by claiming that indoor spaces were safer than encampments, recognizing the contextual nature of these risks is essential to understanding why many residents chose to remain outdoors.

Residents and outreach groups highlighted that many shelters had COVID-19 outbreaks as well as increased deaths due to overdose, especially in the shelter hotels where people were isolated. Some residents indicated that they were grieving multiple people who had died in these settings. Residents emphasized being more able to take precautions in the encampments to protect against both COVID-19 and fatal overdose, with outreach supports helping them to do so.

Encampment residents reported losing many friends, family and partners as well as experiences of finding people dead and witnessing people from the encampments move into the shelter hotels only to fatally overdose days or weeks later. Outreach workers and volunteers also described the immense burden of bearing witness to traumatic events, such as extreme deprivation, violence, and death, which were life-altering for some new volunteers. They worried about the sustainability of the outreach services they were providing and connected these challenges to a lack of resources or meaningful policy change that would support both encampment residents and themselves.

## Conclusion

The most critical implication of our findings is that encampments will continue to exist as an alternative to shelters as long as housing affordability continues to be a major problem in Toronto and shelter conditions remain unsuitable for many people. The pandemic has only made encampments more visible and highlighted pre-existing gaps in the housing support sector. Thus, increased investment in permanent housing must be urgently prioritized, including a variety of alternatives to meet peoples’ different needs, such as rent supplements, rent-geared-to-income housing, co-operative housing, and supportive housing options.

Shelter and housing services should be improved to better align with people’s needs and encampment residents’ basic needs should be supported through outreach until suitable housing options become available. Because encampment residents

know their own needs best, decision-makers must include and listen to encampment residents in all discussions that affect their lives, adopt a human rights-based approach, and end the criminalization and violent evictions of people experiencing homelessness.

## Recommendations

The following recommendations are made from a place of urgency. The current response is not only inadequate to address the challenges highlighted in our report but also causing further harm to those most affected by these crises. The core value underlying these recommendations is that the provision of human life should be a collective responsibility. Housing policy based in this understanding should support people and make sure they do not suffer or die from preventable causes. The necessary resources and solutions to ending the housing, overdose, and COVID-19 crises exist; enacting them begins with divesting from evictions and enforcement and investing in community-led supports and permanent housing options.

### Outreach Supports and Community Integration

Outreach services should be culturally sensitive, anti-racist and anti-colonial. Outreach should understand that people's experiences and needs are intersectional and intentionally ensure access to services for disproportionately-represented residents in encampments, such as Black people, Indigenous peoples, people who use drugs, and LGBTQ2S+ residents.

Encampment outreach supports should be responsive, flexible, and adaptable to what encampment residents say they need (e.g., providing tents, cellphones). Supports should be offered frequently and consistently (e.g., arriving daily at noon).

Outreach groups should be partnered or connected with community groups and organizations to enhance coordination across services and continuity. Transitions of care should be conducted

in collaboration with people's preferred community supports and their consent.

People working in encampments should have mechanisms to speak up about and report human rights violations they witness without fear of reprisal. Staff and volunteers should have the ability to participate in advocacy (e.g., attend a protest during an encampment eviction or break a non-disclosure agreement).

Staff and community organizations should be able to re-deploy resources to streamline crisis response and limit bureaucratic barriers (e.g., being able to provide an overdose prevention site in encampments).

Outreach groups should develop and maintain relationships with people experiencing homelessness. Relationship building should involve establishing trust, attending to power dynamics, and providing continuous supports.

Outreach supports should recognize the ways that people living in encampments mutually support each other (e.g., watching each other's possessions, checking-in to prevent overdose deaths, social connection) and support communities in ways that retain their autonomy and help meet their basic needs.

### Resources and Funding

Funding for organizations and volunteer groups should be flexible and able to respond to emergent needs. Funding should be based on what communities feel that they need and bureaucratic barriers that impair access to funding should be reduced.

Funding for encampment outreach should be reliable and sufficient to ensure that outreach workers are paid an adequate living wage. Workers should also have job security and flexibility in scheduling to enable them to adapt to residents' changing needs and provide supports outside regular business hours. This would promote



workers' well-being and create more sustainable services.

Health care outreach is integral to the well-being of encampment residents as it reduces barriers, such as stigma and discrimination, to accessing traditional health care institutions. Health care outreach should be funded continuously beyond the pandemic and include linkage to community health care supports for people experiencing homelessness.

The City of Toronto needs to make its resources (e.g., furniture bank) broadly accessible to community-based groups, rather than limiting access through selected City-focused groups.

Organizations doing outreach should prioritize hiring people with lived experience of homelessness, drug use, and other experiences of marginalization.

The City of Toronto resources should be divested from enforcement activities that negatively affect encampment residents and re-distributed toward more permanent housing solutions.

## Eviction and Enforcement

Evictions are fundamentally violent, aggressive, and ineffective. Most residents end up remaining on the street after being evicted from an encampment, and in worse circumstances as they are displaced from their communities and supports. As such, residents should not be coerced into leaving an encampment or entering indoor shelter or housing that does not meet their needs.

The City of Toronto should cease all of the following practices to avoid causing more harm and further eroding trust with encampment residents:

- Stop invasions of privacy through the collection of information about encampment residents without their consent (e.g., taking photos of them and their living spaces or tracking their daily activities), especially with the purpose of using this surveillance to evict them.
- Stop threatening encampment residents with

eviction notices, especially without specific dates or acceptable methods of recourse.

- Halt the unacceptable use of force and enforcement against encampment residents, such as that which occurred during the violent evictions in spring/summer 2021. The City should issue an apology for the violence inflicted on encampment residents.
- Overall, the City should end the removal of people from public spaces. This was particularly unjust in the context of COVID-19, when establishing encampments was an act of pursuing survival due to the risk of transmission in congregate shelter spaces.
- The City should also end the criminalization of homelessness more broadly. For example, it should not be illegal to have contained fires, especially if safer heating alternatives are not provided.

Instead of the harmful eviction and enforcement practices listed above, the City should divert attention and resources to:

- Create more housing opportunities that meet the needs of people living outside.
- Provide outreach supports and reduce barriers (e.g., do not limit access to bathrooms to certain hours) for people living outside to maintain life and well-being.
- Change the by-law that prohibits camping in parks. Public space is meant for everyone, not just people with homes, so people experiencing homelessness should be allowed to use public space to set up temporary shelter if needed.

## Shelter and Housing

The City of Toronto should acknowledge the distinction between shelter and housing options and provide transparent information on which resources are being offered. The autonomy of those who do not want to stay indoors should be respected, especially considering the risks during the COVID-19 pandemic.

People doing outreach in encampments or working in the shelter system should adopt a non-interference approach that prioritizes supporting



residents where they are physically and emotionally. It is paramount to not impose on residents' right to make their own informed decisions through coercion or other means. For example, City of Toronto outreach workers should provide detailed information on all shelter and housing options that are available, including different types, locations, and accessibility needs. This is essential in helping encampment residents make informed decisions about their place of residence, and reducing the frequency of harmful displacement experiences.

The shelter system should reduce overly restrictive rules (e.g., allow people to retain their belongings), with a focus on improving opportunities for autonomy and community-building.

The City of Toronto must work to address the significant capacity and conditions issues in the shelter system. This should include implementing systems for better addressing the safety and security concerns of clients, such as COVID-19, overdose, violence, accessibility, and fire risks.

The shelter system needs to be resourced appropriately to ensure qualified staff are hired (e.g., with outreach or lived experience when possible) and trained for supporting people experiencing homelessness with a compassionate, solidarity-based approach. Improvements to staff job security, compensation, training and supports are necessary to create a sustainable shelter system.

Shelters should re-evaluate service restrictions and associated enforcement practices, especially kicking people out or otherwise limiting their access to services. Significant efforts should be made to address issues before a person is "kicked out" or "restricted" from their service. In these cases, there should be increased transparency on the decision to remove someone from a temporary shelter environment. Clear policies should also be followed to make service restriction a last resort. Hiring people with lived experience and strong de-escalation skills will reduce the need for service restrictions.

The shelter system should have better accountability and transparency in its services for people experiencing homelessness and the broader public interested in supporting them. These should include regularly collecting and acting on feedback and input on services from shelter residents (e.g., a resident-led council/advisory board) to prevent misuse of power and ensure services are meeting the needs of residents. This could also entail an external audit and evaluation of the shelter system and individual shelters.

## Overdose

Principles of harm reduction and overdose death prevention should be widely adopted by shelter staff and integrated into programs and policies. All shelter hotels and other shelters should have oxygen and naloxone readily available, include regular training for staff, include peer-to-peer witnessing/spotting, and be equipped with overdose prevention sites or supervised consumption facilities (including for both injection and inhalation of substances) run by workers that include people with lived experience. These settings should also have integrated safe supply programs for residents.

The COVID-19 pandemic exacerbated pre-existing overdose and housing emergencies. People living in encampments often respond to overdoses among their peers and their efforts should be recognized. Trauma-informed mental health supports (especially for grief and loss) should be expanded and made accessible to people living in encampments, as well as outreach workers and volunteers.

## COVID-19

COVID-19 transmission has been an ongoing issue within the shelter system. To address this, infection prevention and control measures, air filtration, and public health inspections in shelter settings should be improved. People experiencing homelessness should not be forced to make impossible choices, such as deciding between potentially fatal risks like contracting COVID-19 in a shelter or hypothermia outdoors.

The City should improve preventative measures and future pandemic planning efforts, including resource allocation for emergencies and the coordination of an emergency table, so that people experiencing homelessness do not need to rely on encampments to avoid the danger of pandemics in congregate shelter settings.

## Overarching Recommendations

Input from encampment residents should be central to the decisions made about encampments, shelters, and housing. Residents' needs, autonomy, and dignity should be at the forefront of all decisions that the City and all groups engaged in encampments make. The City and groups engaged in encampments should avoid a top-down approach, focusing instead on letting encampment residents lead and centering their voices.

The City should prioritize providing encampment residents and other people experiencing homelessness with permanent housing. Investing in permanent housing that is affordable, safe, and suitable to the individual (e.g., meets their accessibility needs) should be the focus for resource allocation. Such housing will address the many health and safety risks (e.g., violence, fire, overdose, COVID-19) that people experiencing homelessness face regardless of their setting (e.g., encampment vs. shelter vs. hotel), allowing less focus on the resourcing of temporary or "band-aid" solutions to manage crises.

The City should make significant efforts to prevent people from being evicted from their housing and becoming homeless. This may include making legislative changes to restrict landlords from evicting tenants as well as providing a range of support alternatives, such as rent supplements, rent-geared-to-income housing, co-operative housing, supportive housing, and other creative solutions.

The City needs to acknowledge that homelessness is a humanitarian crisis, created by a profit-driven housing system, and therefore they must adopt a human rights approach to address it. Such an approach will require the City to adjust their

policies and practices to provide outreach directly and to support community-based outreach that ensures the basic survival needs of unhoused people are met, regardless of where they choose to stay until permanent housing is available to them.

Indigenous peoples are disproportionately represented in encampment settings. Given the history of colonial violence and forced removal of people from their land, it is essential for all people engaged in encampments to respect Indigenous peoples' right to self-determination, including their right to reside in parks.

Protecting community supports in neighbourhoods is essential to ensuring encampment residents can meet their needs and to stopping the dislocation and displacement of low-income people from their communities. It is important to consider a person's preferred neighbourhood when offering shelter space and housing opportunities, as moving people away from their neighbourhoods can result in isolation from their community and the supports they rely on, which increases risks such as overdose and death.

Our findings support other recommendations that emphasize the need to provide permanent housing options, such as those made by the Shelter & Housing Justice Network. We strongly urge the City of Toronto to seriously consider these recommendations in addition to ours. The recommendations may also be relevant to other jurisdictions that have encampments. Finally, while our recommendations are focused on encampment residents, many apply more broadly to people experiencing homelessness in other settings.

# Introduction

## The situation before COVID-19

Housing unaffordability is a growing crisis in Canada and globally, with rental costs rising at a higher rate than renters' incomes in Ontario. In fact, Ontario has the highest proportion of renters in Canada paying over the recommended 30% of their income on housing.<sup>1</sup> Many people are finding themselves priced out of the rental market, ending up in precarious housing situations or without a home. Across Canada, 235,000 people experience homelessness every year, and 35,000 do so on any given night.<sup>2</sup> Employment and Social Development Canada's 2018 Point-in-Time count found that approximately 14% of surveyed individuals were staying in unsheltered locations, such as outdoors or in abandoned buildings; however, this is likely an underestimate due to limitations of the methods.<sup>3</sup> People who are Indigenous, Black, racialized, 2SLGBTQ+, criminalized, and living with disabilities are over-represented among people experiencing homelessness.<sup>4</sup> Indigenous peoples are overrepresented among those staying in unsheltered locations.<sup>3</sup>

Over time in Toronto, an increasing number of people experiencing homelessness have turned to living in tents or makeshift structures under bridges or in parks and ravines. These groups of structures are often referred to as "encampments" or "tent cities." There is no single definition of encampments, but they generally involve a number of people who set up temporary structures outdoors over a long-term basis and thus experience unsheltered homelessness together.<sup>5</sup>

## The MARCO Programs

MARCO was started in the early days of the COVID-19 pandemic by academic investigators, community investigators, and partner organizations working directly with people experiencing marginalization. Community investigators included people with lived experiences of marginalization, staff or leaders of community agencies, and people from advocacy organizations. We hosted a publicly available online survey to identify programs for evaluation. We considered a broad range of programs, interventions, and policies; these were not restricted to programs from MARCO partner organizations. A sub-committee of community and academic investigators selected programs based on: the potential for the research findings to have an impact on people experiencing marginalization; the need for the evaluation, the current well-being of the population being served by the program; and the feasibility of completing the evaluation within the available time and resources.

The MARCO programs are:

- COVID-19 Isolation and Recovery Sites for people experiencing homelessness
- Substance Use Services at a COVID-19 Isolation and Recovery Site
- Evaluation of Outreach Supports for People Experiencing Homelessness in Toronto Encampments During COVID-19
- Toronto Developmental Service Alliance's Sector Pandemic Planning Initiative
- Adapting the Violence Against Women Systems Response to the COVID-19 Pandemic

## The data on encampments

People experiencing homelessness have formed encampments in many regions across North America. In Canada, there is limited data on how encampments, and how governments' and communities' responses to them, affect the health, safety, and sense of community for those residing in them.<sup>4,5,6</sup> A 2016 study that interviewed 12 residents of a tent city in Victoria, British Columbia found that residents reported negative experiences with health, social and housing services, and that the sense of community in the encampment was positive.<sup>6</sup> A report examining encampments in the United States also proposed that, compared with other options, encampments may provide people experiencing homelessness with improved safety and security, community, autonomy, stability, and visibility.<sup>7</sup> This report and others highlight the futility of encampment "sweeps" or "clearings" – what we call "evictions" – during which residents and their belongings are removed from encampment spaces, often through physical enforcement.<sup>5,7</sup> Encampment evictions do not tend to improve shelter access among residents; instead, new encampments are likely to form in their place, sometimes in more remote and less safe locations. In addition, encampment evictions may further harm residents through eroding trust, causing trauma, and disrupting people's progress toward stability. These reports suggest that cities should refrain from evicting and instead accept encampments as a temporary solution until permanent affordable housing can be secured.

A United Nations special rapporteur produced a report, *A Human Rights Approach: A National Protocol for Homeless Encampments in Canada*, which outlines how encampments are evidence of the violation of people's right to adequate housing and often other human rights.<sup>4</sup> Based on international human rights law, this report advises all levels of government in Canada to enact a human rights-based approach in their response to encampments, emphasizing their duty to ensure residents' dignity and security, as well as meaningful inclusion of encampment residents in decisions that affect them. Since conditions in

## A Community-Based Study

MARCO included community-based investigators, many with lived experience, as full partners. The MARCO Community Committee has representatives from 11 community agencies, representing a broad spectrum of organizations. MARCO's steering committee includes both academic and community-based investigators. Each program evaluation team included at least 1 was a community investigator and hired people with lived experience as peer researchers. Across MARCO, researchers with lived experiences of marginalization were involved in all aspects of the study, from recruitment and interviewing participants to data coding and interpretation.

encampments are unlikely to meet basic adequacy standards, governments must ensure residents' basic needs are met, including providing water, hygiene and sanitation, fire safety, waste management, social supports and personal safety, food safety, harm reduction, and prevention of rodents and pests. In addition, the report emphasized that the distinct right of Indigenous peoples to self-determination and self-governance must be respected.

Throughout this report, "The City" is defined as municipal government, City councillors, the mayor, City managers, supervisors, Parks Ambassadors, parks workers, Streets to Homes, Shelter Supports and Housing Administration (SSHA), and City-led tables (e.g. encampment table).

## How the pandemic affected encampments

The COVID-19 pandemic and corresponding government restrictions have made it harder for people experiencing homelessness to meet their basic needs. In order to meet public health guidelines for congregate settings, the City's already overburdened shelter system reduced the number of available beds.<sup>8</sup> Many important services and public spaces that people experiencing

homelessness have come to rely on had to limit or close their services, including respites and businesses that people would access for bathrooms and warmth. While encampments have existed for a long time in Toronto, more people experiencing homelessness shifted to living outside in encampments during the pandemic, as a response to the difficulties created by the pandemic, including the possibility of contracting COVID-19 in shelters. Shelter hotels were opened to make up for the decrease in traditional shelter beds, but they were sometimes far away from people's usual communities and were limited in number.

Evicting encampment residents has been common practice in the City of Toronto – for instance, in 2019, parks ambassadors and City divisions dismantled over 700 encampments.<sup>9</sup> However, the public health guidelines during the pandemic and greater community visibility of the encampments made it harder for the City to carry out evictions without significant community response and media attention.

## Community response to encampments during COVID-19 pandemic

In an effort to support people living in Toronto encampments during the pandemic, new outreach groups formed and existing agencies and organizations working with people experiencing homelessness adapted to provide alternatives to services that were closed or limited due to COVID-19 for encampment residents. The supports included: COVID-19-related supports (such as personal protective equipment (PPE) and mobile testing); life-sustaining supplies (such as water, food, and blankets); and harm reduction supports (such as naloxone kits and safer substance use tools).

Outreach groups included community-based organizations, volunteer groups, and City services. For instance, the City of Toronto has a team dedicated to encampment outreach called Streets to Homes, which focuses on linking people to shelter and housing options. Other community

organizations, such as South Riverdale Community Health Centre, which already provided some outreach to people experiencing unsheltered homelessness prior to the pandemic, modified their services to address the growing needs of encampment residents. One volunteer outreach group, named the Encampment Support Network (ESN), was formed soon after the pandemic started by a collection of neighbours and community members who identified that encampment residents' basic survival needs were not being met, and the group soon grew to hundreds of volunteers.

## Our evaluation

While these various outreach supports were established for encampment residents, it was unclear how well these services were meeting the needs of those who lived there. Our study addressed the urgent need for evaluation of the encampment outreach supports to optimize service delivery for people staying in encampments. We also wanted to understand whether these supports helped to mitigate potential human rights violations that can occur in encampments or other places where people experience homelessness.

The purpose of this evaluation was to determine:

1. What outreach supports (including shelter and housing options) were provided to residents
2. Which needs remained unmet among residents
3. How the supports influenced residents' health and well-being
4. What roles and challenges workers and volunteers faced in providing outreach in encampments



# Methods

## Overview of how we did our research

We developed this mixed-methods evaluation of the outreach supports provided in encampments during the COVID-19 pandemic (since March 15, 2020) in collaboration with the community.<sup>10</sup>

These are the main steps we followed:

1. We consulted with community members and groups involved in encampments to develop a logic model that informed the focus and scope of the evaluation.
2. We conducted 127 surveys and 23 interviews with current or former encampment residents at encampments across Toronto.
3. We interviewed 16 outreach workers and volunteers from various groups and organizations who provided outreach in an encampment at any point during the pandemic.
4. We reviewed the survey data and interview transcripts to find key patterns and summarized their findings.

## How did we consult the community?

In September 2020, the research team met with workers and volunteers from encampment outreach organizations to inform aspects of the study including the survey tool and interview guides. The results of the meeting discussion are summarized in a logic model in Figure 1. A logic model may be defined as: “a visual illustration of a program’s resources, activities, and expected outcomes”.<sup>11</sup>

Community representatives spoke about how encampments were a response to the lack of affordable housing in Toronto and that there was

not enough support from the City to meet the basic needs of encampment residents, especially during the pandemic. They identified that outreach supports were trying to address the gaps by providing essential supplies (such as food, water, tents, harm reduction) and services (such as social connection, referrals to health and social services, advocacy). These supports were offered by volunteers and workers from community organizations who have limited resources.

Lastly, the community representatives said that they would like to see a stop to encampment evictions in the short-term, reallocation of City funds to community-led outreach in the medium-term, and adequate investment in permanent affordable housing in the long-term. The meeting discussion, along with information from relevant sources in academic literature, guided the development of survey and interview questions.

## How did we recruit encampment residents?

To recruit people who had lived in an encampment at any point during the pandemic, we visited six encampments between March 25 and June 9, 2021: Moss Park, Sanctuary, Cherry Beach, Trinity Bellwoods Park, Lamport Stadium, and Scaddingcourt. Community outreach groups supported us to connect with both current and previous encampment residents at these locations. During these visits, we completed 127 quantitative surveys and 23 qualitative interviews with residents about their experiences with outreach services in encampments across Toronto and shelter and housing alternatives in Toronto. Study participants could also refer other people to the study. In addition, we purposefully selected



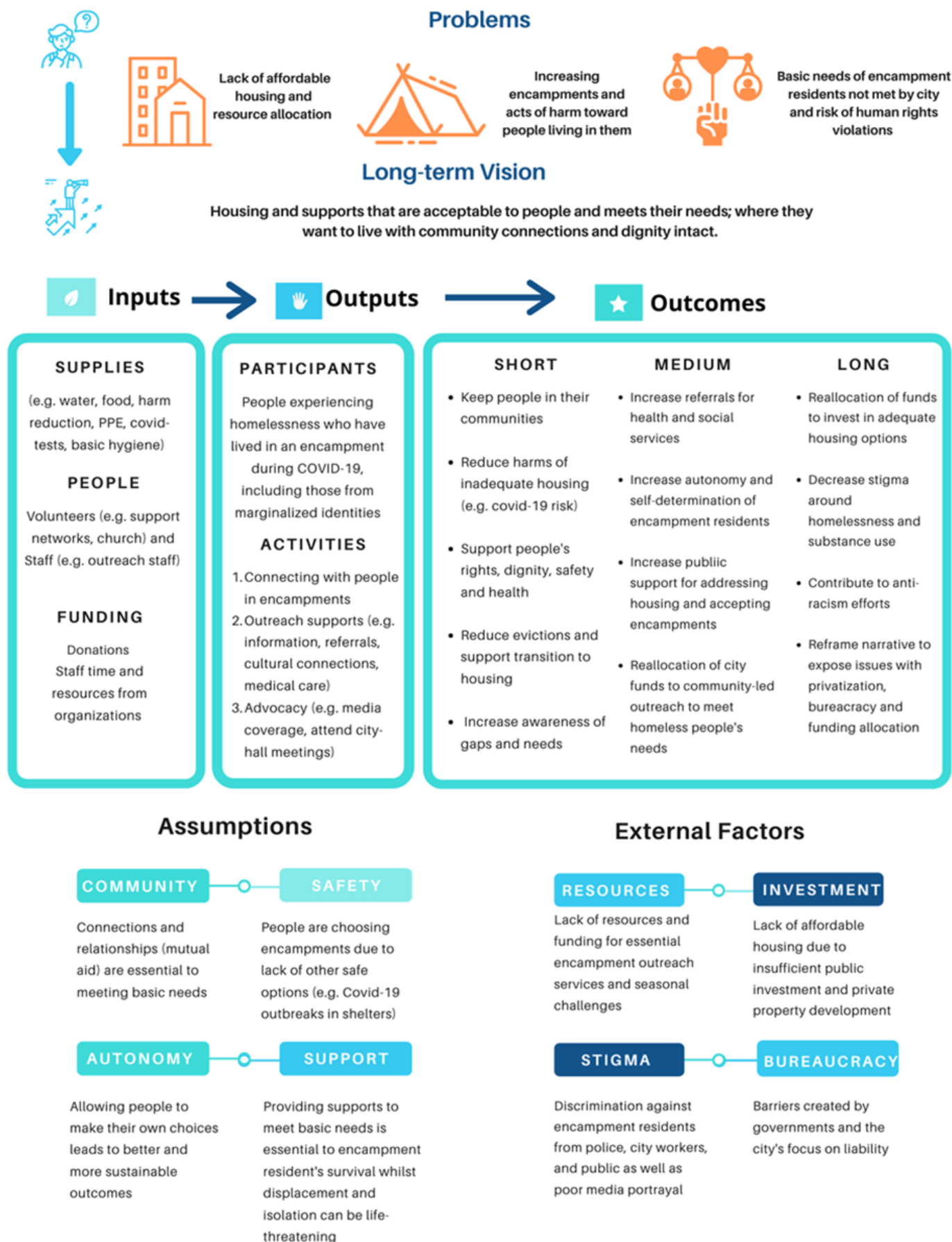


Figure 1. Logic model describing the outreach services provided in encampments.

individuals with marginalized identities (such as Indigenous, Black, 2SLGBTQ+) to be interviewed, with the aim of gathering diverse perspectives.<sup>12</sup> A person with lived experience of marginalization was part of the research team as a peer researcher and conducted recruitment and data collection along with other team members.

### **How did we recruit outreach workers and volunteers?**

A total of 16 outreach workers and volunteers participated in a qualitative interview representing six organizations and groups working in encampments: the Encampment Support Network (ESN), South Riverdale Community Health Centre (including workers from the Moss Park Consumption and Treatment Service), Sanctuary, Inner City Health Associates, Toronto Indigenous Harm Reduction Network, and Streets to Homes. We worked to recruit multiple individuals from each group to hear different perspectives whenever possible. We used existing community connections to make a list of key individuals to interview, and accepted suggestions from those individuals. When we did not have existing

connections with a given outreach group, we contacted the organizations to help us identify individuals to interview. The interviews were conducted between May 17 and September 8, 2021. Throughout this report, we refer to outreach staff from various organizations as "workers", which includes healthcare workers (such as nurses), harm reduction workers, and other community-based workers.

### **How did we make sense of the data?**

We summarized the survey into tables and graphs. Written transcripts of the qualitative interview audio-recordings were reviewed by several members of the research team to look for common patterns.<sup>13</sup> We used a systematic approach to analyze each transcript by separating what interview participants said into a number of different categories. Once all transcripts were analyzed, researchers read the quotes under each category and summarized what was most common or important across interviews, including the range of perspectives people expressed. During team meetings, findings were discussed and interpretations of the data were continually

# Results from the Encampment Resident Data

## Demographics

### Surveys with encampment residents

The survey sample of 127 encampment residents reflected a diverse group of people experiencing homelessness from a range of ages, gender identities, sexual identities, races, and education levels as shown in Table 1. The average age was 40 years (with the youngest 21 and the oldest 64). While most residents had received income from the Ontario Disability Support Program or Ontario Works, many also relied on some form of street-based income, such as panhandling. 55% had lost a source of income during the pandemic.

### Interviews with encampment residents

We purposefully selected 23 people who had participated in the survey to participate in the interview. This included many participants who identified with multiple marginalized groups, resulting in an interview sample that included a larger number of LGBTQ2S+ and racialized individuals than compared with the survey sample. We also purposefully interviewed people at each of the six encampments we visited, of whom 35% were no longer staying at encampments (for instance, they had moved into shelter or housing).

### Homelessness and Encampment Living during COVID-19

61% of the people surveyed were staying in an encampment at the time they participated in this study. We asked people where they were staying in the month before the pandemic started - 20% of people surveyed reported being housed (that is, renting a room, apartment, or house), while only 17% had stayed in an encampment. Other common places

people had stayed the month before the pandemic included\*:

- 29% outside on the street
- 20% rented a room, apartment or house
- 16% with family or friends
- 13% traditional shelter

Most of the people interviewed had experience with homelessness prior to the pandemic, though a few noted it was their first time being homeless.

80% of people surveyed had stayed elsewhere (outside of an encampment) at some point during the pandemic. The most common places included\*:

- 33% with family or friends
- 30% shelter hotel
- 28% traditional shelter
- 26% outside on the street
- 18% rented a room, apartment or house

Half of the people surveyed reported that they moved to an encampment for reasons related to the pandemic. Encampment residents explained why the pandemic was or was not a factor in their decision to move to an encampment:

“I think [*the pandemic*] might have been just starting or wasn't quite. It was in that early, early stages. And so I was officially homeless in Toronto and hopping around from like, I think it was dead of winter so I did a couple shelters for a little bit. I'd been trying to find a place to live, couldn't quite do it, and then the pandemic hit full on. And that's why I went to the tent and that's when I felt like it was really too hard to access services ... Well I couldn't even get – I have no ID. I started to get my ID via pain clinic, and that's when COVID

**Table 1. Demographic characteristics of survey respondents**

Characteristic	Survey responses
Age	21 – 64 (average = 40)
Gender*	38% women
	61% men
	3% trans/non-binary/gender non-conforming
Sexual orientation*	74% heterosexual
	25% lesbian/gay/bisexual/queer+
Race*	63% White
	26% Indigenous
	16% Black
	11% other racialized identities
Education	38% had not completed high school
	26% completed high school or GED
	18% had some college/university
	18% completed college/university
Income during pandemic*	43% ODSP
	30% Ontario Works
	Many other sources (such as panhandling or selling items)

\*These categories were “select all that apply”, so may not add up to 100%.

hit and the pain clinic shut down before...couldn't even get ID.” [Encampment Resident]

“Oh, well, I mean, the reason why I moved to the encampment is because, like, there was shelter there. It was like, you know, there was a little community as well. So it was like a lot easier than just walking around, not having like – for example, if I had stuff and I left it at the encampment, I was pretty sure it'll still be there when I come back because the people are there, like always... Uh, I wouldn't say that COVID had anything to do with it, but like, I was staying at my parents' place and then like I just – I had a lot going on, I just couldn't like handle it anymore, substance using, and all that kind of stuff. I just need to get away from everybody. And I ended up downtown Toronto and it's like, it's difficult. Like if you've never been homeless before, like to actually know what to do and where to go.” [Encampment Resident]

People also said they moved to encampments because they were not able to find housing, did not know where else to go, knew people in

encampments, felt that shelters were not safe or secure, or wanted more freedom than shelters provided. Systemic and structural factors with securing shelter and affordable housing were also noted by many of the encampment residents interviewed. As one encampment resident described, their frustration with the shelter system was a factor in moving to an encampment:

"Well, the pandemic, but also I got fed up with the shelter system. It's just one big evolving shit train... One this shelter, then I get discharged, another shelter, another housing application, and then waiting, waiting, waiting period. Calling, waiting, waiting, waiting period. Waiting, waiting. Another shelter discharge, another housing application. Waiting, waiting, waiting. C'mon this is ridiculous. Four years going on five." [Encampment Resident]

Many people moved back and forth between different encampments and other spaces, like shelters, shelter hotels, and respites, demonstrating the transient nature of people's living arrangements.

Some also moved to indoor spaces over the winter due to the cold weather, but returned to encampments once the weather warmed.

Although we recruited from six key encampments, residents we surveyed collectively reported that they had stayed in over 30 other encampments since the start of the pandemic.\* We provided respondents with a list of encampments and allowed them to select all they had stayed in during the pandemic and provide descriptions of others not included in our original list. A breakdown of the selected encampments is shown in Table 2.

Many people heard about the encampments through word of mouth (from friends or other people they knew or met), and these connections helped people find encampments and figure out how to navigate

them (such as where to get a tent or where to set up):

"I was passing by the Alexandra Park and met my friend and he said, 'hey man, you without a place, that's not right. So come stay where I am. My place is your place.' And that was my first time [*in an encampment*]." [Encampment Resident]

"I got out of jail and had nowhere else to go. So I came to downtown Toronto, 'cause I knew a couple homeless people here, and they kind of showed me where to go and what to do." [Encampment Resident]

Other encampment residents simply saw tents and set up camp, or even set up a camp on their own at first that ended up turning into an encampment.

**Table 2. The different encampment locations respondents stayed in during the pandemic**

Encampment*	Percentage of respondents who stayed there
Scadding court/Alexandra park	36%
Other (Respondents described a different location)	35%
Moss Park	30%
Trinity Bellwoods Park	25%
Sanctuary	17%
Lamport Stadium	16%
Cherry Beach	9%
Parkdale	5%
Little Norway Park	2%
Harbour Square Park	2%
Carlaw and Lakeshore	1%

\*Response were "select all that apply", so do not add up to 100%.

***“In the shelter, on the street, you by yourself. But in the encampment everyone has to look out for each other to make sure you're good.”***

Many encampment residents did not share a living space with anyone during their most recent stay in an encampment. Among those who did share a space with others, partners or friends were the most common\*:

- 51% No one
- 28% Friend
- 24% Partner
- 9% Acquaintance
- 6% Pet
- 4% Other
- 2% Stranger

### **Relationships between Encampment Residents**

People often had pre-existing relationships or developed new relationships with other encampment residents, which provided social support (sometimes described as a previously unmet need). Many described finding a community or family in the encampments among people whom they respected and could trust (sometimes among sub-groups within an encampment). Residents often worked together to accomplish daily tasks, providing mutual support to each other:

"You're not by yourself in the encampment. In the shelter, on the street, you by yourself. But in the encampment everyone has to look out for each other to make sure you're good. Right, that's how you keep a nice home. Everyone plays a part." [Encampment Resident]

A few residents spoke about feeling accepted for their LGBTQ2S+ identity in the encampments. One resident compared this to the Better Living Centre where they witnessed staff refusing to use correct pronouns. However, one person identifying as

LGBTQ2S+ experienced some difficulties at certain encampments because they did not “fit the demographic” of young straight males. Some residents also said they felt more accepted in encampments compared with broader society with respect to their race.

Residents supported one another in a variety of ways, including watching each other’s personal possessions while away because many people worried about their possessions being taken away by City workers or stolen by others:

"Yeah so like, usually, like see how people are over there and then people are here and people, I guess these people would be in one group. But like sometimes you're not friends with everybody, you just stick to your own group. And I guess it's mostly based on people that you can trust too, like. So the six people that I was with, I would trust them with anything, like I'd just leave my stuff there and I'd go do whatever I need to do. Sometimes we'd organize it like, okay, well I got to leave by this time and do this, so someone has to be at camp at all times to watch it." [Encampment Resident]

Other examples of mutual support included sharing food or other donated items and coming to people’s aid after an upsetting event or violence. People’s relationships with other encampment residents led them to return to visit encampments after they had moved on to other shelter or housing.

On the other hand, some people said they mainly fended for themselves in an encampment and kept their distance. Some also had negative experiences with other encampment residents, namely bullying, stealing, and harassment:



“Well, they just call you crazy or fucked in the head, and it's like, no, it would make sense the wind pulling out my tent peg yeah, but how does it get put back in the mud? You know, like little things like that. So it doesn't really get resolved, I just move.” [Encampment Resident]

There were a wide range of strategies encampment residents employed to deal with conflict. In some cases, residents physically moved away to avoid conflict. Some encampment residents mentioned using physical violence to deal with conflict (for example, a man described intervening when a woman was assaulted). Some people mentioned verbally working through conflicts:

“It was actually a pretty good, pretty nice little community after a while. Whenever things would happen, like, fights between people, it would be sorted out, between just those two people.” [Encampment Resident]

## Interactions with People Outside of Encampments

Given their visibility in public spaces, encampment residents experienced many day-to-day interactions with people from outside the encampments. There were mainly two types of interactions with the broader public, one which made encampment residents feel stigmatized (such as when people were staring at them or taking photos) and others in which neighbours or community members helped them (such as by bringing food or donations):

“I'm not sure, the people like the 9 to 5'ers, is what I call them, make me feel like I'm in a people zoo because all they do is stare. It's like, why don't you say something or ask questions instead of just staring and it feels like gawking almost. Because at the end of the day, we're all still humans, right?” [Encampment Resident]

“There was a really cool dude, or was it like his wife, would cook these home cooked meals. And he would pull up to the side of the road, and he was always like, gosh, how many of us are there? And as our cabin grew, so did his generosity and

he brought more and more meals.” [Encampment Resident]

There were a few instances of encampment residents being harassed by neighbours, or having hostile interactions due to neighbours complaining about the encampment.

Encampment residents also had interactions with first responders. With law enforcement, this varied from passive engagement (e.g. officers monitoring the encampment area) to more direct interactions (e.g. officers asking a person to leave an area, detaining a person, or tearing down tents). Harassment by police was a concern raised by a few residents, while others were not bothered by police interactions. Some said police could not be relied upon to support residents when they needed it. One resident described experiencing racial profiling by the police.

“Sometimes they were good. Like, they're, I guess, just checking up on us. Sometimes, they were trying to poke their heads right in the tents. Sometimes, people got taken away if they had warrants or whatever ... So, yeah, I understand it's not technically the police's job to get us a new home, but it doesn't mean they have to be so harsh about it, you know? ... Some of them are genuinely like, trying to be helpful. So, like, I can't hate on all of them. But some of them are just so, so rude, like, unnecessarily rude.” [Encampment Resident]

A few residents also mentioned concerns related to fire, whether it was neighbours complaining about fire risk and calling the fire department, the need for alternatives to fire for heat or light at night in an encampment, or firefighters responding to overdose.

Interactions with City workers were often in the context of getting shelter offers before an eviction, so they were seen as rushed or coercive at times. Sometimes interactions were relatively neutral when City workers would check-in on residents or offer support with housing applications. However, some residents felt City workers were only there to do inspections and had difficulty trusting them. For instance, they perceived City workers as policing them, whereas they perceived other groups (e.g. ESN)

## *Many mentioned that staying in a tiny home increased their safety, with some residents crediting these structures with saving them from freezing to death.*

as trying to help because they invested time in building trusting relationships. One resident described expected lasting effects of the lack of trust between City workers and encampment residents:

“I don't know how they're going to fix it honestly. I don't know how they're going to rebuild trust with people, because as soon as people see, like, the Streets to Homes workers coming through, or any City worker, they don't care what they have to say anymore.” [Encampment Resident]

### **Resident Perspectives on Violence and Safety**

Encampment residents' had a diverse sense of personal safety. For some, this was considered unpredictable, including specific safety concerns related to being outside in the open. Many kept tools to defend themselves (e.g. golf club, crow bar). Some residents witnessed or experienced acts of violence (e.g. being bullied out of a tiny home or encampment, sexual assault). Many mentioned that staying in a tiny home increased their safety, with some residents crediting these structures with saving them from freezing to death.

Residents compared safety in the encampments to other settings. For example, increased safety in encampments related to having more people around compared with being isolated on the street. This was especially true for those who felt surrounded by people they could trust. One resident expressed how her friend helped keep her safe:

“Yeah, he watches over me. Like, this one time this guy threatened to rape me. And [friend's name] was the only one, cause I guess he was on Dundas, and I was closer to [location] at the time, and he heard me yelling at this dude from Dundas and he came over to check it out. And that's how me and him became friends, because he punched

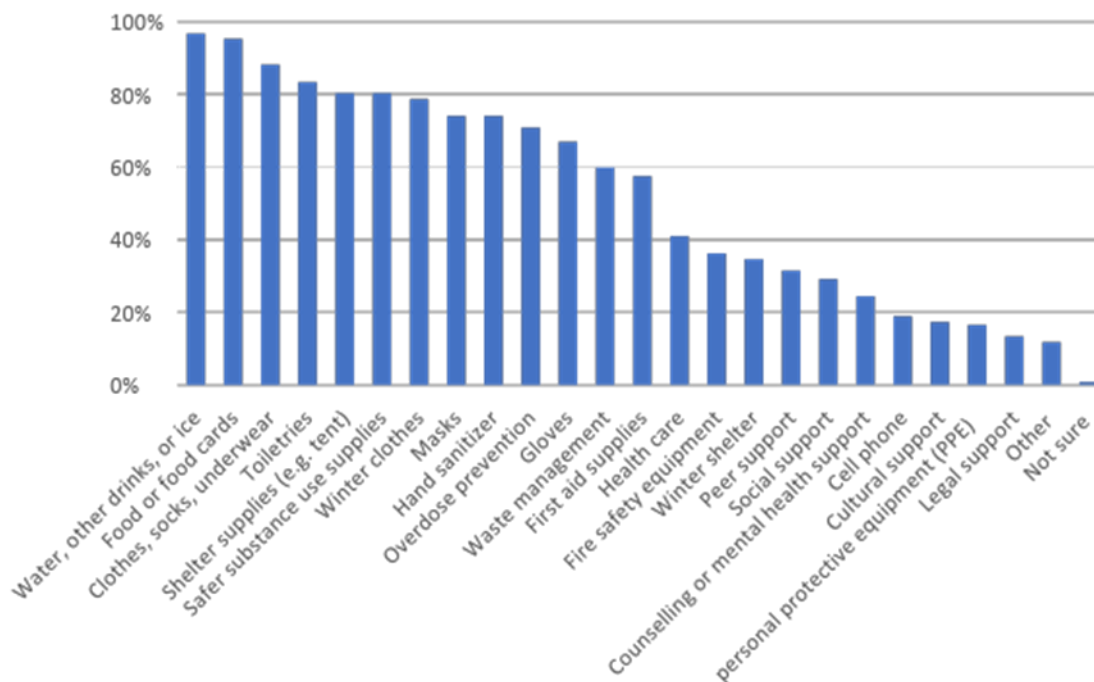
this guy out and got him to go away.” [Encampment Resident]

Harassment and sexual violence were cited as a significant safety concern by women living in encampments, from both encampment residents and men in the broader community. When asked if there was anything that helped make her feel safe while living in a tent in an encampment, one resident described the violence in encampments and how she protected herself:

“Having a light, [laugh] having like a flashlight. Even having a knife...like, sometimes I feel like if you carry it you're going to need it, if you don't carry it you won't need it. But there have been a couple of rapes and attacks in the vicinity, that's when things got scary for me. And I knew, like one of them came running through our encampment who had just been assaulted badly. It was pretty scary.” [Encampment Resident]

Some male residents also expressed concern for the safety of women in encampments and mentioned creating a space or rule where that kind of behaviour was not tolerated. One encampment resident noted that women living in encampments sometimes partner with residents who are men in order to help their survival:

“Like, I get told all the time that lots of my guy friends are proud of me that I lasted all winter by myself, because I guess females are usually hooking up with a guy to be able to survive. But I'm extremely independent and I'm capable of doing lots of shit on my own, so.” [Encampment Resident]



**Figure 2. The range of supports that encampment residents received from outreach (staff or volunteers) while staying in an encampment. Each bar represents the percentage of those sampled who reported receiving the given support or service from outreach. Questions were “select all that apply”, so may not add up to 100%.**



**Figure 3. A ranked list of the most important outreach supports encampment residents received or needed but did not receive. “Nothing” refers to people saying that they do not need anything else from outreach.**

# *Many residents said workers and volunteers asked for their input and adapted supports to best respond to their needs.*

## **Outreach Supports**

Overall, encampment residents greatly appreciated the support they received from community-based and volunteer outreach groups.

69% of encampment residents said that outreach supports met their basic survival needs, like food and drink, shelter supplies and warmth, and harm reduction supplies. Figure 2 highlights the range of supports people received.

We asked residents to share which two of the supports they received from outreach were the most important, and what were the two most important supports they were unable to get from outreach. Figure 3 is a ranked list of the most commonly shared supports that were received, or most needed and not received. Notably, residents said that basic survival supplies for living outside were met by outreach (e.g. food and drinks, tents and sleeping bags for temporary shelter). A large number of people also expressed the importance of community support from outreach workers/neighbors bringing supplies and the support from fellow encampment residents.

The greatest unmet need that residents identified was permanent housing. One resident described the lack of affordable housing:

“Well, I kind of I, I expected that that there would have been more, more permanent housing options available. After all this time, you know, even before the pandemic, they knew they knew that that there was an issue with increasing lack of affordable housing, and and people are suffering. And now you throw the pandemic into that and it's like, oh, my gosh, it's like, do you really care or are you really trying to get rid of people on the planet here, you know? ... It's a

human right, right? Housing is a declaration under the U.N. human rights, I believe, or you know.” [Encampment Resident]

Although many said they got everything else they needed, some participants also emphasized not having adequate access to facilities for maintaining hygiene, technology, and mental health support.

Many encampment residents valued the ways in which community-based outreach workers and volunteers provided support. First, workers and volunteers were often present in the encampments. Most residents felt they could count on workers and volunteers when they needed them.

“Day and night, morning, afternoon, evening. Sometimes you'll see them at 10 o'clock at night time.” [Encampment Resident]

“...they have very strong consistency. They never give up any. They, just a rainy day, stormy day, anything that is missing the food or anything that the necessities for us. I'm very glad that they carry on such kind of consistence. Consistence is our need because you need food is every day. You cannot skip the food for some day. Yeah so I'm very happy that they carry on...” [Encampment Resident]

Second, workers and volunteers were flexible and respected residents' points of view. Many residents said workers and volunteers asked for their input and adapted supports to best respond to their needs.

“So they had pretty much everything that you would probably need, to just ask them or tell them. And that's the thing. If you told them about it, then they would like take it back with the group and decide whether or not they could be able to do it for you. And then they'll tell you about it, if

they can or they can't or whatever. So it's pretty organized and pretty helpful." [Encampment Resident]

Third, workers and volunteers provided social support through a kind and compassionate approach. This helped to meet some residents' social and mental health needs.

"Very, very, very friendly and and and like very generous, very generous, whether it whether it's an organization or an individual who's bringing clothes, you know, or food that they're, you know it might might not always be something that that that would fit my preferred diet you know, but but it's going to help somebody and it's always, always with the best intentions, you know, and it's very it's very nice to see that much generosity and caring about homeless people ... It's the non-tangible, the emotional support, yeah, from other campers and but also from neighbours, people in the neighbourhood and also people who actually brought donations of food or whatever." [Encampment Resident]

It was often hard for residents to distinguish which exact group was providing them with which supports, with a third saying they were unsure. While about a third of residents identified the Encampment Support Network and another third identified Streets to Homes, overall residents listed a wide variety of other groups. They often described the supports or identified certain workers or volunteers rather than naming organizations. The most common groups residents named were:

- Sanctuary
- Anishnawbe Health
- Parkdale Queen West Community Health Centre
- Inner City Health Associates (ICHA)
- Ve'ahavta
- South Riverdale Community Health Centre
- Moss Park Overdose Prevention Site (OPS)
- Native Men's Residence
- ALAB Legal Info Clinic
- The Meeting Place
- The Works

- 519 Community Centre

The Encampment Support Network was specifically identified as extremely helpful, at least partly due to how well their outreach supports aligned with the three positive characteristics outlined above.

"Yeah, and like they're constantly texting, calling, like making sure we're good. Or like if somebody gets arrested, they'll call and be like, 'OK, we have a lawyer set up for that, don't worry'. Yeah, they're like, I wouldn't even call them like outreach workers, it's like, like I'm marrying [name of ESN volunteer] first of all [laugh]. And like, they're just like, they're friends" [Encampment Resident]

Outreach provided by City workers (e.g. Streets to Homes) was also identifiable to many encampment residents, however residents indicated that these workers did not offer them many supports, other than sometimes a shelter option.

Residents also indicated that certain outreach workers or groups were less caring and more judgmental. Residents found this approach upsetting and not helpful. Some noted that it was harder to trust workers when they acted like security, such as recording what residents were doing or telling them what to do.

"They could stop with the fucking security guard shit. Like, they come with like fifteen people behind them, and they're all very, like, you're just, I'm like 'I'm a girl. Come on.' And I, the one guy came to talk to me, and I said 'No, no, no.' I said 'They gotta go.' I said 'I'll talk to you. But all -' he literally probably had fifteen people behind him. All, like, dressed like security guards... Like, and they're just very, very cold. They're not friendly, they're not like - they see us as addicts and that, you know, we're just fucking, you know, lazy fucking homeless people that like, you know?" [Encampment Resident]

"Actually, come and sit down with us, like you're doing now ... Show us – like the housing applications, or any, anything. Come just talk to



us. Don't just treat us like we're caged up dogs. Because that's not what we are. We actually are nice people. [laugh] We take care of our own, you know? ... They don't treat us like anything but like we're their job. Or like, we're just entertainment. Like, we honestly think that we're, like, on Big Brother.” [Encampment Resident]

Encampment residents also highlighted how their needs were partially met through accessing additional services at sites nearby the encampments (e.g. community centres, respite centres, safe injection sites). Also, outreach workers sometimes helped connect residents to medical care through various sites or services.

Outreach supports helped to lessen the degree of stigmatization and discrimination that encampment residents often experienced due to their homelessness, which sometimes improved their sense of self-worth and motivation.

“And wow, I didn't realize that, you know, these young hip kids are like actually doing this for free. You know, I mean, like, they could do anything they want. They can sleep in every day, but they're willing to come out here and fuckin work with the homeless and make us feel like we're worth something as well. And that's important ... It gave me faith in humanity again. And it gave me faith in that, you know what, if you do advocate for yourself, and even if you can't advocate for yourself, if you need help, there is a lot of support out there. That's all you have to do, which is one of the hardest things for us is ask for the help.” [Encampment Resident]

One Black resident mentioned feeling like the White or Indigenous residents were favoured when receiving supports, both in encampments and shelter environments, stating that “[certain workers] will pick and choose who they can give the furthest help to.”

## Shelter and Housing Experiences

### Encampment Evictions

Even though data were collected before many of the mass evictions occurred in the summer of 2021, the threat of eviction was an ongoing concern for encampment residents. They mentioned receiving eviction notices or experiencing eviction attempts, and they either moved or attempted to stay. Some valued the community and legal support they received in these instances. Residents indicated that when they were offered temporary shelter accommodations during evictions, eviction attempts, or notices, they felt pressured to take the offers:

“Well I don't know about so much kicked out or invited out, but it seemed rather forceful... Well, and the last one I was offered, the shelter hotel thing... They're like, you know, we're going to be like...you know, you're gone, so you gotta take these offers.” [Encampment Resident]

Among residents who had been evicted from an encampment, in the following week 32% went to another encampment, 30% went to a shelter hotel, and 17% went to another location on the street.

### Shelter Settings

60% of people surveyed tried to find a shelter bed or shelter hotel room during the pandemic at least once, 30% were never able to find one, and only 13% of them were able to find one every time. Of those who tried, 68% were told that no shelter was available. One resident described the lengthy waiting times for accessing a shelter hotel bed:

“And after that I kept trying, trying to reach, just I kept trying and trying, begging for a spot in a hotel. And they shut the door on me. They kept saying, ‘wait list is full’...I even had an email that was on record sent to them by one of the workers there, and they said, ‘yes, we'll put you here, you're on the list’.” [Encampment Resident]

55% of people were offered a shelter or housing option by City staff at least once. Of those who received offers, 77% were offered a bed in a shelter



## 75% of people surveyed who accepted an offer of shelter or housing returned to live in an encampment.

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hotel and only 4% were offered permanent housing. The few people we interviewed who had been housed were very grateful.

One participant who accepted a shelter hotel offer described their positive experience living there:

“I was transferred over to a hotel. And it wasn't bad. Got my own room with a bed and felt, you know, it was a humane thing, way to live and not something that was like the shelter system, which I disapprove of the way the shelter systems are. Shelter systems should be actually a house that's divided with rooms... But everyone should be given their own room so they can feel a little bit, ah, you know, a lot more of a humane approach... That's a lot better than being, you know, out on, in a camp site, where you're just camping, and can't shower.” [Encampment Resident]

75% of people surveyed who accepted an offer of shelter or housing returned to live in an encampment. The most common reasons they left the shelter or housing were\*:

- 29% were kicked out
- 16% did not like the restrictions, such as no pets, no guests, or a limit on the belongings they could bring
- 11% felt the shelter or housing was too far away from where they wanted to be
- 11% were worried about violence

Other reasons people gave for leaving or not accepting temporary shelter options included COVID-19 outbreaks, a lack of privacy, overdose risk and friends' deaths in these settings, disrespectful treatment by staff, not having their health needs met, and being tired of waiting for permanent options.

For example, one encampment resident described facing issues with the strict rules in a shelter setting, as well as the distance from their supports:

“It didn't last long because it was nothing like they explained. It was – it felt rather like I was almost being jailed. Like, it's such a tight curfew... [it was] way east, past the beaches. Like, I don't know the neighborhood at all... Yeah, really far for me...I have a pharmacy that I access down here at [street names]...supposed to go daily, yeah. And I come down and I get stuck down here, and I want to return and then it's late, and 'oh, you're going to be kicked out', I'm like oh well.” [Encampment Resident]

Many encampment residents described the lack of security at shelters:

“The shelters, they're not manned properly, the food is disgusting. The cleaning staff are exemplary. They're doing the best they can with what they have... And in the shelters too, the elderly, mentally disabled. The way they're treated, what the fuck is wrong with these people. And they're targets in the shelters. Getting their belongings stolen, purses, phones, watches, etc. Staff don't care. You know, maybe 10 percent of the staff cares.” [Encampment Resident]

“Ah yeah, I heard that in the shelter system your stuff gets stolen and there was lots of like COVID outbreaks at the time. And then the hotel program isn't safe for females, so... Ah, the encampments were the only option.” [Encampment Resident]

Some residents expressed feeling disheartened with how encampment residents were often moved across different temporary shelter options:

“...I guess I just had all my stuff there, and I wasn't trying to get shipped around. Like I've got some friends that have been shipped around from place to place to place to place, like those type places, and it's just like, it's kind of disheartening, like, what's the point of even going, because you're just going to get sent to the next one, and then, you know? ... And then you end up back here anyway.” [Encampment Resident]

Another resident noted negative experiences of living in shelter hotels, especially lack of overdose response:

“I went to the shelter, they took this from me, they took that from me. A friend of mine went to a shelter, he overdosed, and you never even took care of them, like you never even looked after them. So that's what my friend over there, you know, he says, ‘hey, I've lost enough. These hotels, these shelters ain't doing shit for me. So, no, I'm staying in my little team that I've developed, my own little community with the love that I have from the people I trust, leave me alone.’” [Encampment Resident]

One resident summed up the feelings of many others who compared their experiences of encampment living versus the shelter system:

“It's just the City just, they're so poorly managed, like no one wants to be in them. I would, I definitely wouldn't be going back to any of them personally. If anything, I'd be back outside in the park, if it ever comes to that again... It seems like they treat people that are in the encampments as like, you guys should be more, like you guys should be grateful for the bare minimum that we're doing for you... But no matter where you go, it's the same treatment for people ... And nobody really wants to be like, living out here. But at the same time, it's better to live out here than it is to live in a shelter.” [Encampment Resident]

## Housing Barriers and Needs

Residents experienced many barriers to obtaining housing, noting that the support process was long and complicated. They had typically been on waiting

lists for many years. Some thought they were removed due to discrimination or not meeting strict requirements (including staying in the shelters). They also experienced challenges with getting adequate support from housing workers, and a lack of accountability or transparency in the system overall:

“We're calling him [*agency worker*] and seeing, say, 'Which day come to pick up the key?' He goes 'Sorry, sir, I give the unit to somebody else.' I just, I almost couldn't handle it... And I said 'What? You gave it to somebody? For what reason?' He didn't say nothing, for no reason, for no nothing... And he told me, 'I promise you, you're going to get another apartment in the same place, at [*street names*]. I promise you're gonna get -' I said 'Sir, I've already been in the program. I know either somebody should die or move out to another city that the unit is empty, so it be ready for another person to go in. You don't know how long it's going to take. You do not have any idea how long it's going to take.' I just hang up the phone. My [*housing*] worker start crying. I start crying. And that's it... I've been in a list for fourteen years, for housing. Fourteen years.” [Encampment Resident]

Other barriers to obtaining housing included: lack of identification, credit or background check issues (including rental history), discrimination against people who have lived in supportive housing or are on social assistance, difficulty getting first and last months' rent at once (especially after becoming homeless and losing the shelter portion of social assistance), lack of access to technology, as well as simply the lack of available affordable housing and political will to create more.

“On ODSP you only get the shelter portion, which is a whopping 497 dollars a month. Yeah. You only get that if you have documented proof, proof of, of residence in that you are paying rent... It's kind of hard to secure an apartment and then go back and say, OK, I need first and last...” [Encampment Resident]

“Um, the fact that I have no ID, so I can't get on welfare. So I have to do this, and then I have to do that. I'm really good at untangling and doing that

# *“My [housing] worker start crying. I start crying. And that's it... I've been in a list for fourteen years, for housing. Fourteen years.”*

kind of thing for other people, but I'm horrible for doing it for myself. I don't know why.” [Encampment Resident]

“Anyway, other barriers? It's mostly mostly financial, you know, and fighting discrimination against people on social assistance, you know. The poor are, you know, we're not tolerated very well, you know, it's a – we're scapegoats, you know, society for generations have always the poor...” [Encampment Resident]

Some residents further described barriers due to needing shelter or housing that meets their health-related needs (for example, near their medical or community services, a fully accessible space, not being near drug use to avoid triggering, allowing animals as companions).

“Like, I am sensitive to chemicals and including smoke, like secondhand smoke, I can I can choke up just with, so. And I understand that there is a law that even in the common areas, that can't have smoking, you know. It doesn't always get enforced, you know, landlords don't want to have to deal with those problems, you know, but they are responsible for it. I have to have – mobility, I'm not bad, you know, I can handle some stairs. Pet friendly, that can sometimes be a concern” [Encampment Resident]

“I don't approve of someone that has any mental health, living in a space that's that small. Something that small is almost like, it makes you claustrophobic. And if you've already got worries and fearful, like, if you have any mental illness, underlying illness, the underlying thing of every mental illness is worry or anxiety. And ah, how can you not worry when you're in a place that's far too small for any human being to be able to

function and stay for long periods of time in.” [Encampment Resident]

When asked what accessible housing that meets their needs would look like, encampment residents had varied responses based on their unique circumstances. Most residents described only modest needs, such as aspects that address security, health, and social needs:

“A room. A ten by ten room. Well, yeah, location means a little bit. Cause like I said, I've lived in the neighbourhood all my life and I've, you know, to move me out to Mississauga or something like that, I, it's like a whole new world. You won't, you won't.” [Encampment Resident]

“Ah, I don't know, a house or an apartment building that has a security guard or has locks. And my own space that has a locked door. [laugh] A door that locks is big for me.” [Encampment Resident]

“Probably, not right downtown, but somewhere on the subway line would be useful. Neighbourhoods, I've lived in almost every neighbourhood in this city. So, I mean, there's some that I wouldn't prefer to live in but yeah, you know, just ah, just a nice area, preferably by, like, my mom lives east of the city, so preferably in the east end would be good so she doesn't have to travel too far. She's got bad hips, so somewhere with not too many stairs, just if she wanted to come visit.” [Encampment Resident]

## **COVID-19 Experiences**

80% of encampment residents surveyed had been tested for COVID-19 and 13% of them reported testing positive.

Many mentioned receiving mobile testing from Anishnawbe Health outreach while in an encampment, whereas others had been tested while in jail, hospital, or shelter settings. Among those who were not tested, they highlighted difficulties in accessing testing as a reason why they had not been tested.

Of those who said they had been tested for COVID-19, 15% had stayed in one of the COVID-19 isolation and recovery sites (hotel) around the time they were tested or had COVID-19. Only one resident we interviewed discussed being positive and quarantining at an isolation and recovery hotel.

Encampment outreach workers and volunteers provided COVID-19 supplies, such as masks and hand sanitizer, to residents. Many residents reported distancing from others, washing or sanitizing hands, wearing masks, and not sharing drinks, food, or drug use equipment:

"Sanitize until I get drunk *[laugh]*. Staying away from people, don't share needles, don't share pipes, don't share those things. Like, going out, take off your mask a little bit, like go to a space where you can just take it off and breathe fresh air, you know." [Encampment Resident]

Many encampment residents felt their risk of getting COVID-19 was greater in indoor living settings with many people in the same space, like shelters or respites, compared with encampments, where residents felt safer being outdoors. The main reasons they gave for feeling safer were that outdoor air quality was superior to the indoor shelter ventilation systems and that physical distancing was easier:

"Oh well, it's outside so the air is definitely cleaner, and there's more air circulation, fresh air. We're pretty diligent on watching people. You know, see if they're showing any signs of – ... We look out, see if there's any signs of symptoms anywhere." [Encampment Resident]

Some residents mentioned that other precautions were easier to practice in encampments (e.g. not sharing or touching the same items, screening people

for symptoms) and that some shelters were not taking adequate precautions:

"In the encampment everybody holds their space, we don't come close. That's my sleepin' area, that's my personal stuff. Go in your space, another person's over here, another person's over there, another person. But in like the streets, people are coming to talk to you in your face. In the shelter there's no masks. St. Felix never really told us to wear a mask and now they have outbreaks. *[laugh]* So, you know, other shelters, yeah. But the hotel that I'm at, you got to wear your mask." [Encampment Resident]

"...when I was at the Better Living Centre I didn't get any test at all, like at all... They ask the questions, but they didn't like actually give you, at any point did they get a test...because although like some people will come by and stuff, like I don't have a hundred people coming in to our encampment. And like we're not all eating at the same tables or the same area, or lining up or using the same showers, or anything like that. I would say it's a lot less risky. You don't have doors that you have to, like, touch them and there are other people that are touching them, or elevator buttons or any of that kind of stuff." [Encampment Resident]

However, many encampment residents reported not being very worried about COVID-19, with some noting that they had strong immune systems or did not believe in it (although one admitted that ignoring it was just a coping strategy). Some were worried for other people who were more vulnerable:

"For me, no, I'm not worried. I just, if I was to get it and then to go home and see, like, to go see my mom... Cause she's kind of old and her lung health isn't that good to begin with." [Encampment Resident]

Some encampment residents also expressed confusion or misinformation about COVID-19. A few mentioned the service closures being an issue, and most had other priorities that were more important than COVID-19.

## Health and Substance Use Experiences

### Health and Healthcare Needs

On average, encampment residents who participated in the survey considered their mental health to be worse than their physical health: 47% rated their physical health as fair or poor and 62% rated their mental health as fair or poor.

Only a few encampment residents talked about their own mental health issues in detail, and some talked about how other people in the encampments had mental health issues. Physical health issues seemed to be discussed more openly and encampment residents described various acute and chronic health issues.

Several encampment residents discussed how homelessness negatively affected their mental health. Some residents noted that their mental and physical health had improved since living in an encampment, compared with other settings:

Participant: “Since I’ve been out here, my stress has gone way down. Oh yeah, seizures have dropped 80 percent down.”

Interviewer: “Wow. What do you think it is about living in the encampment that has been less stressful for you?”

Participant: “Ah, not worrying about getting discharged because of some staff’s mood swing.”

Interviewer: “OK, so like not having to worry about losing your space?”

Participant: “Losing your bed, over something stupid. Like one wrong remark and you're out, you know? They shouldn't be allowed to discharge people like that.”

One encampment resident described their difficulties with mental health and drug use and how this related to race:

“So, yeah man, you don't want to think about mental health in our culture but bro it exists. Look how many young black dudes you see walked in

just like, acting like they're crazy because why, no one believes that they're crazy. You know, or they just, no there's something going on in here, what's going on? Decipher the situation, don't just throw it out. My family dashed me out... They dashed me out because they heard I do drugs. They don't understand that I started doing drugs halfway through my struggle. I took half of this shit before I even did drugs.” [Encampment Resident]

45% of current encampment residents had unmet healthcare needs. Several described not having adequate mental health supports. Some noted unmet physical healthcare needs:

“I'm like, I'm years behind on this cataract situation, and and my deaf ear situation and my my, my, my liver health situation. I need, I need to like, try to plug away at that.” [Encampment Resident]

Quite a few residents said they did not have immediate healthcare needs while staying in the encampment. However, for those that did, some described developing these needs while in the encampment, whereas others had pre-existing issues. Some people mentioned not getting help right away for smaller medical needs, which sometimes led to more urgent needs.

Some encampment residents went to the hospital for medical care, whereas others went to nearby community services. Sometimes outreach supports helped meet their health needs in the encampment. Only a few mentioned having family doctors.

Some overall barriers to healthcare were described, including lack of accessible healthcare (e.g. discrimination, distance, lacking a health card), COVID-19-related service reductions, and lacking motivation or waiting too long to get help.

### Substance Use

82% of encampment residents who completed the survey used substances (legal or illegal) that were not prescribed to them, and 38% injected substances. The substances used most regularly are described in Figure 4.

Encampment residents discussed using opioids and stimulants obtained from the street, diverted prescription medications, and alcohol and cannabis. Some described using too much, whereas others felt they were controlling their use well.

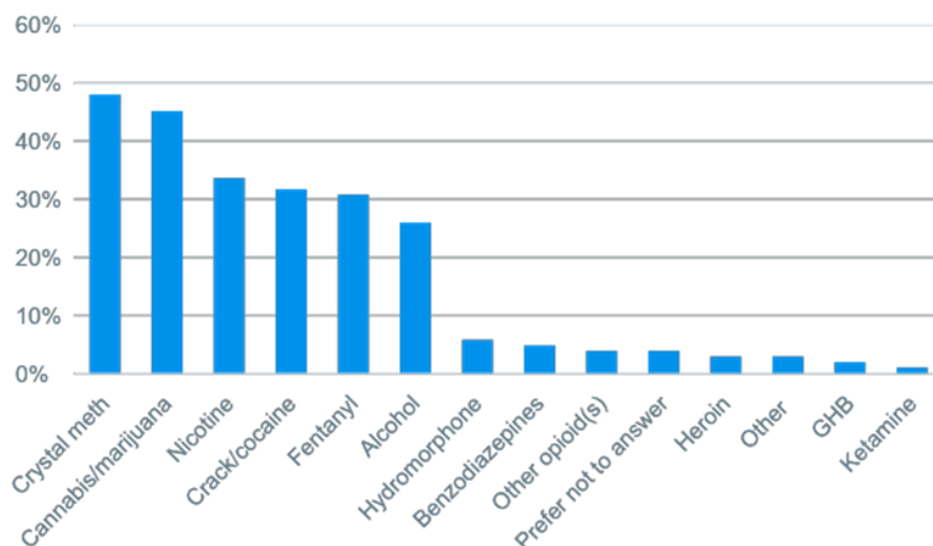
Several encampment residents mentioned obtaining substance use treatments (rehabilitation or medications), but they described experiencing various issues with accessibility (e.g. getting kicked out, not knowing where to get a doctor or prescription). One resident had accessed safer supply (prescription opioids), which helped them. Another resident noted that peer support workers had provided helpful advice and understanding that led to improving their substance use:

“And it's really helpful too because then like when I tried to get off, like some of the people, I was able to get a lot of advice, and a lot of, not only just by going to the doctor, but some people that actually were on the same medications that I had. They explained to me a lot of stuff and, uh, it's pretty helpful.” [Encampment Resident]

Substance use helped residents to self-medicate health issues, especially mental health or chronic pain, as well as to cope with homelessness and living outside:

“It was a horrible thing between not showering and not having proper toilets and it was, yeah, it wasn't a very fun experience. You know, I think that using the drugs was more of a way to escape the horrible fucking situation that it was... Like, it was, you had to use, just to cope with it. It was the only thing that was, it was the only highlight of the whole being there, basically. You had to use just to have something, some sort of fun or, like, you can't be sitting there playing cards for the summer. If you're drinking or drugging, something, something to alter the way you feel, other than, you can't just sit there...” [Encampment Resident]

Some encampment residents noted experiencing privacy issues when using drugs in the encampment, including fear of being judged and paranoia because it was easy to hear everything going on outside one's



**Figure 4. Substances encampment residents reported using, by percentage of survey respondents that reported using each substance.**



tent. However, privacy was a challenge across other shelter settings as well.

A few residents noted that in the encampment they used different drugs or used in different ways than they normally would, sometimes related to changes due to the pandemic. To reduce harm, some encampment residents noted only using drugs that their trusted friends used or provided, and not using too much.

Harm reduction supports were typically easy to obtain in the encampment from outreach groups. In addition, some residents went to nearby community sites to obtain such supports. Some encampment residents said they did not need or use the harm reduction supports offered by outreach because of the types of substances they were using (non-opioids), and were not worried about overdose from these substances.

Since the start of the pandemic, 29% of residents had experienced an overdose that required naloxone in an encampment, whereas 79% had witnessed an overdose that required naloxone in an encampment.

Some residents had resuscitated people who overdosed in the encampment, or saw other people resuscitate them. Some mentioned that outreach checked on them to make sure they did not overdose.

Some encampment residents noted they had many friends who had overdosed and died in the shelter hotels and sometimes in other shelter settings. They were sometimes harassed by shelter staff, which led to dangerous ways of using (e.g. rushing injection, using alone and hiding after). They said that overdose deaths were less likely to occur in an encampment because people watched out for each other:

“Well [*staying in a shelter hotel*] segregates you, so then you're all by yourself and loneliness takes away like a third of your life force as is... There's no one to check on you, that's why lots of my friends died in the hotel program. Because they're using, like, fentanyl needles and no one is checking on them. Right, so they just sit there depressed in their room and then die... Yeah, like in the encampments, your friends, like people who will come and say, ‘hey, I'm going to go use, can you come check on me in a bit?’ and you go check on them in a bit, right? Because you can.” [Encampment Resident]

Other risks related to substance use in the encampments (as well as other settings) included safety issues such as violence (especially against women), theft, unpredictability, and dope sickness. Further risks in shelter settings included that the restrictions on substance use could lead to people getting kicked out.

# Results from the Outreach Worker and Volunteer Data

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## Outreach Organizational Structure

### Expansion of outreach by existing organizations

During the first few months of the pandemic, existing community organizations began to expand their services to provide more outreach to the growing number of encampments and fill gaps left by pandemic-related closures. Outreach supports grew organically through communication among different community organizations about the needs of encampment residents.

Some workers started getting more involved in providing encampment outreach by checking in with existing clients or residents at encampments located close to their sites, which then grew to involve more structured outreach to many encampments around Toronto.

“Doing outreach wasn't really part of our mandates. So we just kind of started doing it. And there wasn't really any explicit permission from the organization that I know of. We just kind of did it because it seemed to make sense to follow up with folks. Yeah, wherever they needed us, and as there were more and more tents in Moss Park, it just made sense to be also going there to see people... It was more specific to the community member and if I was already providing health care supports to them, then then we'd try to, try to follow people wherever they were kind of ending up.” [Outreach Worker]

### Formation of new outreach groups

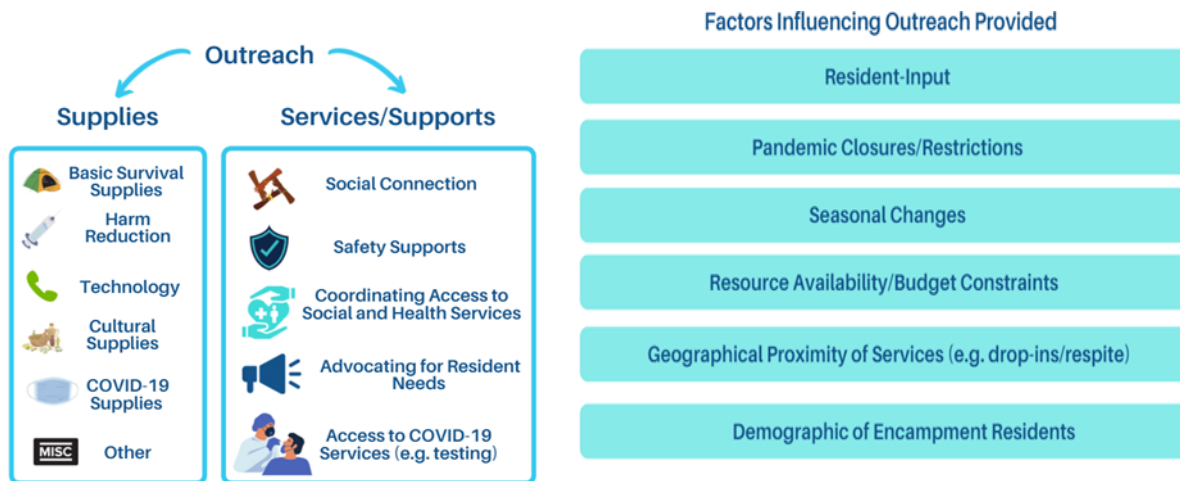
New groups, namely the Encampment Support Network and Toronto Indigenous Harm Reduction Network, were created as grassroots community responses to the needs of encampment residents.

“People who were living outside after the pandemic was declared a pandemic and restrictions and measures were put in place - we found that people did not have even very, very basic humanitarian aid... It wasn't being provided by the City. And similarly with other agencies, whether it's a City-affiliated or not, there was major restrictions and a clawing back of support and resources just because at that time, as you know, it was, there was a heightened sense of emergency for not spreading COVID-19, but the cost of that was people being ordered to stay home from their jobs or being laid off from their job like I was, and people in positions such as support workers, shelter workers and outreach in general, it was clawed back in a way such that some really, really basic supports that people relied on were no longer available to them. And that's how it shifted from a small group of people showing up to support people during an eviction to a larger effort to ensure that people living outside had very, very basic survival needs met on a regular basis, and were in consultation with a group like us for like providing further support...” [Outreach Volunteer]

Workers and volunteers from existing and new organizations and groups providing outreach to encampments went into encampments to engage with residents on a regular basis. Workers and volunteers spent a range of time in encampments, with some providing outreach for several hours a week and others going to encampments every day.

### Continuous evolution of outreach structure

Workers and volunteers from different encampment outreach organizations and groups regularly discussed within their groups how to adapt their approach to providing outreach. These changes were



**Figure 5. A model highlighting the main types of supplies and supports provided and the factors underpinning the types of outreach provided.**

informed by encampment residents’ evolving needs and feedback, which included the need to adapt outreach after evictions and the loss of encampments.

“We had to evaluate care when they evicted everyone. We sort of had to stand back and say, ‘OK, how are we going to find people? Where did they go? How are we going to find where they went?’ You know? So it’s a constant shift.” [Outreach Worker]

## Outreach Supports

Community-based workers and volunteers providing outreach supports in encampments reported mostly bringing “basic humanitarian supplies” to residents, such as water or drinks, food, harm reduction supplies (e.g. sterile needles/syringes), hygiene supplies, clothing, tents, and sleeping bags. They also provided other essential supports, such as social connection, overdose response/safety support, coordinating access to social and health services, and advocating for residents. The supports provided were informed by a range of factors, such as input from residents or seasonal changes. Figure 5 summarizes these supplies, supports, and influencing factors.

The supplies and supports that workers and volunteers reported providing were similar to what encampment residents reported receiving. A detailed list is shown in Table 3.

## Factors Influencing Outreach Supports Provided

As noted by many workers and volunteers, the need and resources for outreach supports evolved over the course of the pandemic and required workers and volunteers to adapt in various ways. These included adapting support based on input from residents, changing items they were providing based on the types of other services that were open for residents (e.g. drop-ins), formation of groups serving needs of a specific demographic (e.g. Indigenous), accommodating for seasonal changes, adapting based on resource availability and evictions, and considering the geographical proximity of other services.

### Resident input

A common theme that community-based outreach workers and volunteers expressed was how they included input from and worked with encampment residents to best meet their needs. Many workers and volunteers emphasized the importance of listening to residents to inform what they brought to encampments. For example, if people expressed

**Table 3. A detailed list of all the supplies and services respondents expressed bringing to encampments.**

Supplies	Services/Supports
<b>Basic Needs</b> Food (e.g. granola bars, protein shakes, hot meals, soft snacks for older people) Water Tents and sleeping bags/pillows/mats Drinks (e.g. coffee, Gatorade) Ice Hygiene stations Hygiene supplies Socks and clothing	<b>Social supports</b> “Human connection” Information sharing about drop-ins, other services Cultural support (e.g. ceremony)
<b>Harm Reduction/Health-related</b> Harm reduction supplies (e.g. needles, pipes, naloxone) Biohazard waste bin First aid kits Sexual health (condoms)	<b>Harm Reduction/Safety supports</b> Naloxone training Responding to overdose Negotiating with police Garbage-pick up/clean-up needle support Fire-safety training
<b>Technology</b> Cellphones (small number) Batteries	<b>Coordinating access to social/health services</b> Liaising with Streets to Homes/connecting people with housing workers Helping people get a shelter bed/shelter hotel if they wanted Helping people move into hotel space/move out of park Getting ID support Connecting to OW/ODSP Linking people to healthcare Providing healthcare in encampment (e.g. wound care, sexual health, chronic disease) Bringing medications from pharmacy (for some), and even paying for it sometimes Accessing virtual healthcare (coming to park to log on to appointment)
<b>COVID-19 supplies</b> Masks Sanitizer Other PPE	<b>COVID-19 services:</b> Access to mobile testing
<b>Physical Cultural Care</b> Indigenous feasts Indigenous medicine Art supplies Healing circles	<b>Advocating for residents</b> Eviction defense Supporting residents in asking important questions before accepting shelter/housing options Advocating for healthcare Advocating for Indigenous artists
<b>Miscellaneous</b> Bus tokens Specific requests	

needing more hygiene supplies rather than food at a given time, the outreach groups would adapt what they were bringing based on this feedback.

### **Changes in supports to address pandemic restrictions**

Another way in which outreach adapted was in response to ongoing changes to public health policies and recommendations.

“So during that time when we would be like delivering like a lot of first aid kits and things like that, but like now we don't do that, we don't have to do that as much because people have more access to sanitation and like the drop-ins are open, people can shower, and there's like all different kinds of stuff people have more access to because stores are open... The needs of people have really changed, and so what we bring has changed as well.” [Outreach Volunteer]

### **Outreach to a specific demographic: Indigenous peoples**

Outreach supports also expanded to meet specific needs of specific populations. Here one outreach volunteer describes how this happened in the Indigenous community.

“So number one is cultural care. So I think that that's, you know, as a result of the residential schools, the context within this country is that Indigenous people have systematically been criminalized for practicing their cultures, that we - it's often seen as like a token or like a one-off for folks to receive cultural care. But in reality, you're finding that this is sometimes like the main - it is like it's just a cornerstone of who we are as Indigenous people. So having access to, like, medicines and, you know, language and having access to traditional foods and having access to Indigenous people themselves who are doing harm reduction care and building those relationships with you is really important. And I think that that's something that Indigenous people have a human right to receive. But again, like I said, like there is a very specific demographic of Indigenous people that aren't receiving that necessarily because they are so entrenched in

stigmatized behaviors that are so ostracized, ostracized in our community, still. So that. Yeah, that's what we're doing.” [Outreach Worker]

### **Adapting supports for seasonal changes**

Outreach also had to reflect changes to the environment and living conditions in the city.

“So in the winter time, we were really trying to just show up with warm gear as people were sleeping outside. In the summer we focus a lot more on just like hydration and you know, like lugging around water as best as we can.” [Outreach Worker]

### **Adapting based on resource availability**

As resources fluctuated over the course of the pandemic, so did the availability of outreach supports and supplies.

“...all of our budget is contingent on donations. So we really did refine what we could give out based on sort of, like, priority we learned through residents. Like what the, like very just sort of like basic serious needs are for survival. In the summertime that was quite strict because the encampments were just huge... Tents were a huge expense. Anyway, so last summer we were quite tight on what we were handing out, but very consistent. And we had like quantity of all of that. So weren't, we didn't tend to not have enough of anything.” [Outreach Volunteer]

### **Complementing the available nearby services**

The kind of outreach supports needed also depended on the geographical location of encampments and what services people had access to in the area. A few workers noted that encampments emerged where there was already a drop-in or respite or services nearby, allowing people to use these spaces in addition to the outreach available on site. The proximity of the encampments also enabled some organizations (e.g. drop-in, supervised consumption site) to do outreach such as check-in on their clients that were sleeping outside either on their property or at a nearby park.

*“For once I think that it wasn't as much a capacity issue, but a risk of COVID and a risk of violence and a risk of death that had people in the encampments.”*

“They do get some of that support there [*at the respite*] in terms of like a meal, a shower, that sort of thing. But we also do still sometimes bring things to them like water and various supplies that they might need.” [Outreach Volunteer]

### **COVID-19 Precautions**

Workers and volunteers discussed how COVID-19 played a role in their outreach work. Most groups and organizations expressed that they felt safe working in encampments. They followed COVID-19 safety guidelines, including wearing PPE, physically distancing, sanitizing, getting tested, and getting vaccinated. Several workers and volunteers shared how their precautions were not only for their own safety against COVID-19, but also for the protection of those living in encampments.

#### **Mitigating COVID-19 risk for encampment residents and workers/volunteers**

Outreach groups gave and used PPE during their work in encampments.

“When we do outreach, we all wear masks, obviously, and we have protocols in place around how we distribute supplies. We also do provide PPE, like we provide masks, we provide hand sanitizer when we're on outreach as well.” [Outreach Volunteer]

Volunteers encouraged COVID-19 testing for the safety of themselves and residents alike.

“Anishinawbe Health Bus will give us weekly tests and we encourage all of our volunteers to go weekly so that we're not bringing COVID into the encampments.” [Outreach Volunteer]

Many outreach groups developed COVID-19 safety protocols to reduce transmission risk.

“So we had a protocol around that, including like towards the beginning, when cases were still really high, we had people who were doing outreach commute to the sites alone, like on bike or in a car, as opposed to sharing a vehicle together, masked up, as always, whenever we go into encampments, using hand sanitizer frequently.” [Outreach Volunteer]

#### **Perceived COVID-19 risk in shelters and encampments**

Similar to the encampment residents we interviewed, outreach workers and volunteers spoke about the COVID-19 outbreaks at shelter spaces and compared the risk with encampment settings. Generally, most workers and volunteers perceived COVID-19 risk in encampments to be lower than in shelter environments. Some identified that the movement of residents between shelters, respites and encampments resulted in transmission of the virus.

“It just became so apparent quickly that the kinds of distancing people were doing, the ways in which people were actually keeping each other safe outside was leading to the fact that there is - for awhile there was no COVID in camps at all, right. And if there were, it would be like someone would exit a respite that maybe had an outbreak and maybe they would have it, but we wouldn't really see anyone else getting it... Meanwhile, there's like 18 active shelter outbreaks. They had to shut the Pathways Inside Project down because it was a huge outbreak at the Novotel.” [Outreach Volunteer]

Outreach staff and volunteers also mentioned that the fear of COVID-19 likely influenced residents' decision-making on whether to stay in an encampment or a shelter.



“And I would also highlight that it's as much people's fear of COVID and with the recent report on violence in the shelter system...for once I think that it wasn't as much a capacity issue, but a risk of COVID and a risk of violence and a risk of death that had people in the encampments, particularly a risk of COVID.” [Outreach Worker]

### **Mutual/self-assessment in preventing COVID-19**

A few outreach workers and volunteers shared how residents assessed their own risk of COVID-19 and made decisions accordingly. They also acknowledged that residents likely did not feel the messaging and approach of the City was adequate for protecting them. Hence, residents relied on each other for risk mitigation.

“Yeah and I think also people were just like not trusting of anyone's this - or not trusting of the system's ability to keep themselves, to keep them safe from COVID. People are really clear about that. They were managing their own risk and they felt more comfortable where they were than like, they didn't, they weren't like, oh, yeah, I trust this City to keep me safe from COVID. Like, people are like, no, like. Like, really consciously doing risk mitigation and intelligently doing risk mitigation, like there was a lot of conversation around that kind of stuff.” [Outreach Worker]

### **Providing Healthcare for Encampment Residents**

In addition to the basic survival supports provided by different outreach groups and organizations, several workers and volunteers described the importance of healthcare access in encampment settings. They explained that encampment residents often received inadequate care which could result in crisis situations. Workers and volunteers visiting encampments regularly played a role in connecting people to care.

“So an absolute lack of appropriate health care. Many of the folks that we work with have no family doctors. Many have no direct link to any health care provision whatsoever. So that could be for like wounds or it could be for mental health or it could be for like any number of things. But

oftentimes when we meet people, they're in crisis by the time we meet them. So they, you know, and need health care immediately. So one of our big jobs has been to link people with that health care.” [Outreach Worker]

Early in the pandemic, there was no system in place to provide healthcare in encampments. Outreach workers and volunteers reported bringing first aid kits, and those with certain skill sets (e.g. a background in nursing) tried to provide care in whatever ways they could. After significant advocacy for several months by workers and volunteers, the Inner City Health Associates (ICHA) began to offer basic healthcare in encampment settings.

“Before ICHA...I guess they started coming in at the beginning of last winter, I can't remember specifically, but before that it was like there was nothing, no health care, no out, no no nurses or street outreach in that way, too. So we were like, we had to do a first aid - we were seeing so many, like, just minor cuts and things turning into, like, pretty serious infections. We, it got to the point - ticks too, people were getting like ticks. They would dig the ticks out, then the tick bites would get infected. And then other just sort of like chronic underlying conditions. And just people are, you know, have all kinds of shit going on. And we couldn't - outside of being like ‘go to the hospital’ or ‘I'll take you to the hospital’ when it got to that point, there was nothing we could do and it didn't seem like that service existed. I don't, and again I don't have the background, but it was like because of COVID or that just doesn't quite exist or I'm not sure. And then when ICHA did start to come in, that again was like a total game changer.” [Outreach Volunteer]

Workers who provided healthcare in encampments spoke about the breadth of services they were able to offer encampment residents.

“A lot of wound care, health teaching, harm reduction support, mental health support, just basic primary care. I can draw their blood. I can follow up on things. I've got folks down at Cherry Beach now that we're providing hep C treatment

with - these are our folks that that would not, you know, sort of engage in a community health centre, go to the meetings where they can learn about hep C. So I'm doing that down at Cherry Beach. STI testing, anything, anything, anything folks need." [Outreach Worker]

A volunteer also discussed the frostbite training offered by ICHA that allowed them to better support people. From an ICHA staff member's perspective, it was important to partner with volunteers who were regularly present in encampments because they felt, "We [staff] can't do it on our own".

"So it wasn't until after ICHA came in - they did a workshop with us on frostbite and hypothermia and that kind of thing - that we started to learn, holy shit. And like I was just thinking back, like my friend [redacted name] lost like a part of his foot and a bunch of his toes. I wish I'd known what the fuck was going on, you know, before - he just had the swelling. And I didn't, I had no, I was like, diabetes? Like, I just like didn't, I couldn't even ballpark what was happening. [redacted name] lost his toes. A bunch of people - I wish, I wish we'd been able to pick up on." [Outreach Volunteer]

Healthcare providers working in encampments also expressed how their relationship with residents was different in the encampments because they were not in an institutional setting such as a hospital.

"I think another thing that I found most consistently sort of surprising and humbling throughout this was how much people were engaged with us, like as nurses and doctors, how much people were really happy to see us, which I was surprised. You know, I think it's like, there's a lot of like, this idea that people are not like, I don't - it all sounds shitty, but it's just like that people are resistant to care, or not engaged or, you know, they're distrusting of institutions and don't want health care, and definitely like I think the problem is more the institutions. I think like going up to people and just being like, 'hey, like, I'm a nurse' or something. And they'd be like, 'look at this foot', and with their shoes off and they're like,

'oh, great!' Like whatever. Like, people were just so like, 'this is awesome because this rash'..." [Outreach Worker]

Healthcare workers also often discussed efforts to maintain continuity of care with their existing clients. Several workers highlighted how using technology, both within and across outreach groups, helped them to maintain continuity of care for clients in the encampments.

"That's good, because we all chart on the same system. So if someone's being seen in the hotel, when I go in their chart, I can see that. So it's really good. 'Oh, good, they were seen by the NP [nurse practitioner], and then and then if they leave the hotel and come back, there's sort of that continuity. So that's a good thing." [Outreach Worker]

## Values Underpinning Community-based Outreach

Different outreach groups had different approaches to how they provided outreach to encampments. Community-based outreach groups highlighted how their values shaped their interactions with residents, such as dignity, autonomy, reflexivity, reciprocity, and collaboration. Volunteers and workers from most groups expressed the importance of treating residents with respect and dignity, as one worker noted: "We see people for who they are. So I think the gift of dignity is really important and something that I think we try our best to offer." Another worker emphasized the importance of respecting residents' space:

"You're a humbled guest in someone's home. And you have to respect people's space. And it's a different concept, concept of space, because the tent is not a door with a discrete lawn and, you know, boundary around it. So you have to respect the local culture, respect people's space and respect the rules, which may be different for each person you're connecting with. Some people will welcome you to their tent to chat and maybe you don't feel comfortable because you don't know them, or maybe you want to come in and chat

## *Workers and volunteers strove to “create an environment of collaboration” with the encampment residents when determining how to support them.*

with them to do wound care, but they don't want you in their tent. So you just have to respect those boundaries.” [Outreach Worker]

Similarly, outreach groups emphasized respecting people’s autonomy, with one worker noting that part of this was to avoid being coercive when interacting with residents:

“We're like, we're not in the business of like trying to coerce you out of what is giving you a sense of safety or stability right now. Like we're not here to coerce you into anything. We're just here to help you.” [Outreach Worker]

Workers and volunteers emphasized the self-determination residents had in encampment communities and the importance of providing outreach in ways that did not interfere with their decisions:

“By listening to people, because you walk into an encampment, you walk in to, even to this day, you walk in there and say, ‘OK, we're going to do this and do that,’ those guys will tell you, ‘No, you can't do that.’ It's like, this is how it is. We listen to what they want and what they feel like they need, and that's been the biggest thing is to realize that. Because it's basic human rights of treating people the way you want to be treated.” [Outreach Worker]

Several workers and volunteers noted how they reflected on the encampments’ social dynamics and their own role and identity when in the encampment:

“It's a public park, but it's people's neighborhood, essentially, and it's not your neighborhood, you're a guest there, and you've been welcome there and you could be unwelcome there at any moment. So you sort of have to come in with that

attitude, you know, drop that sort of colonial or neo-colonial attitude that, you know, I'm I'm you know, I'm the - predominantly in terms of the encampment support folks, I'm the white social service worker with the education here to help.” [Outreach Worker]

A few workers and volunteers spoke about the importance of reciprocity in their relationships with residents, so that both parties experienced benefits:

“We really want to try to actually build relationships not from a place of like, giving per say, because there is still like this attachment of power connected to like, ‘I'm going to give you something’, but I think we really want to try to figure out how we can have mutuality in a relationship. So we try to make space to really walk around in outreach, maybe without even a lot of supplies and just a lot of time to connect with people and be like somebody that is willing to listen and and build rapport that way.” [Outreach Worker]

Some outreach workers and volunteers noted that the way they provided outreach was led by the needs of encampment residents, so they avoided “imposing services” and “having any sort of agenda.” Workers and volunteers strove to “create an environment of collaboration” with the encampment residents when determining how to support them.

Outreach workers and volunteers also noted the importance of collaborating with residents in actually providing outreach, because encampment residents have the knowledge and expertise to develop and provide supports to other residents:

“People are experts on their own experience and like, they like can be employed and also like

create educational tools for each other around certain kinds of survival.” [Outreach Volunteer]

## Relationships among Outreach Workers and Volunteers, Residents, and Others

### Relationships between Encampment Residents and Outreach Workers/Volunteers

Community-based outreach workers and volunteers considered human connection and positive social relationships to be among the most important support they provided to encampment residents.

“The thing I've been hearing mostly recently is that it's the social aspect and like the loving look of someone looking you in the eye, just asking if you're OK ... I've had a lot of people recently tell me that the truest version of ESN that is like supportive to them is the version that is social and consistent... Like honestly, in terms of Gatorade and snacks, like it's not that much. It's very basic. It's like something to just even, just say, like, ‘we respect you and we're here and we just want to give you a little something and like hang out with you’ and like, yeah, that's when the conversations about cop presence, Streets to Homes, City worker presence, all that stuff ends up coming up ... When people understand that there's someone that's actually looking out for them, that's coming down to their home to check on them and provide them with basics like, it helps people to sustain in like a completely different spiritual, existential way that like, I know I appreciate very much in my life when I have it.” [Outreach Volunteer]

### Trust is essential to relationships

Outreach groups identified establishing trust with encampment residents as an essential part of connecting with people and being able to support them. Some workers and volunteers mentioned how people experiencing homelessness were often mistreated by systems, so the need to demonstrate that they had shared goals was critical.

“A lot of the cases required a lot of, how do you say it like, they required a lot of privacy and trust...if that's not your ultimate goal, then you shouldn't be there, especially the people that

have been so, you know, I think exploited as well by the systems...” [Outreach Worker]

One example that one worker discussed of a way to build trust was to not dress or act like a cop. To avoid harming trust, volunteers highlighted that they tried not to make promises they may not be able to keep. Trusting relationships also enabled outreach workers to better support residents in accessing a range of essential services, including harm reduction/safety supports, housing supports, and health services. Trusting relationships then allowed outreach workers and volunteers to obtain more open and honest feedback from residents.

“As time has gone on, people are more comfortable and have a more trusting relationship with you. I think people are more honest in terms of telling you what is helpful and what is not helpful. I remember during the Christmas season, for instance, there was a couple of residents of some of the different parks that were like, can you just tell people to stop bringing food because it was too much food. They didn't have any refrigerator space to store it. So it ended up just like being unused and it would attract rats and garbage and stuff. And so because there was a relationship built with myself and some of my coworkers, they would just be like, this is not helpful.” [Outreach Worker]

### Navigating power dynamics

Community-based outreach groups also discussed the importance of navigating power dynamics and social tensions in their relationships with encampment residents. For instance, some volunteers noted trying to treat everyone similarly, but being aware that previous negative experiences with services could affect how residents responded to them.

“And so that's like something that I think can be difficult, I think when we're trying to build solidarities or like, you know, like there are like power dynamics that we have to be mindful of because it's like, well, we have like resources and like if we're not clear that - like, I don't like show any favouritism or anything like that, like at all, and it's like hard because like some people are like way more socially inclined than others, or like

you've known people for longer. But like, yeah, sometimes like that can be a complicated thing where you're like, 'hey, do you want to speak at this thing?' And someone like is worried that you're trying to get them to do something because they're like used to people trying to get them to do stuff or be serviced in a particular way." [Outreach Volunteer]

Several workers compared power dynamics from before the pandemic when clients mainly came to their sites for services, to after when they provided more outreach to clients staying in the encampments. They noted that because they were now going into residents' own spaces and homes, these dynamics shifted in a way that facilitated better connections with people.

"So it's on their terms. It allows the power to shift into the customer, if you want to call it that, right. So the power dynamics kind of even out in a nicer way. And I - yeah, and I think it helped to build stronger relationships with people, too, so they can see us outside of these walls. And it's it's a good way to build trust and to see people and other environments with other dynamics being played out." [Outreach Worker]

### **Continuity of connections**

One crucial point that outreach groups emphasized about their relationships with encampment residents was that they tried to fill residents' need to have continuity around these connections.

"People kind of need basic continuity of, like, connection. Like not necessarily friendship, but like consistency..." [Outreach Volunteer]

Outreach groups also emphasized how having a consistent presence in residents' lives facilitated building stronger connections. Some mentioned that this was easier at more established encampments and among people who stayed longer in an encampment rather than moving around a lot.

"I think there's so much inconsistency in people's lives when they're unhoused, and I think that - I do think that us, like the one thing I've heard

every day is like, yeah, you've been here every day since day one, we can count on you coming. If you say you're coming, you're coming. And I don't think you can, like, just based on what I've sort of seen and experienced at this point, like you can't really underestimate or understate the sort of value of that, just like that, that somebody knows you're coming, whether they want a coffee or a conversation or a battery or, you know." [Outreach Volunteer]

However, outreach workers and volunteers highlighted that it was not the frequency of contacts with residents that mattered, but the quality of community-building. They prioritized maintaining connections with people with whom they had existing relationships.

"It's not about contacts. The City's making a big thing of these 20,000 contacts, whatever. It's about spending quality time with people... But it's about like a community approach, like we're going to go to our community. Right, rather than necessarily go to people we don't know. ...we don't want it to be just about the stuff we give people. We want to be about that kind of a connection and relationship over time." [Outreach Worker]

Many community-based outreach workers and volunteers considered themselves a part of one larger community with encampment residents. Workers who were Indigenous also identified as feeling part of a community with Indigenous encampment residents.

"But it's through community of things, of Indigenous people, non-Indigenous people, of just being a part of the community and trying to help what needs to be brought forward to the communities. And it's us listening to them, you know, the people in the community, what they want and how they want." [Outreach Worker]

Outreach groups also noted that they did not want or plan for these relationships to end after residents left encampments, given their longstanding connections to the communities they served. Overall, building and maintaining connections was a core goal of outreach



for many volunteers and workers, and lasting relationships made it possible to be more effective in supporting people.

“I really value like when I've had that kind of relationship with somebody for years, it makes it a lot easier for me to make things happen for them because they know me. I know them. Like those kinds of relationships take time to build if they're going to be meaningful and if you're going to get things done with people.” [Outreach Worker]

### **Encampment Residents' Interactions with the Broader Public**

Outreach workers and volunteers noted that many neighbours, groups and individuals in the broader community provided supports to encampment residents, especially food. Still, a few mentioned that some issues arose due to community members being uninformed or untrained, despite the fact they were well-meaning.

“People are seeing it as like a responsibility that they have with their neighbours in their area to actually go and just check on them and give them food and stuff. And we're like, hell yeah, like we have nothing to do with it. You just decided to do it. You went out there, you said hi to your neighbors and you gave them some food. Like that's just what we want from everybody, before, you know what I mean? Like, what we really want is for the City to do that shit and for the City to be doing a much better job of supporting people. But to watch neighbors around camps like go out there and actually do that shit is just like amazing. Like the kind of care and holistic approach that that is...” [Outreach Volunteer]

On the other hand, outreach groups reported that some community members caused harm to encampment residents. They committed acts of violence against them, intruded on their privacy, such as by watching them, destroyed their belongings, or called the city to complain.

“I saw some crazy shit like people pouring hot oil on people from floors above or like coming down

and dumping paint all over someone's tent, like breaking tent pegs in half and throwing it in the water. Like, we started seeing a lot of stuff like that down there because there's like a line of condos that basically is in front of all these encampments that were all spread out. So, you know, there's like a different level of advocacy because we know that they're calling 311. Like, we knew that like floors of condos were calling 311 to complain consistently, which just meant that there was cops around all the fucking time. There's Streets to Homes around all the fucking time.” [Outreach Volunteer]

### **Encampment Residents Mutually Supported Each Other**

Outreach workers and volunteers highlighted how encampment spaces facilitated mutual support among residents. They said many residents felt a sense of community and engaged in activities to support each other, such as watching others' possessions, connecting others to medical care, or responding to overdoses.

“But really being in some of the encampments spaces. You really get a sense that they are like people that really are looking out for each other... Sure, there's a conflict and stuff... But I do feel like there is definitely a sense of like we're really in this together, like we're all homeless for whatever reasons, we understand to a certain degree. And so there really is kind of like this mutual aid, mutual support close-knit vibe that I notice.” [Outreach Worker]

Some outreach groups highlighted that the benefits of mutual support were disrupted when residents entered shelter settings, where they often lacked opportunities to support each other. Several outreach workers also noted that mutual support among encampment residents enhanced their autonomy and well-being. They highlighted that residents were better able to exert their autonomy in encampments compared with shelter settings, in part due to the support of these communities.



***“So we did develop a fire safety training that was in consultation with various encampment residents and especially... because the City is concerned with fire safety in encampment.”***

“But yeah, I mean, I think for some people, the encampment was a, was a very like community-strengthening experience. I saw a lot of people really taking care of each other, being good neighbors to each other. Looking, just looking out for each other and, you know, having that sort of autonomy to decide what's best for your own community and to work on things together, like that was generally my impression of things. And there were certainly some problems, but I don't think there are problems that don't exist in shelters. Yeah, and I remember like going into people's tents sometimes, like for some folks, it was really like the first time in a long time where they felt like they had a space that was theirs and that they could set it up the way they wanted to...” [Outreach Worker]

## **Distinct Experiences at Different Encampments**

Outreach workers and volunteers noted that different encampments, or specific areas of encampments, sometimes had distinct population groups. These differences between encampments occurred naturally, as residents would arrange themselves and choose to live in areas that had other residents with similar backgrounds, experiences, or characteristics.

“So each park is different to the point where, you know, each community is different, like there's a huge Indigenous community, there's a huge Black community, huge, you know, White community in some parks and stuff like that. And that brings the effect to what things are looked at and how they are to each individual park. You can't say that one park, like Bellwoods is the same thing as Moss Park. It's like, that's across town. Those people live differently, as you live in somewhere, somewhere in Toronto.” [Outreach Worker]

Different encampments also received different outreach supports. Residents of encampments that were larger, more visible, or closer to community organizations that support people experiencing homelessness and had access to more supports. Some outreach groups also noted that some individuals who lived in encampments that were close to respites had beds at these sites, but preferred to stay at the encampments. These residents were able to access supports both at the respite and through encampment outreach.

“Lampport Stadium's right next to a respite so there are a lot of people who are disabled who are really dependent on, like being able to go inside for the night, but like still use the respite - or the encampment, but, or they've been kicked out.” [Outreach Volunteer]

Outreach workers and volunteers suggested that residents of smaller, more isolated encampments chose to live there because they preferred having less interaction with other people or did not want as many supports:

“The effects of that on outreach were, and it just is what it is, we had to, you know, actually go along to different spots, hike into the woods a little bit and see people, try to meet people. You know, it's a really slow process to gain people's trust, to make proper introductions. And especially because of the nature of why some people were down there, it was more difficult in some situations than others who, you know, tried to reach people and provide support or even just find out if they want and support at all.” [Outreach Volunteer]

Some outreach groups also discussed how different encampments had different kinds of drug use, which affected their support needs:

“So like you don't see many, you don't often see many needle users, down at Cherry, for some reason, it's like a lot of pipe, so it creates a different dynamic. Everyone's like really up there, like building shit there, partyin'. You know what I mean, whereas, like, at silos in Fleet Street, it was like people using pipe, but it's just way more people using heroin and fentanyl.” [Outreach Volunteer]

People also sometimes chose to live in different encampments due to having conflict with residents at certain encampments:

“People would be like, I can't stay at Moss Park because I don't get along with this person. And so that happens. Or people get into a conflict at this encampment, would go to another one, that happens. Sometimes people would even have tents at two encampments.” [Outreach Worker]

## Worker and Volunteer Perspectives on Violence and Safety

Outreach workers and volunteers noted certain safety concerns due to living in an encampment compared with living in a stable indoor setting, such as their own apartment. One worker expressed concern about residents living alone in tents, stating: “...there's nothing to stop someone from coming in, is there? It's just a piece of nylon.”

Threats to safety were sometimes related to the crises that residents were experiencing due to their homelessness, including mental health issues and drug-related debt collection:

“There was was a natural equilibrium to it, but people's mental health and the absolute despair that people are living in led to lots of aggression and violence. There was, folks in encampments who were prone to regular targeting from drug dealers for debt collection. But there were also drug dealers there just to provide their services

too. So it was sort of symbiosis, if you want to call it that.” [Outreach Worker]

Outreach for safety-related concerns was also provided based on feedback from encampment residents, as one volunteer described with respect to fire safety supports:

“So we did develop a fire safety training that was in consultation with various encampment residents and especially...because the City is concerned with fire safety in encampment. I think it would be great if we could do a bit more of [it].” [Outreach Volunteer]

Outreach workers and volunteers also described how some encampments were more prone to violence than others, such as when more people from outside the encampments targeted residents, including police. Many also noted that it was common for women to experience violence, particularly sexual violence:

“The Moss Park encampment was different in that there were kind of people wandering through doing that kind of poverty tourism, which made it unsafe [for] residents. There were times that people would go like targeting the unhoused people there in an act of violence on them. Same thing it was, there were a lot of scary times for women there for sexual assaults. So it was more. It was less. You see, the difference is that in Power Street, everyone knew each other and they kind of gravitated there and operated as a family.” [Outreach Worker]

As with other communities, women sometimes congregated within encampments as a way to protect each other from violence. For example, a worker from a community agency noted that one encampment mainly had women residents who felt safer living together, so the agency aimed to support this:

“And so almost like even the backyard was almost all women at one point who were, like, ‘we are running this place because it's safer for us, we're going to look out for each other’. So that kind of happened almost exclusively on their own

initiative. And we're like, 'we should support this. We know these women'." [Outreach Worker]

## Collaboration and Coordination with Other Organizations

At the start of the pandemic, harm reduction frontline workers organized weekly calls to help coordinate and support people living in encampments. Many outreach workers and volunteers praised their leadership and looked to them and the weekly calls for guidance. Some volunteers described being grateful to be able to follow the leadership of these workers and trusted their knowledge, as a few of them were sitting at City tables in different capacities and had relationships with the municipal government. They felt that there were several workers who had a good grasp of the politics, dynamics with the City, and understanding of the historical issues in the homelessness sector (e.g. lack of shelter beds, encampment evictions). These calls helped outreach workers and volunteers develop a full understanding of the complexities, as well as offering of solutions.

However, others commented that the City should coordinate collaboration across all the organizations and City departments, given the gravity of the housing crisis.

"The thing that really struck out to us was that when there was a - there's already the opioid crisis and the housing crisis, but once the encampments really solidified and the needs there got really complex, the first thing that struck us was just the total lack of coordination and the collective responsibility. Arguably it's the City's responsibility to coordinate that stuff. But the City really wasn't doing much of anything. And what they were doing wasn't well coordinated." [Outreach Worker]

Volunteers noted that there was some collaboration with organizations that were not reliant on City funding and/or who had more flexibility to hand out supplies. There was, however, little collaboration with City-run agencies. Those volunteering in the encampments felt that government-funded agencies located close by the encampments should have been

doing more outreach in the parks, as they felt this to be their role.

"I think they got a lot of great workers and nurses there. But like the truth is, is that either they don't have the funding or the adaptability to deal with this encampment that's like literally like five blocks away from it, or like people aren't going to go walk all the way to the safe injection site. They're not going to walk all the way there. Um, and like, one of the reasons is that people have footrot. Like people aren't walking a lot, you know, so like that kind of thing where it's like we just kind of need people to, like, actually visit and build relationships." [Outreach Volunteer]

Some outreach workers and volunteers did not understand why organizations who had mandates to help unhoused people were not in the encampments sooner, and a few workers and volunteers assumed it was due to their relationships to funders.

"And like my big question always has been like, is there a reason why certain things like health care were so late to come to the encampments? Because there was like, some like thing that we didn't know about, like some deal between the Inner City Health Associates who get the provincial funding and municipal funding to do health care for street-involved people? Like it would just seem to me like a no-brainer that you would send people to the encampments right away, no? But like, that wasn't happening. And was it that they're like too tapped and they wanted to just, like, set up their sites in the shelter hotels, or were they being told by the City, 'we're trying to make encampments as uninhabitable as possible, don't service them'? I don't know, I just ask that question." [Outreach Volunteer]

On the other hand, some outreach workers and volunteers felt that some non-profit organizations had conflicting roles, in that they were working to support people in encampments and also working with the City to evict people from encampments.

"And that became quite clear to us as the pandemic emerged, is that a lot of non-profits -

## *Outreach workers and volunteers described how they perceived the City's agenda was to evict encampments and get people to go inside and out of the parks, regardless of the interests of the encampment residents.*

especially with the issue of encampments, because encampments are so polarized and so highly, like, such a contentious issue within the City of Toronto, and Toronto has had this campaign that was so aggressive - is that oftentimes they were working hand in hand with like non-profit organizations, and they were - you know, the non-profits were - somebody would come in and get support and then the non-profit would immediately report it to the City Parks Ambassadors, what that person was up to... So you had like that, kind of the end of last year, a lot of orgs kind of saying, 'oh, we have encampment funds' and you know, in a lot of ways that was tied to them getting like government funding, but then also surveilling the residents that were there. And that was something that I witnessed time and time again within agencies, is that they would get somebody a shelter bed, but then they would go and report to the City that the person left the camp and that they would go and take all their stuff. And like that kind of stuff was really messed up." [Outreach Worker]

A few outreach workers and volunteers also felt that not having trained and experienced people working in the encampments who really understood the communities living in them was an issue.

"Yeah, I think that, for me, just to be really frank, I think what bothered me is that people without experience were just diving deep into like working in encampments. And I don't think that - I think it was a disservice to the community. I think that you need experience to be able to do this work on some level and having like a good heart and just coming out and being in encampments wasn't - it wasn't my cup of tea." [Outreach Worker]

Volunteers also expressed frustration when organizations contacted them for advice and assistance in engaging with encampment residents, which volunteers thought organizations should be able to do. Volunteers also noted that they were not getting paid for this labour and that organizations were adding to their labour and trying to engage with them as if they had similar resources, when they were just filling in as a stopgap measure and not planning to be around for long.

"I think the lack of involvement in encampments by institutions largely means that people don't know the first thing about what problems people are facing." [Outreach Worker]

ESN formed relationships with several organizations but their relationships with City-funded organizations were limited, as one member from ESN reflects on how City funding could limit what organizations could and could not do:

"But we absolutely have, in a sense, limited interaction and coordination with many City-run agencies as we know that funding from the City comes with conditions that prevent some of those agencies from coordinating with groups such as us that are opposed to the City's actions when it comes to, you know, the housing crisis at large. So, for example, like some City agencies that receive certain funding from the City are actually not allowed to give out tents or sleeping bags." [Outreach Volunteer]

### **Supporting advocacy**

A few volunteers perceived that outreach workers were "muzzled" and could not (or would not) speak out about what they witnessed in the encampments and in shelters or shelter hotels. Thus, they felt that

their role was to act as a conduit so outreach workers could inform others who could speak out for them.

“What I've been, like, totally surprised by is like how much agency workers are like, depoliticised and also like muzzled. Like they will lose their jobs if they are critical. I know that the [redacted organization staff] often tell me they can't say what - they can't speak out about what's happening in the shelter hotel. And like, are looking for avenues to let information out and like - well, I don't know what to say, except like lose your job or something at a point, because this isn't my job.” [Outreach Volunteer]

“Like we're able to be also political. A lot of the reason. A lot of the reason ESN even exists in other ways is because there are good people working for other organizations and they do amazing shit, but they can't say anything.” [Outreach Volunteer]

Some volunteers thought that funded agency workers should be free to speak up and have an obligation to do so.

“I would just like to see agencies less muzzled and, um, yeah, you can't be like technocratic about like homelessness and then refuse to actually spill the beans.” [Outreach Volunteer]

## Tensions with the City

Outreach workers and volunteers raised many issues related to the City's role in encampments and their relationships with both encampment residents and community-based outreach workers and volunteers. Lack of transparency, lack of trust, lack of collaboration and communication was highlighted by most outreach workers and volunteers we interviewed.

Outreach workers and volunteers described having differing goals from the City. Outreach workers and volunteers described how they perceived the City's agenda was to evict encampments and get people to go inside and out of the parks, regardless of the interests of the encampment residents. Outreach workers and volunteers wanted encampment

residents to be listened to and supported where they were at. Outreach workers and volunteers criticized the City for not fostering relationships with encampment residents and believed the City had the power and responsibility to provide housing.

“If it's always just about getting people inside, which is what it always is, just getting people out of the parks and getting them inside, like it's so see-through. They're not going to put up with that.” [Outreach Volunteer]

As people who were not previously working in the industry supporting people experiencing homelessness, volunteers who participated in this study were shocked at the start of the pandemic by the lack of support from the City of Toronto for people in the encampments.

“As well, finding as much information and documenting as much as we could what the City was doing and, or more realistically, what the City wasn't doing, which was really shocking and jarring for a lot of us and led to quite a large effort to ensure that, you know, within our capacity we were providing that basic survival needs that people had.” [Outreach Volunteer]

Many outreach workers and volunteers repeatedly spoke of their expectations that the City of Toronto's role should include responding with emergency preparedness and humanitarian aid for those who were homeless and living in encampments, but they did not see this type of response from the City. Outreach workers and volunteers identified an ideological tension around the idea of enabling encampments to exist. They perceived that the City saw delivering basic humanitarian aid as enabling rather than supporting people's survival. Workers and volunteers thought the City believed that if they made the conditions in encampments as difficult as possible then people would be forced to go inside, yet workers and volunteers highlighted that the problem with this strategy was that there still was not enough shelter space and people wanted permanent housing.

Some outreach workers and volunteers felt that at the start of the pandemic there was more



collaboration with the City of Toronto. They were working with the City to help people move into indoor space, including helping to pack up people's belongings, showing them the locations of where they were being moved to on their phones, and encouraging people to move indoors.

"And so, we worked with the City to - the first, it wasn't even a hotel, but the first shelter/apartment, Broadway, and to directly move people from encampments inside... And then we worked, [other person's name] worked really hard especially, what we all participated in, basically showing people 'this is what your apartments are going to look like. We'll continue to try to support you when they move you.' We spent all day, the first day they got 32 people. And so, I mean, we all helped people pack." [Outreach Worker]

### Erosion of trust and communication

Months into the pandemic, outreach workers and volunteers identified a breakdown between staff at the City and what they described as the City starting to do things differently and not working collaboratively to support encampment residents. Outreach workers and volunteers described how the trust and collaboration they had with the City of Toronto during the first months of the pandemic started to erode. Many outreach workers and volunteers felt that the City did not want to collaborate with them or their groups or organizations. Some felt that the lack of collaboration was a problem as City staff would not share with them what the City was doing or why.

"The disadvantages - that we're kept from like City tables. So we don't actually understand what they're implementing. And I think while if they had shown any interest in, like, actually collaborating, not toward the imperative of clearing people, but toward like caring for people, then we might have worked with the City in a particular way." [Outreach Volunteer]

When people from one volunteer organization were invited to a City table, talks broke down after suggestions from volunteers to include people living in encampments, who most needed to be part of

these discussions, were ignored. The volunteers felt that the meetings were not being held in good faith.

"You know, we were like agitating and trying to get people to sign onto the letters in support of people in encampments. So they like, kind of like called from like all those people and were like 'come to the table' and, you know, like for me, I'm just like, 'I don't know, like I don't live in an encampment. Why don't you ask someone in an encampment?' And everyone in our group was like, 'why don't you ask someone in an encampment?' And then the City talks like broke down." [Outreach Volunteer]

"All we were trying to get them to do was A): stop asking us what is right, bring residents into the conversation, bring residents to these meetings, go out into the encampments and just ask people what they need without any prerogative. You're never going to gain the trust of people unless you're being honest and truthful about what you can offer, but also just asking people what they need... They're not even going to give you answers in a way that might be honest, because ultimately there's a lot of people that want to stay outside and there's a lot of people that are safer outside, and also have personal autonomy and social distancing and all that stuff outside." [Outreach Volunteer]

Many outreach workers and volunteers highlighted communication issues among some City departments or individuals, including both miscommunication to the general public and City-level politicians, and a lack of communication to outreach workers, volunteers and encampment residents.

Outreach workers and volunteers described what they believed to be purposeful misinformation communicated to the municipal government, politicians, stakeholders and the general public. Many stated that they constantly needed to refute what the City was saying about encampments because of how disconnected this information was from what they were actually witnessing on the ground. Workers and volunteers felt this was exhausting and harmful to encampment residents. They said there was no public mechanism at the City level to fact check or monitor



*“Like I think, for instance, like Streets to Homes does a really shitty job. They're supposed to move people from the streets to housing, but there's no housing.”*

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if what the City was saying was true and how consistent it was with what was actually happening on the ground. Outreach workers and volunteers felt that the City bureaucrats were telling the City councillors untruths about the encampments.

“So, like, these are like the statements we see coming out of elected officials’ mouths. No doubt they believe them because they're voting on things that are supposed to be implemented. And they have an understanding of the mechanics of SSHA that is actually misrepresented through data and through reports. And so, like, if people aren't monitoring whether or not that's true, then, you know, like, then we're at a loss.” [Outreach Volunteer]

“And so that's been going on consistently now since then. And it's been a litany of things that have happened in the last year that are involving a lot of violence perpetuated by the City, a lot of lying perpetuated by the City.” [Outreach Volunteer]

A few outreach workers and volunteers discussed how they pressured City councillors to witness what was happening in the encampments and speak with people living in them so they could better understand what was really happening. They felt that the City councillors had the power to change policy but there had not been any visible leadership from them.

“I will say we are getting through to some City councillors. I will say that. That is true, that like - and getting through to them doesn't mean that they're actually doing anything. It just means that they're like listening to us in a different way. And some of their minds are being blown because they talk like they actually had no idea what was going on. And now there's like a whole new level of

things happening where, like they actually want to go and visit encampment residents. They want to go and talk to them and they want to see what the hell's going on down there. So it's like some of that stuff has started to work. We don't know what will come of it.” [Outreach Volunteer]

There was a perceived tension by many who believed that the City saw outreach workers and volunteers as activists but then also relied on them to support people with humanitarian aid. This was a confusing distinction when people believed what they were doing was necessary and supportive and that the City was not supporting people in the ways that they could or should. Outreach workers and volunteers described how they had to constantly advocate for humanitarian aid and basic necessities (e.g. access to water and toilets).

“What worked was not just us, but community-wide lobbying to the City to get port-a-potties and handwashing stations that some of the - at Moss Park in particular.” [Outreach Worker]

A few outreach workers and volunteers felt it was important to critique the City response but also important to acknowledge when things were improving, as this outreach volunteer reflected:

“People want to remain with, like a static critique of the City, and I don't think that that's very helpful because [pause] the way shelter hotels are operating has changed, like that every time they open a new one, it seems like the latest ones they open are the better ones and they're where people want to stay. They're not without problems or something.” [Outreach Volunteer]

## Streets to Homes

Streets to Homes was mentioned by the majority of outreach workers and volunteers and encampment residents that we interviewed. It is, however, a limitation of this report that we were unable to interview more Streets to Homes workers to garner their perspectives. We tried to interview 3-4 people for this evaluation and only interviewed one. For this reason, we include minimal quotes and information on their perspective so as to avoid identification.

The majority of community-based outreach workers and volunteers we interviewed felt that Streets to Homes was not working consistently and that its mandate had changed because there was no housing available.

“Streets to Homes is so inconsistent and like I moved here literally knowing nothing about this, and I started going into encampments as well, like, knowing nothing about the history of Streets to Homes. And so, I wasn't influencing anyone to say anything, I would just be like, ‘has Streets to Homes been around?’ Because some people do want to go to shelter hotels, you know, like and right now with the Novatel Hotel, like, a lot of people want to go there because they actually kind of like got some of their services together...” [Outreach Volunteer]

“Like I think, for instance, like Streets to Homes does a really shitty job. They're supposed to move people from the streets to housing, but there's no housing. So I don't know what they're supposed to do in the meantime.” [Outreach Worker]

Outreach workers and volunteers also commented on the dual roles that they saw as conflicting – that is, both supporting people to get housing and evicting people. They understood that Streets to Homes workers' job was to help house people, but during the pandemic they spent the majority of their time moving people into shelters.

“Streets to Homes, like, was complicit in an apparatus of, like, just like moving people. And we just see people like, a revolving door, shelter hotel - as a result of not getting enough like relationship

education, like continued casework.” [Outreach Volunteer]

A couple of outreach workers and volunteers commented on their relationships with Streets to Homes, including specific workers with whom they had relationships and whom they thought did a good job, recognizing the limitations they faced and the changing dynamics of their roles. At the same time, they felt that their relationships to Streets to Homes workers were useful mainly because they had access to resources and information that residents needed, not because it was a mutually desired or reciprocal relationship.

“Obviously, if the City park or City workers, they have a right to be there, but our interaction with them was around supporting people getting housed and trying to minimize the harm caused by the police and the Park Ambassadors when they do these evictions and how they do them. So we were sort of like...strange bedfellows... A lot of the workers were great. And they can only do so much with, you know, minimal housing subsidies, low - the cost of housing and the housing supply and gentrification. And this was a new role for them, too, and this was a new crises for them, and I say this is no mean[s a] way to diminish them, but they were - they were working with the people destroying the homes and the property of our folks. So we had to work with them because they were the institutional gatekeepers.” [Outreach Worker]

A common theme reiterated by outreach workers and volunteers was that when Streets to Homes was in the encampments they did not have anything to offer residents who were looking for shelter. Disorganization or inaccessibility exacerbated this issue.

“And then for Streets to Homes, it was - yeah, it's just really frustrating. Maybe it is also I could have done a better job, but they just seemed like really, like, opaque. I couldn't tell, like the encampment, there's like - it was very frustrating. It was like the encampment team, there'd be some people that were - I was very concerned about them, like I think that this person is going to freeze to death.

Like, I'm very worried. I'm just going to go back and four times a week I'm going to wring my hands by them 'cause I'm so concerned. And we'd be like talking to Streets to Homes, trying to get some things worked out. And then one weekend when it's like -35, this person's like, 'Let's do it. Let's go inside and look', and I would call them and then they'd be like, 'Who? What?' And they're like, 'Oh no, you were talking to a different team, a different Streets to Homes team. We don't have their notes. We don't know what you're talking of, just like call central intake or something else'. And I was like, ahhh. So they'd be like, 'Oh, there's different people on the weekends, there's different people on evenings. There's this team, there's that team'." [Outreach Worker]

Some outreach workers and volunteers commented on how Streets to Homes workers must have also been frustrated dealing with the City's public narrative while trying to access the same system they were for shelter space and not finding any space available.

"They're out there on the ground, like doing their best. I would say like, they - oh God, I'm trying to be like generous, but I'm also frustrated. Their encampment team, [name], [name], a couple, they're - it's this question of like, they're as frustrated as we are. They're experiencing, you know, they call 311 to get people inside, you know, like they're working contextually in the same city that we are with the same problems we're seeing. They - I often end up commiserating with them about how stupid it is and how frustrating it is to hear the City's PR narrative around these spaces being available, because they know very well that most of the time they can't get people inside and that this is Streets to Homes." [Outreach Volunteer]

A few outreach workers and volunteers commented on having to do lots of advocacy to push the City and Streets to Homes to do more.

"Let alone the methodology of Streets to Homes changing completely. So it's like, as we morph and change and become more involved, there's more

advocacy, like the City is doing the same and in some ways, like making it harder for us to work." [Outreach Volunteer]

On the other hand, the one Streets to Homes worker we interviewed felt that they could do their work better if advocates and others worked more collaboratively and were less "adversarial."

A few outreach workers and volunteers thought the push to move people out of the encampments was driven through a complaints system by "NIMBY" (not in my backyard) neighbours and that other encampments were not offered options for shelter or housing because they did not have nearly as many complaints due to where they were located.

"Because the kind of Streets to Homes operations focused around trying to invisibilize homelessness by targeting major parks where NIMBYs are complaining, and like the people who weren't welcome in those parks, who maybe were higher needs and more isolated, didn't get the offers to go inside. So, you know, just like those operations were clearly understaffed and I wouldn't, like, begrudge the character of the people who are doing it. I think they were having a hard time calibrating to the crisis, but having like a NIMBY-driven, like targeting of different encampments of people who really needed assistance, like got neglected for months and months and months." [Outreach Volunteer]

Tension with Streets to Homes based on policies and their mandate regarding giving people survival supplies was noted by several outreach workers and volunteers who believed the City wanted to make life more difficult for people outdoors so as not to look like they were enabling homelessness. In Winter 2021, the City policy changed and they were allowed to give out sleeping bags.<sup>14</sup>

## Evictions, Enforcement, and Surveillance

Workers and volunteers spoke about how the moratorium on encampment evictions that lasted for several weeks at the start of the pandemic differed from the City's practice prior to the pandemic.

“...these clearings used to happen like all the time and it was never a big deal. We would always be talking with the clients. Clearings would literally be happening in front of them. We would talk to them, just making sure everything is all good. They would go about their way and then set up somewhere else and it would just be rinse and repeat.” [Outreach Worker]

While the public was being told to shelter in place, many people experiencing homelessness were left outside with nowhere to go. Volunteers and workers advocated for the City to follow the Centers for Disease Control and Prevention guidelines<sup>15</sup> and not break up encampments. After the moratorium was lifted, several outreach volunteers and workers we interviewed described attending an eviction under the Gardiner expressway to stop the City from evicting people. It was not historically common for outside people to interfere with evictions. Volunteers spoke with workers from organizations, and all expressed feelings of frustration, exhaustion and stress over the encampment evictions, the possible scattering of people, and fears of COVID-19. Workers asked volunteers for ongoing help.

“And I realized, like when I went down, that there was like a real use of force by the City when it came to evicting people. And I also saw that like a lot of the people were there, like the critical mass of people who were trying to mitigate the force or like violence, were like social workers and people who are trying to recalibrate what their responsibility was in the face of a pandemic as the institutions and services they worked in had been shuttered. And they were also, you know, really stressed out. So I just realized, like I knew all these people who were complaining about being inside and I would just organize people to come to eviction defense.” [Outreach Volunteer]

Another goal highlighted by outreach workers and volunteers engaged in stopping evictions was seeing their roles as a type of “watchdog”, as well as bearing witness to City actions, in order to tell a different narrative than the one the City was offering.

“At first it was just eviction defense and then we wanted to be advocating and, yeah, speaking

against the City's narrative...calling them out...and talking about what's actually going on in the camps.” [Outreach Volunteer]

“And so being able to call that out and just being that watchdog that like sees it, tells the truth, corroborates with residents over what's actually going on, and elevating and like...the residents elevate themselves and we listen to it and then we're like, ‘do you want to do this?’ You know what I mean? And they're like, ‘yeah’. And all that stuff is just like a very important way in which we intersect with the City, as a method to get them to at least see the truth as to what's going on with hopes that they'll change.” [Outreach Volunteer]

Workers and volunteers expressed frustration that people were not being offered housing or shelter, yet were still threatened with eviction. They felt that the City was more interested in removing people from the parks than actually working with them. The City was communicating publicly that staff were working 24/7 and building relationships in the parks. However, workers and volunteers described how the City spent more time surveilling encampment residents than supporting them with their goals. They said that City workers – the fire inspectors, Parks Ambassadors, police, and other City staff – had a system of surveillance, and were observed walking through the encampments taking notes, photographing people's tents, tiny homes and structures, while not engaging with encampment residents. Also, several workers observed Streets to Homes staff sitting in their vehicles counting tents in the park and not getting out to offer support to anyone.

“I've seen them come by in a vehicle, not get out of the vehicle, be writing stuff down as a mode of surveillance, which is just like counting tents, they're always like, ‘oh, we're just counting tents’. And so we're like, ‘well, do you have anything to offer today? Like why are you here other than to just collect data?’ Take it back to the steering committee at the City and tell people about what encampments are there so that everyone else, parks, counselors, cops, fire, all know what's going on in this encampment and then they make

*The level of violence was traumatizing for both encampment residents and workers and volunteers. Many felt the amount of money used to force people out of the parks should have been used to house people.*

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decisions over clearings. It's like that's what happens and the encampment residents know that shit, so it's like either they're there offering you space and the way they're offering it to you is manipulative and fucked up. Maybe you take the space, you get there, the space is fucked up. Or they're surveilling you, taking photos, counting your tent, whatever, and then that shit ends up leading to evictions because of the information that they gather.” [Outreach Volunteer]

The conflicting roles of City workers arranging shelter and housing while also doing surveillance and enforcement, evictions, gathering of intel, and doing inspections in the encampments created tension where they did not have the trust of outreach workers and volunteers or the encampment residents. These dual relationships of on the one hand being tasked to support residents and on the other hand being a part of evicting them caused confusion and distrust.

“Because the Streets to Homes worker worked hand in hand with the Parks Ambassadors, who with one hand handed you a water, with the other hand handed you eviction notice. Because Streets to Homes was working with the cops and the City workers who would forcibly remove people, people's belongings and their homes and their property and throw them in the back of a truck to be thrown away. We need - we needed the help of the City, but I'd be lying if it was easy to see them as an ally because of all the things that they were doing to our folks.” [Outreach Worker]

Not knowing when evictions were going to occur was a constant source of stress for encampment residents, workers and volunteers. Workers and volunteers expressed immense stress over the lack of communication on the part of the City, as well as

notices that changed from a set of hours (like 24-72 hours) to two weeks but with no specific date and time as to when evictions were going to take place.

“But this time the new trespass notices that we have seen, there's no timeline at all.” [Outreach Worker]

“But the trespass notices that we have seen the last few days are imminent. There's not even a 72-hour notice given and we're already seeing cops come in flexing their muscle, telling people to just straight up leave, which is like - I don't know what the projection of the next week is going to be like, but I imagine more trespass notices and imminent clearings without a lot of time given.” [Outreach Volunteer]

Leading up to evictions, Streets to Homes staff went into the parks to make offers for shelter. Workers and volunteers did not think that Streets to Homes spent enough time working with people. Encampment residents were living under threat of eviction, criminalization, and fines, and then were faced with a massive police and security apparatus on the actual days of evictions.

“If you're threatening people with \$10,000 fines and criminalization and you're going to clear them out, but you're not going to say when, like, you have to come in and spend the time here to get people inside, like preemptively. You can't come for two hours or three hours twice a week and then send in like a militarized police force to throw everybody out.” [Outreach Volunteer]

Furthermore, according to the one Streets to Homes staff interviewed, they also did not know when the evictions were going to happen, but instead were informed the day before or the morning of.

“Even though we're not on site, we're like adjacent to the clearing. So that way if there's ever anything - because we go, we always make sure to go to the clearings well, well, well prior to the clearings happening. So that way we can try to offer services to people as much as we can, because we don't know about the clearings until about like the day before it happens, right. We just get told by our supervisors, ‘hey, come in early tomorrow’. We come in early, ‘hey, there's a clearing happening today’. We need to make sure that we're there and stuff like that.” [Outreach Worker]

Workers and volunteers also reported City staff showing up to the evictions with nothing to offer encampment residents, and it took hours of mass eviction efforts with police before residents were offered anything. The options they did have were not enough for everyone in the parks.

“But then I was saying, ‘well, OK, so what are the options you have available for people, the hotel options?’ And they said, ‘oh, we won't know till eight.’ It was just the same as any other weekday morning where they'd come from some central intake, like, line saying, ‘OK, we've got four spaces here today.’ So it's like, I mean, that's just so inappropriate, you know, to come in like that, say, ‘you've got two hours.’ You don't - people don't even know what their options are, if there are even options, until eight o'clock, where then you've got half an hour.” [Outreach Volunteer]

The level of violence was traumatizing for both encampment residents and workers and volunteers. Many felt the amount of money used to force people out of the parks should have been used to house people.

“At Bellwoods, every person that was homeless, they could have housed every person with how much it cost to fund what they had there.” [Outreach Worker]

The use of a massive police and security presence was very different from the year prior when there were negotiations to not have police present on days of eviction. Evictions were sometimes carried out

with no police or security and negotiated with the encampment lead from the City.

“And then, like, this new guy got put in... I thought he had some okay ideas and he made a deal that he wouldn't bring cops to evictions anymore, but like once he was gone last year in August, the cops started coming back. So it seemed like people weren't able to get like an agreement from the City around like use of force in encampments.” [Outreach Worker]

That changed with the first large eviction that had a massive police and security presence at the Lamport Stadium encampment in May 2021. The mobilization of police and security was notably intense, yet as this worker reflected, it was not far from the level of police violence that unhoused people experience often:

“There's sort of like those spectacular moments, like I think a lot of people were very like impacted by the clearing or the attempted clearing at Lamport Stadium, because it was so like sensational in terms of the police presence, it looked really intense, it was really intense, but also I remember afterwards, like a few hours after the clearing, I was still - I was sticking around just to make sure that things were OK and I saw somebody get, like, really violently, um, they had a very violent interaction with the police, completely unrelated to it. So that's sort of like a regular ongoing part of the experience that many people have when they're unhoused.” [Outreach Volunteer]

There were many workers and volunteers who attended the large encampment evictions in spring/summer 2021. For a number of people it fundamentally changed the ways they viewed the City and the police and their relationships to them. As this nurse reflected, one challenge was feeling “powerless” to the police response:

“My view of the police, I'm really struggling with that. That one, that one's I'm having great difficulty getting my head around that. What I saw. It is what it is, I have to accept that... I'm having trouble with that because, I felt powerless.



I mean, normally, like when I take someone to the hospital, I'm like, say, emerg, I've worked in that system, I know how it works. I can maneuver it. I know how to give report, talk to them, get things done. That's easy, but, when, the police were actually beating on people, that, that really rocked my world, made no sense to me at all. None whatsoever. There was no purpose to that." [Outreach Worker]

During these mass evictions, police came into the park with heavy artillery and riot gear, an excessive use of force to carry out evictions.

"When I was at the North Gates, I seen guys, the riot police coming in with M16s. They had machine guns that had - apparently had rubber bullets in them, but still, and then eventually they left because the image that portrayed was such a harsh thing and there was so many different task force and different police, you know, of different uniforms..." [Outreach Worker]

Workers and volunteers also described other violent incidents, outside of the mass evictions, that were particularly disturbing - such as police and City workers slashing tents, police brutality, and destroying or removing people's belongings without their consent or knowledge. The violent nature of encampment evictions did not surprise people, however it did make them question what the City's goals and priorities were.

"And I'm not really surprised by all of the police and state violence at Lamport either, like I don't - it's sad, but it's not shocking to me because I know that they were doing this before. Before they would just go and give people a warning and then come back and just, like, knife up their tent, like just trash their stuff, slash it up and throw it out. And I'd seen, like, injuries from police before. None of this is really surprising...it's a question of just like political will and priorities." [Outreach Worker]

Workers and volunteers described taking direction from the encampment residents - eviction defense was always an option, as well as just witnessing and being present. The one worker we interviewed from

Streets to Homes described organizations like ESN blocking their ability to work and being in the way. However, residents were also asking ESN and others to be "in the way".

"Everything we do is resident-led, so we have always provided people with the option of eviction defense. You know, it's been extremely hard to be successful with eviction defense when the City has millions of dollars at their disposal to use whatever kinds of force they feel like using. But part of what we do is try to be in constant communication with the residents... There were residents...that wanted defense. There were residents...that wanted people to be around and bear witness what was happening. So there is a multiplicity of approaches that we take in instances like that. And similarly, there are residents in all of the parks that we go to that want nothing to do with us. And we respect that." [Outreach Volunteer]

Furthermore, workers and volunteers stayed and supported encampment residents throughout the violent process of eviction, supporting people who were traumatized by the police violence and helping people pack up their belongings.

"The thing that, at Bellwoods, we were there to midnight, you know, on the day. And, you know, media left, everybody left. But we're still getting people out of the park there...the last person that left was a mother, daughter and their cat." [Outreach Worker]

## Overdose Response Interventions

Overdose response interventions like the use of oxygen, which is a primary overdose reversal response used in supervised injection sites, had the potential to aerosolize the COVID-19 virus. Rescue breathing - also an overdose response intervention - carries the risk of transmitting or acquiring COVID-19 since it requires mouth-to-mouth. Although a barrier can be used, like the ones found in naloxone kits, this does not guarantee that the virus cannot be transmitted.

In addition, the City's encampment evictions negatively affected how well outreach workers could maintain continuity of care with residents, which harmed encampment residents' health and well-being.

"Since the encampment evictions, it's been very difficult because we're trying to find people because people got scattered. So a lot of time is spent trying to find folks...by the time you catch up to people, that a lot of times they haven't been doing very well and they're - their health has declined. And then you've got, you know, you've got to support them to get better... Well, certainly the trauma of the evictions has caused a huge issue with people's mental health...and of course, when one is feeling that way, it's going to go towards using substances to relieve that pain. So there's increased substance use, which then leads to increased infections." [Outreach Worker]

Workers and volunteers also reflected on the colonial approach to displacement and dislocation and the associated harms. A large number of people experiencing homelessness in Toronto are Indigenous and the use of violence and forced displacement against Indigenous people has a long history in Canada.

"It's not like, not lost on many that, you know, houselessness is disproportionately affecting Indigenous people in our city here in Toronto and the City is putting so much resources into literally like displacing people from where they want to be... Yeah, it's just, it's just so palpable how people are just - and then people being put into, you know, institutions when they have, like a lot of folks are coming with institutional trauma. They've experienced the carceral system or the hospital system or whatever. And just being put through like violence again. It's like, I don't know, it's evil or something, like it's just wrong." [Outreach Worker]

## Overdose and Overdose Deaths

According to outreach workers and volunteers we interviewed, a lack of overdose preparedness, the stress of homelessness and evictions, the volatility of

## Opioid Overdoses

Opioid overdoses are a respiratory emergency, and oxygen is vitally important in overdose response to reduce brain injury and to revive someone quickly and efficiently. Administering oxygen with a tank and mask is less of a transmission risk when applied outside than using rescue breathing.

the drug supply, isolation, mandates, lack of supports in the neighbourhoods people were moved to, and minimal coordinated City-wide focus on overdose death prevention were contributing factors to the increase in overdose deaths among homeless people during the pandemic.

"They're like pressure cooking the situation to a point where, like, people are losing their lives constantly, ODing constantly. And like, they don't give a shit. They just want people to die and go away or at least go away." [Outreach Volunteer]

## Overdose Education, Prevention, and Response

Outreach workers described how COVID-19 changed how people could respond to overdoses, given the high risk of COVID-19 transmission. They had to decide what risks they were willing to take, such as whether to use rescue breaths (*refer to "Overdose Response Interventions" on page 57 for further information*).

"Even in overdose training and that sort of thing, because, you know, things like rescue breaths, that's something that is a part of like overdose, like opioid overdose response. That's something that becomes more complicated when it comes to responding to an overdose because understandably, not everybody feels comfortable doing that or doing things that might put them at risk, right? Yeah, so it's definitely been like an added layer of complication when it comes to trying to provide sort of the basic outreach support, I think." [Outreach Worker]

## ***Being in proximity to a supervised environment puts less strain on the outreach workers and encampment residents to have to respond.***

Overdose response interventions and education had to be adapted for this new reality. Frontline harm reduction workers pivoted quickly to implement new protocols and share knowledge of how to respond effectively in the age of COVID-19. Outreach workers and volunteers were working quickly to figure out best practices, including proper PPE use for responding to overdose. One worker mentioned the weekly frontline workers call as being a vital source to discuss a harm reduction response during COVID-19. Workshops and retraining on overdose response and CPR was a necessity to doing the job.

“So I've done a number of courses with the - it's through the Toronto Drop-In Network back in the day. We try to - and just even pushing for us to get, us all to get refreshers on CPR, first aid, that's all I think really important. We do in-house training, we'll probably actually increase - just the number of overdoses just keep going way up, right. And so you're experiencing enough close calls and frankly, deaths, that you just like, I can't stop the big picture, but I can be trained well enough and as a - the team we can respond as well, as well as we can if we get really good training. So, frankly, some of the most important training is around overdose, replying to overdoses and CPR. And again, the rules around, like, do you give CPR or not during COVID have changed a bit.” [Outreach Worker]

Other organizations with expertise in overdose response helped support new volunteer networks that had emerged by teaching them overdose response. This cross collaboration was crucial.

“Like our overdose training videos were provided by some of the staff at Parkdale Queen West Community Health. I think, like they have - they have already created their own resources and

they had created specific videos around, like, responding to overdoses during COVID.” [Outreach Volunteer]

Outreach workers and volunteers noted some of the challenges with responding outside, including not having the right equipment, like an oxygen tank on hand (*refer to “Opioid Overdoses” on page 58 for further information*).

“It was more difficult to do it in the encampment because we didn't have all of the tools that we needed, most notably oxygen. We didn't walk with oxygen through the encampments. So it was more difficult to respond.” [Outreach Worker]

Another barrier to responding to overdoses was the fear of calling 911, as police come on overdose calls as per policy.

“No, I think the only thing that made it difficult for some people was the fear of COVID. So that wasn't a thing that impacted me. Like I generally don't call 911 for overdose care if the person has been revived successfully. But that is a fear, right, because whenever you call 911 often the police will show up. So that's a huge barrier for most people I know.” [Outreach Worker]

### **Interference by Police and Lack of Support by City Staff Onsite**

Other challenges to overdose response in public spaces, parks, and encampments were police interference and the fear people had of the police, especially after they had come to from the overdose, as one outreach worker explains:

“Other times there was some police interference which made it difficult as the person was recovering, because then the person was fearful

and wanted to get out of there in a hurry rather than just relaxing and letting us do that post-overdose care or other things.” [Outreach Worker]

In addition, the City’s focus on evicting people from the parks caused harm because they were less focused on the welfare of people in the parks. One worker described an example where someone could have died despite many City workers being present in the park at the time:

“I was actually just walking through the park. I wasn't even working. And there was a man who was clearly dead and blue on the ground. And I looked around and there was police in this corner of the park, City reps in this corner of the park, Streets to Homes over here, like those community workers and the dumb vests that they wear [*Parks Ambassadors*]. And none of those officials recognized that this man was next to dead on the ground. And it was actually myself, another worker type of human, and a community member who only has experience as a community member, not as a formalized worker. And the three of us got this man up and alert on his feet before any of those other workers caught on. And it was, you know, and then the police who were in the park for another matter, came over and they didn't have very good bedside manner. And they actually ended up scaring the people who helped to save a life and helped the person who was nearly dead.” [Outreach Worker]

## Location, Displacement, and Dislocation from Supports

Residents in encampments close to supervised injection and overdose prevention sites (OPS) were better supported with overdose response. For example, there are multiple supervised injection sites near Moss Park that residents ran to when they needed help. In contrast, workers and volunteers felt that Scadding Court and other encampments had fewer overdose-related supports due to their geographical location. Relationship building was also considered important to overdose prevention and response.

“Like Moss Park, it's like they're totally serviced with harm reduction there. There's always going to be people overdosing, um, so they've got a lot of different people, Fred Victor, the Moss Park OPS, and like people kind of dealing with that. But I look at like Scadding Court/Alexandra Park, it's totally unequipped to deal with the amount of overdose that's happening at this moment in time. It's not like - there were like, just like, so many two weeks ago, because there's like this baby blue purple carfentanyl that was out there, it was just like taking people out and, I don't know, like, the Works just comes by and sprinkles naloxone at people, but there's not really an involved approach of knowing people...” [Outreach Volunteer]

There are no supervised injection or overdose prevention sites available to the public north of Dundas, although the Yonge Street corridor and Church and Wellesley neighbourhood have some of the highest rates of overdoses in the City<sup>16</sup>. Being in proximity to a supervised environment puts less strain on the outreach workers and encampment residents to have to respond.

“Within the encampments downtown, you got ones like Moss Park, where it's next to a really well respected and used OPS site. And so, and so people that need those services are more likely to stay there versus I mean, we have really bad overdoses but there's no OPSs in the downtown North, North of Carlton...there's a huge need, and tons of overdoses... And so in many ways, we sort of operate as an OPS to an extent, partly. We're responding to overdoses.” [Outreach Worker]

## Overdoses in Encampments

Workers and volunteers noted that the nature of living in a community, formed in the encampments, helped to keep residents safe from overdose death.

“...it seemed to me like people are a lot safer in terms of risk of fatal overdose in the encampments, than once they ended up in the shelter hotels. And I just like, I have a lot of memories of people just taking really good care of each other in terms of overdose risk and overdose response in the encampments. Yeah, and like

knowing where to access supports and you know, and then ending up like in North York or Midtown and not having those same supports or competence in, you know, the shelter staff.” [Outreach Worker]

Also, as one worker explained, encampment residents were overburdened by the sheer amount of overdoses to which they had to respond, yet they were often reluctant to go inside to shelters where their loved ones had died:

“...while people do know how to reverse their own overdoses, like people are really traumatized from doing that. And a lot of people who've been staying outside, specifically because their partners died in shelters hotels from overdose.” [Outreach Worker]

Overall, numerous workers and volunteers reiterated the need for more advocacy and support around overdoses and deaths.

“And this year I've seen like a bunch of people that I've known and supported die, and not from being unsupported by ESN or anything like that. It's mostly from overdose, but like, this is where a whole other level of the advocacy and engagement could come in.” [Outreach Volunteer]

## Overdose Deaths

Workers and volunteers noted that the supports for people who use drugs were not in place in the shelter hotels and thus people died. There was substantial advocacy to get harm reduction in place but it was not done fast enough.

“Not my area of expertise, but the City really messed it up. And so, like, definitely hotels, I think most people that experienced them, they're really great and it continued to be great. But a ton of people died as a result of it not being done well enough.” [Outreach Worker]

Outreach workers and volunteers supporting people in encampments checked in on them in their tents to make sure they were okay, and have found people dead from overdose.

“We currently have a number of tents on our property that we check in with people, responding to overdoses, had people die in tents.” [Outreach Worker]

Workers and volunteers mentioned the City's narrative of using the overdose deaths as a reason to evict and move encampment residents into what they said were safer indoor spaces. Some workers and volunteers did not see the shelters and shelter hotels as safer for people who use drugs because of the risk of overdose death. They noted that people being displaced and dislocated from their usual supports was part of the reason for the increase in deaths, as this worker explained:

“And a lot of our clients ended up dying in these hotels because they were so removed from their social supports and health care supports and whatnot and socially isolated.” [Outreach Worker]

Overdose and overdose deaths increasingly affected both the encampment residents and workers and volunteers. The stress and trauma of bearing witness and responding and finding people dead was extremely difficult, thus mutual support amongst workers and volunteers and encampment residents was considered vital.

“We see that the numbers of people passing from overdoses, right, it's has been rising for the past year and that's a reality of what we have. And so all that is connected with each other and we need to try to find a place where we can help each other.” [Outreach Worker]

## Worker and Volunteer Mental Health

In terms of how engaging in encampment outreach affected people's mental health, outreach workers and volunteers expressed how challenging this type of work was, how common burnout was, and how they did not feel it was sustainable. Workers and volunteers described regularly bearing witness to traumatic situations, including extreme deprivation, violence and death. Because these crisis situations occurred constantly, they were often unable to deal with them adequately.



“I think could always feels like there’s no time or space to adequately process stuff... I think more conventional therapy will say like, oh, you know, like grief will take time. Like, we don't have the luxury of time to grieve one person because it's literally happening all the time. So I think that's definitely one of the hardest things.” [Outreach Worker]

Some also noted experiencing “anticipatory grief,” where they went into work expecting to see death. One outreach volunteer built this expectation into their screening for new volunteers:

“When I do people's intakes, I'm just like, ‘Do you go to a therapist? You might find someone dead. That will change your life’.” [Outreach Volunteer]

Some workers and volunteers discussed the various practices their organizations or groups developed to support them through traumatic experiences, as well as the personal strategies they used. These included training, having flexibility, taking breaks or limiting the amount of time doing frontline work, maintaining good support systems within and beyond the workplace, and debriefing after traumatic events.

Almost all workers and volunteers connected these issues to the massive systemic barriers that people living in encampments faced, which the workers and volunteers also faced while trying to help residents navigate these systems. Long-time outreach workers noted that managing these challenges became easier with experience; however, they also said that the level of burnout was still likely to increase due to the lack of systemic change over time.

“I think people don't last front line. I think in my opinion, my analysis, partly for this reason, you just give up. Like you see more and more lives destroyed for these big things that you can't, you as an individual can't fix.” [Outreach Worker]

Workers and volunteers also connected these mental health challenges to having low resources available through their outreach organizations or groups (including to support themselves personally and to support the completion of their work).

“I mean, everyone, everyone that does this kind of work needs access to trauma-informed counseling, I think. I certainly do. And pay raise, especially people who are classified as peer workers or people with lived experience are the lowest paid among outreach workers, we need a lot more job stability and pay equity.” [Outreach Worker]

## Resource Allocation and Sustainability Time

Many encampment outreach workers and volunteers explained that the time they spent providing outreach in encampments was more than the hours of a typical full-time job, sometimes because they were deeply connected with the community:

“Your time at work, dealing with the encampments, does not stop or doesn't begin 9:00 to 5:00. We have a lot of connections with a lot of people because it's our community. It's my community. I know people that I grew up with and seeing all my life and people, you know, I'm a person that lives through my Indigenous culture and the people that are involved with that, you know, there are far - so many different outlooks, so many ways, it doesn't stop at five o'clock... And that's the thing with the City, that they're able to do that. They clock in, clock out, and they don't have no things to deal with any of this before, to the point where - you know, Christian organizations have the same thing. They can have so much input in some, but they clock out at some point and they don't take responsibility the day to day things. Where ourselves, that, you know, a lot of people that have worked in these encampments and worked in this work, it doesn't stop at any time. It continues day to day, hour to hour, minute by minute.” [Outreach Worker]

Some workers that started doing encampment outreach during the pandemic did not reduce their workload in other areas, or receive additional financial compensation for the additional outreach provided in the encampments, as one worker explained:



***"This flow of money into already large organized institutions that have histories of causing harm or being ineffective...as opposed to in dispersing it more in grassroots ways, like you're never going to build community health that way."***

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"We didn't get anything extra. Our workload in other places were not reduced. So it was an additional task." [Outreach Worker]

Even after work hours, workers and volunteers responded to overdoses, as this one worker described:

"And I'd say most of the overdoses that I responded to were after I was done work. And again, the encampment outreach wasn't specifically to overdose response, it just, it was a byproduct of being there. You can't not respond." [Outreach Worker]

One worker at a community-based organization appreciated the flexibility in their work:

"I think at [organization name] I have a lot of flexibility to craft my schedule the way that I want it to be, so no it's not necessarily in my job description to be supporting [other group name], but like there's a lot of space in my schedule to do that and support, for instance." [Outreach Worker]

Many outreach volunteers noted how losing their jobs, often jobs unrelated to outreach, at the beginning of the pandemic, allowed them to have time to become involved in supporting encampments. Over time, some of the volunteers started working in paid roles at community organizations.

## **Funding**

Volunteers from one group discussed how their organization is funded entirely through donors. One volunteer described how this funding model allowed them more freedom, compared with organizations who are funded through other sources, stating:

"[Other organizations] have funding models and they're obliged to the way they're being told their money needs to be spent. So, yeah, we just were pretty ragtag, free wheeling, we could do whatever we want...we just actually had the people and the people had the time to, to be in the spaces, and then we had, you know, decent resources just through donations like cash that we were completely unrestricted in spending." [Outreach Volunteer]

A few volunteers suggested their group sometimes experienced difficulties obtaining funds, and how this lack of funds could limit the amount of outreach they were able to provide and how much they had to prioritize items that meet basic needs. Volunteers participating in more informal aid networks highlighted that they also tried to use donated resources to meet residents' specific requests, beyond their basic survival needs:

"And as we gained traction and started having some money to use, that's when we shifted a little bit towards asking people for very, very specific requests that we could fulfill. It would be anywhere from us buying like some duct tape at Canadian Tire for them, all the way to providing someone with a train ticket to get out of the city because that's what they needed" [Outreach Volunteer]

One worker said that they used resources from a variety of sources, but sometimes had to pay for items using their own personal funds, due to a lack of funds or organizational barriers to accessing them:

"And so a lot of my supplies would come from my other job, especially with wound care... So there was a lot of that. There's a lot of like borrowing supplies or trading supplies or kind of sourcing

your own. Definitely. And I'm not sure what that was about, maybe possibly because we also just didn't have a central place to go in and check in and stock our bags with... There was definitely a lot of - yeah, yeah, just partnering. Like I remember I wanted to get some prenatal vitamins and we didn't have any. And sometimes I would just go out and buy my own supplies, like it's not worth the effort and the hoops I have to jump through. So I will go out and buy." [Outreach Worker]

Some organizations were able to expand their work to encampments during the pandemic because of COVID-19 specific funding. Because the funding was related to the pandemic, some nurses expressed being uncertain of whether they would be able to continue their work after the pandemic. The work for paid outreach workers was sometimes described as precarious. Some paid workers expressed the insecurity of their own roles in the encampments, and how this impacted their work:

"We have no sick days, no guarantee of employment, like everybody is just on like, rolling, two-month contracts. It's very helpful, for us at least, they were until end of year, like as long as we have funding, like you can do it because when we were just doing it on like two-month contracts at a time, it's very difficult to plan and build relationships with people when you're like, but actually, like, I might just not work here in September." [Outreach Worker]

In addition, a few outreach workers and volunteers discussed the difficulty of finding workers to fill encampment outreach worker positions. One nurse noted that "...not a lot of people want to do this work full time or part time. You know, it's not easy work."

As a whole, outreach workers and volunteers expressed concern for whether encampment outreach would receive adequate funding in the future to allow organizations and groups to continue providing outreach.

## Sustainability

In providing outreach, outreach workers and volunteers stated that it was important to consider

the lack of long-term solutions for encampment residents:

"It's not sustainable. The thing is, like we're like a band-aid solution to what's happening to people and how it is because it's going to continue to happen..." [Outreach Worker]

One group's goal was to "ultimately put ourselves out of volunteer work" by having an end to the need for encampments. Volunteers were continuously evaluating not only whether their group was sustainable, but also whether it should continue to exist at all:

"We were chronically asking ourselves, like, 'do we want to keep going? When can we evaporate? Should we keep doing this? Like, is it sustainable?' ...ultimately it's it's a miserable idea that an organization would, like ESN would have to continue just like indefinitely in our operations in this city." [Outreach Volunteer]

In considering the way that funding is provided to particular organizations, one worker highlighted the inadequacies of resource allocation and their widespread impacts on sustainability and community health:

"My feeling is that like when you let communities grow and develop, you know, we take care of each other, right, and when you impose systems, they're just going to be ineffective and also potentially harmful. And so just this like, this flow of money into already large organized institutions that have histories of causing harm or being ineffective, like putting all your resources into that, as opposed to in dispersing it more in grassroots ways, like you're never going to build community health that way. That's not going to help, it doesn't work to just funnel all of your resources into one or two or three City-run organizations. That's not going to, that's not how community health works. So, it's not sustainable because I think a lot of community organizations, like more grassroots organizations, haven't really seen any additional supports or prioritization of their services during COVID. In fact, we've been asked, a lot of us, to scale back our services during

COVID and then all this money is going to like the City and ICHA.” [Outreach Worker]

Overall, outreach groups expressed the need for more sustainable supports to be provided to people experiencing homelessness, including housing options.

## Housing and Shelter

### Housing Needs, Supports, & Barriers

#### **Lack of adequate housing was the biggest challenge**

Almost all outreach workers and volunteers emphasized that encampment residents’ greatest need was permanent affordable housing. Some noted that this need shaped their advocacy efforts:

“I mean, ultimately, we're fighting for housing. It is like what it comes down to, that's what all residents say that they want. They want like actual versions of housing, not to be shoved into shelters, shelter hotels.” [Outreach Volunteer]

Almost all outreach workers and volunteers highlighted that the lack of existing affordable housing was the biggest barrier encampment residents faced:

“I mean, there is no housing in general to even offer. Right, so, and sometimes what's being offered is so far away from downtown that I think it might work for some people, but for a lot of people it doesn't. So I think that's a huge reality in terms of the lack of supply. So I think, I don't even think we're really often in a conversation point where there's offer is being made because there are none.” [Outreach Worker]

Some outreach workers and volunteers indicated that this lack of affordable housing supply meant it was challenging for workers to be effective if their main job was to provide housing:

“Yeah, I mean, I think the one thing that we are unable to provide, but ideally would be able to, is housing, of course. And I think also the - that seems to be the other big thing that other agencies are unable to provide. And it's interesting because things like - so like Streets to

Homes, for example, or Albion Neighborhood Services, those are agencies that are housing agencies that primarily now their work is to provide people with spots in shelter hotels. So they're not even like fulfilling their basic mandate of providing housing. They've had to pivot towards trying to provide temporary shelter, which is really frustrating, I think, because then, you know, even on the day of the clearing at Lamport Stadium, people from Streets to Homes were around offering spots in shelter hotels.” [Outreach Volunteer]

Similarly, many outreach workers and volunteers mentioned that, while their supports helped residents in many ways, it was often challenging to avoid feeling helpless because their supports felt like a “band-aid” solution and they could do little to get residents the housing they needed most:

“I'm glad that we're often able to come through even in emergencies, if somebody needs a tent like at night, we're pretty good at being able to find one and bring it over those things. I'm glad that we're able to do that. But ultimately, I feel like a lot of what we are able to do is still not housing... So if our demand is permanent housing and rent-geared-to-income, suitable housing, dignified housing, is it the best use of the resources that we have to put it all into buying snacks to give out to people?” [Outreach Volunteer]

#### **Lack of adequate policy response to housing crisis**

Several outreach workers and volunteers noted that they, as well as encampment residents, considered the unsuccessful efforts of housing workers to be an inefficient use of City resources, without addressing systemic issues perpetuating the housing crisis:

“I've heard it time and time again, like doing engagements with folks that are living on the street here in Toronto and they're like, ‘why do we have five housing workers rotating through the parks trying to get us housing and nobody gets us housing?’ Like this one guy was like, ‘I've worked, I've been on the street for a year and I've had three housing workers and I'm not housed.’

So he's like, 'why doesn't that money go to resources that I can actually use?' Because it's clear that this housing crisis is so systemic that it's beyond these isolated incidents of trying to house people." [Outreach Worker]

Most outreach workers and volunteers also considered the City's efforts toward creating a sufficient supply of affordable housing to be inadequate, and some suggested that redistributing resources away from enforcement would help:

"I just think there needs to be more self-determination built into – I can't think of anything like immediate and short term, but we just need affordable housing units. Like why can't the City, I don't know what you call it, expropriate properties? Like, why aren't they putting that same amount of focus into housing units that they're putting into policing people in parks? And if they'd started that last year, how much would be done by now? I don't know. I think communities know how to take care of themselves and each other, and it's most like, it's people getting in the way of that or not doing the work that they need to do. Like creating affordable housing units in the downtown." [Outreach Worker]

### **Outreach groups' efforts to get residents housing**

On the other hand, Streets to Homes said that the City had opened up more housing opportunities during the pandemic, including a rapid housing program for their lower needs clients and modular housing with supports for higher needs clients. They also said there is always some type of housing option to offer, but that some encampment residents will not accept it if it is not what they want.

A few outreach workers and volunteers mentioned how their relationships with both encampment residents and other organizations helped to facilitate getting people into both housing and shelter indoor spaces:

"And then I know from people who've gotten housing through ESN relationships where it's like, they're just like, people who clearly wanted to get

housed and were like kind of just like, it was simple. They had a simple situation. So that's happened and then people are like, really, really grateful for that kind of stuff." [Outreach Volunteer]

Outreach workers and volunteers also described other barriers, such as legal issues, that made it challenging to help residents navigate the housing support process:

"Feels like there is nothing you can do in immediate moment. People with all the sorts of complicated legal stuff that often feels really messy. I think that, it often feels like people in the community are just so - there are so many aspects of this system that have intertwined. And so when you want to try to support one person with housing, for instance, it's connected to legal stuff or ID stuff or like taxes or outstanding warrants. And so then it's like, well, where do you start? Right, and so you try to find one piece to start but it all takes a lot of time." [Outreach Worker]

Streets to Homes also identified aspects of the private housing market, such as landlords not wanting to rent to people on social assistance, as a challenge in trying to house encampment residents.

A few outreach workers noted that they thought some encampment residents were not interested in moving indoors:

"I think everyone just works differently. They have their own reasons why maybe independent living doesn't work for them, why they might need supportive housing, what kind of supports. So, yeah, it's it's hard to say. Some people just didn't want to be sheltered. They were out there forever. They just needed something warm to eat." [Outreach Worker]

### **Shelter Hotels, Shelters, and Respite Challenges obtaining shelter for residents**

Long-time community-based outreach workers said they had pressured the City early in the pandemic to establish shelter hotels and then coordinated moving encampment residents into them. However, they said

## *Outreach groups noted that encampment residents often had highly negative experiences with City workers and shelters, which led to breaking their ability to trust again.*

the City quickly ran out of shelter space so the encampments kept growing. They described how the pandemic had severely reduced shelter capacity, along with the issue that shelters were not viable options for everyone:

“I mean, this doesn't get told in the media, in my opinion enough, and I've been doing this for a long time. Like, a huge people, like definitely in shelters - and shelters aren't safe for a number of people and don't work, right. But broadly speaking, if there was frankly a thousand more beds, they would be used. It's always full. And actually, the number, like the number of shelter beds dropped and not ever gone up again, at least a thousand during the pandemic. Like before COVID, if you include respites and 24-hour drop-ins and stuff, at one point there was almost as much as 8000. Right now it's down to not much more than six. It's a huge - way less. And for many people, for some not, but for many people, the shelter hotels aren't - few give people a higher level of privacy and autonomy and many would prefer those. Again it does - the City still hasn't done well with overdoses, that's just awful.” [Outreach Worker]

Outreach workers and volunteers identified many barriers related to shelters. First, they spent a lot of time trying to navigate the complicated shelter system to find indoor spaces for encampment residents, often with little success:

“I mean, and if you call to get somebody in the hotel, you're on hold for like an hour. And then they say, ‘call back in an hour’. I'm like, and it's my phone and I have to go somewhere else and buddy now is like, he's had it and he's gone off, you know what I mean? ... I tried three times for this man. Yeah, he's just, he said, ‘I can't, I can't

do this’. This being on hold for an hour and then I speak to a woman and she says ‘we don't have anything right now. Can you call back in an hour?’ Well, this [redacted name] uses heavily. In an hour, he's going to be not able to talk to you. I didn't say that to her, but that's what I'm thinking, right? Like, I have a small window with this man in the morning where he's able, you know, to engage with somebody and answer all their questions and they won't let us speak. The individual has to speak for themselves.” [Outreach Worker]

At the same time, outreach workers and volunteers described how they felt encampment residents were coerced into accepting shelter spaces. They also noted that residents faced a lack of transparency in shelter offers:

“I'll give them the benefit of the doubt to just say that they don't know, you know, these hotels were all new. And how is [redacted name] supposed to know what the Bond is like inside? But like to this day, you can't get a Street to Homes employee to describe what Novotel is like. You don't have a list of services, like they wouldn't be able to say this is what's available there in terms of harm reduction. There's two meals a day, there's three meals a day. You can bring beer in. There's pets. Like they just don't have this, this like comprehensive sort of, like, but also very basic understanding of like what these spaces are. Where they're telling people they should go. So residents will have all kinds of questions that they just won't be able to answer. And then it's just like a shot in the dark, they go and see how it is right, rather than being able to make like a real informed choice...” [Outreach Volunteer]



To support residents who were not sure whether to accept a shelter offer, one volunteer outreach group created a list of questions that they might want to ask:

“One thing we developed was like a, like little questionnaire for people to prepare them for the move day. Like once we see an eviction posted, start like educating people about like who Streets to Homes are, like what to ask them. I got accused a lot of dissuading people from taking options and I can say I've never done that. But what I do say is ask these questions. And the questionnaire is like, how far is the shelter hotel from transit, is there - am I allowed to drink alcohol, like am I allowed to use drugs, like what's the closest food. Like this kind of question that in the moment of, like, having to leave one's home, maybe you just don't know how to ask. And it just seemed to me that like, that welcome package and that information should have always been available to people. And it just didn't come with that information. And so then, like what people actually hear is like they hear rumours. So they hear that, well, that guy's brother died in the Delta. I'm not going there. You know, they hear like someone burned to death at Victoria. I'm not going there.” [Outreach Volunteer]

### **Negative experiences with shelter settings**

Outreach groups noted that encampment residents often had highly negative experiences with City workers and shelters, which led to breaking their ability to trust again:

“With the Broadway, so like, Streets to Homes can show up in all their gear and appear as though they're good, but ultimately they're not being forthright about what is happening. And so a lot of people who even thought they were good and trusted them to take them somewhere end up at the Broadway or some shit, they realize it's a hellhole... And I know people that missed the deadline by like a few minutes after them having accepted the room. And because they missed the deadline, all their stuff had been trashed already. They weren't able to get their stuff back that was shipped to the hotel and a security guard came

out and told him to take his bike and leave, that he wasn't allowed to have his room.” [Outreach Volunteer]

For residents who did enter shelters, outreach workers and volunteers described a variety of issues. While they considered COVID-19 risk one of the biggest issues in traditional shelters and respites, they considered the most critical issue with the shelter hotels to be the inadequate overdose response:

“The shelter system, the health care system, who's getting the money, how they're using it. Who's not getting added additional resources? Like, that I find distressing. Because the City hasn't taken care of people, like we've had so many of our community members die in the City of Toronto shelters. And that's extremely distressing... And we're like, you know, places that where we had tried to make relationships or like offer - make offers of, ‘oh, can we help you increase your harm reduction capacity? Can we help you increase your overdose response capacity?’ And just being ignored like we didn't exist or like we weren't part of a community. Or actually like they weren't trying to be part of a community. And I - for the amount of money that they got, they couldn't even keep people alive.” [Outreach Worker]

Another barrier outreach workers and volunteers highlighted was the chaotic and violent environments at shelters, which negatively affected people's mental health and interfered with their ability to focus on surviving the challenges of homelessness:

“And a lot of people at this point, even when there wasn't knowledge of a lot of COVID outbreaks in shelter hotels, were like, I'm not going inside for whatever reason. Whether it be for COVID safety or maybe someone that has experienced incarceration and like four walls is just really bad for them, or let alone the fact that, like, I know people that have been at 545 and have experienced this like violent, horrific shit because like everyone's having a breakdown. Everyone's like living in crisis mode. And if you're - if you have a tendency in your life towards like some sort of mental health issue, the last place



you want to be is in like a concentrated area where there's a bunch of people who are going through the same thing, like it's going to make you feel bad. It's going to affect your mental health in a way that you're not able to sustain what you're doing in this other version of crisis mode, that it is like you don't have a place indoors that you go to, you know.” [Outreach Volunteer]

Outreach workers and volunteers also identified a range of systemic barriers in the City’s shelter system, including rigid restrictions and procedures, hiring workers with inadequate training, disorganization, and other bureaucratic complexities:

“...with COVID, it was just like everything has to be through central intake. Everything has to be through Streets to Homes. It was like this complete like choke point.” [Outreach Worker]

### **Shelters affected residents’ outcomes**

Outreach groups noted how these systemic barriers in shelters often resulted in residents ending up back on the streets after staying in a shelter, commonly because they were kicked out:

“A lot of people were coerced into going into or, you know, like offered places in the shelter hotels. But the issues obviously didn't end there. So we did a lot of outreach at shelter hotels. A lot of folks that would get kicked out of shelter hotels and end up sleeping like these very isolated camps, like under bridges, like on grates on the street, like really just going where people were.” [Outreach Worker]

Outreach workers and volunteers also explained how these negative shelter experiences resulted in destabilizing residents who had been doing well in encampments:

“Even I remember like one woman, like she's such a very clean person. So it always really bothers her to be in shelters where things aren't clean and her tent was like immaculate and so lovely, like, well, just nicely set up and comfortable for her... It really kind of fucked her up when she got, like sent to a shelter hotel and then ended up getting kicked out of there and then she didn't have her

tent anymore. And so having to start over.” [Outreach Worker]

Despite all these issues, some workers noted positive effects of the shelter hotels and thought that encampment residents considered them an improvement over traditional congregate shelter beds and respite centres:

“I think like with the creation of the, like the shelter hotels, which is not great for everyone, certainly, but is like for a lot of people, like a fairly reasonable amount, like a good amount of support, a good amount of privacy in their own space. I think that, you know, a lot of - there is a lot of people who felt coerced into them and felt sort of, like institutionalizing them, but I think a lot of people also, you know, had a lot of just like kind of like comfort and happiness and were pretty, pretty happy with them there.” [Outreach Worker]

In addition, outreach groups expressed concern about the City’s lack of planning for the future of people in the shelter hotel program:

“Deeply concerned about the shelter hotels closing and like, no discernible plan from the City. I just have no idea what they're thinking they're going to do. You know, there's hundreds of people in these programs now. And then, like, you've got 40 percent, maybe, vaccination rates. I don't even know what the shelter staff are saying in terms of their vaccination. You know, so it's like if you think you're going to close these hotels down and then just open up capacity in shelters again, like what is that? You know, like people are going to get Delta, people are going to get COVID again. So that's scary and ridiculous and frustrating.” [Outreach Volunteer]

### **Encampments Compared with Housing or Shelter Options**

While the City assumed indoor spaces were always better than living in an encampment, community-based outreach workers and volunteers emphasized that it was important to let people live outside if they did not consider any of the indoor options to meet their needs. Many outreach outreach workers and

# *“Because homelessness doesn't have to exist. Poverty doesn't have to exist. Self-isolation doesn't have to exist.”*

volunteers disagreed with the City's narrative that encampments were less safe than the existing indoor shelter settings, including with respect to risks of overdose, fire, and violence:

“I honestly don't know how much worse they can possibly get, but it's like I know that the encampments can grow, the fentanyl can become more deadly and that the City can stigmatize them even more, as things become potentially more violent. They used fire against encampments all winter. They use overdose deaths against encampments constantly. When honestly, the statistics about both of those things, according to a coroner's report that I just read, is actually the same as encampments as it is in shelter hotels. Like they're full of shit. They think that there's more deaths in encampments or more violence or more fire in encampments, it's actually not true. It's the same, almost the exact same percentage and all of those aspects in shelter hotels and encampments. So it's like they want to continue to spin this particular narrative about what they're doing and all that stuff, but they don't report about what they're doing.” [Outreach Volunteer]

In addition, many outreach workers and volunteers described particular benefits of encampments that were not possible in the current shelter system. One primary benefit encampment residents experienced was the ability to exert their autonomy, in contrast to shelters where they had to follow many rules or were at risk of being kicked out:

“Like people in encampments are just people like anybody else, right? We want autonomy, right? We want to have friends over. Like those things are just important human things that we all need and I take for granted, right. And so in a shelter you can't do that. You can't invite

somebody into your space, you have no - you have a bed, right. That, by and large, especially before COVID, you couldn't even access during the day, right. You have no privacy. You have - especially I mean, one of the big benefits of the tiny shelters was you could lock the door and keep your belongings a little safer. Those kinds of things, you have a higher chance. Again, it's not the same as my apartment, right. But like in an encampment, you could still have your stuff stolen, so people complain about that, right. But you're more - it's easier to be like, ‘hey, stay next to our friend who's going to watch your stuff while you go and get some, run some errands’, right. And I'll go to a doctor's appointment, whatever. And people do that all the time, right. But in a shelter, you don't have that option. So just, you can - like all these small things, but they add up.” [Outreach Worker]

Outreach workers and volunteers highlighted that neither encampments nor shelter settings were able to meet all needs for any given resident. Ultimately, they emphasized that only permanent housing can address the issues across these settings. Further, outreach workers and volunteers considered the connections between challenges occurring in encampments and various shelter or housing services to be important:

“What the encampments have created is basically a pipeline through Streets to Homes and different non-profit housing providers that has really done a huge disservice to the encampment residents, where folks move from an encampment to a shelter if they're lucky - or a hotel if they're lucky, or a shelter and they get kicked out and they're back on the street and then they end up overdosing in an alleyway somewhere or they end up overdosing in a hotel. I've spoken about some

of the shortcomings of the shelter hotels before, but the encampment issue and the issue of shelter hotels and the overdose crisis and gentrification are all very closely intertwined.” [Outreach Worker]

## Gaps in Current Systems

Many workers and volunteers spoke about the deeper systemic issues that affected encampment residents. While many of these issues centered on the City’s inadequate responses to the housing and overdose crises, others included inadequate investment in healthcare and emergency response. Community-based outreach workers and volunteers described how they were mainly providing basic humanitarian aid to address critical gaps left by the City, because, they said, the City was too focused on addressing the visibility of homelessness (e.g. through encampment evictions) rather than the housing crisis itself:

“Because homelessness doesn't have to exist. Poverty doesn't have to exist. Self-isolation doesn't have to exist. It is something with the governments that allow to be there and they have the power to stop it, but they don't.” [Outreach Worker]

Overall, workers and volunteers identified that existing social services and infrastructure are wholly inadequate and in need of additional government investment. As one worker described, this point was laid bare by the impact of COVID-related business closures, which severely harmed the health of encampment residents who relied on these spaces for warmth:

“It was much more, people who are much more like, yeah, just like, people who had been, we knew had been staying outside for many years previously also, some of those people got frostbite. You've been staying out for like five years. I was like, you, I thought that if anyone was going to be able to do it. But they got frostbite, too, like lost toes. And then - which is like a serious, like a life-changing injury - and yeah, but I think that was...just the lack of all of those informal spaces, like the lack of McDonald's, Tim

Hortons. Now that all of those private, for profit, like all of those informal, like 24-hour spaces [were closed], and people for the first time are actually relying on what society is providing, or actually relying on like social institutions, like it's so grievously inadequate...without the ability to just sort of like duck in to somewhere to warm up a bit.” [Outreach Worker]

In addition, outreach workers and volunteers highlighted stigmatization as a continual systemic issue for encampment residents. Stigma and discrimination were connected to many marginalizing factors and occurred in many institutions, such as the prevalent racism people experienced in hospitals. One worker also described classism in public health responses, highlighting a lack of accountability to people experiencing poverty:

“And you know that they've consistently just like washed their hands of places that homeless people stay. Like that they're not in the respites, that they have no concept of what it's like in there...where people spend money, they prioritize it. Where like homeless people are living, don't, there's nothing. They don't care... Yeah, I just like, what I would like to see is that public health is involved in making standards for the places where people are staying, that there is some sort of like reportability...” [Outreach Worker]

Outreach workers also highlighted that maintaining continuity of care with clients was severely inhibited by the City’s COVID-related policies, which resulted in transitions of care being conducted in a way that was not collaborative, efficient, or respectful:

“...the system errs towards sort of fragmenting instead of like supporting continuity of care. Like, oh, now that people are in the shelter hotels like the City is going to take care of health care and social services and everything. And it's like, actually like the City can't do that... Like, one question that we get, gets asked so rarely is like, who's already part of your team? You know, the people don't get asked that, like, who helps you with things. And then mobilizing those resources. And I guess, sometimes it's formal supports and sometimes it's informal support, but like actually

asking people like who matters and who we need to include. It so rarely gets asked. And then people just like act like they're like the first person to offer a helping hands. And it's weird. It's weird. People do have community, right, even if they're like marginalized or whatever word you want to use. Like, people absolutely have communities.” [Outreach Worker]

Finally, outreach workers and volunteers identified that many of these gaps were related to the broader issue of the City not adequately consulting with and prioritizing people with lived experience when making decisions that affect them:

“And I think it's just important to recognize the dignity of people in terms of consulting, and so if you're going to be talking about supporting encampment residents, if the City's like ‘we really care about the well-being of the most vulnerable’, then they need to talk to people. And, you know, look, I'm struck by how they reached out to a number of organizations and they say, ‘OK, you are all stakeholders’, but then you invite all these people to this conversation and there's nobody

who's in the encampments present. And so you wonder, like, well, why not, right? Because a number of us representing organizations have basically just been saying the same thing. Just go talk to people, like we will help you facilitate all of it. But there is this huge reluctance. And I, and I think that's really significant in terms of why things aren't really working. Like nobody's listening to the people who have a lot of wisdom, right. And so and then in the same way, when these hotel shelters are set up, no one's talking to people who are going to be staying in them to be like, what will actually work? Right, and so when you have a retention rate of 20% or something, obviously something's not working. And so if something's not working, we should probably figure out why, but nobody seems to, nobody in these decision-making spaces often seems to want to actually have those conversations. And so my hope and honestly, I think the only way that real change can happen is if people who are supposed to be the recipients of these services are the ones who are actually consulted with first.” [Outreach Worker]

# Discussion

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## What we learned

Overall, our study demonstrates that the community-based outreach supports provided to encampment residents during the COVID-19 pandemic were highly beneficial for their survival and well-being. While residents valued supports that met their basic needs most highly, such as tents and food, they also greatly appreciated the social relationships they had developed with outreach volunteers and workers. Specific characteristics of outreach, such as frequency, consistency, flexibility, and responsiveness to residents' input, were highlighted as critical to their effectiveness. A few residents went so far as to credit outreach supports with saving their lives or the lives of others staying outside. Community-based outreach workers and volunteers similarly emphasized the importance of their relationships with encampment residents, indicating that establishing trust and maintaining continuous connections with residents was central to their outreach approach. These outreach groups and organizations also noted that the way they provided outreach was underpinned by key values, including dignity, autonomy, reflexivity, reciprocity, and collaboration. Furthermore, the encampment environments became a space where residents were able to build communities in which they worked together to survive, which contrasted with more isolated experiences in shelter settings.

Housing-specific outreach, typically by Streets to Homes of the City of Toronto, was less successful at meeting the needs of encampment residents, most of whom expressed an ongoing urgent need for permanent housing options, rather than the traditional shelter and shelter hotel beds offered. Many residents were not even able to find indoor

shelter spaces when they needed them and the majority of those who accepted offers of temporary shelters returned to encampments. Residents reported numerous reasons for not accepting these offers, or for leaving soon after accepting them, including that they were often kicked out. The rigid rules imposed by shelters were highlighted as restricting residents' autonomy, compared to encampments where they felt more free to make their own decisions. Further, residents faced many systemic barriers to obtaining housing that met their needs, including administrative obstacles and discrimination. Residents also highlighted a lack of transparency and accountability in their experiences with the City's outreach and shelter or housing supports, often leading to distrust of these systems. Overall, our findings clearly illustrate that current shelter and housing supports are not sufficient to meet the needs of many people experiencing homelessness.

Relatedly, it is important to understand the extent to which the City's focus on clearing encampments harmed residents. While much of our study data (among encampment residents) was collected prior to the mass evictions in the spring/summer of 2021, residents still experienced much stress due to the constant threat of eviction and smaller-scale eviction tactics throughout the pandemic, including receiving eviction notices, having their possessions removed, and being pressured to take indoor shelter offers without adequate information to determine whether these options would meet their needs. Both residents and outreach groups highlighted how these eviction efforts were destabilizing for encampment residents' health and well-being, often displacing them from their communities and disrupting outreach groups'

attempts to support them and maintain continuity of care. Outreach workers and volunteers also highlighted a key issue around the duality and complexities of the City's role as both supporter and evictor (especially Streets to Homes), and how these conflicting roles confused and harmed residents. Encampment evictions were also ineffective at eliminating encampments and appear to continue the cycle of marginalization for people experiencing homelessness. It is imperative that the City of Toronto discontinue these damaging practices and instead adopt a compassionate, human rights-oriented approach toward encampments. Such an approach should meaningfully engage residents, centre their needs, respect their dignity, and specifically protect Indigenous peoples' distinct rights to self-determination and self-governance.<sup>4</sup>

Outreach workers and volunteers further described several key tensions with the City of Toronto that affected their ability to support encampment residents. While various community-based outreach groups and organizations often collaborated with each other to better support residents, they felt that the City was not willing to collaborate in good faith, and instead made decisions and took action without transparent communication or consultation, which destroyed the trust of outreach groups and residents alike. A fundamental issue that outreach workers and volunteers identified was their belief that the City had different goals than them - namely, a focus on getting encampment residents indoors and out of the parks at any cost, regardless of the outcome for residents, rather than on building relationships and supporting residents 'where they're at'. Further, the lack of basic humanitarian aid was seen as a failure of the City to meet their human rights obligations. Outreach groups thought this inaction might be purposeful due to the City's concern that providing such survival support would be seen as enabling encampments. Similarly, outreach workers and volunteers expressed frustration at some of the narratives that the City used against encampments, such as considering them less safe due to risks like fire, overdose, and COVID-19, despite the fact that these threats were actually on

par with or greater in shelter settings. For instance, with respect to deaths due to fire, there were two in encampments and two in shelter hotel settings since the beginning of the pandemic until the time the Shelter & Housing Justice Network released their Winter Plan<sup>17</sup>. Many outreach workers and volunteers highlighted that their need to engage in continual advocacy to counter the City's misinformation was exhausting and placed an additional burden on top of the many challenges they already faced trying to support residents. This burden was exacerbated by outreach groups' impression that the City mainly viewed and portrayed them in the media as activists, yet also relied on them to meet encampment residents' basic needs.

In addition, our findings reveal the ways in which the COVID-19 pandemic and the overdose crisis intersected with the housing crisis to complicate encampment residents' experiences. These crises together exacerbated health and safety risks for many people experiencing homelessness. One key lesson from our study centered around the importance of attending to encampment residents' perceptions of health and safety across different living settings. It was evident that health and safety risks existed across all settings for people experiencing homelessness. While COVID-19 and overdose were commonly discussed risks, other risks included violence, theft, and non-accommodation of health or accessibility needs, such as dietary or mobility issues. While the City often justified evictions by claiming that indoor spaces were safer than encampments, recognizing these risks is essential to understanding why many residents chose to remain outdoors instead. Residents and outreach groups highlighted that many shelters had COVID-19 outbreaks, as well as increased overdose deaths, especially in the shelter hotels where people became more isolated, with some indicating that they were grieving multiple people who had died in these settings. Residents emphasized being more able to take precautions in the encampments to protect against both COVID-19 and fatal overdose, with outreach supports helping them to do so. Despite these opportunities for risk mitigation in the encampments, a high



number of the residents reported acquiring COVID-19 relative to the general population, consistent with other evidence emphasizing heightened risks among people experiencing homelessness in general<sup>18</sup>. This may be attributable to several factors, including frequent moves between encampments and indoor shelter settings. Moreover, the high rates may also be attributable to increased detection, since residents were likely tested for COVID-19 more frequently than the general population.

Overdoses and overdose deaths have increased dramatically during the COVID-19 pandemic. In the City of Toronto, opioid toxicity deaths rose by 81% in 2020 compared with the year prior<sup>16</sup>. The number of unhoused people who died of overdose has also risen during the pandemic, with increased deaths mainly in shelter hotels<sup>19,20</sup>. The City, public health, and other organizations pivoted to respond to COVID-19, while overdoses have caused more deaths among people experiencing homelessness<sup>20,21</sup>. There was a much higher total number of overdose deaths in shelters and shelter hotels than in the encampments. That is, there were 74 overdose deaths in the Toronto shelter system from the beginning of 2020 through June 2021<sup>20</sup>, yet 9 deaths in “known” encampments (which included Trinity Bellwoods Park, Alexandra Park/Scaddingcourt, Moss Park, Lamport Stadium/Parkdale, Little Norway Park, and Cherry Beach) for the same time period (latest available data, Office of the Chief Coroner for Ontario, personal communication, December 2021). These statistics and our findings demonstrate that a focus on comprehensive overdose death prevention was not an initial priority for all shelter and shelter hotels. Further, it is important to acknowledge that grief and loss also affect people’s risk of overdose and overdose death, perpetuating a deadly cycle. People in the community have lost many friends, family and partners. They have personally found people dead. They have witnessed people from the encampments move into the shelter hotels only to fatally overdose days or weeks later.

Outreach workers and volunteers also described the immense burden of bearing witness to

traumatic events, such as extreme deprivation, violence, and death, which were life-altering for some new volunteers. They worried about the sustainability of the outreach services they were providing, and connected these challenges to a lack of resources or meaningful policy change that would support both encampment residents and themselves. It is important to understand that many outreach groups are volunteer-run, and thus, at risk of dissolving without adequate community support, while other community-based organizations have limited resources for outreach. Sustained outreach services that embrace the characteristics that encampment residents highlighted in this study could be one avenue to bridge the needs gap for people experiencing homelessness.

The most critical implication of the study findings is that as long as housing affordability continues to be a major problem in Toronto, and as long as shelter conditions remain unsuitable for many people, encampments will continue to exist as an alternative shelter option. The pandemic has only made encampments more visible and highlighted pre-existing gaps in the housing support sector. Thus, increasing investment in permanent housing must be urgently prioritized, including a variety of alternatives to meet peoples’ different needs, such as rent supplements, rent-geared-to-income housing, co-operative housing, or supportive housing options.

Encampment residents’ experiences as summarized in this study provide insights into how shelter and housing services should be improved to better align with peoples’ needs, as well as how to continue supporting encampment residents through outreach until suitable housing options become available. As expressed in our findings, encampment residents know their own needs best. Thus, the only acceptable approach is for decision-makers in the City of Toronto, and elsewhere, to include and listen to encampment residents in all discussions that affect their lives.

# Recommendations

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The following recommendations are made from a place of urgency. The current response is not only inadequate to address the challenges highlighted in our report but also causing further harm to those most affected by these crises. The core value underlying these recommendations is that the provision of human life should be a collective responsibility. Housing policy based in this understanding should support people and make sure they do not suffer or die from preventable causes. The necessary resources and solutions to ending the housing, overdose, and COVID-19 crises exist; enacting them begins with divesting from evictions and enforcement and investing in community-led supports and permanent housing options.

## Outreach Supports and Community Integration

Outreach services should be culturally sensitive, anti-racist and anti-colonial. Outreach should understand that people's experiences and needs are intersectional and intentionally ensure access to services for disproportionately-represented residents in encampments, such as Black people, Indigenous peoples, people who use drugs, and LGBTQ2S+ residents.

Encampment outreach supports should be responsive, flexible, and adaptable to what encampment residents say they need (e.g., providing tents, cellphones). Supports should be offered frequently and consistently (e.g., arriving daily at noon).

Outreach groups should be partnered or connected with community groups and organizations to enhance coordination across services and continuity. Transitions of care should be conducted in collaboration with people's preferred community supports and their consent.

People working in encampments should have mechanisms to speak up about and report human rights violations they witness without fear of reprisal. Staff and volunteers should have the ability to participate in advocacy (e.g., attend a protest during an encampment eviction or break a non-disclosure agreement).

Staff and community organizations should be able to re-deploy resources to streamline crisis response and limit bureaucratic barriers (e.g., being able to provide an overdose prevention site in encampments).

Outreach groups should develop and maintain relationships with people experiencing homelessness. Relationship building should involve establishing trust, attending to power dynamics, and providing continuous supports.

Outreach supports should recognize the ways that people living in encampments mutually support each other (e.g., watching each other's possessions, checking-in to prevent overdose deaths, social connection) and support communities in ways that retain their autonomy and help meet their basic needs.

## Resources and Funding

Funding for organizations and volunteer groups should be flexible and able to respond to emergent needs. Funding should be based on what communities feel that they need and bureaucratic barriers that impair access to funding should be reduced.

Funding for encampment outreach should be reliable and sufficient to ensure that outreach workers are paid an adequate living wage. Workers should also have job security and flexibility in scheduling to enable them to adapt to residents' changing needs and provide supports outside regular business hours. This would promote workers' well-being and create more sustainable services.

Health care outreach is integral to the well-being of encampment residents as it reduces barriers, such as stigma and discrimination, to accessing traditional health care institutions. Health care outreach should be funded continuously beyond the pandemic and include linkage to community health care supports for people experiencing homelessness.

The City of Toronto needs to make its resources (e.g., furniture bank) broadly accessible to community-based groups, rather than limiting access through selected City-focused groups.

Organizations doing outreach should prioritize hiring people with lived experience of homelessness, drug use, and other experiences of marginalization.

The City of Toronto resources should be divested from enforcement activities that negatively affect encampment residents and re-distributed toward more permanent housing solutions.

## Eviction and Enforcement

Evictions are fundamentally violent, aggressive, and ineffective. Most residents end up remaining on the street after being evicted from an encampment, and in worse circumstances as they are displaced from their communities and supports. As such, residents should not be coerced into leaving an encampment or entering indoor shelter or housing that does not meet their needs.

The City of Toronto should cease all of the following practices to avoid causing more harm and further eroding trust with encampment residents:

- Stop invasions of privacy through the collection of information about encampment residents without their consent (e.g., taking photos of them and their living spaces or tracking their daily activities), especially with the purpose of using this surveillance to evict them.
- Stop threatening encampment residents with eviction notices, especially without specific dates or acceptable methods of recourse.
- Halt the unacceptable use of force and enforcement against encampment residents, such as that which occurred during the violent evictions in spring/summer 2021. The City should issue an apology for the violence inflicted on encampment residents.
- Overall, the City should end the removal of people from public spaces. This was particularly unjust in the context of COVID-19, when establishing encampments was an act of pursuing survival due to the risk of transmission in congregate shelter spaces.
- The City should also end the criminalization of homelessness more broadly. For example, it should not be illegal to have contained fires, especially if safer heating alternatives are not provided.

Instead of the harmful eviction and enforcement practices listed above, the City should divert attention and resources to:

- Create more housing opportunities that meet the needs of people living outside.
- Provide outreach supports and reduce barriers (e.g., do not limit access to bathrooms to certain hours) for people living outside to maintain life and well-being.
- Change the by-law that prohibits camping in parks. Public space is meant for everyone, not just people with homes, so people experiencing homelessness should be allowed to use public space to set up temporary shelter if needed.

## Shelter and Housing

The City of Toronto should acknowledge the distinction between shelter and housing options and provide transparent information on which resources are being offered. The autonomy of those who do not want to stay indoors should be respected, especially considering the risks during the COVID-19 pandemic.

People doing outreach in encampments or working in the shelter system should adopt a non-interference approach that prioritizes supporting residents where they are physically and emotionally. It is paramount to not impose on residents' right to make their own informed decisions through coercion or other means. For example, City of Toronto outreach workers should provide detailed information on all shelter and housing options that are available, including different types, locations, and accessibility needs. This is essential in helping encampment residents make informed decisions about their place of residence, and reducing the frequency of harmful displacement experiences.

The shelter system should reduce overly restrictive rules (e.g., allow people to retain their belongings), with a focus on improving opportunities for autonomy and community-building.

The City of Toronto must work to address the significant capacity and conditions issues in the shelter system. This should include implementing systems for better addressing the safety and security concerns of clients, such as COVID-19, overdose, violence, accessibility, and fire risks.

The shelter system needs to be resourced appropriately to ensure qualified staff are hired (e.g., with outreach or lived experience when possible) and trained for supporting people experiencing homelessness with a compassionate, solidarity-based approach. Improvements to staff job security, compensation, training and supports are necessary to create a sustainable shelter system.

Shelters should re-evaluate service restrictions and associated enforcement practices, especially kicking people out or otherwise limiting their access to services. Significant efforts should be made to address issues before a person is "kicked out" or "restricted" from their service. In these cases, there should be increased transparency on the decision to remove someone from a temporary shelter environment. Clear policies should also be followed to make service restriction a last resort. Hiring people with lived experience and strong de-escalation skills will reduce the need for service restrictions.

The shelter system should have better accountability and transparency in its services for people experiencing homelessness and the broader public interested in supporting them. These should include regularly collecting and acting on feedback and input on services from shelter residents (e.g., a resident-led council/advisory board) to prevent misuse of power and ensure services are meeting the needs of residents. This could also entail an external audit and evaluation of the shelter system and individual shelters.

## Overdose

Principles of harm reduction and overdose death prevention should be widely adopted by shelter staff and integrated into programs and policies. All shelter hotels and other shelters should have oxygen and naloxone readily available, include regular training for staff, include peer-to-peer witnessing/spotting, and be equipped with overdose prevention sites or supervised consumption facilities (including for both injection and inhalation of substances) run by workers that include people with lived experience. These settings should also have integrated safe supply programs for residents.

The COVID-19 pandemic exacerbated pre-existing overdose and housing emergencies. People living in encampments often respond to overdoses among their peers and their efforts should be recognized. Trauma-informed mental health supports (especially for grief and loss) should be expanded and made accessible to people living in encampments, as well as outreach workers and volunteers.

## COVID-19

COVID-19 transmission has been an ongoing issue within the shelter system. To address this, infection prevention and control measures, air filtration, and public health inspections in shelter settings should be improved. People experiencing homelessness should not be forced to make impossible choices, such as deciding between potentially fatal risks like contracting COVID-19 in a shelter or hypothermia outdoors.

The City should improve preventative measures and future pandemic planning efforts, including resource allocation for emergencies and the coordination of an emergency table, so that people experiencing homelessness do not need to rely on encampments to avoid the danger of pandemics in congregate shelter settings.

## Overarching Recommendations

Input from encampment residents should be central to the decisions made about encampments, shelters, and housing. Residents' needs, autonomy, and dignity should be at the forefront of all decisions that the City and all groups engaged in encampments make. The City and groups engaged in encampments should avoid a top-down approach, focusing instead on letting encampment residents lead and centering their voices.

The City should prioritize providing encampment residents and other people experiencing homelessness with permanent housing. Investing in permanent housing that is affordable, safe, and suitable to the individual (e.g., meets their accessibility needs) should be the focus for resource allocation. Such housing will address the many health and safety risks (e.g., violence, fire, overdose, COVID-19) that people experiencing homelessness face regardless of their setting (e.g., encampment vs. shelter vs. hotel), allowing less focus on the resourcing of temporary or "band-aid" solutions to manage crises.

The City should make significant efforts to prevent people from being evicted from their housing and becoming homeless. This may include making legislative changes to restrict landlords from evicting tenants as well as providing a range of support alternatives, such as rent supplements, rent-geared-to-income housing, co-operative housing, supportive housing, and other creative solutions.

The City needs to acknowledge that homelessness is a humanitarian crisis, created by a profit-driven housing system, and therefore they must adopt a human rights approach to address it. Such an approach will require the City to adjust their policies and practices to provide outreach directly and to support community-based outreach that ensures the basic survival needs of unhoused people are met, regardless of where they choose to stay until permanent housing is available to them.

Indigenous peoples are disproportionately represented in encampment settings. Given the history of colonial violence and forced removal of people from their land, it is essential for all people engaged in encampments to respect Indigenous peoples' right to self-determination, including their right to reside in parks.

Protecting community supports in neighbourhoods is essential to ensuring encampment residents can meet their needs and to stopping the dislocation and displacement of low-income people from their communities. It is important to consider a person's preferred neighbourhood when offering shelter space and housing opportunities, as moving people away from their neighbourhoods can result in isolation from their community and the supports they rely on, which increases risks such as overdose and death.

Our findings support other recommendations that emphasize the need to provide permanent housing options, such as those made by the Shelter & Housing Justice Network. We strongly urge the City of Toronto to seriously consider these recommendations in addition to ours. The recommendations may also be relevant to other jurisdictions that have encampments. Finally, while our recommendations are focused on encampment residents, many apply more broadly to people experiencing homelessness in other settings.



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