



The Regional Municipality of Durham Shelter Standards

Collaborative process

The Regional Municipality of Durham Shelter Standards (DCC) (2025) was updated with input from shelter service providers, patrons with lived experience and the Region of Durham (the Region) staff. Participants reviewed the Region's existing shelter standards, identified strengths and opportunities for improvement, examined suggested standards from other jurisdictions and collectively agreed on the content for this version of the standards.

OrgCode Consulting Inc. facilitated the input and review process, provided reference material from other jurisdictions, and supported the development of The Regional Municipality of Durham Shelter Standards.



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Land Acknowledgement

The Region of Durham exists on lands that the Michi Saagiig Anishinaabeg inhabited for thousands of years prior to European colonization. These lands are the traditional and treaty territories of the Nations covered under the Williams Treaties, including the Mississaugas of Scugog Island First Nation, Alderville First Nation, Hiawatha First Nation, Curve Lake First Nation, and the Chippewa Nations of Georgina Island, Beausoleil and Rama.

We honour, recognize, and respect Indigenous People as rights holders and stewards of the lands and waters on which we have the privilege to live. In our efforts towards reconciliation, we continue to build and strengthen relationships with First Nations, as well as the large Métis communities and growing Inuit communities here in Durham. We commit to learning from Indigenous values and knowledge, building opportunities for collaboration, and recognizing that we are all connected.



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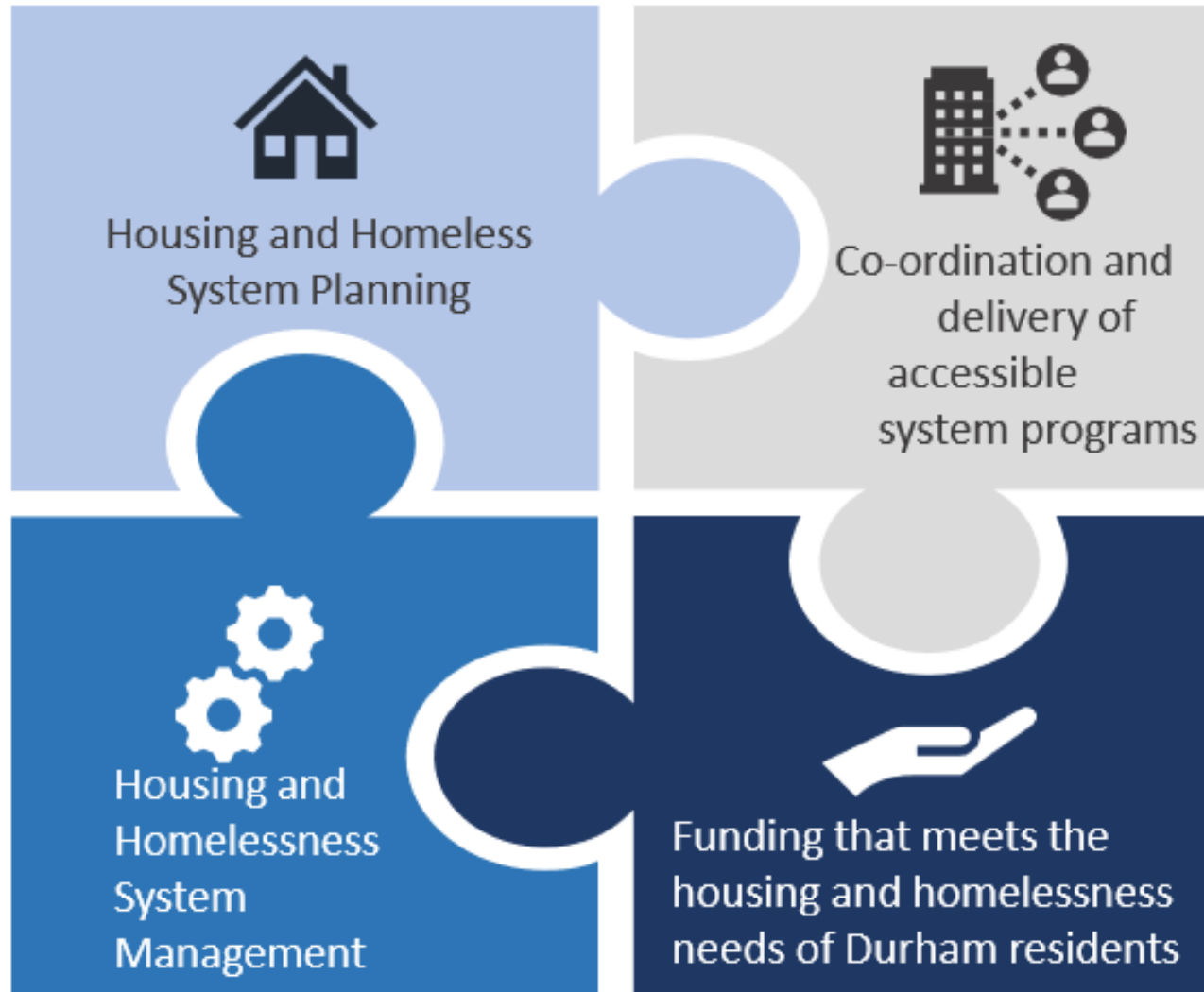
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Homelessness System overview

Durham Region's Homelessness System connects people to shelter, housing, and support services. As the provincial Service System Manager and federal Community Entity, the Region coordinates emergency shelters, outreach, case management, and housing programs. We use real-time data and input from people with lived experience to improve services. As a Housing First community, we believe stable housing is essential to helping people rebuild their lives. Our system is inclusive, trauma-informed, and focused on dignity, safety, and long-term solutions.



Purpose

The Durham Shelter Standards (DSS) establish a consistent, coordinated framework for Regionally funded shelter services. They outline expectations, guidelines, and requirements to ensure high-quality, integrated service delivery that positively supports all shelter patrons.

In recognition of the fundamental right to safe and adequate housing, the Region is committed to ensuring the well-being, dignity, and positive impact on all individuals accessing shelter services.

The DSS upholds the principles of inclusivity, accessibility, sustainability, and a welcoming environment.

Through collaboration with interested parties and adherence to best practices, the DSS promotes a supportive and equitable system that safeguards the health, safety, and rights of all shelter occupants.

Objectives

The objectives of the DSS include:

1. Establishing a consistent framework for shelter services.
 2. Maintaining minimum standards for service provision.
 3. Supporting continuous improvement and high quality service delivery.
 4. Ensuring fiscally responsible practices that maximize outcomes within available resources
- The DSS is an integral part of agreements between the Region and each shelter provider.

All emergency shelters receiving Regional funding must adhere to the DSS.

The Service System Manager (SSM) acknowledges that some programs have operated under previous building and operational expectations.

Where compliance challenges arise, the SSM will require approved action plans to ensure alignment with DSS requirements and the intent to provide a welcoming and supportive environment.

This document serves to meet both contract compliance and quality standards for Durham Region shelters.

Service providers are responsible for setting operational policies and procedures in compliance with applicable legislation.

Policy context

Principles of service delivery

Creating guiding values for a homelessness service system is essential to ensure that the services offered are effective, compassionate and holistic. Key guiding values in the system are:

Human dignity: Treat all patrons with kindness and care.

Equity and inclusivity: Make sure everyone gets the help they need, no matter who they are.

Empowerment: Let patrons make choices about their own lives and support them to be independent.

Holistic approach: Understand that homelessness can be caused by many things like poverty, mental illness, addiction, past trauma and economics. Offer help that covers all these areas.

Collaboration and partnership: Working with different government, non-profit organizations and communities as a team to help patrons.

Trauma-informed care: Many patrons have experienced trauma. Provide help in a way that is gentle and supportive.

Housing First Approach: Help patrons focus on securing a stable home. This makes it easier for them to deal with other barriers.

Cultural competence: Understand and respect the different backgrounds and identities of people experiencing homelessness. Offer help that fits their unique needs.

Accountability and transparency: Always be clear about what is being done to help and how well it is working.

Community engagement: Encourage everyone in the community to help out and take responsibility for ending homelessness.

These guiding values will support our system to effectively address the needs of individuals experiencing homelessness and work toward the ultimate goal of eradicating homelessness within the community.

Durham's shelter system access and Housing First Approach

The Region adopted a [Housing First Approach](#) for shelters in our community. This means shelters are part of a continuum that prioritizes helping someone become ready to obtain housing and end their homelessness, while helping to meet their basic needs. From the moment someone enters the shelter, there are supports and a plan to support a safe and appropriate exit from the shelter.



Co-ordinated Access System

The [Co-ordinated Access System](#) is a process that allows patrons experiencing homelessness to access services in a standardized way. This collaborative approach is a best practice for reducing homelessness on an international scale and is mandated by the provincial and federal governments. The Region adopted the Coordinated Access approach in 2019, aligning with the international [Built for Zero - Canada Campaign](#).

Co-ordinated Access supports accessibility within the system for individuals and families experiencing homelessness. The Homeless Individuals and Families Information System (HIFIS) is a federally developed shared information and case management system that allows the system to triage, assess and prioritize patrons to get support. HIFIS is a mandatory system in Durham for all funding agencies.

By-Name List

The Durham Region [By-Name List \(BNL\)](#) is a real-time, up-to-date list of all patrons known to be experiencing homelessness in our community. The list contains key information about patrons experiencing homelessness that helps connect them to appropriate services. This information includes demographics, current housing state, housing history, personal history and housing needs. When someone has been homeless for one day and is unable to be diverted from a shelter and/or unable to resolve their own homelessness, support system partners will begin the process of adding the person to the BNL.

Homeless Individuals and Families Information System (HIFIS)

[The Homeless Individuals and Families Information System \(HIFIS\)](#), mandated by the federal government, is a secure online tool used to gather and share information about patrons facing homelessness or housing issues. By sharing this information, HIFIS helps us better understand what's happening in our community and work together more effectively to provide the support and services patrons need.



A. Governance and oversight

A.1 Administration and application of Shelter Standards

- 1.1. The standards contained herein apply to shelters that receive funding through the Region for the purposes of providing emergency shelter to patrons experiencing homelessness.
- 1.2. The standards identified in this document are in place for shelter providers unless an exemption for a particular standard(s) has been granted by the Region SSM, and the exemption is noted in writing.
- 1.3. Shelter providers and their Board of Directors must comply with all relevant federal, provincial, and municipal legislation and regulations.
- 1.4. Shelter providers are responsible for reviewing and staying informed about legislative changes.
- 1.5. If a legal conflict arises between the Region and a shelter provider, the terms and conditions outlined in their Service and Funding Agreements will apply.

A.2 Contract compliance

- 1.1. Shelter providers contracted by the Region will be monitored by the funder for compliance with contract conditions.
- 1.2. As authorized by the Funding Agreement, the Region may on one or more occasions enter any premises used by the shelter to access client files and the agency's financial records related the shelter or assess the operations and shelter provision.
- 1.3. In the event a shelter provider is out of compliance, required corrective actions will be documented by the funder and provided to the shelter provider with a timeline for remediation.
- 1.4. Failure to appropriately resolve noted corrective actions may result in sanctions outlined in the Service/Funding Agreement, e.g., suspended funding, reduced funding, or cessation of funding for shelter operations or termination of the agreement.

A.3 Staff Code of Conduct

- 1.1. The Organization has a Code of Conduct.
- 1.2. The Code of Conduct will outline professional behaviour for shelter staff.
- 1.3. All staff must have documented acknowledgement of receipt of the Code of Conduct on file.

At a minimum, the staff code of conduct should include statements related to the following:

A.3.1 Conflict of interest

Conflict of interest for the purposes of this document is defined as a situation in which an individual uses or is perceived to use information, influence and/or resources of an organization primarily for personal benefit, benefit to one's family, or insurance against personal loss or for that of a related organization to which they belong, without prior disclosure of affiliation.

In cases of conflict of interest, the individual must declare the conflict to the Executive Director or the Board of Directors. The Board of Directors will need to be aware of situations where there is an actual, or appearance of, a conflict of interest and must take action and seek out advice where appropriate.

The following are examples of activities that may place an agency, its staff and/or volunteers/students in positions of conflict of interest:

- A member of the Board of Directors filling a regular salaried staff position or contract position without first resigning from their position on the Board.
- A member of the Board of Directors receiving an honorarium from the agency for providing services to the agency.
- A staff or Board member interviewing a relative for employment with the same agency.
- A staff or Board member employing patrons outside of the agency.
- A staff or Board member renting property they own to patrons.

A.3.2 Professional conduct and ethics

- Addressing conflicts of interest and provides the definition of a conflict of interest, as well as guidelines related to the use of shelter property, materials for personal gain, or the engagement in activities that interfere or may interfere with the discharge of staff duties.
- The importance of honesty and to not commit any fraudulent activity.
- Disclosure of any conflicts of interest that may arise in relation to a patron.
- The expectation to always maintain a professional relationship with patrons.
 - Maintaining the best interests of patrons, as a primary professional obligation.
 - Carrying out professional duties and obligations with integrity and objectivity.
 - Never exploiting relationships with patrons for personal benefit, gain, or gratification.
 - Never becoming involved in a patron's personal life beyond their professional function.
 - Never engaging in personal relations with current or previous patrons.
 - Never accepting gifts or services from current or previous patrons.

A.3.3 Privacy and confidentiality

- Respecting the privacy of patrons.
- Ensuring that all patrons' information is treated in a confidential manner and that appropriate consent is in place before releasing or discussing information with a third party (e.g., HIFIS consent).
- Shelter staff may disclose a patron's confidential information to the appropriate authorities, when there is a reasonable belief that there is a risk of harm to themselves or others.

A.3.4 Workplace health and safety

- Fitness for duty.
- Workplace Health and Safety.
- Dress code.
- Sobriety requirements while working.
- Use of personal smartphone, tablet or computer during shift.

A.3.5 Accountability and training

- Accountability for interactions with patrons, visitors and other staff (including patrons, visitor and other staff property).
- Encouragement for staff to seek out training or support in areas they require additional skills.
- Dispute resolution.
- No discrimination/harassment against any person on the basis of race, ethnic/cultural background, sexual orientation, age, (dis)ability, religious belief, socio-economic status, etc.
- No abusive, discriminatory language.
- No imposition of personal beliefs/standards on patrons.

B. Essential skills of staff supporting shelter patrons

Shelter staff and community-based partners who are involved in direct social services support with patrons staying in shelters are required to be proficient in the following:



B.1 Client care and support

- Trauma-informed care
- Harm reduction
- Person-centred care
- Motivational interviewing
- Suicide prevention
- Self-care

B.2 Health and safety

- First Aid and CPR with naloxone training.
- Mental Health First Aid.
- Workplace Hazardous Materials Information System (WHMIS).
- CPI Non-Violent Crisis Intervention Training.
- Safe Food Handling.
- Infection Prevention and Control.
 - Free online learning offered through Public Health Ontario ([IPAC for Non-clinical Staff](#))
- Emergency preparedness, including fire safety.

B.3 Legal and administrative

- The Homeless Individuals and Families Information System (HIFIS).
 - Confidentiality and privacy.
- Accessibility for Ontarians with Disabilities Act, 2005 (AODA).
- Applicable health and safety legislation and operations.
- Mandated reporting.

B.4 Patrons services and rights

B.4.1 Rights and responsibilities

Each shelter will adopt a written policy concerning the rights and responsibilities of patrons using the shelter.

The patron's rights and responsibilities policy document must be posted in a common area of the shelter and communicated through various methods such as intake, admission, patron meetings, and in-practice observation on site and apparent in decision-making.

At a minimum, the rights of everyone in a shelter should include the right to:

- Expect that the standards outlined in this document will be followed.
- Be treated in a non-judgmental and respectful way.
- Be free from discrimination and harassment.
- A fair, clear complaints and appeals process without fear of punishment.
- Safe, adequate, and nutritious food.
- Nutritional accommodation will be honoured.
- Provide input and feedback on shelter programs and policies.
- Be involved in decisions that affect them.
- Actively engage in defining their housing and related goals.
- Obtain assistance from shelter staff to achieve these housing and related goals.
- Be given information about services and resources to make informed decisions.
- Have forms and requests for information explained.
- Have personal information treated confidentially.
- Be a good neighbor by maintaining respectful behavior and care for property and neighboring areas when outside the shelter.

All shelter patrons are responsible to:

- Work on a housing plan to the best of one's ability and to exit the shelter as quickly as is safe and appropriate to do so, into housing.
- Follow the rules/expectations of the shelter.
- Treat shelter staff and other shelter patrons with respect.
- Respect the private property and belongings of other shelter patrons.

B.4.2 Input by patrons

- 1.1. Input from patrons will be sought in all areas of program planning, development, policy and evaluation through methods such as exit interviews, discharge surveys, personal interviews, surveys, focus groups and meetings.
- 1.2. Shelters must establish communication mechanisms between the Board of Directors and patrons, which may include advisory committees, newsletters and accessible posting of board minutes.
- 1.3. Shelters must create a forum to regularly receive and provide feedback on shelter services and policy changes to the Board of Directors, using both raw and feedback data.

If patrons have complaints that cannot be rectified at the shelter level, they are to be referred to contact HomelessHelp@durham.ca via email, or call 311 extension 5510, for information, concerns or to file a complaint.



B.4.3 Patrons involvement

Shelters must offer opportunities for patrons to participate in service planning, evaluation and delivery, and to address grievances or appeal service decisions. Regular house meetings and exit interviews should be held to gather patrons' insights on service improvements, including menu planning and house chores.

B.4.4 Providing a secure environment

- 1.1. Before admitting any patrons and continuing, the shelter provider must demonstrate that it complies with all applicable federal, provincial, municipal or local laws, by-laws, codes, orders, directives, legislations and regulations.
- 1.2. All shelters must include supervision and process to offer patrons a safe and secure facility. Housing-focused shelter providers shall ensure that all exits are monitored by a shelter staff member at all times or are equipped with an alarm to alert staff of unauthorized comings and goings.
- 1.3. When the shelter is open, there must be staff on duty. When on duty, all staff must be alert and attentive to the activities at the shelter. Sleeping while on duty is prohibited.
- 1.4. The shelter provider shall take measures to ensure the environment is safe and in good repair to protect patrons against hazards, e.g. falls from windows, blocked fire exit doors and missing stair railings. There shall be a mechanism in place for staff and patrons to report required repairs and for monitoring their completion.
- 1.5. A curfew may be put in place by any shelter provider. However, a process should be in place to support exceptions, granted by the shelter provider, for any individual that is expected to be late, such as being at work, being at the hospital, or attending to a family matter.
- 1.6. During the curfew period, shelters must allow any shelter patrons to sign out for a short period of time (for example, 15-minute increments) to allow shelter patrons to go outside. The shelter may limit the number of shelter patrons granted short periods outside during the curfew period.
- 1.7. Inspections of belongings may be undertaken by shelter staff. Each shelter must have a policy on why and how inspections are undertaken. The policy should include clarifications about invasive practices and set practices that maintain dignity.
- 1.8. Staff may request patrons present belongings they are aiming to bring into the shelter for inspection. An inspection of belongings can be requested by staff of patrons at any time.
- 1.9. Shelters have a locker or amnesty bag system for patrons to allow patrons to store items that may not be allowed within the shelter, but the patron would be able to have if they were living in a different type of housing along the continuum. A policy and process that establishes prohibited items and access to lockers or bags is required.

B.4.5 Bed counts

For safety purposes in the event of an emergency, bed counts are to be conducted a minimum of two times during the overnight period:

- Once within one hour of lights-out at the shelter.
- Once between the hours of 2 to 5 a.m.

Bed counts are to be recorded in the shelter log and the information on the number of patrons expected to be present at the shelter will be shared with the likes of Fire Services in the event of an emergency response.

If an evacuation occurs, and shelter patrons congregate at the muster point, the bed log will be used to determine if all patrons are accounted for after the evacuation occurs following the processes set out in the site fire plan.

B.4.6 Storage of personal belongings of shelter patrons

- 1.1. A shelter may limit the amounts of personal belongings that a shelter patron can bring into the shelter environment. This is subject to the amount of personal storage space (e.g., lockers, totes) available in the facility.
- 1.2. In the event a shelter patron leaves the shelter and leaves personal belongings behind, the shelter provider is responsible for bagging and tagging the items with the patron's name and date of exit. After a minimum of 48 hours, unless other arrangements have been made directly with the former shelter patrons, the personal belongings may be discarded.
- 1.3. Shelters must post and inform patrons that the shelter is not responsible for items left behind.

B.4.7 Beds and provision of essential items

Upon admission, each person will be offered a separate bed with a mattress and pillow, and provided with the following:

- One fitted sheet
- One bed sheet
- One pillowcase (and providers are encouraged to have some satin pillowcases for different hair types)
- One blanket
- One bathing towel
- One face cloth

Cribs, high chairs and playpens for infants must conform to specifications approved by the [Government of Canada - Health Canada Standards](#) or other government agency. Cribs must be provided for all children under two years of age.

- 1.1. Upon entry to shelter, the shelter provider shall instruct the person which bed is theirs to use.
- 1.2. The shelter provider may reassign which bed is used by which patrons to respond to reasonable requests, improve accessibility and/or enhance safety.
- 1.3. Each bed must include a mattress in usable condition (for example, no tears or holes) that is no less than 0.76 metres by 1.82 metres by 0.89 metres. In extenuating circumstances, overflow beds may include cots or floor mats in place of bed, but this requires preapproval from the Region.
- 1.4. Mattresses must be pest resistance and fire/moisture retardant or covered in a material such as a mattress cover designed to achieve the same qualities.
- 1.5. Every shelter must have a plan for how beds are cleaned, sanitized and disinfected between uses.
- 1.6. All bedding and towels are to be laundered a minimum of once per week, and more frequently if requested by the shelter patrons or if staff notice the bedding and/or towels to be soiled.
- 1.7. Shelters may require, as a condition of stay, that shelter patrons participate in chores so long as the chores required of shelter patrons:
 - Do not require using equipment that requires special training.
 - Does not use chemicals that require special handling or precautions.
 - Can be completed by shelter patrons regardless of ability or life skill.
 - Are covered by the shelter's insurance provider and the shelter provider can provide proof of coverage to the Region.

B.4.8 Access to hygiene supplies

Access to bathing facilities should be provided to all patrons to ensure a minimum personal hygiene standard is maintained for the comfort of all patrons. Every shelter must make the following hygiene supplies available to shelter patrons:

- Adult diapers
- Comb/brush
- Deodorant or antiperspirant
- Lotion
- Menstrual hygiene products
- Razor
- Shampoo, including shampoos for different hair types and textures
- Shaving cream
- Soap or body wash
- Toothbrush
- Toothpaste



B.4.9 Clothing access and laundry

- 1.1. Shelter providers are expected to have at least a limited amount of essential underclothing items on an as-needed basis. Essential underclothing items include underwear, bras and socks, in a range of sizes.
- 1.2. Shelter providers are expected to have a limited amount of clothing items on an as-needed basis, such as sleepwear.
- 1.3. Shelter providers must be knowledgeable of where else in the community shelter patrons can access free or low-cost seasonably appropriate clothing and provide referrals to those resources as necessary.
- 1.4. The shelter shall ensure the necessary provision of laundry facilities, such as:
 - a. An operable washer and dryer available to the patrons at the shelter.
 - b. Access to a community laundry facility within a reasonable distance of the residence, with resources to complete at least one load of laundry.
 - c. Access to laundry soap.

Shelter providers may limit the number of loads that can be completed or the length of time the equipment is used but may not charge additional fees for laundry access.



B.4.10 Sleeping area

- 1.1. Each sleeping area must provide a minimum of 3.5 m² per person.
- 1.2. In sleeping areas with more than one bed, beds must maintain a minimum of 0.75 metres of separation between the edge of one bed and the next bed.
- 1.3. In the event that bunk beds are used, there must be a vertical separation of at least 1.1 metres between the beds on the bunk bed, and between the top bunk and the lowest hanging fixture or ceiling.
- 1.4. Beds must be configured in the room such that it is easy to leave the room in the event of an emergency. Beds must not block windows, air vents or doorways; beds must not be underneath shelving or non-anchored furniture; and beds must not block access to building infrastructure, such as a control panel.

B.4.11 Bathrooms

- 1.1. Every shelter must have at least one bathroom that is gender neutral. There must be at least one shower for every 20 shelter patrons.
- 1.2. There must be at least one toilet for every 15 shelter patrons. Urinals may take the place of up to half of the toilets in bathroom facilities serving men.
- 1.3. There must be at least one sink for every 15 shelter patrons with a soap dispenser no further away than 0.6 metres.

B.4.12 Common areas

- 1.1. Common areas include the likes of foyers, hallways, sitting rooms, all-purpose rooms, tv rooms and lounges. It is the responsibility of the shelter provider to keep common areas clean and free of clutter.
- 1.2. Access to some common areas such as a sitting room or tv room may have limitations on the hours of the day it is available. This must be transparently shared with all shelter patrons and applied consistently and fairly.
- 1.3. Shelters must be aware of the maximum occupancy of any room used as a common area and not exceed the maximum capacity for fire safety reasons.

B.4.13 Access to phone and private meeting spaces with patrons

- 1.1. The shelter must have a working telephone for patron's use and have policies for the access and use of telephones by patrons.
- 1.2. The shelter shall ensure that there is a designated office area, furnished appropriately, for private meetings with patrons. The office area shall be locked securely when not in use.

B.4.14 Transportation

When transportation is provided to patrons using agency-owned/leased vehicle(s), the agency shall ensure that each vehicle is:

- Maintained in a safe, operable condition.
- Operated only by staff who are properly licensed according to the requirements for the class of vehicle(s) under the provisions of the Highway Traffic Act.
- Adequately insured against liability, having discussed with the agency's insurance carrier the required motor vehicle coverage appropriate to the transportation services to be provided.

When transportation is provided to patrons in a privately owned vehicle by an employee, volunteer or student, the agency shall ensure that:

- The operator of the vehicle holds a valid driver's license.
- The vehicle is properly maintained in a safe, operable condition.
- The vehicle is adequately insured and appropriate to the transportation service provided.



B.4.15 Maintenance

- 1.1. The shelter provider must implement and document a regular inspection and preventive maintenance program to ensure the quality and safety of its premises, equipment, fixtures, motorized vehicles and recreational facilities. Measures must be taken to protect patrons from hazards (e.g., falls from windows, blocked fire exits and missing stair railings). A mechanism should be in place for staff and patrons to report necessary repairs and monitor their completion.
- 1.2. Shelter providers must ensure that kitchens and dining areas are sanitized in compliance with Food Premises Regulations as per Ontario law [O. Reg. 493/17: FOOD PREMISES](#).
- 1.3. Sleeping areas must be cleaned and disinfected every time a bed is turned over to another person. If the bed remains occupied for a duration lasting longer than seven consecutive nights by the same person, it is also to be cleaned and disinfected before the eighth night using the bed.
- 1.4. Sanitizing should occur more frequently if the bed occupant is ill or there are hygiene concerns regarding the individual.
- 1.5. Common areas must be cleaned at least once daily. High contact surface areas in the common areas (e.g., tabletops, doorknobs, television remote) should be cleaned and disinfected during the cleaning process.
- 1.6. Shelter providers must ensure that professional pest control services are provided. Based on recommendations of pest control specialists, shelter providers must make repairs to decrease access points for pests. Shelter patrons will not be tasked with setting traps, disposing of carcasses, or cleaning up droppings/excrements from pests. Shelter providers must maintain cleaning and sanitization standards when pest control concerns have been identified to decrease re-infestations.
- 1.7. Bathrooms must be maintained for cleanliness throughout the day, with at least one deep cleaning and disinfection of each bathroom facility at least once per day.
- 1.8. Biohazard containers must be available in easily accessible locations within the shelter and replenished whenever full.
- 1.9. Cleanup of blood and bodily fluids shall occur by shelter staff when necessary following appropriate precautions and disinfection techniques.
- 1.10. Appropriate personal protective equipment (PPE) must be worn when cleaning blood or body fluids.

B.5 Health and safety

B.5.1 Environmental safety

- Hazardous materials: Shelters must ensure that environmental hazards, such as chemicals and cleaning compounds, are inaccessible to shelter patrons.
- Chemical use and handling: All shelters must follow all instructions related to chemical use and handling for cleaning supplies including allowing for proper contact time.
- Eyewash stations: Every shelter must have an eyewash station.
- Alcohol-based hand sanitizer should be provided in high contact areas (e.g., reception and dining areas) and should be between 70-90% alcohol. Staff should take appropriate measures to control or prevent misuse of the product

B.5.2 Child safety

- Restricted areas: Children can only access the kitchen and laundry areas when accompanied by an adult.

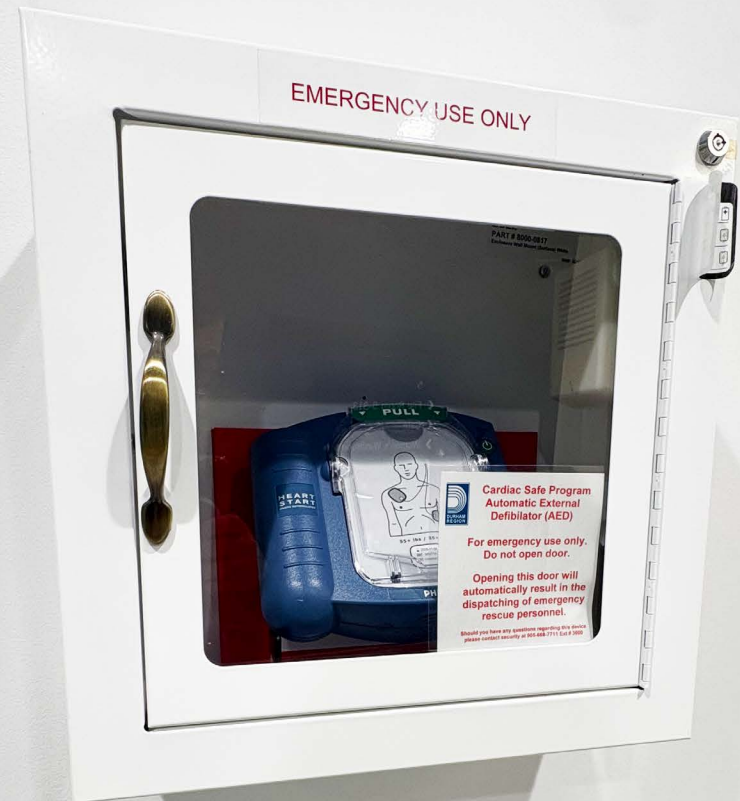


B.5.3 Medical and health safety

- Defibrillators: Shelters are encouraged to have a defibrillator on site.
- Infectious Illness Protocol:
 - o Staff that feel ill or have been confirmed as having an infectious illness by a health care professional must not attend work until they are no longer contagious and can perform their duties.
 - o In the event a patron feels ill, on-site shelter staff shall monitor and, as necessary, make referrals to health care providers in the community and offer personal protective equipment to decrease transmission of illness. Ill shelter patrons may be provided a bed to rest in during daytime hours. If the condition worsens to the point where the person has difficulty breathing, feels pain in their chest, experiences dizziness, etc., then 911 may be called.
 - o Should a group of patrons get ill at the same time and demonstrate comparable symptoms, the Outbreak Management Protocol must go into effect.

B.5.4 Weapons policy

- Prohibited items: Weapons are not permitted in shelters. Shelter staff may not bring a weapon of any sort to the work premises.
- Law enforcement: Law enforcement is to be contacted if an individual has a firearm or explosives that they have or want to bring into the shelter.



B.5.5 Safe storage

- For other types of weapons or instruments that can be used as a weapon, such as knives, tools, scissors, etc., safe storage may be provided by the shelter with a release of the weapon when the individual exits the shelter.
- The securing and/or disposal of prohibited weapons should be done in consultation with the Durham Regional Police Service.

B.5.6 Extreme Cold Weather Alerts

- During Extreme Cold Weather Alerts, our Regionally funded emergency shelters are required to open their doors to provide safe shelter for the unsheltered population.
- This is standard shelter practice to open more space while maintaining building and fire codes, to help ensure that no one is left out in the cold during the coldest months of the year.
- The Durham Region Health Department issues Extreme Cold Weather Alerts when temperatures are expected to drop to -15°C or colder. During these alerts, our emergency shelters should be increasing space by adding extra mats, cots and safe spaces to accommodate additional individuals in need.
- In the event that shelters/winter warming centres are beyond capacity with overflow, motels and hotels may also be used to ensure that everyone has access to shelter.
- Additionally, shelters remain open throughout the day to offer a warm, safe environment.

B.5.7 Extreme Heat Weather Alerts

- During Extreme Heat Weather Alerts, our Regionally funded emergency shelters should provide safe, cool shelter for the unsheltered population.
- This includes remaining open 24/7 to offer a cool, safe environment with daytime programming options.
- Shelters should provide hydration options such as refillable water bottles with tap water or bottled water for those turned away or moving outdoors during heat waves.
- In addition, patrons should have access to sunscreen and hats to help protect individuals from the harmful effects of the sun.

B.6 Substances, substance use and harm reduction

- 1.1. Shelter providers must clearly state their policies related to substance use. Shelter programs must operate using a harm reduction approach.
- 1.2. Admission and discharge decisions should not be based on substance use alone. Durham's shelter sites do not have safe use access. Shelter programs in Durham do not require patrons to remain abstinent to access services and are not considered "dry shelters."
- 1.3. Shelter provider policies include: requirements to ensure access to harm reduction, addiction services, amnesty storage options and how to address patrons who may present as intoxicated.
- 1.4. Patrons are not allowed to consume substances on-site or interfere with the reasonable enjoyment of other patrons while in shelter. Active substance use is neither encouraged nor sanctioned at shelter sites.
- 1.5. Cannabis is to be treated in the same way as alcohol.
- 1.6. In the event illegal substances are found or surrendered to the shelter provider, the shelter provider shall contact the non-emergency number for Durham Regional Police Service for instructions on safe disposal.
- 1.7. Shelter providers will support patrons who wish to engage in harm reduction programs by helping patrons make and attend such programs, related appointments or obtaining harm reduction supplies.
- 1.8. Patrons that are known to have used substances shall have their wellness monitored if shelter staff are concerned about their well-being.
If a patron is suspected or confirmed to have used a substance before entering the shelter, the patrons should be checked on regularly.
- 1.9. Shelter providers will ensure sharps containers are available on shelter premises, secured against tampering (e.g., placing a cage around the container that allows for sharps to enter the container) and inform patrons of the availability of sharps containers and how to use them. Direct service shelter staff must be trained to administer naloxone and be educated on the signs of an overdose.
- 1.10. This needs to be it's own point : Direct service shelter staff must be trained to administer naloxone and be educated on the signs of an overdose.

B.6.1 Recommendation for shelters to provide harm reduction supports and care

The recommendation provided below can be implemented as advised by [OrgCode](#).

Amnesty totes: Provide confidential totes at entry for storing alcohol, drugs and related equipment. These totes, which are inaccessible while in the shelter, offer a safe storage solution and reduce risks associated with unsafe storage.

Availability of naloxone with all staff trained: To better respond to incidents of opioid overdoses, ensure that all staff within the shelter are trained and have easy access to naloxone. It can be the difference between life and death.

Floor mats: Use floor mats for individuals who are highly inebriated to prevent falls and facilitate easier assistance, including positioning in the recovery position.

Focus on housing: Emphasize safe, affordable housing as a key harm reduction strategy, as it significantly improves well-being and reduces harm.

Include substance users in policy review: Involve people who use substances in reviewing shelter policies to ensure they are responsive to their needs, embodying the principle of “nothing about us without us.”

Safe supplies: Provide free supplies for safer substance use, such as needles, syringes, alcohol wipes and condoms, if permissible by local laws and your organization’s policies. If direct provision isn’t possible, offer a pamphlet on community resources for these supplies.

Self bag search: If you do bag searches, have the program participant open their bag for staff and provide visual inspection of contents rather than staff opening the bag or touching contents. This is a more dignified approach to bag inspections, while also decreasing inadvertent pricks from sharps if present.

Sharps containers: Place accessible sharps containers both inside and outside the building to encourage their use and enhance safety.

B.6.2 Mental health support

Shelter providers will support patrons who seek to address their health and mental health care needs. At a minimum, shelter providers will:

- Help patrons to find appropriate support services and make referrals when a shelter cannot provide the requested health and mental health services.
- Permit patrons to leave for a period of time for in-treatment emergency or non-emergency health and mental health care services at another institution, and grant access to next available bed.
- Make every effort to accommodate ill patrons by providing daytime access to the shelter as needed.
- All patrons-facing shelter staff should participate in Mental Health First Aid training.



B.7 Program and service management

Any programs offered on-site should be reviewed at least annually and evaluated according to the terms established by the program sponsor to ensure program objectives and patron's needs are being met.

Shelters that include children and youth must provide appropriate support and activities, and ensure the education, recreation and treatment needs of patrons' children are met on-site or through referral to community-based services.

When on-site resources are not available, shelter staff should connect patrons at a minimum of biweekly with community resources that address related needs, such as counselling, life skills development, health care, employment and housing search assistance. Additionally, shelters should actively seek to establish partnerships with other organizations to fill gaps in services and better meet client needs.

For on-site programs, written information must be provided to all patrons, detailing the program's objectives, the procedures for accessing support, and any relevant participation requirements.



B.7.1 Assistance with money management

- 1.1. Shelters will support patrons to build capacity to access and manage finances by working with Social Services staff (e.g. Ontario Works staff) at the local offices or the Community Support team. The shelter may have a case coordinator attending the site regularly or connect with a case coordinator to have updated information about programs and services that align with patron needs.
- 1.2. Shelters may encourage patrons to establish financial savings to offset the initial costs of moving into housing and to build the capacity to manage financial affairs.
- 1.3. Shelters may encourage patrons to open a bank account if the patrons do not currently have a bank account.
- 1.4. Shelters may encourage patrons to participate in an in-house or external voluntary savings service, a voluntary trusteeship or use of the Office of the Public Guardian and Trustee.
- 1.5. It should be expected that shelters that offer in-house money management assistance must:
 - Have a policy and procedures regarding patrons' savings including, but not limited to, the collection, safekeeping, recording and disbursement of patrons' funds, the handling of abandoned patrons' funds, and who is authorized by the shelter provider to access patrons' funds.
 - Determine saving's goals with the patrons.
 - Ensure that patrons have reasonable access to their savings when requested, regardless of any saving's goals.
 - Work with patrons to gradually move their savings to a bank account under their own management/trusteeship program or towards securing housing.
 - Ensure any activities related to voluntary money management are covered by the shelter insurance policy and provide proof to the Region of the policy, if requested.

B.7.2 Smoke-free facilities

The shelter provider shall ensure adherence to the Smoke-Free Ontario Act, 1994 (as amended), [Smoke-Free Ontario Act, 2017](#) and [O.Reg 48/06](#).

B.7.3 Infection prevention and control and outbreak management

In consultation with the Durham Region Health Department, each shelter provider must establish policies and procedures for preventing, managing and treating communicable illnesses, including childhood infections. These policies should include instructions on providing service to individuals with a communicable illness and Tuberculosis (TB) testing for staff and volunteers/students.

The shelter provider must ensure that staff members are trained on the management of communicable illnesses, such as TB, HIV/AIDS and Hepatitis, and that volunteers have access to such training.

The shelter provider shall encourage the prevention of transmission of infection within the shelter using routine practices and additional precautions (formerly known as universal health precautions) such as hand washing, personal hygiene, housekeeping practices, food safety; not sharing razors, clippers, or scissors; and the use of personal protective equipment. These precautions must be consistently used regardless of an individual's health status, to prevent the spread of communicable diseases. All blood and blood byproducts are potentially infectious.

Shelters must have an outbreak management plan that includes

- When to notify the Durham Region Health Department
- Process for identifying cases
- Process on segregating clients or client placements when ill
- Accessing/acquiring PPE
- Providing PPE to staff and clients as directed by DRHD



B.7.4 Emergency readiness

- 1.1. The shelter provider shall have a fire safety plan prepared, approved by the fire department, that is implemented and updated as required.
- 1.2. The shelter provider must ensure that all shelter staff and volunteers receive training on the fire safety plan, including procedures for emergency evacuation of the shelter. Staff shall inform all patrons of the emergency evacuation procedures either when they are admitted or as soon thereafter as is practical.
- 1.3. The shelter provider shall ensure that smoke alarms, sprinklers, fire extinguishers, hoses, and other fire protection equipment are professionally inspected as required and remain in good working order.
- 1.4. The shelter provider shall ensure that battery-operated smoke detectors are inspected monthly, and batteries changed at least semi-annually. A record of such inspections shall be maintained in a logbook available for inspection.
- 1.5. The shelter provider shall ensure that the shelter is equipped with carbon monoxide (CO) detectors in accordance with the local municipal by-law and that each CO detector is tested semi-annually. In the absence of a by-law, at least one CO detector must be placed in the furnace room, cooking area and each sleeping area of the shelter.
- 1.6. Shelters must be prepared and have suitable plans for a wide range of possible emergency situations, including but not limited to:
 - Weather-related emergencies (e.g., blizzards, hurricanes).
 - Human-caused emergencies (e.g., bomb threat).
 - Infrastructure and essential equipment emergencies (e.g., power outage, broken heating system).
 - Fire-related emergencies (e.g., arson, electrical fire).
 - Toxic exposure emergencies (e.g., chemical spills).

Every shelter must have a plan for getting everyone out safely in an emergency. The plan should show ways to exit the building and where to meet outside. This plan needs to be explained to everyone when they arrive and posted in easy-to-see places around the shelter. The plan should also include help for people who have trouble moving.

B.7.5 Staff complaints and issues resolution

The agency's human resources policies and procedures should be in writing and include, but not be restricted to, wages and employee benefits, salary administration, working conditions, work assignments and grievance procedures, and include a plan for ongoing staff training and development.

Shelters must ensure written policies are developed to identify internal procedures for addressing staff complaints.

B.7.6 Patron complaints and issues resolution

The shelter must allow patrons to participate in their own service planning, evaluation and delivery. There must be opportunities for patrons to bring forward grievances or to appeal decisions regarding service use.

Every shelter must have a process in place for shelter patrons to file a complaint if that person feels they are not receiving shelter services in accordance with the standards; or feels that their rights or needs are not being met appropriately.

Internal processes for issue resolution based upon a grievance should have an escalating resolution mechanism: the issue is first addressed by direct service staff; if direct service staff are unable to effectively rectify the issue, it goes to management staff; if management staff are unable to effectively rectify the issue, it goes to executive staff; and if executive staff are unable to effectively rectify the issue, the shelter patrons may escalate the concern to the Region.



B.7.7 Creating and sustaining a Housing First focus

As part of a broader continuum of care for patrons who are homeless in the Region, housing-focused shelters provide emergency accommodation to individuals and families who are not able to be diverted from homelessness, with the goal of helping each patron exit homelessness as quickly as possible.

Whenever it is safe and appropriate to do so, patrons seeking shelter should be diverted from shelter. A range of strategies, from family reunification to issues mediation, short-term financial assistance to tapping into existing financial resources, are all to be explored.

All patrons looking to access shelter should first be offered diversion assistance. A useful tool is the Shelter Diversion Assessment (SDA). The SDA is a strength-based tool that identifies housing options based on a person's historically successful housing.

All youth patrons accessing the adult shelter locations will be offered the opportunity to complete the SDA with Durham Youth Services.

Housing-focused shelters are required to use a person-centred approach to case management, and length of stay based on each person's unique strengths and support needs. These decisions are to be made using information collected through assessment, length of time the person has been homeless, level of support needed to exit homelessness, etc.



[The Canadian Shelter Transformation Network's Housing-Focused Shelter Manual](#) has information on how to provide patrons-centred case management.

There is no set minimum or maximum length of stay.

Each patron who exceeds a 30-day stay will have their housing plan reassessed. The housing plan will address the person's current situation and will provide an action plan that will include, but not be limited to:

- Assessing the patron's service needs and resources.
- Developing a course of action.
- Making referrals to all necessary internal and external services.
- Monitoring progress.
- Advocating on behalf of the patron to ensure access to needed services or resources.
- Providing education on tenant rights and responsibilities.
- Developing partnerships with other agencies to co-ordinate and provide services to shelter patrons.

Shelters must be knowledgeable of Housing-Focused Sheltering, adhere to the practices to the best of their ability as outlined in [resources from the Canadian Shelter Transformation Network](#), and train their staff and volunteers in accordance with the Housing-Frist Approach.

Every shelter is required to assist shelter patrons with exiting homelessness either through direct staff engagement or referrals to community-based organizations.

All shelters, either directly through their own staff or partnerships with community non-profits, must assist shelter patrons in securing an income if they do not currently have one.

All shelters, either directly through their own staff or partnerships with community non-profits, must assist shelter patrons in securing documents that are necessary for housing applications.

Shelters may not offer multi-week or multi-phased programming that will lengthen shelter stays. Any programming that is offered must be brief and discrete (e.g., a housing workshop that lasts a morning).

Shelter staff or dedicated community partners must engage shelter patrons at least twice per week in a dedicated conversation about housing.

As part of the homelessness resolution process, shelters shall re-engage in conversations regarding reunification with family or friends, if appropriate.

Shelters are expected to connect shelter patrons to the Coordinated Access System in the Region, if the household is unable to resolve their homelessness any other way. Shelters are expected to be conversant on the requirements and steps for helping a shelter patron get on the By-Name List and maintaining active status on the list.

B.8 Staff and operational management

B.8.1 Intake and admission

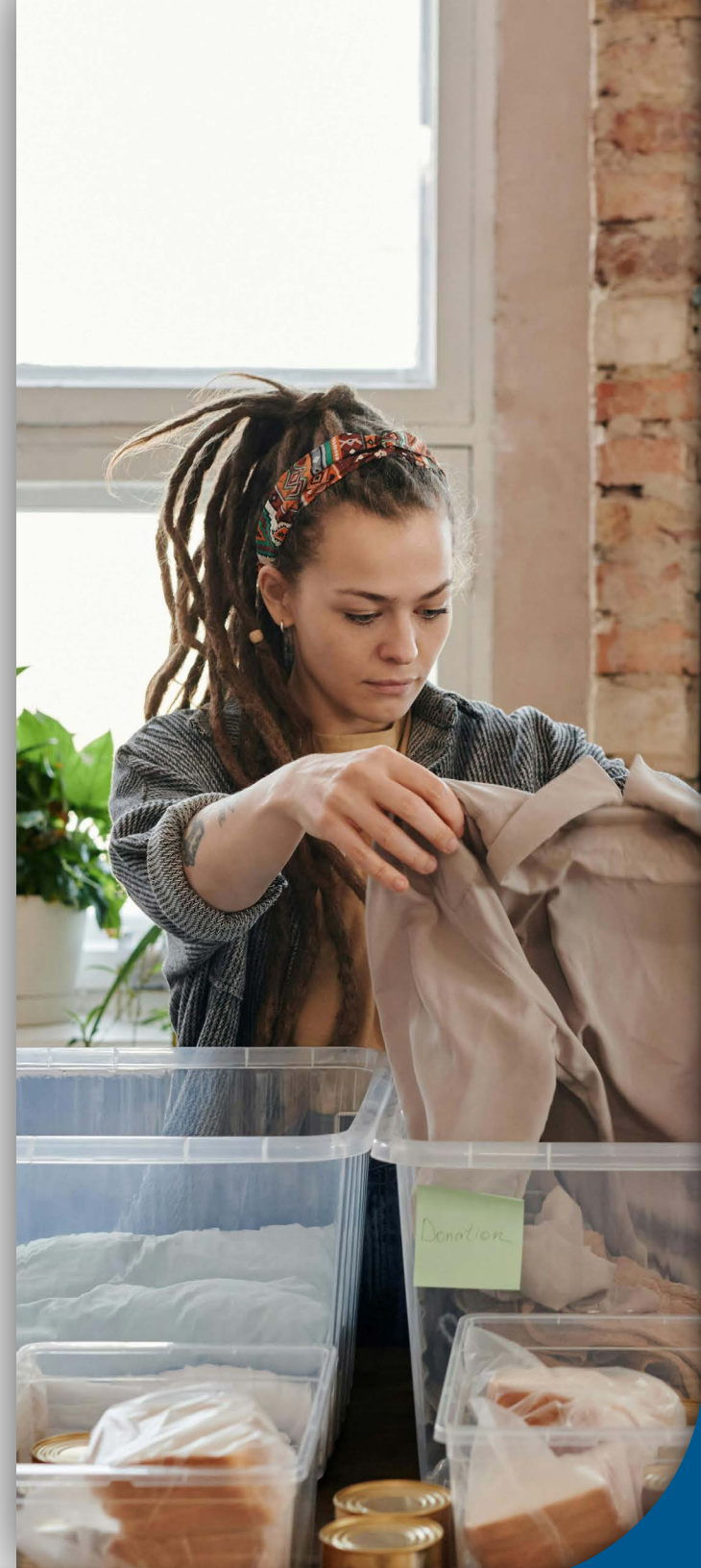
The shelter provider has the responsibility for managing the shelter and has control over the admission and discharge of patrons. The Region of Durham can followup on decisions and overturn in special circumstances, such as when new information is provided or new supports have been established.

Eligibility and admissions must be accessible and as low barrier as possible.

Each patron must complete the shelter intake process upon entering the emergency shelter. The intake process must occur as soon as possible, based on each individual's immediate needs and ability to give informed consent. The HIFIS Consent to Collect and Release Information must be explained to patrons. The patrons decide whether to sign the HIFIS consent form.

To maintain the integrity of length of stay records, staff must ensure that any patrons who do not return to the shelter by curfew are booked out in HIFIS and booked back in upon their return. This process supports accurately tracking the length of stay for each patron and should be completed within 24 hours as stated under documentation and data entry requirements.

While it is essential to follow this policy for accurate record-keeping, staff are encouraged to handle discharges with understanding and compassion. It is important to balance adherence to procedures with the needs and circumstances of the patrons, ensuring that no one is unfairly penalized.



All youth 16 to 24 years of age accessing the adult shelter locations will be notified of Durham Youth Services, and attempts will be made to redirect the youth for youth-specific supports, diversion and potentially shelter. Alternatively, a youth staying in an adult shelter can still receive youth-specific assistance with the likes of housing through the Durham Youth Services outreach team. The youth being served is empowered to decide if they want to be served through youth services or adult services.

Upon receiving a new shelter patron in person, the shelter provider must:

- Obtain a consent signed for the patron to receive shelter services.
- Obtain a signed Release of Information to share information with other service providers.
- Must open a file or update the “household”’s file in HIFIS.
- Explain the shelter rules/expectations and provide a written copy of the rules/expectations to the household.
- Provide an orientation to the shelter, including but not limited to:
 - o Fire safety planning.
 - o Access to hygiene facilities (for example, bathroom, shower and laundry).
 - o Access to essential underclothing.
 - o Access to food.
 - o How to access staff.
 - o Which bed the patron is assigned to.



B.8.2 Ratio of staff to shelter patrons

- 1.1. A shelter with one to 50 beds on a nightly basis must have a minimum of two shelter staff on duty at all hours that the shelter is operational. Additional staff are recommended during peak engagement times, such as mealtimes and evening hours before lights out.
- 1.2. A shelter with 51 or more staff must have at least one additional staff for every 30 additional shelter patrons.

B.8.3 Frequency of staff engagement

For first-time shelter patrons, it is expected that staff or community-based staff supporting shelter patrons on-site will engage with the individual the first morning after their first night in shelter. The engagement intends to start developing and activating a plan for shelter exit as rapidly as possible to a safe and appropriate destination.

During the first four weeks of a shelter stay, staff engagement is expected to occur daily. While the engagements may be short in duration, the intention is to share resources, make referrals, identify barriers and problem-solve to assist the individual in exiting homelessness.

Shelter staff are expected to be active, not passive, in the shelter environment. As such, staff are expected to circulate through the shelter regularly and engage with shelter patrons rather than waiting for shelter patrons to reach out to staff.

B.8.4 Maximum capacity

- 1.1. The maximum capacity for a shelter facility is determined by the local fire department and other applicable municipal planning and enforcement bodies. Maximum capacity may be determined by the number of patrons that can sleep in the shelter, or by the total number of individuals in the facility (shelter patrons, staff, volunteers and visitors).
- 1.2. Shelters may not exceed maximum capacity as set out by fire, health, and legislative and regulatory capacity. In instances where extreme cold/heat or other events should occur, shelters can expand operational capacity by adding sitting or mat space within legal requirements for the facility.

B.8.5 Holding beds

When a patron secures a bed before being present at the shelter (for example, calls the shelter), the bed will be held for six hours waiting for their arrival. If patron does not arrive within six hours of securing the bed remotely, the bed is released.

Shelter providers may grant overnight leaves from the shelter without the individual having to be concerned about losing their secured bed. Shelters may not grant more than three consecutive nights of a bed being held for a person who has been granted a leave, except in extenuating circumstances. If the individual does not return for night four, the bed is released for new admissions.

If a shelter patron is hospitalized or incarcerated for a short period of time, and it is communicated directly to the shelter provider or staff by the individual or their designate, a bed can be held for up to seven consecutive nights.

Regardless of circumstance (overnight leave, hospitalization, incarceration, etc.) no bed for an individual can be held without being occupied more than eight nights in any 30 days.

B.8.6 Services to children

Parents are responsible for supervising their children. The intensity of the supervision is informed by the age and level of independence of the child attributed to their age.

Should on-site childcare arrangements be necessary, the parent is responsible for making the arrangements and having those arrangements approved by shelter staff.

School-aged children (under 16 years of age) must be registered in school during their stay at the shelter. Children residing in shelters often attend the local school, but parents may elect to have their children continue to attend their previous school. Shelter staff may assist the parents in making the arrangements to transport the children to a previous school but are not financially responsible for those arrangements.

All shelter staff are obligated to report any suspected cases of human trafficking, child abuse or neglect and to follow the legislative requirements of the Child and Family Services Act. All shelters and their staff will work in co-operation with child welfare agencies.

Disposable diapers are recommended for use in shelters. The diaper change area must be cleaned regularly and located near a wash basin supplied with soap, disinfectant and paper towels.

B.8.7 Incident reporting

- 1.1. Each shelter must have a policy regarding the investigation of serious complaints related to the provision of service. Included in the policy is a requirement to inform the Region of Durham within 72 hours of any incident involving a criminal investigation, allegations of harassment and discrimination, involving a local, provincial or federal politician, receive media attention or trend on social media.
- 1.2. All shelters must have a system in place for recording unusual/serious incidents. The recording of the incident should include identifying any patrons who were involved in or witnessed the incident in the event of a criminal investigation.
- 1.3. A Serious Occurrence Report must be completed within 24 hours of all serious occurrences and forwarded to the manager of Homeless System Management. Where required by the Occupational Health and Safety Act 1990, these occurrences must also be reported to the Ministry of Labour. A serious occurrence may include:
 - The death of a patron.
 - Serious illness or injury resulting in hospitalization of a patrons(s), staff or volunteers/students.
 - Abuse or mistreatment caused by patrons, staff or volunteers/student.
 - Any suicide attempt or self-destructive behaviour.
 - Any fire or disaster occurring in a residence that results in the evacuation of the building.
 - Any disruption that is likely to become public knowledge because of its seriousness.

Shelter providers are expected to review incidents quarterly to examine changes in procedures, operations and/or policies that may reduce incidents in the future.

B.8.8 Volunteers/student placements

Wherever an agency develops a volunteer and/or student placement program as part of its delivery of services to patrons, the shelter must have written policies and procedures regarding the role and supervision of volunteers and students.

Each volunteer/student must be appropriately screened to ensure the safety and well-being of patrons, staff and the volunteer/student. Volunteers and students must provide a satisfactory Police Vulnerable Sector Check as part of the initial screening process.

Each volunteer/student must be provided with orientation and training to provide an understanding of the program goals, and the shelter's policies and procedures, especially related to confidentiality and conflict of interest. Each volunteer/student should be assigned to a staff member for training and regular evaluation.

Volunteers and students cannot be placed in charge of a shelter in the absence of regular staff.

Volunteer, for the purpose of the standards, is defined as an individual who is leading or participating in any activity at the shelter (for example, food service, greeting, leading social activities) that is not currently experiencing homelessness nor in receipt of other support services through the homelessness response system.

Volunteers must be appropriately trained for the task(s) they are performing at the shelter.

If using volunteers in shelter operations, the shelter provider is required to have adequate insurance coverage for the role the volunteers are performing at the shelter, and proof of adequate insurance may be requested by the Region.

B.8.9 Patrons, visitors and external contractors

Shelters typically restrict visitor access for residents unless the visit is specifically for family reunification, support or addressing mental health concerns.

Visitors to the shelter, including staff from the Region, as well as the likes of other funders or other service providers in the community, must sign in and out of the facility, with a stated business purpose for being present in the shelter.

For visitors and external contractors (for example, consultants, evaluators and researchers), the shelter must have a confidentiality agreement for them to agree to, date and sign.

B.8.10 Neighbourhood relations

Shelters must have clear policies to help staff respond to concerns from the neighbourhood. This includes informing Regional staff when complaints are made about the shelter.

Shelters should also take proactive steps to support the surrounding community such as managing traffic, keeping nearby public areas tidy, and using harm reduction strategies.

Shelters are responsible for keeping the outside of their property clean and well-maintained to help build positive relationships with neighbours and show respect for the community.

B.9 Food services

B.9.1 Meal planning and nutrition

Where the shelter prepares meals for patrons (best practices including a minimum of three meals per day), the shelter will ensure that:

- 1.1. Meals are of the size, quality, variety and nutritional value to meet the recommended daily intake based on Canada's Food Guide.
- 1.2. Special menus are prepared and provided for patrons with special dietary needs, food allergies or religious restrictions.
- 1.3. For pregnant or lactating women, shelters will ensure that additional food, milk portions, and/or high protein/ high-calorie drinks or nutrition bars are available.
- 1.4. For women who are not breastfeeding, shelters will ensure that baby formula and the proper preparation equipment and safe storage space are provided.
- 1.5. Baby food is available to families with infants.
- 1.6. Food is available to patrons being admitted after regular mealtimes.
- 1.7. A bag/box lunch may be substituted for a regular meal or a missed meal served by the shelter. This can be offered to patrons who routinely are absent during a meal period to attend school, treatment, employment or other activities as approved by shelter staff.
- 1.8. Shelters will post the menu in a visible location for patrons. Records of menus (i.e. meals served) will be kept on file at the shelter.
- 1.9. A copy of Canada's Food Guide will be posted in the dining room and kitchen of each shelter.

B.9.2 Food preparation

- 1.1. Shelters that do not prepare meals must ensure that adequate facilities are available for patrons to safely store, prepare and eat their own meals.
- 1.2. Conditions for food preparation and handling must be sanitary and in accordance with the [Health Protection and Promotion Act, 1990, O.Reg. 493/17](#) - Food Premises. Information about safe food handling practices, including hand washing and the proper cleaning of food preparation surfaces, should be posted in the kitchen area.
- 1.3. The staff members responsible for food preparation must have the Food Safety certificate to ensure safe food handling practices are followed.
- 1.4. Storage for food must be adequate to retain nutritional value and to prevent contamination.
- 1.5. A temperature control log must be maintained to document appropriate food storage conditions.
- 1.6. The shelter provider shall have written food safety guidelines for food handling in the event of a power outage.
- 1.7. All food service items must be properly sanitized.
- 1.8. The shelter provider must display the most recent DineSafe Durham inspection summary sign in a visible location, preferably close to the dining area.

B.9.3 Food donations

- 1.1. Donated food accepted by shelters must be safe, of good quality, come from an approved source such as a food bank, be properly stored and be properly transported to the shelter.
- 1.2. Food must be received in containers with tight-fitting lids or another suitable method to protect it from contamination or alteration, and be labelled with the contents, source of the food and the date prepared. All food must be freshly prepared, not previously reheated.
- 1.3. Shelter providers must meet all requirements related to expired food that is donated.
- 1.4. Food donations should only be used as a supplement to food available in a shelter and not as a replacement for basic food supplies.

B.10 Records, confidentiality and personal privacy

B.10.1 Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

The [Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#) (the “Act”) applies to:

- Municipalities.
- Local boards.
- Agencies.
- Commissions.

The Act requires that government institutions give people the right to access certain general records and their own personal information, but there are some exemptions. The Act also gives people the right to ask for corrections to their own personal information. These requests for information are Freedom of Information (FOI) requests.

The MFIPPA Coordinator for the Region is the Regional Clerk. They are responsible for managing MFIPPA duties given to Regional staff.

Information collected and maintained by the Region’s IEHSD that pertains to service provider funding allocations, correspondence, inspection reports and notes is subject to the MFIPPA. Members of the public, including patrons, may request, access and review this information.

MFIPPA helps to:

- Promote transparency by giving the public the right to access information kept by local government institutions.
- Provide all individuals with the right to view or receive copies of records, except in limited and specific circumstances.

All information collected, retained, used, or disclosed under the contractual arrangement with the Region of Durham is subject to MFIPPA

Shelter staff, volunteers/students, and others must comply with MFIPPA and any other legislation related to the privacy and release of organizational and personal information.

All shelter patrons must be presented with a Patrons HIFIS Consent to Collect and Release Information.

Shelters must have a policy that addresses confidentiality and the release and protection of the personal information of patrons and staff. The agency must review this policy with all staff and volunteers/students before their first shift commences and annually after to ensure that they are familiar with the obligations.

All staff and volunteers/students must sign a confidentiality agreement that clearly outlines expectations for confidentiality, and the release and protection of personal information of patrons.

In Ontario, police typically require a warrant to enter private property, including emergency shelters, unless there are exigent circumstances, such as an immediate threat to life or safety. While officers may use body cameras during interactions, policies governing their use can vary across police services.

Shelters should establish a written policy that outlines the procedures for police entry, detailing how staff engage with officers and manage situations involving emergency warrants or warrants related to specific individuals. This policy should also include guidance on fostering positive relationships with law enforcement to ensure clear, respectful and efficient interactions.

B.10.2 File storage

Files containing patrons' information must be kept in a secure location and locked to maintain confidentiality.

Shelters must have written policies concerning the privacy, security and confidentiality of patrons' information maintained in electronic format (e.g. password-protected, remote access).

Removing case files from the shelter premises for business-related purposes is not encouraged due to the potential breach of privacy and security of patrons' information. In exceptional cases, when shelters are required to take case files off-site, written policies and guidelines must be in place to ensure the security, privacy and confidentiality of patrons' information.

Shelters must have policies regarding patrons' access to personal information and records.

B.10.3 Vital documents

Shelters may store vital documents (e.g., birth certificates, government-issued photo identification, etc.) for program participants, but doing so is voluntary and not a requirement for shelter patrons. In the event that the shelter stores vital documents:

- It is only done with the informed consent of the shelter patrons.
- The documents are stored in a secure location with restricted access.
- The shelter patrons are informed of when and how they can access the document(s).
- The shelter has a process for documents left behind and are unclaimed, after a shelter patron has left.

Each shelter must have a process for assisting shelter patrons in accessing vital documents that the shelter patron does not have in their possession. Such a process can include shelter staff assisting directly in the process or making referrals to other organizations in the community that can assist.

B.10.4 Documentation and data entry requirements

All shelters are required to use HIFIS.

Agencies will enter into data-sharing agreements with the Government of Canada for the purpose of uploading data regarding the use of emergency shelter programs.

Agencies will make sure that the following information is entered into HIFIS for each patron:

- Personal information: date of birth, place of birth (city, province and country), gender, aboriginal indicator, racial identity, citizenship/immigration status, veteran status indicator, completed education level, current health issues and contact information. Personal information collected will be handled in accordance with MFIPPA
- Family information: family size and composition, and number of adults and children.
- Employment and income information: employment status, and sources of income with start and end dates as applicable.
- Contributing factors with start and end dates as applicable.
- Housing: housing type with start and end dates as applicable, and municipal address of last known housing.
- Shelter stay information: book in and book out dates, reason for service, reason for discharge and service restrictions.
- Turnaway information: date and reason for turn-away.

All shelters are required to complete necessary data entry on shelter activities within 24 hours of an engagement with a shelter patron. Necessary data entry requirements are outlined in HIFIS training that all shelter staff are required to complete.

All data entry and documentation will be factual and without conjecture or opinion. Case notes documentation must include:

- The author's name (in third person).
- The program participant's full name, preferred name, gender identity and date of birth.
- Details of the provided service, observations made or documentation received.
- Date and time of the service.
- Duration of the service.
- Specific location of the engagement.
- Identification of the type of service, the need and purpose as explanation as to why a particular course of action was taken.
- Record of followup information, including next steps and expected outcomes.

B.10.5 Sharing information with other services

- 1.1. All shelters and their staff are required to report any suspected cases of child abuse or neglect and to adhere to the legislative requirements outlined in the Child and Family Services Act. Additionally, all shelters and staff will co-operate fully with child welfare agencies.
- 1.2. No confidential information pertaining to patrons will be shared with another agency without written or verbal consent from the patrons to disclose information.
- 1.3. The consent shall identify the name of the person authorizing the release of information, the name of the agency from which the information is to be released, the nature of the information to be released, the purpose for which it is to be released, and the timeframe for which the consent is valid. It must be signed by the person authorizing the release and witnessed. The consent must be freely given and maintained on file.
- 1.4. It is recognized that MFIPPA sets out specific circumstances where information may be released. In compliance with MFIPPA, there may be some situations where disclosure of information may occur without consent.
- 1.5. Shelter staff may not store any confidential or personal information on a personal electronic device or personal notebook.
- 1.6. Every shelter funded through the Region must have a policy and action plan in the event of a privacy breach.

B.10.6 Photography, videography, audio recording, social media and digital sharing

- 1.1. All patrons entering the shelter must be advised that all forms of photography, videography and audio recording are not permitted in the shelter. This is to ensure the privacy and confidentiality of all patrons using shelter.
- 1.2. All patrons entering the shelter must be advised that posting to social media, or other digital sharing such as posting on a website, is not permitted. This is to ensure the privacy and confidentiality of all patrons using shelter.
- 1.3. Shelter providers engaging in public relations using social media or a website may not post any images or likenesses of patrons that use shelter – past or present – and may not share personal details regarding a shelter patron’s experience of homelessness. Each organization that receives funding through the Region that uses social media is expected to have an internal social media policy governing how social media is used by the organization in relationship to the provision of shelter services.
- 1.4. No employee of a shelter is permitted to post anything regarding the patrons served on a personal social media account, nor can that employee post or share digital content elsewhere. Each organization that receives funding through the Region is expected to have an internal policy related to employee use of social media or sharing digital content related to shelter providers and patrons served in shelter.

B.10.7 Media

The agency should have policies and procedures that govern providing and reporting of any information to the media. These policies and procedures should:

- Identify the shelter staff designated to respond to the media.
- Require consultation with Regional officials regarding any significant request from the media, such as a report, an interview or filming to take place at the residence(s), when known.
- Ensure the protection of the security of the residence(s) and the privacy and confidentiality of individuals.

B.10.8 Medication

- 1.1. Shelters may not purchase and provide access to “over the counter” medications to shelter patrons. For example, shelter staff cannot distribute cough syrup, acetaminophen or allergy medications. If a shelter patron purchased over-the-counter medication, then shelter staff can store the medication as outlined below.
- 1.2. Shelter patrons must be encouraged to manage their own medications; the shelter provider may offer safe storage of medication while in the shelter, if storage space exists.
- 1.3. Shelter providers and/or staff may not distribute medications. It is the responsibility of the shelter patrons to open the container provided by the pharmacy and determine the dosage to be taken at that interval.
- 1.4. Shelter providers and/or staff may not deny access to medications that are stored, even if the individual is choosing to take medication at a time other than advised by a health professional. Staff may inquire if the person knows when they last took their medications but cannot prevent a shelter patron from using more or differently than recommended by a health care provider.
- 1.5. Shelters can provide reminders to shelter patrons to take their medications but cannot require shelter patrons to take their medication as a condition of stay. Furthermore, shelters cannot withhold the likes of food, access to a common area, or access to another amenity like laundry as a condition of taking medication.
- 1.6. In the event a patron surrenders their prescription medication or leaves behind a prescription medication and has not collected it within 72 hours, the shelter will notify Outreach of the instance at the 48-hour mark and set disposal for 96 hours. The shelter provider will give the medication to a local pharmacy for safe disposal.

B.10.9 Medical information

Pertinent medical information documenting general health is requested from each person at the time of intake and notes are made of any health problems, known allergies, special medical or dietary needs, or treatment required while in the shelter. This process must include an inquiry if the patrons have an immediate need for health or medical services but cannot compel patrons to reveal medical information that they prefer to keep private.

Each shelter determines, upon admission, that each patron has medical insurance coverage under the Ontario Health Insurance Plan (OHIP). When a patron is not properly insured, assistance should be provided to the person to obtain coverage.

B.10.10 Response to medical incidents

- 1.1. Each shelter will have a procedure for emergency medical services for any employee or patron who is in apparent medical distress or has sustained a serious injury.
- 1.2. Shelter staff can and should encourage a patron to seek medical treatment if it appears that the patron is ill. Staff can facilitate treatment by referring patrons to community medical resources. Staff cannot require patrons to seek medical treatment against their will; however, staff can involve health professionals who may be able to intervene such as calling 911.
- 1.3. The shelter provider shall ensure that a First Aid kit is available on the premises in a visible and accessible location, and a portable kit is taken on outings. The First Aid kit will be stocked according to standards set by either St. John Ambulance or the Red Cross, and its contents kept up-to-date and inspected at least monthly.
- 1.4. At least one staff member certified in First Aid and Cardiopulmonary resuscitation (CPR) for every 20 shelter patrons must always be on duty in the shelter.
- 1.5. The staff providing First Aid or CPR will decide if 911 is to be called.
- 1.6. Staff will verbally try to clear other shelter patrons out of the area where the medical incident is happening.
- 1.7. Staff not providing First Aid or CPR are required to meet the First Responders at the door to the shelter and escort the First Responders to the location in the shelter where the medical incident is occurring.
- 1.8. Every direct service shelter staff member must always carry naloxone on their person and be trained on the most appropriate response to suspected drug poisoning/overdose.

B.11 Service access, restrictions and discharge

B.11.1 Discharge

- 1.1. Shelter patrons should be discharged with a followup case plan in place unless the discharge is for cause, or it is operationally impossible to create a follow-up case plan before discharge.
- 1.2. Additional exceptional circumstances where shelter patrons may be discharged without a case plan in place include assault of staff or patrons, other violent behaviour, possession of weapons, engaging in exploiting others or trafficking in illegal drugs.
- 1.3. If a patron is discharged directly to another service provider (e.g., crisis bed, housing program or hospital), the shelter will co-ordinate the discharge and case management of the patron with the new service provider.
- 1.4. Discharges should occur during business hours (Monday through Friday from 8:30 a.m. to 4:30 p.m.) to ensure necessary supports are available for a safe and co-ordinated transition.

B.11.2 Denying or modifying service access to shelter

Service restrictions must only be used when all other options have been tried. The primary goal of housing-focused shelter programs is to help patrons remain in the shelter and exit to housing solutions. Shelter providers are responsible for setting policies and processes that set expectations for conduct within the shelter to support the safety of all shelter patrons and staff, while finding ways to support the individual needs of each patron to be successful in the shelter environment.

Shelters will have written procedures regarding the circumstances under which services may be restricted to a new, current or previous patron. These circumstances will include but are not limited to, assault of staff or patrons, other violent behaviour, possession of weapons, exploiting others (e.g. human trafficking), or trafficking in illegal drugs.

The procedures must specify the circumstances under which a patron or former patron may be denied service, offer an appeal process, be time-limited and include reference to services used to support patrons experiencing crisis reactions.

Additionally, the procedure must include processes to support the patrons planning, including consideration for transportation and access to alternate programs. The procedures must include entering the information into HIFIS in the Service Restriction module.

At the time the decision is made to restrict services, the patrons must be provided with written information regarding the reason for the service restriction and the length of time the restriction will be in place, and must be offered an opportunity to have the decision reviewed by shelter management staff and/or Board members.

Service restrictions may be ended early or extended on a case-by-case basis.

Reasons for restricting services must be reviewed regularly by the Board of Directors as identified by shelter management. For example, Service Restriction 4 may be extended beyond three months if there is a significant and ongoing safety risk for patrons and staff. Patrons can register a complaint or an appeal about any service restriction to HomelessHelp@Durham.ca.

Service restriction categories, description, duration and reason for adult and youth services are as follows:

B.11.3 Adult services

Category	Description	Duration	Reason
Service Restriction 4*	Physical assault or violence; sexual assault, arson; persistent drug trafficking; persistent predatory behaviour to other patrons.	Up to three months.	Service Restriction 4 is used when a patron poses a significant health and safety risk to other patrons or staff. This level is used only to protect other patrons and staff within the program.
Service Restriction 3	Possession of a weapon; threatening other patrons or staff; bullying other patrons or staff; theft from other patrons, staff or property; damage to property; entering restricted areas without permission.	14 days.	Service Restriction 3 is used when a patron poses a health and safety risk to other patrons or staff. This level is used only to protect other patrons and staff within the program.
Service Restriction 2	Repeated breach of shelter rules or patron's responsibilities.	24 to 48 hours.	Service Restriction 2 is not used unless the shelter provider has provided repeated warnings and case management meetings and provided advanced notice to the patron about a possible service restriction.
Service Restriction 1	Breaches to the guidelines of the emergency shelter.	10 minutes to two hour break from building	Service Restriction 1 is not used unless the shelter provider has provided repeated warnings and case management meetings and provided advanced notice to the patron of a possible service restriction.

*Service restrictions lasting three (3) months or longer (**Service Restriction 4**) may only be issued with the approval of the Service System Manager.

B.11.4 Youth Services

Category	Description	Duration	Reason
Service Restriction 4*	Physical assault or violence; sexual assault, arson; persistent drug trafficking; persistent predatory behaviour to other patrons.	60 days or more.	Service Restriction 4 is used when the patron poses a significant health and safety risk to other patrons or staff. This level is used only to protect other patrons and staff within the program.
Service Restriction 3	Possession of a weapon; threatening other patrons or staff; bullying other patrons or staff; theft from other patrons, staff or property; damage to property; entering restricted areas without permission.	21 to 30 days.	Service Restriction 3 is used when the patron poses a health and safety risk to other patrons or staff. This level is used only to protect other patrons and staff within the program.
Service Restriction 2	Failure to follow program guidelines.	Up to 21 days.	Service Restriction 2 is not used unless the shelter provider has provided repeated warnings and case management meetings and provided advanced notice to the patrons about a possible service restriction.
Service Restriction 1	Fail to return.	Two days.	Service Restriction 1 is when staff reach out to a patron three times after missed curfew to provide opportunity to reclaim bed.

Service restrictions lasting three (3) months or longer (Service Restriction 4**) may only be issued with the approval of the Service System Manager.

C. Terms and definitions

Acuity scale: Best practices approach to the right matching of services. Case managers can use the scale to assess the numbers and severity of issues for their patrons. Alternatively, the scale can be used by management to balance the time commitment and caseload of an organization overall.

Addictions programs: Programs that consist of self-help residential or outpatient treatment facilities, harm reduction programs, individual or group counselling, abstinence-only housing and support from community programs.

Adequate housing: Housing that is reported by residents as not requiring any major repairs. Inadequate housing may have excessive mould, inadequate heating or water supply, significant damage, etc.

Affordable housing: Any type of housing – including rental/home ownership, permanent/temporary, for-profit/non-profit – that costs less than 30 per cent of a household's pre-tax income.

Assertive engagement: Best understood as the process whereby a worker uses their interpersonal skills and creativity effectively to make the environments and circumstances that their service users encounter more conducive to change than they might otherwise be, for at least the duration of the engagement.

At-risk of homelessness: Patrons who are not experiencing homelessness, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.

Best practice: An intervention, method or technique that has consistently been proven effective through the most rigorous scientific research and has been replicated across several cases or examples.

Case management: A collaborative and client-centred approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and, when appropriate, arranges, co-ordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

Collaborative: The term used to describe loosely affiliated networks as well as more formal partnerships between patrons working across departments, organizations or sectors. Unlike integration, collaboration does not require formal infrastructure to merge work processes across organizational sites.

Community services: Any programs delivered through non-profit or faith-based community organizations to assist patrons experiencing homelessness.

Concurrent disorders: Describes a condition in which a person has both a mental illness and a substance use problem.

Co-ordinated assessment: A standardized approach to assessing a person's current situation, the acuity of their needs, and the services they currently receive and may require in the future. It considers the background factors that contribute to risk and resilience, changes in acuity and the role of friends, family, caregivers, community and environmental factors.

Discharge planning: Preparing someone to move from an institutional setting (child welfare system, criminal justice system, hospital, etc.) into a non-institutional setting, either independently or with certain supports in place.

Discrimination: Means adverse treatment based upon any of the protected grounds outlined in the Ontario Human Rights Code. Discrimination can be direct or indirect, individual or systemic, and need not be intentional.

Document readiness: When an unsheltered individual obtains the required documentation to secure housing. Examples include identification, income source (OW, ODSP, CPP, OAS and/or employment earnings) and supporting documentation, credit reports and references.

Early intervention strategies: Refers to strategies designed to work quickly to support individuals and families to either retain their housing or to use rapid rehousing strategies.

Emergency response: Providing emergency support like shelter, food and day programs while someone is experiencing homelessness.

Emergency sheltered: Staying in overnight emergency shelters designed for patrons who are experiencing homelessness.

Episodically homeless: Refers to those who move in and out of homelessness.

Eviction prevention: Refers to any strategy or program, usually geared at renters, that is designed to keep individuals and families in their home and that helps them avoid homelessness.

Family and natural supports: Includes family, friends and community. By providing young patrons with family and natural supports that align with place-based supports (e.g., schools), we reduce the probability that a young person will leave their community in search of support and become mired in homelessness.

Family reconnection (and reunification): Client-driven case management approach that seeks to identify and nurture opportunities to strengthen relationships and resolve conflicts between young patrons who leave home and their caregivers.

Harm reduction: Refers to policies, programs and practices aimed at reducing the risks and negative effects associated with substance use and addictive behaviours for the individual, the community and society as a whole.

Hidden homelessness: Refers specifically to persons who live temporarily with others without the guarantee of continued residency or immediate prospects for accessing permanent housing.

Homelessness: Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing or the immediate prospect, means and ability to acquire it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. The experience of being homeless is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing. See the Canadian definition of homelessness.

Housing-focused shelter: Facilities designed to provide temporary accommodation for individuals or families experiencing homelessness with a primary focus on transitioning them into stable, permanent housing. These shelters typically offer supportive services such as case management, employment assistance, and housing placement assistance to help residents secure and maintain housing. The goal is to address homelessness not just by providing a temporary roof, but by actively working toward long-term housing stability for those in need.

Housing First: A recovery-oriented approach to ending homelessness that centres on quickly moving patrons experiencing homelessness into independent and permanent housing. It is followed by the provision of additional support and services as needed.

Housing First for Youth (HF4Y): A recovery-oriented approach to ending homelessness that adapts the approach to the needs of young patrons. It centres on quickly moving patrons experiencing homelessness into independent and permanent housing. It is followed by the provision of additional supports and services as needed.

Housing policy: Refers to the actions of government, including legislation and program delivery, which have a direct or indirect impact on housing supply and availability, housing standards and urban planning.

Housing workers: Individuals employed, usually by community agencies/non-profits but sometimes working directly for a specific level of government, who can assist individuals in finding housing and supporting them with the related services that are part of that process.

Life skills: These are the skills that are essential for living independently and include skills such as managing money, shopping, cooking, etc.

Low-barrier: Requirements for entry are limited/minimal but not nonexistent.

LGBTQ2S: The acronym stands for lesbian, gay, bisexual, transgender, transsexual, queer, questioning, and Two-Spirit patrons.

Meaningful engagement: A type of engagement that includes involving people experiencing homelessness in community-based research, creating participatory evaluations, or providing supports and activities that foster growth, independence and full participation in society.

Outreach programs: Services and programs involved in bringing services directly to where patrons are rather than requiring someone to go into an agency.

Poverty: There is a lack of international consensus on the definition of poverty. In Canada, there is no officially adopted and employed definition of poverty. Due to this shortcoming, Statistics Canada employs Low-Income Cut-Off (LIC) as a tool for identifying individuals and families who are substantially worse off than the average.

Prevention: Refers to one of the main strategies in addressing homelessness that aims to stop patrons from becoming homeless in the first place. See A New Direction: A Framework for Homelessness Prevention.

Racism: Racism is any distinction, conduct or action, whether intentional or not, but based on a person's race, which has the effect of imposing burdens on an individual or group, not imposed upon others or which withholds or limits access to benefits available to other members of society

Rapid rehousing: An approach to housing that is similar to Housing First, as it has no "readiness requirement." This approach is best suited for patrons experiencing episodic and transitional homelessness.

Rental supplement program: Refers to rent-geared-to-income housing with private landlords. Rent supplements are subsidies paid by the government to private landlords who are part of this program.

Service coordination: Describes inter- or intra-organizational efforts to support individuals across a range of services.

Service provider: A service provider in homelessness is an organization or agency that offers support and resources to individuals experiencing or at risk of homelessness.

Sexual identity: How a person identifies to whom they are sexually and romantically attracted (e.g., lesbian, gay, bisexual, heterosexual, etc.)

Shelter diversion: A strategy targeting homeless youth that refers to the provision of alternative temporary housing options, supports and interventions designed to reduce the young patron's reliance on emergency shelter system.

Shelter worker: Refers to individuals working in a shelter who provide support to the residents to help maintain order in the shelter and to help the residents achieve success in transitioning to housing.

Social housing: Any housing that is funded/subsidized by a level of government.

Street outreach: Incredibly important work that involves moving outside the walls of the agency to engage patrons experiencing homelessness who may be disconnected and alienated not only from mainstream services and supports, but from the services targeting persons experiencing homelessness as well.

Street outreach: Professional intervention conducted by trained staff and appropriately supported peers. As a professional intervention, street outreach is actively in the field (operates primarily outside four walls), interferes with the trajectory of each person's homelessness by trying to bring it to an end, and persuades patrons who are unsheltered to accept offers of assistance with housing, while meeting immediate needs. Street outreach services follow consistent, shared standards and are bound by professional obligations such as establishing and following boundaries, documenting service transactions, and exercising the legal duty to report serious incidents (e.g., a person deemed to be a harm to themselves or others).

Street outreach activities: Designed to meet the immediate needs of patrons experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing or critical services, and providing them with urgent, non-facility-based care. Component services generally consist of engagement, case management, emergency health and mental health services, and transportation.

Substance use: Refers to all types of drugs and alcohol use.

Substance use prevention: Interventions that seek to delay the onset of substance use or to avoid substance use problems before they occur.

Suitable housing: Housing that has enough bedrooms for the size and composition of the resident household, according to National Occupancy Standard (NOS) requirements.

Supported housing: Combines rental or housing assistance with individualized flexible and voluntary support services for patrons with high needs related to physical or mental health, developmental disabilities, and substance use. It is an option to house individuals with high acuity who are chronically homeless.

System integration: Formalized co-ordinated approach to planning, service delivery and management. An integrated system is an intentional, co-ordinated suite of services that is centrally funded and managed. Systems integration aims to align services to avoid duplication, improve information-sharing, increase efficiency (e.g., reduce wait-times), and provide a seamless care experience for individuals and families.

Transitional housing: Refers to supportive, yet temporary type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.

Trauma: An event outside the range of usual human experiences that would be markedly distressing to almost anyone and cause victimization.

Transitionally homeless: Refers to short-term homelessness, usually less than a month.

Unsheltered: Living on the streets or in places not intended for human habitation.

Unsheltered homelessness: Refers to situations in which individuals are not regularly accessing shelters or transitional housing programs and are instead often sleeping in encampments, underpasses, in their vehicles or in other locations not meant for human habitation.

Wraparound: Refers to a service delivery model that is a team-based, collaborative case management approach.

Wraparound supports: A collaborative effort undertaken by a team composed of patrons who have a strong interest in an individual's well-being.

Youth homelessness: Youth homelessness refers to young patrons between the ages of 13 and 24 who are living independently of parents and/or caregivers and lack many of the social supports deemed necessary for the transition from childhood to adulthood. See the Canadian Definition of Youth Homelessness.



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