

**Family Shelter Diversion Pilot:
Developing a New Approach to Serving Families
in the Housing Stability System**

October 2015

ALL ROADS LEAD TO HOME

A decorative graphic at the bottom of the page. It features a curved path that starts as a black road with white footprints and transitions into a blue path. At the end of the path is a house icon constructed from three interlocking puzzle pieces: a red roof, a green wall, and a blue wall.

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Very special thanks to the staff that formed the Family Shelter Diversion Pilot Working Group and provided overall guidance to the work:

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Table of Contents

| | |
|--|----|
| EXECUTIVE SUMMARY | i |
| INTRODUCTION | 1 |
| Overview of the report..... | 2 |
| BACKGROUND | 3 |
| Ending family homelessness in Waterloo Region | 3 |
| Pre-Pilot context..... | 4 |
| Prevalence and social demographic trends..... | 4 |
| Local impact of 2008 recession | 5 |
| National emergency shelter trends..... | 6 |
| Local emergency shelter trends | 7 |
| Families in Transition..... | 10 |
| Urgent status for Community Housing..... | 11 |
| Influential shifts in policy..... | 13 |
| PILOT OVERVIEW | 13 |
| What is emergency shelter diversion?..... | 13 |
| Who was eligible? | 14 |
| What did the Pilot offer families? | 15 |
| RESULTS | 18 |
| What investments were required to implement the Pilot?..... | 19 |
| Evaluation and planning | 19 |
| Family Shelter Diversion Working Group | 20 |
| Communication | 20 |
| Staffing and support | 21 |
| RRAP Fund | 22 |
| Cost comparisons between 2012 and 2014/15..... | 23 |
| Who accessed the Pilot? | 24 |
| How did families access the Pilot? | 25 |
| What service pathways did families follow and how often? | 27 |
| How intense was FIT support for families?..... | 29 |

| | |
|---|-----------|
| What was the impact on emergency shelter trends?..... | 30 |
| What were the housing and service outcomes?..... | 33 |
| Pilot results in context..... | 34 |
| INSIGHTS AND RECOMMENDATIONS | 36 |
| Insights: Families and housing stability..... | 37 |
| Insights: Importance of communication | 38 |
| Insights: System navigation..... | 39 |
| Insights: Progressive engagement | 40 |
| Recommendations: Strengthening collective impact | 41 |
| Recommendations: Ending family homelessness..... | 42 |
| Recommendations: Sharing the report..... | 44 |
| Recommendations: Supporting next steps | 44 |
| APPENDIX A: Social Demographic Trends for Families that Accessed Emergency Shelter and the Pilot (2012, 2013/14 and 2014/15) | 46 |
| APPENDIX B: Community Housing Urgent Status Criteria and Results..... | 47 |
| APPENDIX C: Pilot Evolution..... | 49 |
| APPENDIX D: Summary of Support Provided by FIT (October 2013 to March 2015) | 50 |
| APPENDIX E: Cost Analysis of Family Shelter Diversion Pilot..... | 51 |
| APPENDIX F: Pre-Pilot and Pilot Emergency Shelter Data Comparisons | 52 |

List of Figures

| | |
|---|----|
| Figure 1: Ontario Works caseloads (2006 to 2014) | 6 |
| Figure 2: Families in emergency shelter infographic (2008 to 2012) | 8 |
| Figure 3: Families accessing shelter (2006 to 2012) | 8 |
| Figure 4: Length of stay in shelter for families (2006 to 2012) | 9 |
| Figure 5: Living situation before accessing Pilot..... | 25 |
| Figure 6. Families accessing emergency shelter (monthly: January 2012 to August 2015)..... | 26 |
| Figure 7. Access points to Family Diversion service pathway (2014/15) | 27 |
| Figure 8. Overall Pilot service pathway results | 28 |
| Figure 9. Families accessing emergency shelter (annual: 2012 to 2014/15) | 30 |
| Figure 10. Length of stay in emergency shelter for families (annual: 2012 to 2014/15)..... | 31 |
| Figure 11. Motel use for families (monthly: January 2012 to August 2015)..... | 32 |
| Figure 12. Motel use for families (annual: 2012 to 2014/15) | 32 |
| Figure 13. Length of stay in shelter by household type (2006 to 2014/15)..... | 36 |

List of Tables

| | |
|--|----|
| Table 1: Housing support staffing levels 2013 to 2015 | 21 |
| Table 2. Annual referrals 2013/14 and 2014/15 | 25 |
| Table 3. Quarterly referrals (January 2014 to September 2015) | 26 |
| Table 4. Families served in each service pathway..... | 29 |
| Table 5. Outcomes by service pathway | 34 |
| Table 6. Length of stay comparisons. | 35 |

EXECUTIVE SUMMARY

The “Family Shelter Diversion Pilot: Developing a New Approach to Serving Families in the Housing Stability System” report is a summary of the main findings from an evaluation of the Family Shelter Diversion pilot (the Pilot) that began in October 2013 in Waterloo Region. The Pilot was delivered in partnership between the Cambridge Shelter Corporation, Lutherwood Housing Services, and YWCA Kitchener-Waterloo. Funding and planning support was provided through Region of Waterloo – Housing Services (the Region).

Who was eligible?

“Family” was defined as a parent(s) or guardian(s) with one or more dependents. Families could be headed by one or two parents or guardians of opposite or same gender.

The report provides a comprehensive review of the rationale for the Pilot and outlines key contextual information up to and including 2012 (the local “baseline” before the Pilot was implemented). It also describes the Pilot and presents the results, as framed by the key questions that guided the evaluation:

- What investments were required to implement the Pilot? How do these costs compare to the 2012 pre-Pilot approach to serving families?
- Who accessed the Pilot? How did families access the Pilot?
- What service pathways did families follow and how often?
- How intense was FIT support for families?
- What was the impact on emergency shelter trends?
- What were the housing and service outcomes?

The report concludes with insights and recommendations:

- 15 insights are organized into four themes: families and housing stability; the importance of communication; system navigation; and progressive engagement.
- 25 recommendations are also organized into four themes: strengthening collective impact; ending family homelessness; sharing the report; and supporting next steps.

Findings from the Pilot evaluation clearly show that there is no “one size fits all” approach to resolving families’ housing crises – what each household needs to end their homelessness varies based on social demographics, lived experience, and other related factors. While some families needed a relatively small amount of support to avoid a shelter stay – perhaps just a phone call – others needed more intensive support over a longer period to stay housed. Over time, the Pilot evolved to accommodate these varying levels of support needs. By the end of the formal evaluation period, diversion came to be appreciated as an essential early engagement housing-based intervention that – for some households and under certain circumstances – progressed to more intensive services.

The Pilot also offered the opportunity to implement coordinated access to resources in a predominantly urban, mid-sized community where several multi-service agencies serve a similar population (families experiencing housing instability). Centralized and decentralized models were used for different aspects of the Pilot. Results will help to inform how coordinated access can be complemented with emergency shelter diversion, and how this approach fits within the context of a system designed to “functionally end” homelessness.

Why was family homelessness prioritized in Waterloo Region?

Ending homelessness has been identified as a goal for Waterloo Region in the local Homelessness to Housing Stability Strategy called All Roads Lead to Home (the Strategy). In 2012, an updated Strategy was released with three goals for the housing stability system and 40 action areas. One of the action areas focused on ending family homelessness. The release of the updated Strategy in 2012 – which called for a number of system improvements – coincided with a significant increase in demand for emergency shelter from families in Waterloo Region in the years following the 2008 recession. This trend placed unprecedented pressures on local shelters, resulting in considerable overflow into motels and increased system costs. Given these emerging challenges, the issue of family homelessness was prioritized and funding was secured in 2013 through the federal Homelessness Partnering Strategy by the Region to support local research to explore the issue and develop a set of recommendations for action to address it.

Consistent with the Housing First approach endorsed by the local Strategy, the Ending Family Homelessness report (released in March 2014) focused on the goal of ending – not managing – family homelessness. To reach this goal, the report outlined the shifts that would be required in all community systems, including the local housing stability system. Perhaps most significantly, the report did not recommend further investments in emergency shelter or time-limited residential options for families.

Rather, promising practices were those that shortened emergency shelter stays or avoided them altogether by providing dedicated support and other tailored resources. To this end, further investments were recommended in shelter diversion, housing retention, rapid re-housing, and enhanced collaboration with other community systems.

The Pilot was designed to explore these promising practices further by implementing a new approach to service delivery, one that re-aligned resources to achieve better outcomes. Primarily a housing-based intervention, Pilot resources were dedicated to helping families to find and keep their housing – ultimately moving the system closer to increasing its capacity to end family homelessness in Waterloo Region.

What happened in the Pilot?

The Pilot marked the start of an intense period of rapid learning and adaptation for the housing stability system, particularly with respect to Housing First, progressive engagement and service prioritization, coordinated access, diversion, and alignment of resources along intentional service pathways. It fundamentally changed the way that families access housing stability resources in the local community.

Through the Pilot, families seeking support to resolve their housing crisis accessed housing stability resources through one coordinated system. If families were in immediate need of shelter, they received specialized diversion services to retain their current housing or find another safe and appropriate option. If families had no other safe and appropriate place to go, they were admitted to shelter with a Housing Plan that outlined the next steps required to make the stay as brief as possible. In order to stay in emergency shelter, families were expected to be actively engaged in their individualized Housing Plan.

Through the Pilot, priority was shifted to diverting families from shelter to other residential options. Diversion was offered as a complement to other housing-based interventions, all within the context of progressive engagement. This was achieved through coordinated access to housing stability resources that were re-aligned to function less as discrete programs and more as intentional family “service pathways”, with the ultimate goal of supporting families to secure permanent housing.

The progressive engagement model that developed through the Pilot included five service pathways:

- **Housing Help:** For families seeking access to emergency shelter – but not immediately requiring a stay. This was a “light” level of housing support that included problem-solving to resolve their housing crisis.
- **Family Diversion:** For families seeking access to emergency shelter within seven days. A “light” level of housing support that included problem-solving and access to a flex fund.
- **Family Diversion Plus:** For families seeking access to shelter that needed short term “transitional” support to fully resolve their housing crisis (e.g., community-based support such as accompaniment to viewings, home visits). Also included access to a flex fund.

What is diversion?

Emergency shelter diversion is the practice of supporting people seeking access to shelter by providing dedicated support to help them stay in their current housing or to find somewhere else that is safe and appropriate – even temporarily – until a more permanent housing option can be secured.

- **Emergency Shelter Stay:** For families experiencing homelessness with no other safe and appropriate housing options. Two types of emergency stays were available:
 - **Rapid Re-Housing:** For families who entered the shelter with a Housing Plan that suggested they could exit within 30 days.
 - **Regular Shelter:** For families with greater housing barriers and/or whose depth of need suggested that their stays may be longer than 30 days.
- **Intensive Support:** For families that were unable to retain their housing after receiving one or more of the above housing-based interventions because they required more intensive support (with no specific time limit).

Common intake processes were used to ensure consistency and efficiency with making and receiving referrals between partnering agencies. New tools introduced through the Pilot included a diversion screening tool, a set of questions to assess the family’s housing support needs, and the family version of the Vulnerability Index – Service Prioritization and Decision Assistance Tool or VI-SPDAT. As the Pilot evolved, it promoted shifts in culture related to access, service prioritization, and collaboration. These shifts created a new awareness of the value in system-wide consistency in service delivery (e.g., assessment; consents; intake, discharge, and referral processes; and scripts) and how technology could further support these efforts (e.g., a shared database with access to common records and functions to move toward the ideal of “one family, one file”; unduplicated data across the system to measure indicators about ending homelessness that matter the most).

Finally, to support diversion and rapid re-housing, families had access to one-time financial assistance through a flex fund called the Rapid Re-Housing and Prevention (RRAP) Fund.

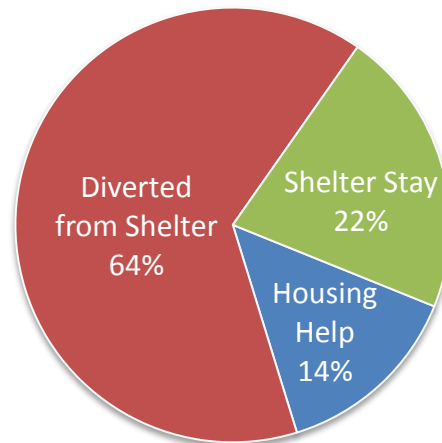
What were the results?

Between October 2013 and March 2015, 524 families (with 841 children) were served. Given that not all families accessed the same service pathway, the Pilot confirmed the need for a tailored approach to service delivery based on families’ housing situations and/or depth of need:

- A small percentage of families (14 percent overall) were offered **Housing Help**.
- Two-thirds of families seeking immediate access to shelter were diverted (64 percent overall). In 2014/15, when **Family Diversion** and **Family Diversion Plus** were identified as separate service pathways, a relatively similar number accessed each option (28 and 36 percent, respectively).
- Families that could not be diverted were admitted to emergency shelter (22 percent for the Pilot overall). Most of these families were supported by FIT through a **Rapid Re-Housing** stay (20 percent for the Pilot overall). Very few families were supported by emergency shelter staff through a **Regular Shelter** stay (two percent for the Pilot overall or ten families).

- A very small number of families received **Intensive Support** when they were unable to retain their housing after receiving one or more of the above housing-based interventions (less than one percent of families).

Pilot Results by Service Pathway



The impact on emergency shelter trends was significant:

- **48 percent reduction in the number of families accessing shelter** (from 214 families in 2012 to 112 families in 2014/15).
- **48 percent reduction in average length of stay** (from 42 days in 2012 to 22 days in 2014/15). Average lengths of stay between the two different types of stays in the Pilot were quite different (2014/15: Rapid Re-Housing 23 days; Regular Shelter 57 days).
- **After doubling post-recession, lengths of stay reduced to less than pre-recession levels.** The same trend was not found for youth and single adults during these time periods.
- **Reduction in proportion of shelter stays and bed nights.** In 2012, families accounted for nine percent of all households served in shelter across the region, accessing 38 percent of the bed nights for that year. In 2014/15, this was reduced: four percent of all households served in shelter were families, accessing 14 percent of bed nights.
- **97 percent reduction in motel overflow costs** (from 296 families at a cost of \$121,425 in 2012 to ten families at a cost of \$4,140 in 2014/15). After the Pilot expanded region-wide in April 2014, motel stays for families reached a four year low and there were nine months where there were no family motel stays. While significantly reduced, motel use remains an option for managing periodic occupancy pressures.

Families received more seamless service across the system, with better outcomes:

- **Between 60 and 70 percent of families were supported to move to market rent housing** (through Housing Help, Family Diversion Plus or Rapid Re-Housing).
- **40 percent of families were referred to another appropriate housing program or community agency** (through Family Diversion).
- **About 15 percent of families were supported to retain their current housing** (through Housing Help, Family Diversion Plus or Rapid Re-Housing).
- **Most of the families supported with Intensive Support continued to require some level of housing-based support to maintain housing stability.**
- **Flex funds were found to be an innovative and cost-effective way to dramatically increase diversion options.** Families were offered flex funds to remove barriers that were preventing them from keeping their housing or access other options.
- **Returns for service continue to be low.** Only eight families (less than 2 percent) returned to emergency shelter between October 2013 and March 2015. In 2014/15, only 23 families returned for service (less than 5 percent). This was consistent with pre-Pilot trends.

Finally, the **average cost to serve a family was reduced through the Pilot by 68 percent** (\$2,041 in 2014/15 vs. \$6,425 in 2012). The reduction was largely influenced by the significant decrease in number of bed nights and motel top-up amounts for families. These cost reductions were realized despite the fact that 44 percent more families were served through the Pilot in 2014/15 compared to 2012 (480 families vs. 334 families).

What were some key insights from the Pilot?

The insights presented in the report are meant to capture and synthesize the learning that took place during the Pilot. Highlights for each theme are presented below.

Insights about Families and Housing Stability:

- Safety screening and incorporating safety planning into the process was important for supporting overall family stability and well-being.
- Families often have more financial resources to draw from than singles.
- Many parents were simply not aware of their options for resolving their housing crisis beyond simply accessing shelter.
- The creative flexibility associated with accessing the flex fund to retain a family's current housing or support a family to access alternative housing options had a significant impact on diversion outcomes. Complementing flex funds with the Rent Fund helped many families to move through the acute state of their housing crises.

- Most families moved on to access market rent or were able to retain their housing with the right level of housing support, provided at the right time.

Insights about the Importance of Communication

- Changing the culture of access to resources required dedicated time and effort with lots of focus on communication with staff and families.
- Collaborative relationships between partnering agencies was critical to the success of the Pilot and ultimately improved the family's overall service experience.

Insights about System Navigation

- For some families, system-level barriers prevented housing retention and/or rapid re-housing outcomes more often than affordability issues.
- Many families required support with their current or potential new landlords. Staff often used a very "business friendly" approach when working with landlords, which had a very positive impact on the housing outcome.
- When trying to resolve system barriers, staff benefited from having specific people to connect within other community systems. Relationship building made system navigation much easier.

Insights about Progressive Engagement

- Safety and depth of need must be taken into consideration when prioritizing families for different housing-based interventions.
- Over time, patterns in depth of need became more apparent. This information was used to refine the overall approach, particularly at times of increased service demand.
- Although it happened infrequently, it became evident that dedicated resources were required to support families with greater depth of need (or higher acuity) and/or housing barriers in the system.
- A very small number of families were eligible for Urgent status for Community Housing based on the new criteria and centralized application process that were established through the Pilot. This option was more appropriate for smaller families who often lack sufficient financial resources to afford sustainable private market housing options. Regardless, all families with affordability issues should apply to be on the chronological waiting list for Community Housing, to increase their chances for longer term housing stability.
- Shifting Urgent status policy to better align with diversion and rapid re-housing efforts in the second year of the Pilot was a significant area of learning. Ensuring that policies within each service pathway are streamlined is critical for achieving the greatest collective impact with ending homelessness.

What's next?

What was learned through the process of designing, implementing, and evaluating the Pilot will serve to inform not only next steps for serving families, but will also be used to spark innovation in housing-based interventions for other household types in Waterloo Region as part of ongoing system evolution.

The Pilot fundamentally changed the way that families access housing stability resources in Waterloo Region and will position the local housing stability system to move forward with efforts to “functionally end” family homelessness.

Want more information?

This report captures the learning process, results, insights, and recommendations that emerged through the Pilot. For more information about family service pathways in the local housing stability system and how they are continuing to evolve, see the Families to Homes (F2H) Guide and other F2H materials.

The 25 recommendations outlined in this report will be implemented in the context of a complete set of service pathways for families called Families to Homes (F2H), with policy direction guided by partner agencies of the F2H Collaborative.

INTRODUCTION

Ending homelessness has been identified as a goal for Waterloo Region in the local Homelessness to Housing Stability Strategy called All Roads Lead to Home (the Strategy). Reaching this goal is a shared responsibility – all orders of government, businesses, not-for-profits, groups, landlords, and residents have a role to play. Stakeholders in the local housing stability system are leading the way forward. With the power of their collective voice, they are shifting the way people *think* about ending homelessness, and they are *taking action* by supporting people to find and keep their housing over the long term.

The Family Shelter Diversion pilot (the Pilot) began in October 2013 and marked the start of an intense period of rapid learning and adaptation for the housing stability system. As further explored in the body of this report, there were several factors that influenced the design and implementation of the Pilot:

- **Service Pressures Post-Recession:** A number of service pressures were taking place in the years that followed the recession of 2008. Many of these were specific to family homelessness.
- **Updated Strategy with a Focus on System Improvements:** In 2012, an updated Strategy¹ was released with three goals and 40 action areas designed to end homelessness; one of the action areas focused on ending family homelessness (#6). The updated Strategy included a series of recommendations related to improvements at the level of the system as a whole, such as the need for enhanced access to information and service, better housing stability outcomes, and improved quality assurance practices.
- **Deeper Understanding of How to End Family Homelessness:** Given the service pressures that were happening with families, the issue of family homelessness was prioritized and funding was secured to support local research in this area between 2012 and 2014. A deeper understanding of evidence-informed approaches emerged through this work, as summarized in a final report with 50 recommendations for action².
- **Increased Funding Flexibility and Investments:** In January 2013, the Province’s new Community Homelessness Prevention Initiative (CHPI) came into effect. CHPI Guidelines called for “a better coordinated and integrated service delivery system that is people-centred, outcome-focused, and reflects a Housing First approach to prevent, reduce, and address homelessness”. Through CHPI, both increased funding flexibility and

¹ The updated Strategy is available on-line at:

<http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/homelessnessstohousing.asp>

² The report is available on-line at:

<http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/Homelessness-to-Housing-Stability.asp> (see “Ending Family Homelessness” section)

additional investments were leveraged to re-align resources for better outcomes (including the changes initiated through the Pilot).

In effect, the service pressures that were taking place in the housing stability system before the Pilot instigated a number of significant learning opportunities and, through CHPI, the system was well-positioned to implement some of the recommendations that emerged from them. Key areas of system evolution during this time included Housing First, progressive engagement and service prioritization, coordinated access, diversion, and alignment of resources along intentional service pathways.

What was learned through the process of designing, implementing, and evaluating the Pilot will serve to inform not only next steps for serving families, but will also be used to spark innovation in housing-based interventions for other household types in Waterloo Region as part of ongoing system evolution.

Overview of the report

The first half of the report provides a comprehensive review of the rationale for the Pilot and outlines key contextual information up to and including 2012. Following this, there is a detailed description of the Pilot, including a working definition of emergency shelter diversion, eligibility, and what was available through the different service pathways.

The second half of the report presents the results of the Pilot, as framed by the key questions that guided the evaluation:

- What investments were required to implement the Pilot? How do these costs compare to the 2012 pre-Pilot approach to serving families?
- Who accessed the Pilot? How did families access the Pilot?
- What service pathways did families follow and how often?
- How intense was FIT support for families?
- What was the impact on emergency shelter trends?
What were the housing and service outcomes?

The report concludes with insights and recommendations:

- 15 insights are organized into four themes: families and housing stability; the importance of communication; system navigation; and progressive engagement.
- 25 recommendations are also organized into four themes: strengthening collective impact; ending family homelessness; sharing the report; and supporting next steps.

This report captures the learning process, results, insights, and recommendations that emerged through the Pilot; it does not necessarily reflect the current practice of serving families in Waterloo Region. For more information about family service pathways in the local housing stability system and how they are continuing to evolve, see the Families to Homes (F2H) Guide and other F2H materials.

BACKGROUND

This section provides an overview of the rationale for the Pilot and further detail about how it fit within the scope of the system-wide effort to end homelessness in Waterloo Region. It also describes key trends related to family homelessness up to and including 2012, and the approach to serving families before the Pilot began.

Ending family homelessness in Waterloo Region

As noted earlier, the release of the updated Strategy in 2012 – which called for a number of system improvements – coincided with a significant increase in demand for emergency shelter from families in Waterloo Region in the years following the 2008 recession. This trend placed unprecedented pressures on local shelters, resulting in considerable overflow into motels and increased system costs. Given these emerging challenges, the issue of family homelessness was prioritized and funding was secured in 2013 through the federal Homelessness Partnering Strategy by the Region to support local research to explore the issue and develop a set of recommendations for action to address it. The research project was designed to meet several goals: **1)** raise awareness of the issue of family homelessness; **2)** support a shared vision of ending family homelessness; and **3)** build the momentum required to follow through on the actions outlined in the final report. Five main methods were used to meet these goals: **1)** Reference Group meetings (nine agencies met monthly from January 2013 through March 2014); **2)** meetings with over 200 stakeholders at various points in the project; **3)** interviews and focus groups with more than 40 families with lived experience of homelessness; **4)** a broad scan of the literature; and **5)** and a local environmental scan of relevant programs, policies, resources, data, and trends.

The final report, “Ending Family Homelessness in Waterloo Region” (the Ending Family Homelessness report) was released in March 2014 and summarized local trends, promising practices, and 50 recommendations for action. An “Inventory of Housing Stability Programs that Support Families in Waterloo Region” was released the following month to complement this report. In addition, key insights were highlighted in a two-page summary³.

³ The final report, literature review, inventory, and summary are available on-line at: <http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/Homelessness-to-Housing-Stability.asp> (see “Ending Family Homelessness” section)

Consistent with the Housing First approach endorsed by the local Strategy, the Ending Family Homelessness report focused on the goal of ending – not managing – family homelessness. To reach this goal, the report outlined the shifts that would be required in all community systems, including the local housing stability system. Perhaps most significantly, the report did not recommend further investments in emergency shelter or time-limited residential options for families. Experiencing homelessness and staying in shelters was found to be traumatic for both children and parents. Moreover, offering shelter as the primary response to families' housing crises was found to be expensive compared to other housing-based interventions. As a result, promising practices were those that shortened emergency shelter stays or avoided them altogether by providing dedicated support and other tailored resources. To this end, further investments were recommended in shelter diversion, housing retention, rapid re-housing, and enhanced collaboration with other community systems.

The Pilot was designed to explore these promising practices further by implementing a new approach to service delivery and considering its impact on families, service providers, and the system as a whole. The Pilot was primarily a housing-based intervention, with resources dedicated to helping families to find and keep their housing – ultimately moving the system closer to increasing its capacity to end family homelessness in Waterloo Region.

Pre-Pilot context

To provide overall context to the issue of family homelessness pre-Pilot, the section begins by describing key trends related to family homelessness up to and including 2012, and the approach to serving families before the Pilot (including topics such as prevalence and social demographics, impact of the 2008 recession, emergency shelter, the Families in Transition (FIT) program, and Urgent status for Community Housing). The section concludes with a brief overview of shifts in policy that took place in the housing stability system in the year that the Pilot was implemented.

Prevalence and social demographic trends

The Ending Family Homelessness report estimated that more than 3,600 families (four percent of all families in Waterloo Region) were either experiencing homelessness or at-risk of housing loss in 2012 (based on program data from the housing stability system from that year).

However, it was identified through various stakeholder consultations for the report that the actual number of families experiencing housing instability is likely much higher. Many families do not seek help from housing stability programs to resolve their housing crises. They may, instead, find the help they need through natural or informal supports or the private market/resources (e.g., support from friends and family, staying in campgrounds and motels).

As further documented in the Ending Family Homelessness report and literature review, families who experience homelessness are typically larger and younger than their housed counterparts, with the parents having lower levels of education and fewer employment skills. Single-parent families, particularly female-led, tend to be at a higher risk of housing instability. Single mothers that lose their housing are more likely to have suffered violence and abuse as children themselves, and have more physical and mental health issues. The Strategy also identified Aboriginal status and immigrant/refugee status as two additional risk factors for housing instability of families.

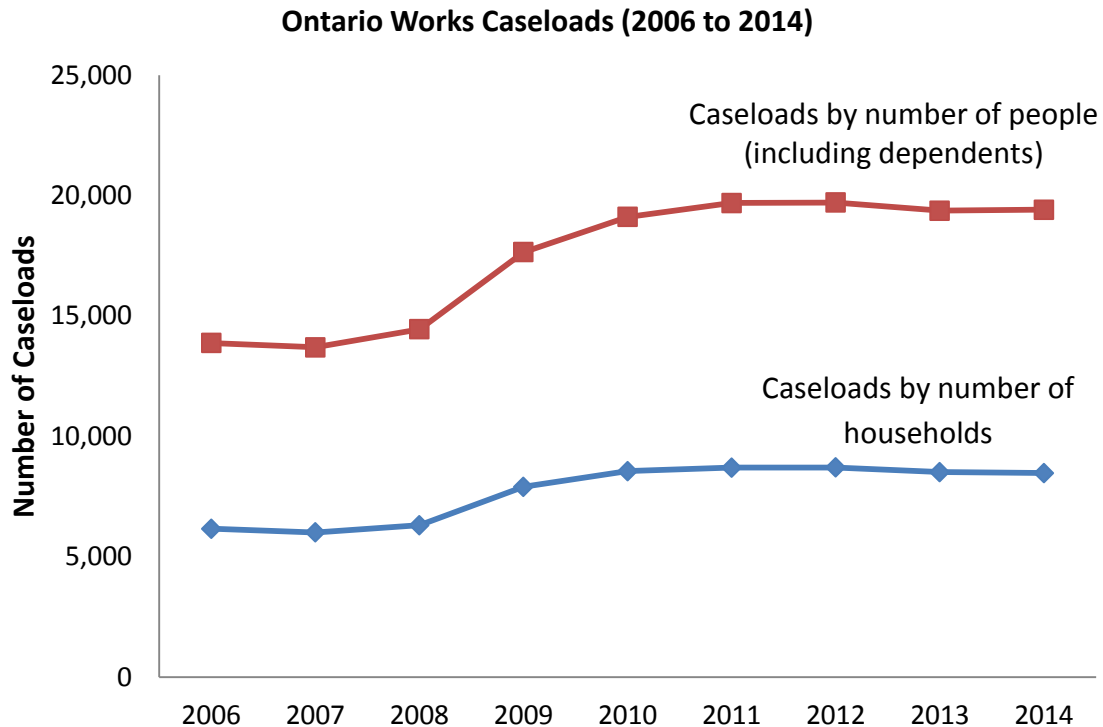
See Appendix A for social demographics trends for families who accessed local emergency shelters between January 2012 (pre-Pilot and the local “baseline” before system changes took effect) and March 2015 (the end of the formal Pilot evaluation period). See the Ending Homelessness report for a more comprehensive overview of family homelessness (e.g., demographics, characteristics, pathways, and impacts on family well-being).

Local impact of 2008 recession

Waterloo Region is known internationally for its leading-edge technology, advanced manufacturing industries, innovative educational institutions, vibrant agricultural communities, and historically significant Grand River. Similarly, it is often characterized as a wealthy area of the province. Nevertheless, Waterloo Region has faced significant challenges since the most recent recession of mid-2008. For example, as explored in detail through the Ending Family Homelessness report, during the recent recession, Waterloo Region moved from having one of the lowest unemployment rates in the country to one of the highest. During previous recessions (1980-1982 and 1991-1992) lost manufacturing jobs were eventually recovered. Following the 2008 recession however, these jobs are not being replaced or renewed within the sector.

People who are unemployed and have exhausted their assets and any Employment Insurance for which they are entitled, may seek access to social assistance (Ontario Works). Prior to the recession in late 2008, the number of households accessing Ontario Works in Waterloo Region remained fairly stable at an average of just over 6,000. As shown in Figure 1 below, the number of households accessing Ontario Works increased sharply in the fall of 2008 by 35 percent and has not returned to pre-recession levels (data sourced from the Waterloo Region, Ontario Works database).

Figure 1: Ontario Works caseloads (2006 to 2014)



National emergency shelter trends

In 2012, the federal Homelessness Partnering Strategy released the results of its first National Shelter Study, a project designed to establish a baseline count and description of the characteristics of the homeless population in Canada⁴. Data for this study spanned a five-year period of time and were sourced largely from the Homeless Individuals and Families Information System (a database for housing stability service providers, also used in Waterloo Region). Between 2005 and 2009, the number of dependent children (under age 16) who accessed emergency shelter across Canada increased by 50 percent. Over the same time period, average lengths of stay for families increased by 67 percent (from 30 to 50 nights). This increase was not replicated for other household types, where average lengths of stay increased by only two or three nights. Across Canada, programs were struggling to meet this demand for service. By 2009, the overall average occupancy rate for emergency shelters serving families was over 100 per cent.

⁴ Segaert, A. (2012). *The national shelter study: Emergency shelter use in Canada 2005-2009*. Ottawa: Human Resources and Skills Development Canada.

Nevertheless, despite these trends, most families across Canada (93 percent) did not return for service within the year, suggesting that once families secured housing again, they were able to retain it for some time.

Local emergency shelter trends

In Waterloo Region, there are two emergency shelters that provide designated space for families, as outlined below:

- **YWCA Emergency Shelter:** Sixteen rooms are available for families (including father-led). There are 15 rooms on the second floor and a larger room on the third floor, with flexibility to accommodate families of different sizes in each room.
- **Cambridge Shelter:** Three self-contained units are available on the second floor. There is flexibility to accommodate families of different sizes in each unit, although capacity is generally set at up to six beds.

Before the Pilot began, families sought access to shelter in various ways, most often through self-referral over the phone or in-person. Although emergency shelter staff across the region shared a general practice of confirming that shelter was the appropriate option for families before they were admitted, “shelter diversion” as a formalized approach was not in place and there were no resources dedicated to support such an outcome (such as staff time, common protocols/scripts, or flex funds).

Trends between 2008 and 2012 in Waterloo Region mirrored those noted in the national study above, with an unprecedented increase in demand for emergency shelter (as illustrated in Figure 2 below). By the end of 2012:

- The number of families served more than tripled (from 65 to 214 families) – see Figure 3 below.
- The number of children served quadrupled (105 to 420 children).
- The average length of stay for families doubled (from 28 to 42 days) – see Figure 4 below.
- The number of bed nights for families was almost six times higher (from 5,167 to 30,345 bed nights).

Longer stays led to a disproportionate use of services across the region: In 2012, while families accounted for just nine percent of all stays, they accounted for 38 percent of bed nights.

Figure 2: Families in emergency shelter infographic (2008 to 2012)

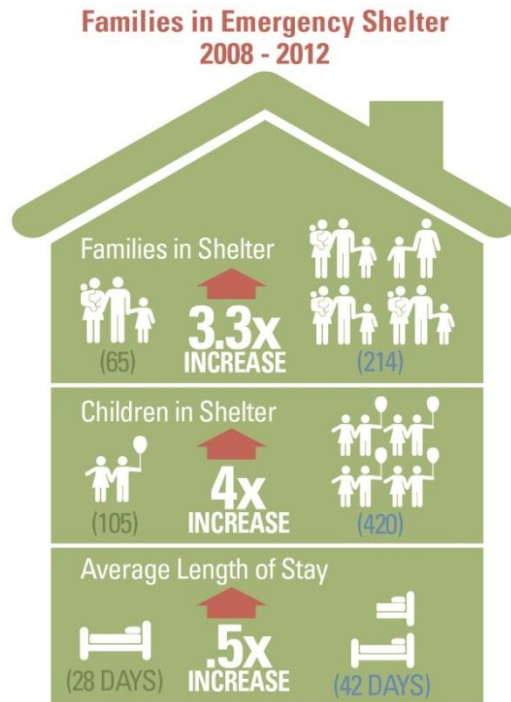


Figure 3: Families accessing shelter (2006 to 2012)

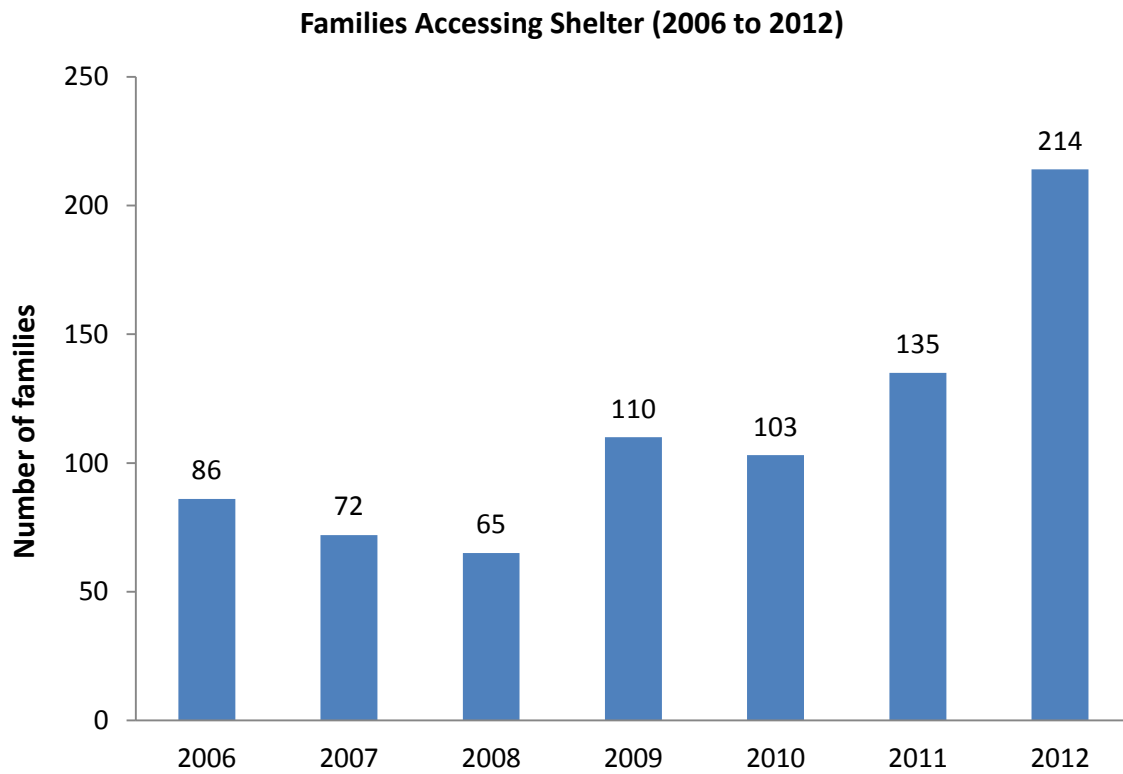
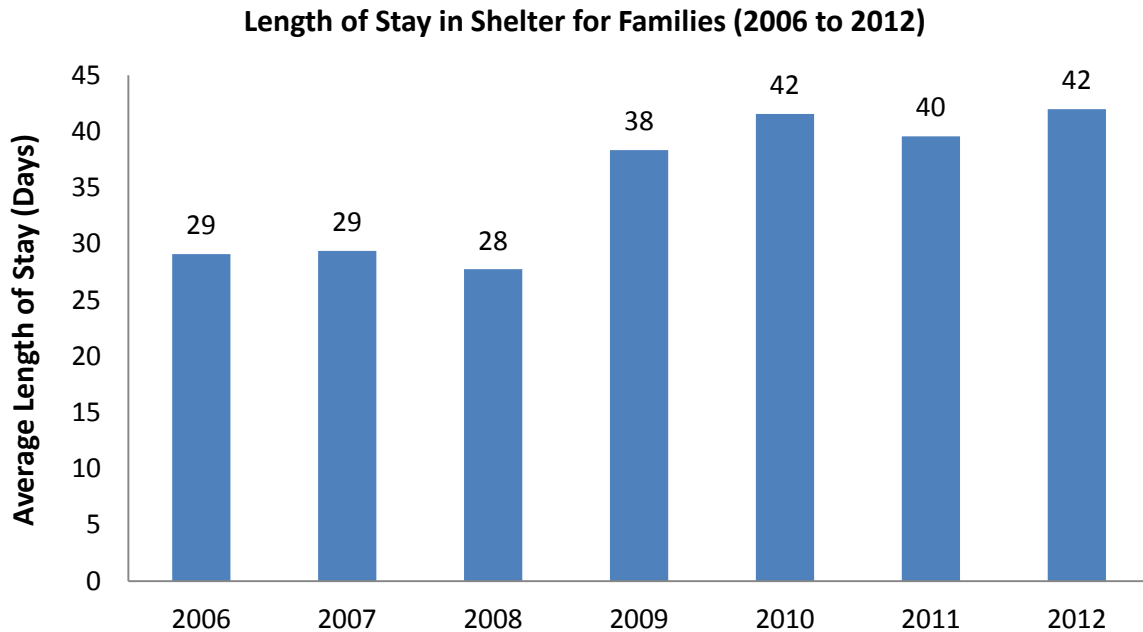


Figure 4: Length of stay in shelter for families (2006 to 2012)



Locally, the increase in numbers of families accessing emergency shelters is thought to be attributable to the lingering impacts of the 2008 recession (as described earlier). As discussed further in the Ending Family Homelessness literature report and literature review, research shows that communities can expect to experience increased rates of homelessness several years after the beginning of a recession, due to the financial hardship caused by job loss and lack of jobs available post-recession⁵. Two to three years is often the amount of time that it takes for people to lose their job, exhaust their Employment Insurance benefits and savings, and maybe stay with friends or family for a while, before they have no other option left but to seek access to shelter.

With increasing demand and longer lengths of stay, beginning mid-way through 2011, there were nights when shelters did not have the capacity within existing programs to accommodate all of the requests for service (for singles and families). To address this issue, shelters began to overflow households into motels on an as-needed basis, under the direction of the Referral

⁵ See: O'Flaherty, B. and Wu, T. (2006). *Fewer Subsidized Exits and a Recession: How New York City's Family Homeless Shelter Population Became Intense*. *Journal of Housing Economics*, Vol. 15, pp. 99-125; Falvo, N. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*. CPRN Research Report; Hinton, S. and Cassel, D. (2012). *Exploring the Lived Experience of Homeless Families with Young Children*. *Early Childhood Education Journal*, November 2012 (published online).

Protocol for Emergency Shelter Programs in Waterloo Region⁶. According to this protocol, once internal capacity has been reached across all emergency shelters in the region, residents are to be placed into motels. In this way, the shelter “system” can flex to meet demand and is never “full”. In 2012, 269 families accessed a motel at a top-up cost of \$121,425.

Families in Transition

Before the Pilot began, Lutherwood’s Families in Transition program (referred to throughout this report as FIT) had been providing families in Waterloo Region with community-based (“FIT Support”) and time-limited residential support (“FIT Houses”) since 2003⁷. In 2013, there were two positions (1.5 FTE) supporting this program.

In the community-based support part of the program, FIT staff worked with families to address issues impacting housing stability in a number of areas, including education, parenting, employment, identification, work preparation, child care, and transportation. “Unregistered” families were provided information and referrals and “registered” families were provided support coordination for up to three months. On average, each year FIT served about 185 “unregistered” families and 87 “registered” families (where length of time for support averaged 76 days).

In the time-limited residential component of the program, families were provided with safe, affordable housing and support while they searched for a more suitable, long-term housing solution. The general length of stay guideline was up to three months, with an additional three months of community-based support after moving to permanent housing. FIT houses were owned and maintained by the Region. In 2012 (the last full year of operation), 17 families were accommodated, with an average length of stay of 128 days (shortest stay was 30 days and longest was 398 days). Most often, families moved from these houses to Community Housing (71 percent), with the remaining families accessing private market rental units (24 percent) or leaving the region (5 percent).

Based on a recommendation from the Ending Family Homelessness report, the residential component of FIT ended in March 2014 and resources were redirected to support the Pilot, effectively redesigning the community-based component of FIT to focus on diversion with access to a new flex fund.

⁶ Between 2003 and 2010, overflow into motels for families experiencing homelessness was coordinated by the Region (Employment and Income Support). While no data is available related to this process, it is understood that there were very few families that accessed motels during these years (sometimes none for a year or more).

⁷ For more information about FIT pre-Pilot, see the “Inventory of Housing Stability Programs that Support Families in Waterloo Region” document.

Urgent status for Community Housing

As discussed further in the Ending Family Homelessness report, there are over 3,000 households waiting to access affordable housing through the local Community Housing program administered by the Region⁸, of which 40 percent are families (based on data from 2013). In general, waiting times can be quite long (ranging from a few months to several years) and are determined based on a number of factors, including: the number of buildings selected on the application; the popularity, location and unit availability of the buildings selected on the application; and whether or not a person has been granted a status (either “Special Priority” or “Urgent”, as described further below). On average, households who need two and three bedroom units will wait two or more years. Larger families looking for four or five bedroom units may wait three or more years (data sourced from the Region’s Coordinated Access Waiting List in 2014).

The two types of status for Community Housing in Waterloo Region are:

- **Special Priority:** A Provincially-mandated policy for victims of domestic violence where priority is granted when someone in the household: a) is experiencing or at-risk of abuse by someone they currently live with in a familial relationship or b) experienced abuse or was at-risk of abuse by someone they have separated from within the last three months.
- **Urgent:** A local policy for people with severe housing affordability issues (i.e., 50 percent or more of total gross monthly income would be required to access the size of housing required, at the current average market rent) who also fall into one of the following scenarios:
 - They are unsheltered OR are accessing emergency shelter as their primary residence.
 - The only reason a child protection agency will not return dependents to their care is because they do not have suitable housing.
 - Their home was destroyed by fire or natural disaster within the last three months.
 - They are waiting to be discharged from the hospital or treatment facility, cannot return to their previous residence, and will not be released until they find suitable housing.
 - They live in a place where the physical condition is a serious and immediate threat to safety, and cannot be repaired in a reasonable amount of time.
 - They must move because they have been physically threatened or harmed.

⁸ For more information about Community Housing (sometimes referred to as “social” or “subsidized” housing in other communities), see:

<http://communityservices.regionofwaterloo.ca/en/housing/affordablecommunityhousing.asp>

As of 2013, Urgent status represented a small percentage of households on the waiting list for Community Housing (about four percent), with families experiencing homelessness representing an even smaller portion (less than one percent in 2013).

Through consultations for the Ending Family Homelessness report, some service providers speculated that granting Urgent status through an emergency shelter stay may be motivating families with low income to access shelter. Furthermore, it was shared that, once in shelter, having Urgent status created a disincentive to search for market rent housing, as families chose to wait for a Community Housing offer instead (leading to longer lengths of stay). While Urgent status can be retained after leaving a shelter (as long as families have not secured a rental agreement for a year or more elsewhere), there was still a perception that housing may be accessed more quickly from shelter, as Community Housing providers may select shelter residents based on their ability to move into a unit immediately.

Interestingly, early results from the Pilot in 2013/14 confirmed these assumptions: Some families sought access to shelter in order to secure Community Housing through Urgent status, making it difficult to fully optimize diversion efforts. Moreover, once in shelter, some families refused to engage with FIT to find housing in the private market (even after being presented with several sustainable housing options) because they preferred to wait in shelter for a Community Housing offer instead.

Two additional challenges with the Urgent status eligibility criteria were raised during the first phase of the Pilot. The first was that income eligibility for Community Housing did not include all income sources (such as child tax credits) in its assessment, so families were not always willing to accept housing options in the private market where the child tax credit amount was applied toward rent in order to create a sustainable budget. Furthermore, families from other communities were also eligible to apply for Community Housing through Urgent status. In July 2014, a count of families with Urgent status showed that four of the six families on the list were not local residents and were applying from shelters in other communities. These families had missed the opportunity for diversion to other safe and appropriate options in the community as a first priority.

As further described in the next section, these policy inconsistencies were resolved in the second phase of the Pilot by further piloting a set of new eligibility criteria for Urgent status for families and also centralizing the application process through FIT.

Influential shifts in policy

One of the key strengths related to housing stability in Ontario currently, is the identification of municipalities as Service Managers for Housing and Homelessness. As the local Service Manager, the Region is responsible for system planning, service delivery, accountability/quality assurance, and resource allocation related to housing stability in the local community. As a backbone for the housing stability system, the Region ensures that local investments of time and resources are aligned to create the greatest possible impact.

Recent shifts in provincial policy have given Service Managers (like the Region) additional flexibility in their role. On January 1, 2013, the five homelessness programs (previously funded by the Ministry of Community and Social Services) were consolidated into a single, fixed funding envelope called the Community Homelessness Prevention Initiative (CHPI) and transferred to the Ministry of Municipal Affairs and Housing. The Region now has increased flexibility to fund programs in new ways and to shift funding between programs, as part of an overall housing stability investment plan designed to end homelessness. To support the CHPI transition, the Province also increased the local budget allocation.

PILOT OVERVIEW

This section explains some of the key features of the Pilot. It provides a working definition of emergency shelter diversion and “family”, and then describes the different service pathways that were piloted.

What is emergency shelter diversion?

Emergency shelter diversion⁹ is the practice of supporting people seeking access to shelter by providing dedicated support to help them stay in their current housing or to find somewhere else that is safe and appropriate – even temporarily – until a more permanent housing option can be secured. Diversion identifies when and how families may access emergency shelter. With a diversion policy in place, access is permitted only after attempts to support housing retention or rapid re-housing have been unsuccessful. Assessment and safety screening play an important role in determining which housing-based intervention may be the most effective – diversion or emergency shelter. Housing and safety needs are assessed, and immediate alternative housing arrangements are explored. Direct support workers who offer diversion services have specialized problem-solving skills. They ask the right questions at the right time,

⁹ In 2013, a local report explored the practice of emergency shelter diversion in more detail called “What is Diversion? An Overview of Emergency Shelter Diversion as a Practice and the Local Context in Waterloo Region”. The report is available on-line at: <http://www.homelesshub.ca/resource/what-diversion-overview-emergency-shelter-diversion-practice-and-local-context-waterloo>

and support families to mediate conflict, negotiate options, and navigate often complicated community systems to reach a timely and safe resolution to their housing crisis.

If it is determined that the family is an appropriate candidate for diversion, a shorter term Housing Plan is developed with the family that focuses primarily on crisis intervention and includes information about immediate housing arrangements (e.g., where the family will sleep tonight, tomorrow night, and in the short term). For example, families may be supported to stay with extended family members or friends on a time-limited basis.

As part of a longer term goal of securing permanent housing, some families may be supported to develop a more extensive Housing Plan that summarizes the specific next steps necessary to resolve a variety of housing issues, as summarized below:

- **Key activities to support rapid re-housing:** Securing identification, establishing a sustainable housing budget, market rent searches, securing funds for rent deposits, and accompaniment to appointments (e.g., housing viewings, income support/benefit negotiations, mediating with landlords). In some circumstances, families may also be eligible for Urgent status (priority access to Community Housing).
- **Key activities to support housing retention:** Conflict mediation with landlords or neighbours, securing funds for rent arrears, financial literacy, and other program referrals to increase housing stability over the long term (e.g., child care subsidies, family outreach workers, counselling services). All families experiencing housing affordability issues were supported to apply for Community Housing as part of a longer term housing retention plan.

In summary, diversion is not saying “no” to sheltering families that have exhausted all of their options. Rather, diversion works to prevent families from experiencing the stress and trauma that may be associated with accessing an emergency shelter where other safe and appropriate residential options exist. It reduces demand for shelter by delaying entry or preventing stays altogether, safely and efficiently. And, finally, diversion ensures that emergency shelter beds are accessed only when absolutely necessary, and only as part of an intentional process toward securing housing.

Who was eligible?

One of the first activities of the Pilot was to operationalize a common definition of “family” across the partnering agencies. For the purpose of Pilot eligibility, as a general guideline, “family” was defined as a parent(s) or guardian(s) with one or more dependents. Families could be headed by one or two parents or guardians of opposite or same gender.

While families with dependents under age 18 were the primary focus, the Pilot could also serve:

- Families with youth up to age 24 where the intention is to continue to live together as an intact family unit.
- Families with adult dependents where the intention is to continue to live together as an intact family unit (e.g., adult dependents with a disability, families who have recently immigrated).
- Parents with custody arrangements and/or visitation rights¹⁰.
- Parents that have been separated from their children and are actively seeking reunification¹¹.

The definition of family did not include individuals or couples without dependents in their care, including families with no dependents who were pregnant. It also did not include youth experiencing homelessness who were seeking support to live independently (i.e., not under the care of their parent(s) or guardian(s)).

What did the Pilot offer families?

The Pilot began on October 15, 2013 in partnership between Lutherwood Housing Services (Lutherwood) and the Cambridge Shelter Corporation (the Cambridge Shelter). It expanded to include the YWCA Kitchener-Waterloo (YWCA Emergency Shelter) on April 1, 2014.

Lutherwood offers a number of region-wide housing stability programs through two office locations – one in Cambridge and one in Kitchener. During business hours, the Pilot operated as a single point of access to the housing stability system for families, centralized through Lutherwood’s FIT program. Outside business hours, families followed a modified access process through the two emergency shelters serving families in the region – the Cambridge Shelter (located in Cambridge) and the YWCA Emergency Shelter (located in Kitchener). As discussed above, during the second phase of the Pilot (2014/15), coordinated access was extended to include another pilot feature: centralizing the application process for Urgent status to Community Housing for families through FIT, using a new set of eligibility criteria that better aligned with diversion and rapid re-housing efforts. See Appendix B for these new criteria.

As explored in depth through the Ending Family Homelessness report, families face a wide variety of issues that compromise their housing stability. There is no “one size fits all” approach to resolving families’ housing crises – what each household needs to end their homelessness varies based on social demographics, lived experience, and other related factors (some of which

¹⁰ “Custody” relates to decision-making; each parent may have full, joint or no custody. “Visitation” relates to how often a parent sees their children; a variety of scenarios are possible.

¹¹ If there are no plans for reunification, the Housing Plan is made within the parent’s existing budget.

were measured through the Pilot, as summarized in Appendix A). While some families needed a relatively small amount of support to avoid a shelter stay – perhaps just a phone call – others needed more intensive support over a longer period of time to stay housed. Over time, the Pilot evolved to accommodate these varying levels of support needs. By the end of the formal evaluation period, diversion came to be appreciated as an essential early engagement housing-based intervention that – for some households and under certain circumstances – progressed to more intensive services.

The progressive engagement model that developed between October 2013 and March 2015 included five possible service pathways, as further described below:

- **Housing Help**¹²: Families seeking access to emergency shelter – but not immediately requiring a stay – were offered support to resolve their housing crisis. This was considered a “light” level of housing support and included specialized problem-solving. The time frame that defined “immediacy” with respect to the need for shelter changed over the course of the Pilot. By the end of the formal evaluation period, families seeking access to shelter within one week were considered eligible for Family Diversion, while families who were more than one week away from needing access to shelter were eligible for Housing Help.
- **Family Diversion**¹³: Families seeking more immediate access to emergency shelter were offered Family Diversion. Family Diversion was also a “light” level of housing support and included both specialized problem-solving (from FIT during business hours and emergency shelter staff outside business hours) and access to a flex fund.
- **Family Diversion Plus**¹⁴: Families seeking access to emergency shelter that avoided a stay through support from FIT and needed short term “transitional” support to fully resolve their housing crisis were offered Family Diversion Plus (e.g., community-based support such as accompaniment to viewings, home visits) and access to a flex fund.
- **Emergency Shelter Stay**: Families experiencing homelessness with no other safe and appropriate housing options were offered one of two types of emergency stays:
 - Families who entered the shelter with a Housing Plan that suggested they could exit within 30 days, retained primary support from FIT. These stays were referred to as **Rapid Re-Housing (RRH)**.
 - Families with greater housing barriers and/or whose depth of need suggested that their stays may be longer than 30 days, received support from emergency shelter staff. These stays were referred to as **Regular Shelter (RS)** because the

¹² Data collection tools identified this service pathway as “Community-Based Support – Other”.

¹³ Data collection tools identified this service pathway as “Diversion – Unregistered”.

¹⁴ Data collection tools identified this service pathway as “Diversion – Registered”.

shelter resources offered were similar to what families would have received pre-Pilot.

- **Intensive Support:** A very small number of families who were offered one or more of the above housing-based interventions and required more intensive support to retain their housing over the longer term, were provided support from FIT with no specific time limit. The circumstances of each family and the housing challenges they faced were unique and often complex.

As illustrated through these five service pathways, diversion as it was operationalized through the Pilot functioned less as a discrete “program” and more as a complement to a host of other housing-based interventions, all within the context of a progressive engagement approach. For more information about how the service pathways changed during the Pilot, see Appendix C. See the Insights and Recommendation section to learn about how these service pathways will continue to evolve through Families to Homes (F2H).

Common intake processes were used to ensure consistency and efficiency with making and receiving referrals between partnering agencies. New tools introduced through the Pilot included a diversion screening tool, a set of questions to assess the family’s housing support needs, and the family version of the Vulnerability Index – Service Prioritization and Decision Assistance Tool or VI-SPDAT. The VI-SPDAT is a “pre-screen” tool used to support better understanding of the depth of need (or acuity) a household is facing in domains of life linked to housing instability. This information helps to inform decisions about which households are most likely to benefit from different kinds of housing-based interventions and which households should be prioritized above others based upon current level of need. Between March and May 2014, the VI-SPDAT and its complementary, more comprehensive “assessment” tool called the full SPDAT were also being piloted in the local housing stability system. In June 2014, agencies agreed to continue using these tools as part of a local “soft launch”. Although several Pilot staff received training to administer the VI and full SPDAT, and many families were assessed with them, it was not possible to include an analysis of the scores in the final evaluation. Future considerations for using the VI-SPDAT and full SPDAT are included in the Insights and Recommendations section of this report.

Finally, to support diversion and rapid re-housing, families had access to one-time financial assistance through a flex fund called the Rapid Re-Housing and Prevention (RRAP) Fund¹⁵. Future considerations for use of flex funds are also included in the Insights and Recommendations section of this report.

¹⁵ For more information about flexible funding, see “STEP Home Flex Fund Report” on-line at: <http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/resources/flexfundreport1.pdf#Flex Fund Report>

RESULTS

Overall, the approach used to evaluate the Pilot was more developmental and informal in design. Given the significant level of change that took place during the two-year implementation period, the questions that the Working Group wanted to answer through the evaluation and the most appropriate way to frame the results, simply emerged over time. Moreover, as further discussed in this section, there were no resources to support additional evaluation of the Pilot beyond the early “start up” period to March 2014. All evaluation activities for the final report were completed within existing agency and Region – Housing Services resources.

This section describes how the Pilot was evaluated and presents the results. Results are framed by the key questions that guided the evaluation:

- What investments were required to implement the Pilot? How do these costs compare to the 2012 pre-Pilot approach to serving families?
- Who accessed the Pilot? How did families access the Pilot?
- What service pathways did families follow and how often?
- How intense was FIT support for families?
- What was the impact on emergency shelter trends?
- What were the housing and service outcomes?

Data to inform the evaluation were collected from three sources:

- **Lutherwood:** Family demographics (household composition, income, education, immigration, Aboriginal status, disability, experience with abuse), number of families served under each service pathway, services provided, the RRAP Fund (number of families who accessed it, total amount spent, and general expense categories), and housing information (where families lived at intake and housing outcome at discharge).
- **Homeless Individuals and Families Information System (HIFIS):** Emergency shelter stay data (number of families that stayed, date of intake and discharge, service pathway in 2014/15).
- **Family Shelter Diversion Working Group Minutes:** Representatives from each partnering agency met regularly throughout the Pilot. Meeting minutes captured the discussions, including how the Pilot was adapting to new learning and areas where improvements were needed.

Pilot results are organized either by the overall time frame in which the Pilot was being formally evaluated (October 15, 2013 to March 31, 2015) or by its two phases: Phase 1 from October 15 to March 31, 2014 (Cambridge only) or Phase 2 from April 1, 2014 to March 31, 2015 (where data are most often combined for both emergency shelters and FIT referral sites). Where

available and necessary to provide additional context, some additional data were added (up to September 2015).

See the Insights and Recommendations section for next steps related to measuring, monitoring, and sharing progress with ending family homelessness going forward.

What investments were required to implement the Pilot?

As further described below, a number of resources were dedicated to the successful implementation of the Pilot, including evaluation and planning, a Family Shelter Diversion Working Group, communication, staffing and support, and the RRAP Fund. Emergency shelter capacity was also a key asset of the Pilot. See the Background section of this report to learn more about local shelter capacity for families and use of motels in times of shelter overflow across the region.

Evaluation and planning

During the initial Pilot phase in Cambridge, a part-time evaluator was hired through Lutherwood to support a number of projects contributing to system evolution, including the Pilot. Specific to the Pilot, this support included early “start-up” activities and summarizing learning to date for a 2013/14 pilot report written and released by Lutherwood¹⁶. Funding was not available to support a formal “evaluation” of the Pilot in the second year. As such, evaluation and planning support through 2014/15 was led by Region – Housing Services staff and supported primarily by the Lutherwood Housing Coordinator. Key activities during this time included finalizing the first pilot report, revising data collection and coordinated access processes, and preparing the 2014 Canadian Alliance to End Homelessness presentation. During this time, Pilot processes and tools were continually revised and documented in a draft guide.

Primary data collection for the Pilot ended in March 2015. Over the summer of 2015, Region – Housing Services staff drafted the final report and, where necessary, gathered a few additional data of interest to complement the findings. Several meetings were held in the summer and fall of 2015 to review drafts with the Working Group. Working Group members contributed to the report through these meetings and/or provided additional feedback through conversations with or written feedback submitted to Region – Housing Services staff. For more information about the Working Group, see below.

¹⁶ The “Families in Transition Pilot 2013/14 Evaluation Report” is available on-line at: http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/resources/Families_In_Transition_Pilot_Evaluation_2013-14.pdf

Family Shelter Diversion Working Group

Fifteen Family Shelter Diversion Working Group meetings took place between October 1, 2013 and April 2, 2015. These meetings were attended by supervisors/managers and direct support workers (FIT and emergency shelter staff) from each partnering agency: Cambridge Shelter Corporation, Lutherwood Housing Services, and YWCA Kitchener-Waterloo. The Working Group was chaired by Region – Housing Services staff. Over the course of the Pilot, 16 agency staff participated in the Working Group (not including Region – Housing Services staff). Working Group members both contributed to and edited all draft materials to support the Pilot, including the final report (as described above).

Communication

A number of communication tools were used to share the new Pilot approach with stakeholders in the housing stability system:

- Family Shelter Diversion Fact Sheet
- Reports to Regional Council
- “Housing Stability System Evolution” newsletter articles in 2014: February, June, and October
- Housing Stability 2014/15 Data Summary Report
- Lutherwood Housing Services and Region websites

As early results of the Pilot were being released to the public, media interest increased. This led to several articles:

- “Families diverted from shelter”¹⁷
- “Families being diverted from emergency shelters thanks to program”¹⁸
- “Pilot Project helps Waterloo Region families avoid homelessness”¹⁹
- “The view from upstream: Unearthed poverty”²⁰

In addition, mid-way through the Pilot, Region – Housing Services staff presented early results at the 2014 Canadian Alliance to End Homelessness conference. Final Pilot results will be shared at the 2015 Canadian Alliance to End Homelessness conference in November 2015.

¹⁷Families diverted from shelter. May 8, 2014. <http://www.kitchenerpost.ca/news/families-diverted-from-shelter/>

¹⁸ Families being diverted from emergency shelters thanks to program. May 15, 2014. <http://www.cambridgetimes.ca/news-story/4520422-families-being-diverted-from-emergency-shelters-thanks-to-program/>

¹⁹ Pilot Project helps Waterloo Region families avoid homelessness. June 24, 2014. <http://www.cbc.ca/news/canada/kitchener-waterloo/pilot-project-helps-waterloo-region-families-avoid-homelessness-1.3125521>

²⁰ The view from upstream: Unearthed poverty. March 7, 2015. <http://communityedition.ca/blog/2015/03/07/the-view-from-upstream-unearthed-poverty/>

Staffing and support

FIT and emergency shelter staff provided the necessary direct support staffing resources for the Pilot. FIT and emergency shelter staff were also supervised by staff from their respective agencies. Table 1 shows the changes in staffing levels from October 15, 2013 to March 31, 2015 (housing support only).

Table 1: Housing support staffing levels 2013 to 2015

| Pilot Time Frame | FIT* | Emergency Shelter and Regular Shelter Stays* |
|-----------------------------------|---|---|
| October 15, 2013 – March 31, 2014 | 1 FTE: 0.5 Cambridge; 0.5 Housing Coordinator (HC) | 1 FTE at the Cambridge Shelter supported the first year of the Pilot in Cambridge and two families with Regular Shelter stays. |
| April 1, 2014 – May 31, 2014 | 3 FTE: 0.5 Cambridge; 2 Kitchener; 0.5 HC | 0.5 FTE at YWCA Emergency Shelter supported 8 families with Regular Shelter stays. -- There were no families referred for a Regular Shelter stay at the Cambridge Shelter. |
| June 1, 2014 – Mar 31, 2015 | 4 FTE: 0.5 Cambridge; 3 Kitchener; 0.5 HC | |

*1 Full time employee (FTE) works 37.5 hours a week

FIT supported families with problem-solving and housing-related activities to help them stay housed or to find other housing as quickly as possible, ideally avoiding a shelter stay. The most common types of support provided were assistance with housing searches, budgeting for appropriate housing, and providing information about moving. Support related to advocacy and communication with landlords, including preparing for housing viewings, was also very common. For a list of all supports provided through the Pilot, see Appendix D.

Emergency shelter staff supported all families to some degree during their stays, even when families retained Lutherwood FIT support for rapid re-housing. As documented in the Ending Family Homelessness report, experiencing homelessness and having to negotiate a new shared living environment with other people who are also coping with trauma can be very stressful (particularly for children). Maintaining a neutral to positive experience in the shelter building (and/or helping families to meet their needs while staying in a motel) helped to promote the necessary stability in families’ day-to-day routines, enabling them to take the necessary “next steps” in their Housing Plan and move forward with their lives as quickly as possible. During periods of high shelter occupancy, the support provided on-site to families by shelter staff was sometimes very intensive (more hours and more frequent contacts).

Some of the support offered to families by emergency shelter staff was related to their residential stay (e.g., housekeeping, laundry, security, meals, and providing access to basic need items like soaps, clothes or personal hygiene products). Child-specific activities included supporting age-appropriate and safe opportunities for play (particularly during the busier summer months), helping to connect families with area schools, and following through with any duties to report that were more easily managed because children were on-site (e.g., school absences to Family and Children’s Services, weekly child well-being and nutritional checks). As needed, shelter staff mediated conflict between residents and families during their stays. In addition, they managed overflow into motels when required.

Families who were supported by emergency shelter staff through a Regular Shelter stay were offered similar problem-solving and housing-related assistance as identified above through FIT. While it was originally intended that families staying at the YWCA Emergency Shelter in a Regular Shelter stay would also be provided additional “transitional” support for a period of up to one year following their move to permanent housing in the community, it was identified through the evaluation that this level of support was not offered.

RRAP Fund

The RRAP fund was an effective tool that offered families flexible resources to help them remain housed, transition to new housing without a shelter stay and/or reduce the number of days spent in shelter. From October 2013 to March 2014, \$13,041 was spent (19 families). With the region-wide expansion in 2014/15, RRAP Fund expenses increased to \$48,424 (56 families). The total amount accessed through the Pilot was \$61,465. On average, each family accessed \$819 (\$720 in 2013/14 and \$865 in 2014/15).

The RRAP Fund was used to cover a variety of costs, where no other sources of funding were available. These included (in alpha order):

- Bed bug support
- Beds and mattresses (after attempting to secure donations first)
- Credit checks (\$20 processing fee passed from the landlord to the tenant)
- First and last month rent (where Rent Fund was unavailable)
- Food vouchers and grocery cards
- Household goods
- Key deposits
- Moving costs
- Rent arrears (where Rent Fund was unavailable or to cover costs of historical arrears)
- Rental application fees

- Storage
- Transportation (bus tickets, gas cards)
- Utility arrears (where Waterloo Region Energy Assistance Program was unavailable)

At times, other funding sources were available for some of the items listed above, but they were not flexible enough or able to be accessed quickly enough to save or secure a tenancy. Where possible, funds were recovered from these other funding sources following the RRAP transaction.

Due to data limitations, it was not possible to analyze results beyond a basic summary of expenses.

A complementary fund to the RRAP was the Rent Fund (for last month's rent and rent arrears), which is available to all households across the region (not just families) through Lutherwood's Housing Support Services program. In 2014/15, the Rent Fund was accessed by 181 families served through the Pilot (38 percent).

Cost comparisons between 2012 and 2014/15

The average cost to serve a family through the Pilot in 2014/15 was 68 percent less than the average cost to serve a family before the Pilot started in 2012 (\$2,041 in 2014/15 vs. \$6,425 in 2012). Costs included the following three factors:

- **Cost to shelter families in the region within regular and internal overflow capacity.** This was calculated by applying the proportion of bed nights for families in each family serving shelter for that year, to the total cost of operating each shelter for that year.
- **Motel top-up for families.** This was calculated using the top-up amount that applied to each motel stay, for that year.
- **FIT program.** For 2012, the calculation included both the community-based and residential components of the program, including any applicable organizational and staff costs. For 2014/15, the calculation included the RRAP Fund plus any applicable organizational and staff costs.

The reduction was largely influenced by the significant decrease in number of bed nights for families in each family serving shelter (reduced by over 30 percent) and motel top-up amounts for families (by 97 percent) between 2012 and 2014/15. These cost reductions were realized despite the fact that 44 percent more families were served through the Pilot in 2014/15 compared to 2012 (480 families vs. 334 families). For more detail about how the cost comparisons were calculated, see Appendix E.

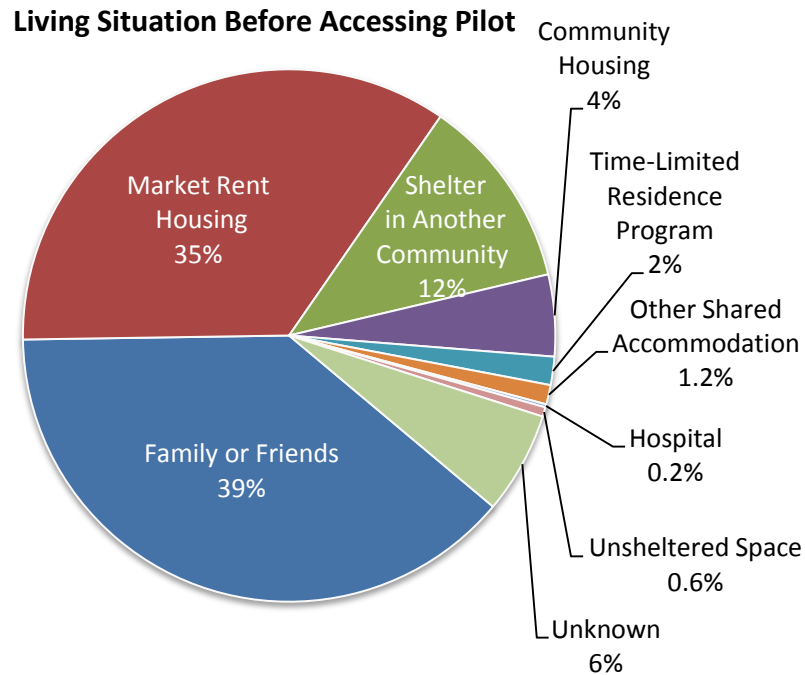
Who accessed the Pilot?

Highlights of social demographic trends for the families served through the Pilot include:

- Most families were single-parent households (about two-thirds). A greater proportion of families staying in shelter were female-led than served through the Pilot overall (91 percent in shelter vs. 52 percent for the Pilot overall).
- Most parent(s) were between the ages of 25 and 49 (more than two-thirds).
- The average number of dependents per family was 1.8. Average age was just under seven years.
- A greater proportion of families staying in shelter identified as Aboriginal than served through the Pilot overall (14 percent in shelter vs. five percent for the Pilot overall).
- Permanent Residents/Immigrants accounted for just under ten percent of families in the last two years (down from 16 percent in 2012). Shelter data for families showed a similar trend with just over ten percent born outside of Canada (down from 16 percent in 2012).
- Parents served through the Pilot in 2014/15 reported much higher incidence of disability than parents accessing shelter (28 percent for the Pilot overall vs. six percent in shelter). This is likely due to differences in data collection methods (i.e., under reporting through shelter data). For families who accessed the Pilot in 2014/15, mental health issues accounted for more than half of the reported disabilities, followed by physical disabilities at about a third, and problematic substance use at about ten percent.
- For the Pilot in 2014/15, half of the families were receiving income through Ontario Works (52 percent). A much smaller portion were working (15 percent), reported no income (13 percent), or were accessing the Ontario Disability Support Program (nine percent). The remaining ten percent received a mix of Employment Insurance (three percent) or other income (seven percent).
- For the Pilot in 2014/15, almost half of parents had completed some high school education (40 percent). Just over a quarter had completed high school (28 percent). A further quarter had either some post-secondary education (11 percent) or graduated (13 percent). The remaining eight percent had a mix of elementary (six percent) or other training (two percent).
- As illustrated in Figure 5 below, before they accessed the Pilot, most families were staying with family or friends (39 percent) or living in market rent housing (35 percent). Some families accessed the pilot from a shelter in another community (12 percent).

See Appendix A for further detail.

Figure 5: Living situation before accessing Pilot



How did families access the Pilot?

As described earlier, during business hours, the Pilot operated as a single point of access to the housing stability system for families, centralized through the FIT program. As identified in Table 2 below, the distribution of referrals between the two Lutherwood offices in 2014/15 was roughly aligned with the relative size of each community, with two-thirds of referrals generated through the Kitchener office and one-third through Cambridge.

Table 2. Annual referrals 2013/14 and 2014/15

| | Cambridge | Kitchener | Total |
|----------------|-----------|-----------|-------|
| 2013/14 | 44 | N/A | 44 |
| 2014/15 | 135 (28%) | 345 (72%) | 480 |

Notably, when the Pilot expanded region-wide in 2014/15, the volume of referrals increased more than 10-fold from 44 to 480. This was much higher than the number of families that were estimated would be served at 300. As summarized in Table 3 below, quarterly data for referrals indicate that, in fact, the estimate for 2014/15 was “on track” for the first three quarters of the year (at a rate of 75 referrals per quarter on average), at which point there was a 48 percent increase in the fourth quarter period. Referrals continued to rise in the first quarter of 2015/16

(by another 41 percent) and stayed at this level during the second quarter of 2015/16. The factors influencing the increase in referrals are not fully understood.

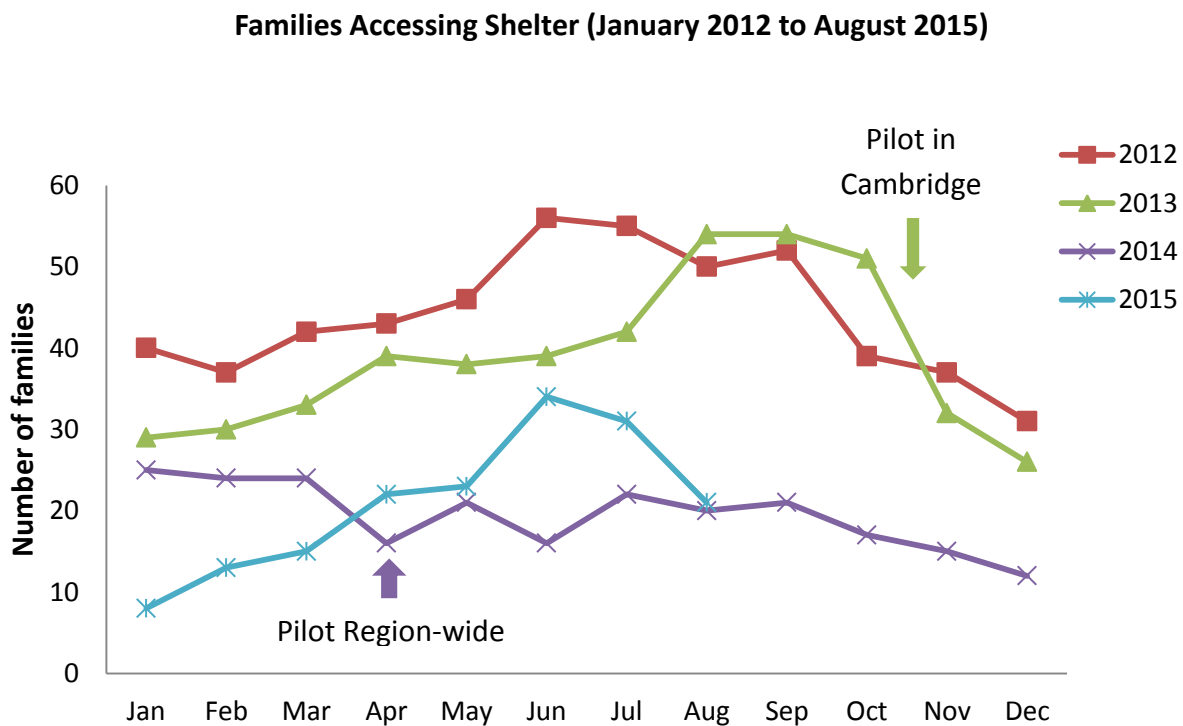
Table 3. Quarterly referrals (January 2014 to September 2015)

| Time Period | | | FIT Referrals |
|-------------|----|-------------------------------------|---------------|
| 2014/15 | Q1 | April 1, 2014 – June 30, 2014 | 75 |
| | Q2 | July 1, 2014 – September 30, 2014 | 78 |
| | Q3 | October 1, 2014 – December 31, 2014 | 71 |
| | Q4 | January 1, 2015 – March 31, 2015 | 105 |
| 2015/16 | Q1 | April 1, 2015 – June 30, 2015 | 148 |
| | Q2 | July 1, 2015 – September 30, 2015 | 147 |

As illustrated in Figure 6 below, monthly emergency shelter data over the past several years suggests periods of peak demand: In 2012, demand spiked in June and reduced after September. In 2013, demand peaked in August and reduced after October. Interestingly, in 2014, the highest demand for shelter was in January with no notable further fluctuations through the rest of the year. Overall trends, however, show that demand has reduced.

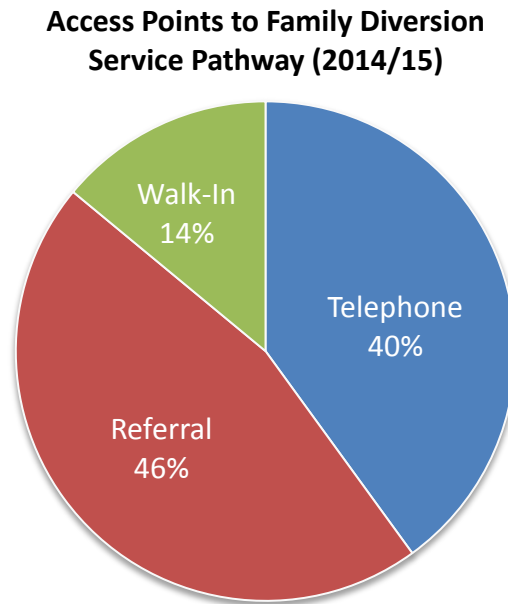
FIT referrals and shelter data will continue to be monitored through 2015/16.

Figure 6. Families accessing emergency shelter (monthly: January 2012 to August 2015)



As illustrated in Figure 7 below, data on how families accessed the Family Diversion service pathway in 2014/15 showed that, while most were referred from another local housing stability program (46 percent), a significant number of families phoned for service (40 percent) and a few were walk-in referrals.

Figure 7. Access points to Family Diversion service pathway (2014/15)



Referral sources for each Pilot period were similar, with the majority of referrals coming from emergency shelters (46 percent), followed by self-directed referrals or referrals from family and friends (20 percent), and other programs within Lutherwood (15 percent).

These trends will help to inform next steps for shifting the culture of access to shelter and exploring use of technology (e.g., HIFIS) to support more seamless referral processes within the system.

What service pathways did families follow and how often?

Through the Pilot, 524 families (with 841 children) were served. As illustrated in Figure 8 and summarized in Table 4 below, not all families accessed the same service pathway, confirming the need for a tailored approach to service delivery based on families’ housing situations and/or depth of need.

Highlights include the following:

- A small percentage of families (14 percent overall) were offered **Housing Help**, a service that is distinguished from the others because families were not seeking immediate access to shelter.
- Two-thirds of families seeking immediate access to shelter were diverted (64 percent overall). In 2014/15, when **Family Diversion** and **Family Diversion Plus** were identified as separate service pathways, a similar number accessed each option (28 and 36 percent, respectively).
- Families that could not be diverted were admitted to emergency shelter (22 percent for the Pilot overall). Most of these families were supported by FIT through a **Rapid Re-Housing** stay (20 percent for the Pilot overall). Very few families were supported by emergency shelter staff through a **Regular Shelter** stay (two percent for the Pilot overall or ten families). The proportion of families in each type of stay was generally consistent between 2013/14 and 2014/15.
- In 2014/15, a very small number of families received **Intensive Support** when they were unable to retain their housing after receiving one or more of the above housing-based interventions.

Figure 8. Overall Pilot service pathway results

Pilot Results by Service Pathway

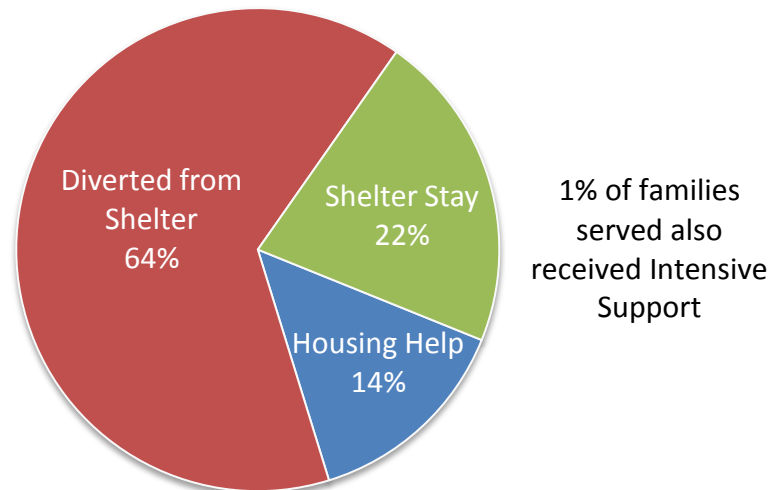


Table 4. Families served in each service pathway

| Service Pathway ²¹ | Level of Engagement | Oct 2013-Mar 2014 (Cambridge) | 2014/15 (Waterloo Region) | Pilot Results By Service Pathway | |
|--------------------------------|--------------------------------|-------------------------------|---------------------------|----------------------------------|-----------------------------------|
| Housing Help | “Light” Housing Support | N/A | 74 (15%) | 74 (14%) | |
| Family Diversion ²² | | N/A | 148 (31%) | 148 (28%) | Diverted: 338 (64%) |
| Family Diversion Plus | “Transitional” Housing Support | 31 (70%) | 159 (33%) | 190 (36%) | |
| Rapid Re-Housing | Shelter Stay | 11 (25%) | 91 (19%) | 102 (20%) | Shelter Stay: 112 (22%) |
| Regular Shelter | | 2 (5%) | 8 (2%) | 10 (2%) | |
| Total Served | | 44 | 480 | 524 | 524 |
| Intensive Support | “Intensive” Housing Support | N/A | 6 (included above) | 6 (1% of total served) | |

How intense was FIT support for families?

There are a number of ways that intensity of support can be measured, including frequency of contact, duration of support, and total hours. Data collected by FIT staff for number of hours and duration of support provides some general insights about the intensity of support offered through the Pilot.

In 2013/14, families received about 14 hours of support overall by FIT. This data only includes FIT staff support, not support provided by shelter staff (where families had a shelter stay). In 2014/15, the average number of hours that FIT supported a family was about eight hours (again, average does not include support from shelters). Overall, for the Pilot, these trends suggest that families received about 11 hours of FIT support each, on average. These trends are likely not as applicable to Family Diversion, a generally “less intensive” housing-based intervention.

Duration of support through FIT was only measured for Family Diversion Plus in 2014/15, where the average number of days between intake and “discharge” was 34. If families were supported to secure housing, this occurred after 22 days of support on average (about two-thirds of the

²¹ In 2013/14, Housing Help, Family Diversion and Intensive Support were not separate service pathways.

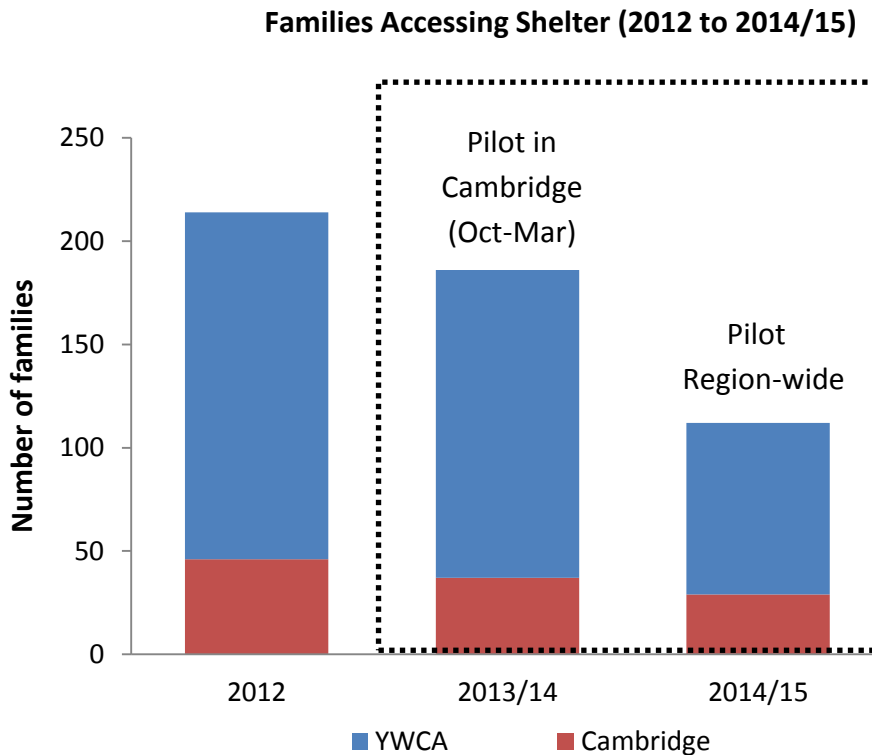
²² The number of families diverted is likely under-reported because it does not include all diversion data through emergency shelter staff (mostly outside business hours).

way through the housing-based intervention). Duration of support through FIT for 2013/14 is not comparable due to the reduced number of service pathways that were offered.

What was the impact on emergency shelter trends?

As illustrated in Figure 9 below, the number of families accessing emergency shelter was reduced by 48 percent through the Pilot – from 214 families in 2012 to 112 families in 2014/15²³. See Appendix F for additional pre-Pilot trend comparisons.

Figure 9. Families accessing emergency shelter (annual: 2012 to 2014/15)

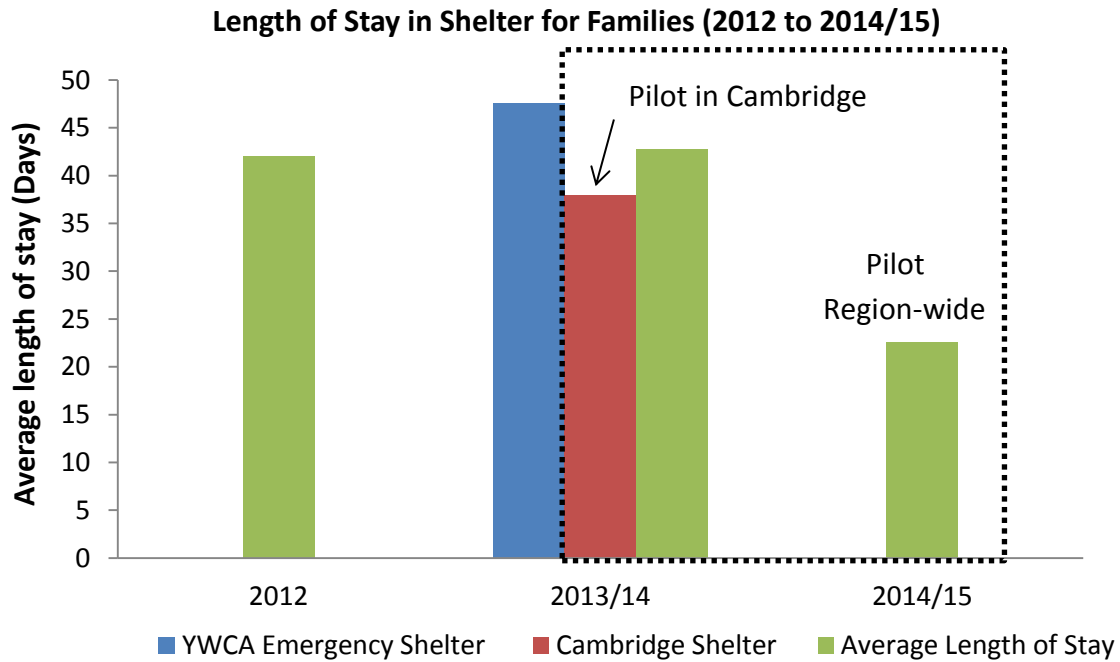


As illustrated in Figure 10 below, average lengths of stay for families also decreased during the Pilot by 48 percent – from 42 days in 2012 to 22 days in 2014/15.

Notably, average lengths of stay between the two different types of stays in the Pilot were quite different. In 2014/15, Rapid Re-Housing families stayed for 23 days on average (Cambridge Shelter: 17 days; YWCA Emergency Shelter: 27 days), while Regular Shelter families stayed for 57 days on average (all at the YWCA Emergency Shelter).

²³ Ten families had shelter stays but they did not engage with FIT for a referral; no data is available for them.

Figure 10. Length of stay in emergency shelter for families (annual: 2012 to 2014/15)



Finally, as illustrated in Figure 11 below, there was a decrease in motel use by families after the Pilot started in October 2013. In 2012, an average of 22 families were being placed in motels every month (at a top-up cost of \$9,931 per month, on average). In 2013/14, the average reduced to 15 families (at a top-up cost of \$8,149). By 2014/15, just one family accessed motels each month on average (at a top-up cost of \$324). In fact, after the Pilot expanded region-wide in April 2014, motel stays for families reached a four year low and there were nine months where there were no family motel stays.

Figure 12 that follows shows the number of families who were overflowed into motels in 2012, 2013/14, and 2014/15. All of these families would have otherwise been unsheltered had motel overflow not been available.

Figure 11. Motel use for families (monthly: January 2012 to August 2015)

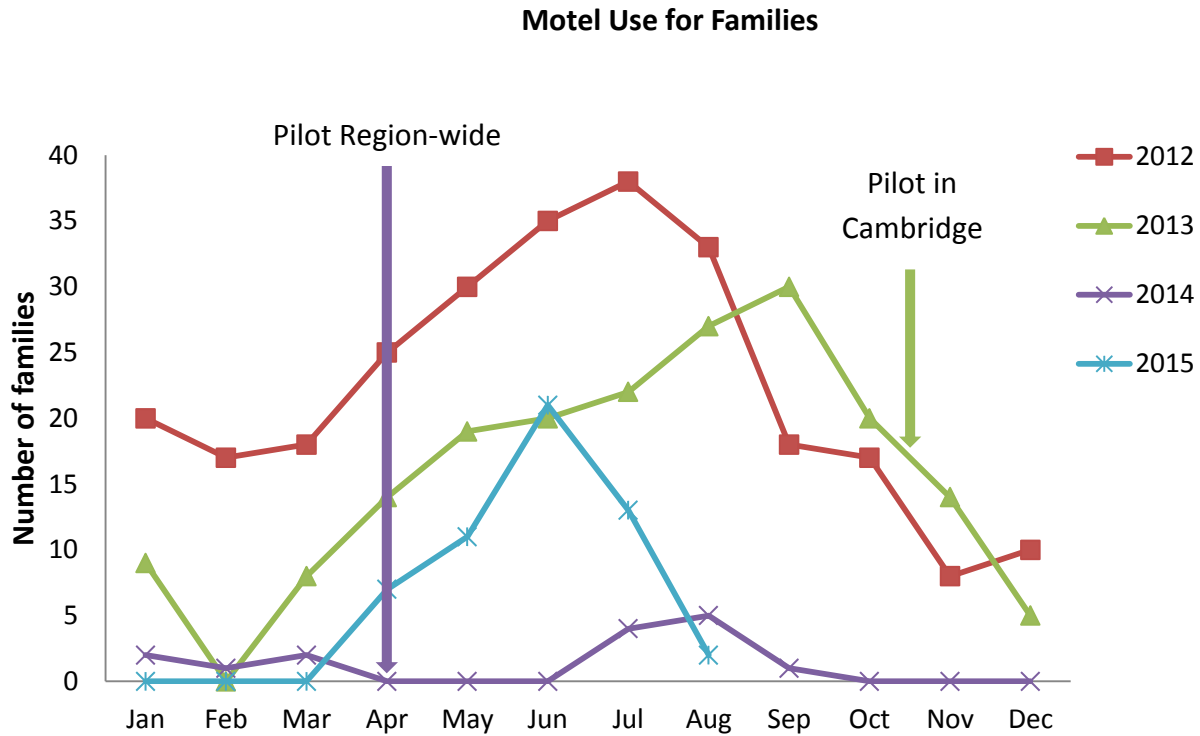
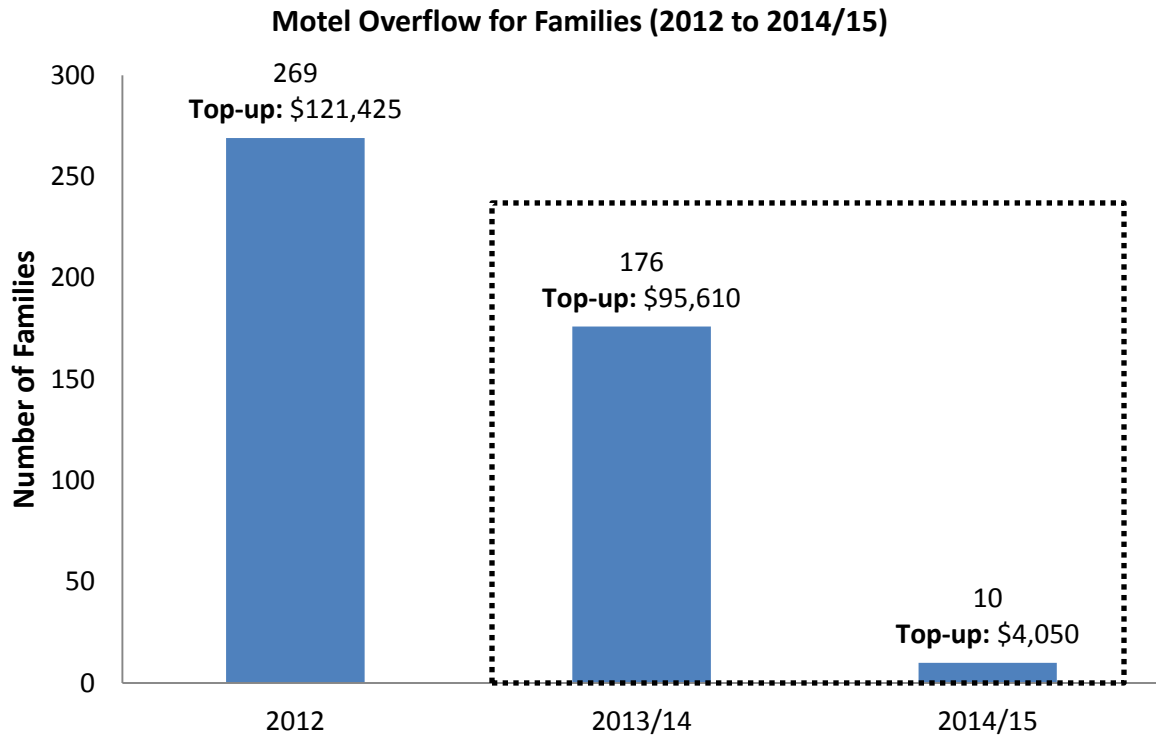


Figure 12. Motel use for families (annual: 2012 to 2014/15)



Despite these promising results, near the end of the formal evaluation period, rising levels of shelter use and motel overflow presented a challenge for the Pilot – likely related to the increase in referrals as discussed earlier (see Table 3). More specifically, demand for shelter started to increase in March 2015 and rose to a high of 34 families staying in shelter in June 2015 (see Figure 6). From April to June 2015, there was a corresponding spike in motel overflow for families, reaching a high of 21 families in June 2015 (see Figure 11). To address this issue, Region – Housing Services staff met with each of partnering agencies independently in June and July 2015. Based on these discussions, changes were made to the Pilot that strengthened the progressive engagement approach. Following these changes, shelter demand in July and August decreased and there were only two families that stayed in motels in August (one family stayed for two nights and the other stayed for one night). See the Insights and Recommendations section for more information about this phase of the Pilot.

What were the housing and service outcomes?

Full Pilot outcomes are summarized in Table 5 below. Highlights include the following:

- More than half of the families supported through **Housing Help** moved to market rent (61 percent), with an additional 16 percent retaining their existing housing.
- Forty percent of families who received **Family Diversion** were referred to another housing program or community agency. About a quarter resolved their housing crisis on their own (26 percent) or chose not to engage further after working with FIT (25 percent).
- For families supported through **Family Diversion Plus** or a **Rapid Re-Housing** stay, most either moved to permanent market rent housing (64 percent in 2013/14, 69 percent in 2014/15) or retained their existing housing (17 percent in 2013/14, five percent in 2014/15).
- Of the six families supported with **Intensive Support** in 2014/15, only one transitioned from the program by year-end. The other five families continued to require some level of housing-based support to maintain housing stability.
- There were twenty-nine families that requested **Urgent status to Community Housing** during the period of time that the new eligibility criteria and centralized application processes were being piloted. Only one family was eligible (see Appendix B for more information). The reasons for ineligibility were:
 - Not residing in Waterloo Region for 12 months (16 families).
 - Not experiencing homelessness (ten families).
 - Not having exhausted their market housing search options (eight families).
 - Having too high of an income (six families).
 - No reported income (three families).
 - Note that almost half had more than one reason for ineligibility (43 percent).

Table 5. Outcomes by service pathway

| Outcomes by Service Pathway | | 2013/14 Cambridge | 2014/15 Waterloo Region |
|--|--|----------------------|-------------------------------|
| Housing Help | Moved to market rent housing | N/A | 61% |
| | Retained housing | | 16% |
| | Moved to Community Housing | | 5% |
| | Moved to Time-Limited Residence (housing stability) | | 3% |
| | Unknown | | 15% |
| Family Diversion | Referred to another appropriate housing program or community agency (7% Women's Crisis Services) | N/A | 40% |
| | Resolved housing crisis on own | | 26% |
| | Chose not to engage further | | 25% |
| | Did not meet definition of family | | 5% |
| | Did not move to region | | 4% |
| Family Diversion Plus and Rapid Re-Housing ²⁴ | Moved to market rent housing | 64% | 69% |
| | Retained housing (Family Diversion Plus Only) | 17% | 5% |
| | Moved to Community Housing | 9% | 4% |
| | Moved to another municipality | N/A | 8% |
| | Time-Limited Residence (housing stability) | N/A | 5% |
| | Chose not to engage further | 6% | 0% |
| | Referred to Women's Crisis Services | 4% | 0% |
| | Unknown | N/A | 9% |
| Regular Shelter | No data available | | |
| Intensive Support | 1 family was discharged, the other 5 continued to receive support | | |

Returns for service were low through the Pilot, which was consistent with pre-Pilot trends (see Appendix F for more information). Throughout the Pilot, only eight families (less than 2 percent) returned to emergency shelter²⁵ (between October 2013 and March 2015). In 2014/15, only 23 families returned for service (less than 5 percent).

Pilot results in context

Two other sources of information were gathered to offer some additional insight on the value or impact of the Pilot. The first is results for the 16 families who were already engaged in

²⁴ There were 12 families that had unreported outcomes.

²⁵ The average number of days between discharge and intake was 39; the highest was 182 days.

services when the Pilot started in Cambridge on October 15, 2013 and in Kitchener-Waterloo on April 1, 2014. These were automatically considered “Regular Shelter” stays and data were not included in the Pilot evaluation. However, average lengths of stay for these families could be considered as a pseudo “control” group, given that they received “services as usual”. Table 6 below summarizes the differences between the pre-Pilot and Pilot groups, showing that families who received “service as usual” had considerably longer lengths of stay in shelter compared to the Pilot families (more than 50 days longer).

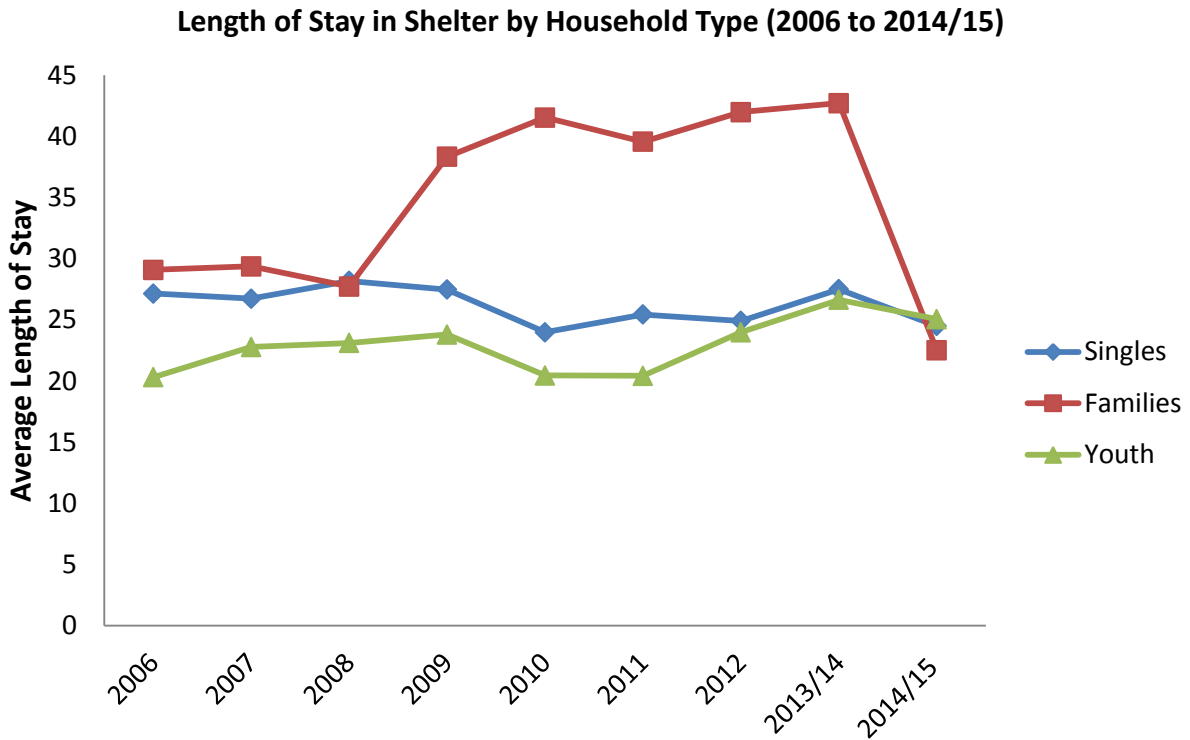
Table 6. Length of stay comparisons.

| Time Period | Length of Stay |
|--|-----------------------|
| Cambridge Shelter | |
| Pre-Pilot: October 14, 2013 (8 families) | 64 days |
| Pilot: October 15, 2013 to March 31, 2014 (Rapid Re-Housing) | 12 days |
| Difference | Reduced by 52 days |
| YWCA Emergency Shelter | |
| Pre-Pilot: March 31, 2014 (8 families) | 77 days |
| October 15, 2013 to March 31, 2014 (Rapid Re-Housing) | 23 days |
| Difference | Reduced by 54 days |

The second source of information is to compare similar trends in other household types. As illustrated in Figure 13 below, families were the household group that appeared to be most affected by the recession of 2008, given the steady increases in their length of stay in the years up to and including 2012. In contrast, average lengths of stay during this period were not significantly different for youth and single adults. By the end of the Pilot, families’ lengths of stay were reduced to less than pre-2008 levels. During the Pilot period, average lengths of stay for youth and single adults were again largely unchanged.

As noted earlier in the report, families accounted for nine percent of households in shelter and accessed 38 percent of the bed nights in 2012. After the first full year of the Pilot, in 2014/15, families accounted for four percent of all households served in shelter and accessed only 14 percent of bed nights.

Figure 13. Length of stay in shelter by household type (2006 to 2014/15).



Further evaluation of the value and impact of this new approach to serving families is recommended, particularly to gather insights from families themselves. See the Insights and Recommendations section for more information.

INSIGHTS AND RECOMMENDATIONS

This section provides 15 insights about the following:

- Families and housing stability
- The importance of communication
- System navigation
- Progressive engagement

The report concludes with a summary of 25 recommendations, organized into four themes:

- Strengthening collective impact
- Ending family homelessness
- Sharing the report
- Supporting next steps

The insights and recommendations presented below are meant to capture and synthesize the learning that took place during the Pilot. It is hoped that challenges that were documented through the process of evaluating the Pilot will be addressed through implementation of the recommendations that follow.

Insights: Families and housing stability

- 1.** Safety screening at intake and incorporating safety planning into the Housing Plan process was important for supporting overall family stability and well-being. Ensuring that families were connected to the most appropriate resources in the community based on their safety needs (e.g., Women Crisis Services) remained a top priority throughout the Pilot.
- 2.** Families often have more financial resources to draw from than singles (single households can often only afford shared accommodation if they are accessing social assistance).
- 3.** Parents' fear of not being able to maintain custody of their children meant that they were usually very engaged in the diversion process. Many parents were simply not aware of their options for resolving their housing crisis beyond simply accessing shelter. For example, they might not have been fully informed of their tenancy rights and thought they had to leave when, in fact, they were legally still entitled to stay in their housing (and could try to resolve their issues while living there).
- 4.** The creative flexibility associated with accessing the RRAP Fund to retain a family's current housing or support a family to access alternative housing options had a significant impact on diversion outcomes. These flex funds were used to remove barriers and cover the cost of a wide range of housing-related expenses. For example, the flex fund could be used to pay for groceries to extend a temporary stay with family or friends, while the family continued to explore more permanent housing options. Having the RRAP Fund to pay for some housing-related expenses made previously unacceptable options workable and greatly reduced the number of families who required emergency shelter. Complementing the RRAP Fund with the Rent Fund (available through Lutherwood's Housing Support Services) helped many families to move through the acute state of their housing crises.
- 5.** Most families moved on to access market rent or were able to retain their housing with the right level of housing support, provided at the right time. Despite the overwhelming stress of dealing with a housing crisis, many families retained enough capacity to be able to follow through on next steps related to their Housing Plan (particularly when the next steps were clearly outlined, such as how to prepare for and facilitate a housing search). When capacity was more severely impacted, the family unit was at a greater risk of breaking down and/or they required more intensive support in order to maintain housing stability.

Insights: Importance of communication

6. Through the Pilot, several system-level changes were implemented, including Housing First, progressive engagement and service prioritization, coordinated access, diversion, and alignment of resources along intentional service pathways. These changes fundamentally shifted the way that resources were allocated in the system. Ultimately, the Working Group embraced these changes as promising practices and they were open to exploring how they could be implemented with families in Waterloo Region. Nevertheless, the change process itself was stressful. Direct support staff sometimes felt unclear about how decisions were being made. They also sometimes questioned the rationale behind the changes. Some staff felt particularly challenged when serving families who were eager for more intensive service, but not prioritized for it. In the end, changing the culture of access to resources required dedicated time and effort with lots of focus on communication. Documenting and adjusting referral processes, developing and revising common intake forms and scripts, and other tools to keep staff informed (including scripting answers to questions frequently asked by families) were helpful. There is a need to continually engage staff in the new approach, to avoid the common misinterpretation that some families are simply receiving “preferential treatment”.
7. Communication with families about the changes was also very important. For example, when diversion was first introduced, families often questioned why they were not referred to shelter immediately. Implementing a progressive engagement approach that aligns access to resources with depth of need (among other factors) meant that families did not receive similar resources simply on a “first come, first served” basis. This approach required staff training for common assessment and understanding the rationale behind the approach, so that they could, in turn, communicate consistent messaging to families about why they were receiving differential levels of service.
8. Collaborative relationships between partnering agencies was critical to the success of the Pilot. Regular meetings offered the opportunity for staff to share their feelings and concerns about the changes, and to build rapport with peers who were engaged in different parts of the system – but working toward common goals. Collaboration between service providers promoted effective problem-solving and increased sharing of resources and information, ultimately improving the family’s overall experience. Over time, trust grew through open, honest conversations about what was working and not working. The number of meetings decreased over time and the focus of the conversations shifted as the approach to serving families evolved:
 - During the first phase of the Pilot, meetings took place more frequently (generally two hour meetings once a month with the Working Group plus additional meetings between Cambridge Shelter Corporation and Lutherwood direct support and/or supervisory staff as needed). This was an intense period of “start up” activities.

- When the Pilot expanded region-wide, the change was supported by another round of intentional dialogue between all partners. Given the large number of staff at YWCA Emergency Shelter, a special staff meeting was held to introduce the Pilot. Staff from Lutherwood and YWCA Emergency Shelter co-presented material about the new direction. In addition, the Working Group drafted a two-page “Fact Sheet” about the Pilot and circulated it widely in the community to officially “launch” the Pilot and its expansion.
- In the final months of the formal evaluation period, Working Group meetings were less frequent. By the summer of 2015, correspondence was largely over email or phone, with the exception of a few individual agency meetings with Region – Housing Services to support problem-solving around the increase in number of referrals, shelter use, and motel overflow.
- An early “data dashboard” was developed in the summer of 2015 that included a chart (emailed weekly to partners) that identifies the current status of families staying in shelter and motels (names, intake dates, move-out dates, and other key Housing Plan details). This information has further shifted the focus to real-time understanding of current capacity to serve families in the system, and monitoring numbers of families in shelter, motel overflow, and lengths of stay.

Insights: System navigation

9. For some families, system-level barriers prevented housing retention and/or rapid re-housing outcomes more often than affordability issues. For example, it was identified early in the Pilot that families could find market rent housing that met their needs, but they sometimes needed support to move through the system faster (e.g., accessing identification, closing/transferring/updating files from other community systems or communities, paying arrears, paying rent deposits, other advocacy efforts).
10. Many families required support with their current or potential new landlords. FIT staff often used a very “business friendly” approach when working with landlords, which had a very positive impact on the housing outcome. For example, FIT staff sometimes took a very “hands on” approach to ensuring that rental applications were completed for housing viewings (with any extra deposits prepared in advance, if needed), supporting families with preparing for landlord meetings (e.g., coaching and practice), setting up Rent Direct so that rent could be guaranteed, producing deposit cheques quickly, etc.
11. When trying to resolve system barriers, FIT staff benefited from having specific people to connect within other community systems. Relationship building made system navigation much easier.

Insights: Progressive engagement

- 12.** It became clear through the Pilot that not all housing situations have the same consequences when people encounter system barriers. While all situations may be “urgent”, a “one-size-fits-all” approach to service delivery is simply not appropriate. Safety and depth of need must also be taken into consideration. As such, transitioning from using families’ expected length of stay (+/- 30 days) based on their Housing Plan at intake as the key factor to inform which type of stay would be most appropriate (i.e., Rapid Re-Housing vs. Regular Shelter) to common assessment of depth of need (or acuity) through the VI-SPDAT to inform the referral was transformative and helped to shape local language around the new progressive engagement approach.
- 13.** Over time, patterns in depth of need became more apparent. This information was used to refine the overall approach, particularly at times of increased service demand. For example, following the formal Pilot evaluation period, there was an increase in number of referrals to FIT and, subsequently, a spike in both emergency shelter use and motel overflow. To ensure that families were receiving the right support at the right time, the following adjustments were made to the progressive engagement approach:
 - Families that were more than one week away from accessing shelter were referred to Lutherwood’s Housing Support Services program and received Housing Help support from Housing Advisors instead of FIT.
 - Families with greater depth of need (or higher acuity) who had fewer re-housing options and needed more “hands-on” support (e.g., accompaniment, coaching) were prioritized within the Family Diversion Plus service pathway.
- 14.** Relatively few families required more intensive support. Although it happened infrequently, it became evident that dedicated resources were required to support families with greater depth of need (or higher acuity) and/or housing barriers in the system – whether living in the community or staying in shelter:
 - Families living in the community with greater depth of need (or higher acuity) and/or housing barriers that could not be resolved through a “light” or “transitional” level of housing support often had support needs that exceeded the capacity of FIT to respond appropriately, while also supporting families in other service pathways.
 - A very small number of families were referred for Regular Shelter stays. For these families, there was a notable increase in length of stay due to a combination of factors including greater depth of need (or higher acuity), more housing barriers, and less engagement in the Housing Plan.
- 15.** A very small number of families were eligible for Urgent status for Community Housing based on the new criteria and centralized application process through FIT. Through the Pilot, it became clearer that this option was more appropriate for smaller families (such as single-parent families with one child) who often lack sufficient financial resources to afford

sustainable private market housing options (given the reduced child tax credit amount, etc.). Larger families had access to more child tax credits, and therefore more housing options in the private market. Moreover, given that larger families also had access to fewer Community Housing units of suitable size, if that was their primary Housing Plan (to wait in shelter for a Community Housing offer) this would naturally lead to very long lengths of stay. Regardless of eligibility for Urgent Status, it was agreed that all families with affordability issues should apply to be on the chronological waiting list for Community Housing, to increase their chances for longer term housing affordability.

Recommendations: Strengthening collective impact

To achieve desired social change with complex social issues like homelessness, a coordinated approach is required – not isolated interventions of individual organizations or programs. This type of approach is referred to as “collective impact”²⁶. Since the updated Strategy was released in 2012, local efforts to end homelessness have been increasingly aligned with a collective impact framework because it positions the housing stability system to achieve the greatest possible housing outcomes.

Commitment to a Common Agenda

1. Support the evolution of local family service pathways to end homelessness through a new coordinated approach called Families to Homes (F2H), with policy direction guided by partner agencies.
2. Develop and implement a F2H Guide that includes a glossary (e.g., Housing First, progressive engagement, “functional end” to homelessness).

Cross-Sector Collaboration (Mutually Reinforcing Plan of Action)

3. Improve referral protocols. Focus on the following as first priority:
 - a. Women’s Crisis Services of Waterloo Region (clarify access to residential and community-based services).
 - b. Settlement services (clarify access to residential and community-based services).
 - c. Community Housing (further coordinate eviction prevention efforts).
4. Continue to work with other community systems serving families to identify and remove barriers to housing stability.

Learning Culture (Shared Measurement)

5. Continue to evaluate family service pathways:
 - a. Minimize regular data measurement to include only the data fields of greatest value for monitoring progress with ending family homelessness.

²⁶ For more information about collective impact, see: http://www.ssireview.org/articles/entry/collective_impact/

- b. Consider other evaluation methods to assess overall impact and value, including engagement with families to gather their insights.
- 6. Implement web-based Homeless Individuals and Families Information System (HIFIS 4) across all family service pathways.
- 7. Consider a campaign for functionally ending family homelessness.

Continuous Communication

- 8. Develop F2H “data dashboards” to keep agencies informed about service demand and key trends. Share family shelter data with core F2H partners on a weekly basis to monitor shelter demand, lengths of stay, and motel overflow.
- 9. Increase opportunities for “light” and “transitional” direct housing support staff to network with others in similar roles across the system (similar to what currently exists for STEP Home workers).
- 10. Consider other opportunities to maintain and enhance communication between F2H agencies.
- 11. Update existing communications tools to describe F2H to other service providers and the general public (e.g., fact sheet, brochure, website information).
- 12. Continue to monitor number of referrals to F2H and staffing levels.
- 13. Share progress with ending family homeless through the following local data initiatives:
 - a. Strategy/10 Year Housing and Homelessness Plan updates through Regional Council.
 - b. 20,000 Homes Campaign.

Backbone Support

- 14. Continue to provide planning support for F2H through Region – Housing Services.

Recommendations: Ending family homelessness

- 15. Continue to offer the following Pilot features through F2H:
 - a. Housing Help where families are not seeking access to emergency shelter within 7 days (through Housing Support Services at Lutherwood).
 - b. Family Diversion where families are seeking access to emergency shelter within 7 days (through coordinated access across the region).
 - c. Family Diversion Plus where families need additional “transitional” housing support to support diversion (through FIT at Lutherwood).
 - d. Urgent status for Community Housing for families using the 2015/16 eligibility criteria, with a centralized application process through FIT at Lutherwood.
 - e. Emergency shelter for families where no other safe and appropriate housing options are available (through coordinated access across the region). Continue to redirect families from outside of the region to support options within their home communities, unless

they are planning to relocate for a specific purpose (such as employment or to reunite with family).

16. Consider the following changes to existing Pilot features through F2H:
 - a. Integrate the Rapid Re-Housing and Prevention (RRAP) Fund with other flex funds, to maximize impact of flex funds and equalize access across the system.
 - b. Consolidate shelter stays into one “Regular” stay where primary support for families is provided by emergency shelter staff through “light” housing support (“daily intentional housing conversations” and problem solving related to the Housing Plan).
 - c. Where needed, offer additional, complementary support to families staying in emergency shelter through FIT following a period of “light” housing support, as informed by common assessment (i.e., VI-SPDAT or full SPDAT).
 - d. When F2H has reached capacity to serve:
 - Efforts to divert families from shelter should be prioritized over offering support to rapidly re-house families staying in shelter.
 - Families with medium and high acuity (depth of need) should be placed on a PATHS (Priority Access to Housing Stability) List.
 - The PATHS List should be used to prioritize access to resources, including additional FIT support and also housing with support (CHPI Supportive Housing and scattered-site intensive housing-based support).
 - e. Where families on the PATHS List are staying in shelter and no other safe and appropriate housing options exist for them, consider transitioning their stay to a “Less Conventional Shelter” stay and arrange for the family to contribute to their stay.
17. Consider the following enhancements to existing Pilot features through F2H:
 - a. Create a dedicated intensive housing-based support position for families.
 - b. Explore partnerships within existing community resources to offer access to child care for families staying in shelter to support the re-housing process (e.g., during housing viewings) and activities for children staying in shelter during the summer months.
18. Finalize coordinated access practices and tools for families, including:
 - a. Scripts to support consistent practices and levels of service within each level of engagement.
 - b. Intake and data collection forms.
 - c. “Memos” to inform families of referrals and resources available at each “decision point” along their service pathway.
 - d. Housing Plan (strengths and next steps to support diversion and re-housing, sometimes also identifying next steps related to housing retention) and Housing-Based Support Coordination (for greater depth of need or acuity), to support longer term housing stability). Where families remain at a higher risk of needing to access shelter, identify

what they can do differently to retain their housing and what other resource they need to be connected with to support housing stability.

- e. Incorporate coordinated access practices and tools into local implementation of HIFIS 4.
- 19. Determine the most appropriate point to incorporate the VI-SPDAT and the full SPDAT into F2H service pathways.
- 20. Coordinate access to housing with support (CHPI Supportive Housing and STEP Home) through the PATHS process.

Recommendations: Sharing the report

- 21. Develop key messages to accompany release of this report.
- 22. Circulate this report broadly (e.g., through the local Homelessness and Housing Umbrella Group, Homeless Hub).
- 23. Present results and next steps at the 2015 Canadian Alliance to End Homelessness conference.

Recommendations: Supporting next steps

- 24. Leverage learning from this report to strengthen efforts to end homelessness for youth and single adults in Waterloo Region. Consider the following:
 - a. Strengthen progressive engagement and align resources with service pathways.
 - b. Use of VI-SPDAT and full SPDAT to inform progressive engagement.
 - c. Refer to Housing Help (Lutherwood Housing Support Services) when households are more than one week away from needing access to shelter.
 - d. Consistent diversion practices supported through coordinated access.
 - e. Flex funds to support Diversion.
 - f. Diversion Plus.
 - g. Align Urgent status for Community Housing eligibility criteria with the new family criteria.
 - h. Develop coordinated access practices and tools that are integrated with HIFIS (e.g., scripts to support consistent practices and levels of service within each level of engagement; common intake and data collection forms; system-wide “memos” to inform people of referrals and resources available at each “decision point” along their service pathway; common Housing Plan).
 - i. Develop data dashboards.
 - j. Develop/strengthen referral protocols with Women’s Crisis Services, settlement services, Community Housing (eviction prevention), and other residential programs (hospitals, jails).
 - k. Further optimize regular and internal overflow to reduce use of motels.

25. Through F2H, adopt the following principles and practices revised from the original list identified in the Ending Family Homelessness report:
1. Support families to stay together (with their pets, if applicable).
 2. Prioritize safety, housing retention, and rapid re-housing interventions to end homelessness.
 3. Promote families' natural resilience and strengths.
 4. Support long term housing stability:
 - Focus on adequate housing, income, and support plus community inclusion and a sense of home.
 - Engage with informal/natural community connections (e.g., family, friends, neighbours, home schools).
 - Connect to other community-based resources (e.g., health care, substance use, violence assessment/intervention, child-specific/parenting and family planning, reunification).
 - Where families are exiting the system, support adequate "discharge planning".
 5. Adopt the following approaches:
 - Housing First
 - Trauma-informed
 - Anti-oppressive
 - Harm reduction
 - Inclusive
 - Motivational interviewing
 - Value-informed
 - "Whole family"
 - Data-informed

APPENDIX A: Social Demographic Trends for Families that Accessed Emergency Shelter and the Pilot (2012, 2013/14 and 2014/15)

| Social Demographic | Pre-Pilot | Pilot Results | | Shelter Only Results | | Trends/ Comparisons |
|---|-----------|---------------|---------|----------------------|---------|--|
| | 2012 | 2013/14 | 2014/15 | 2013/14 | 2014/15 | |
| Single-parent families | 69% | 59% | 64% | 59% | 68% | Two-thirds are single-parent families |
| | | 62% | | 64% | | |
| Female-led families | 62% | 52% | N/A | 92% | 89% | More female-led families accessed shelter (91% vs 52%) |
| | | 52% | | 91% | | |
| Parent(s) 25-49 years old | 78% | N/A | 67% | 73% | 72% | More than two-thirds of parents are 25-49 years old |
| | | 67% | | 73% | | |
| Average number of dependents/family | 1.7 | 1.9 | 1.8 | 1.5 | 1.8 | 1.8 dependents/family |
| | | 1.9 | | 1.7 | | |
| Average age of dependents (years) | 6.9 | N/A | N/A | 6.5 | 7 | Dependents 7 years old |
| | | N/A | | 6.8 | | |
| Households who identified as Aboriginal | 11% | N/A | 5% | 9% | 18% | More Aboriginal families accessed shelter (14% vs 5%) |
| | | 5% | | 14% | | |
| Parents who are Permanent Residents/ Immigrants | 16% | N/A | 8% | 10% | 7% | 9% Permanent Resident/ Immigrant families |
| | | 8% | | 9% | | |
| Parents born outside of Canada | 16% | N/A | N/A | 13% | 11% | 12% born outside Canada |
| | | N/A | | 12% | | |
| Parents that indicated they had a disability | 3% | N/A | 28% | 6% | 5% | Differences likely related to data collection |
| | | 28% | | 6% | | |

APPENDIX B: Community Housing Urgent Status Criteria and Results

During the second phase of the Pilot (2014/15), coordinated access for families was extended to a centralized application process for Urgent Status for Community Housing through FIT with the following four criteria:

- 1. Family must be experiencing homelessness.** Families who are experiencing homelessness do not have a fixed address. They may or may not be staying at an emergency shelter. For example, families experiencing homelessness may be staying with family or friends or accessing other non-permanent residential options in the community.
- 2. Family must reside in Waterloo Region and have lived in Waterloo Region for the past 12 months.**
- 3. Families must be at or below the income cut-offs as established by the Region.** Income includes all child tax benefits (i.e., Canada Child Tax Benefit, National Child Benefit, Ontario Child Benefit) in addition to any other income sources (e.g., Ontario Works, Ontario Disability Support Program, employment).
- 4. Families must have completed an exhaustive market rent search for sustainable housing.** Sustainable housing is defined as rent up to 50 percent of total income. All family income is considered when determining “sustainability” for market rent housing (see #3 above). Two “further considerations” may be used when determining appropriate expectations regarding what an “exhaustive” market rent search includes:
 - Depth of need (or acuity) as determined through the F-VI-SPDAT or F-SPDAT.
 - Other factors that may create barriers to accessing sustainable market rent housing (e.g., poor credit history, lack of landlord references).

Between October 1, 2014 and March 31, 2015, 29 families applied for Urgent Status and only one was eligible. The table below summarizes why families were ineligible.

| Family | Reason for Ineligibility | | | | |
|--------------|--------------------------|-----------------|--------------------------------------|-----------------------------|------------|
| | Not Homeless | Income Too High | Not in Waterloo Region For 12 Months | Not Exhausted Market Search | No Income* |
| 1 | | | X | X | X |
| 2 | | | | X | |
| 3 | | | X | | |
| 4 | | X | X | | |
| 5 | | | X | | |
| 6 | | | X | | X |
| 7 | X | X | X | | |
| 8 | | X | | | |
| 9 | | | | X | X |
| 10 | X | X | X | | |
| 11 | | | | X | |
| 12 | X | | | X | |
| 13 | | | | X | |
| 14 | | | X | | |
| 15 | | | X | | |
| 16 | | X | | | |
| 17 | | | X | | |
| 18 | | | X | | |
| 19 | | | X | | |
| 20 | X | X | | | |
| 21 | X | | | | |
| 22 | X | | | | |
| 23 | X | | | | |
| 24 | X | | | | |
| 25 | X | | X | | |
| 26 | X | | X | | |
| 27 | | | X | X | |
| 28 | | | x | X | |
| Total | 10 | 6 | 16 | 8 | 3 |

* In order to be eligible for Community Housing, households must have an income. Families who applied for Community Housing but were ineligible because they had “no income” were supported to understand their options for accessing income (including Ontario Works). At the time of applying for Community Housing, however, they had no income and so were not eligible.

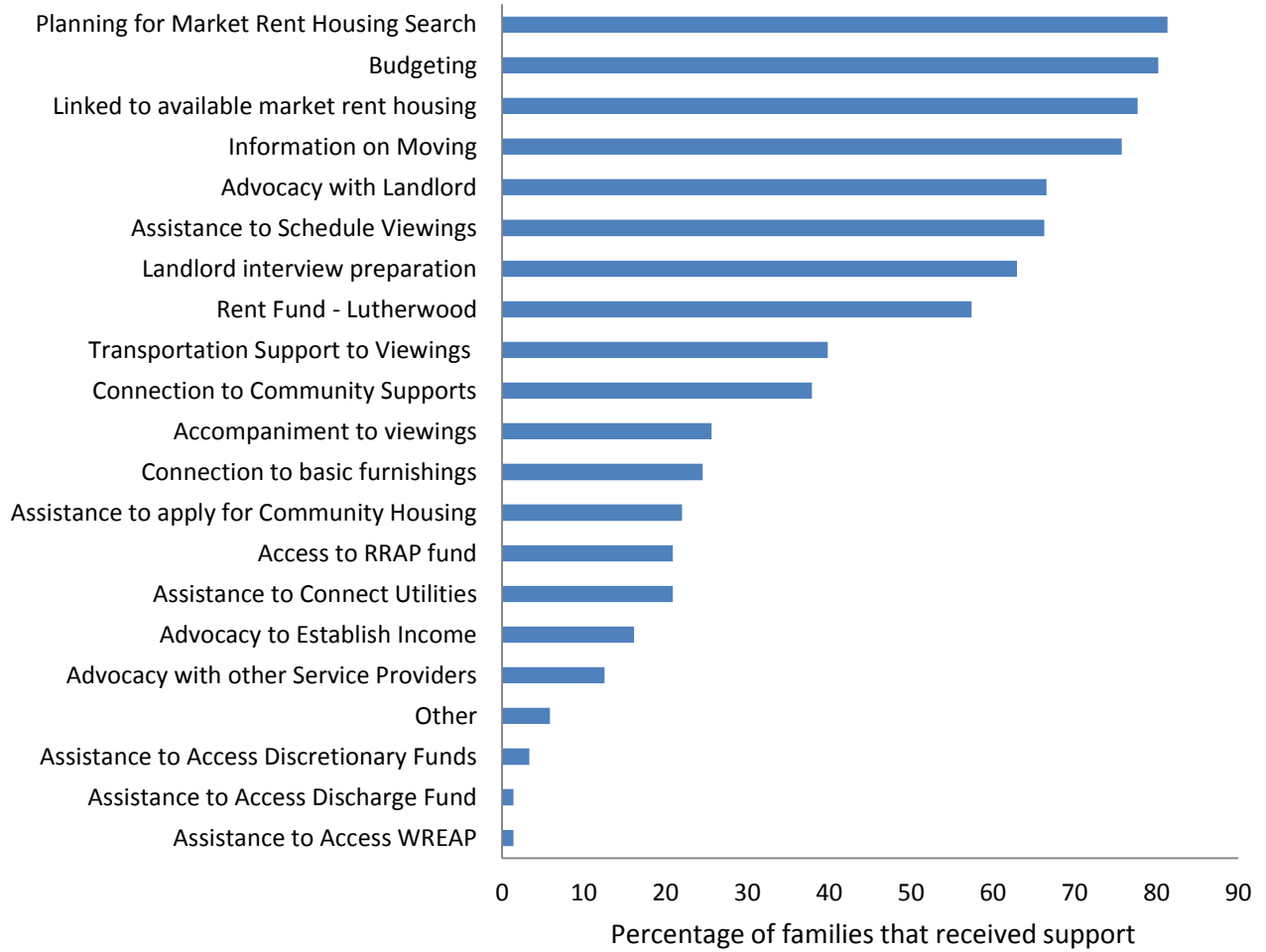
APPENDIX C: Pilot Evolution

A number of recommendations were presented in the 2013/14 evaluation. The table below lists the recommendations and how they were implemented in 2014/15.

| 2013/14: Cambridge Shelter | 2014/15: Waterloo Region |
|--|---|
| Building on the successes of the Pilot it should expand to include YWCA Emergency Shelter. | Pilot expanded region-wide on April 1, 2014. |
| Increase staffing in order to ensure that there is sufficient capacity to provide the intensity of service required to achieve optimum outcomes. | The number of FIT staff increased from 1 FTE in 2013/14 to 3 FTE on April 1, 2014 to 4 FTE on June 1, 2014. |
| Maintain the Rapid Re-housing and Prevention (RRAP) Fund in order to have rapid access to funds to resolve housing barriers quickly and efficiently. | To accommodate the expansion region-wide, RRAP funding increased in 2014/15. |
| Work with Region – Housing Services staff to develop an information package for community partners about the Pilot. | In 2014/15, information about the Pilot was shared with the community through newsletter articles, information on websites, a fact sheet, and reports. Media interest in the Pilot led to several articles and a blog post. |
| Continue to work with community partners to address systemic barriers to diversion and rapid re-housing. | Work continued through 2014/15. |
| Continue to monitor the outcomes and gather data on longer term effectiveness of this new approach. | Data collection methods were revised for 2014/15 and 2015/16. |
| Continue to pilot SPDAT as an assessment tool with families. | A “soft launch” continued for 2014/15. Beginning in 2015/16, all families will be assessed using VI-SPDAT or SPDAT. |
| Explore if similar outcomes can be achieved using the diversion approach with singles and couples. | Consistent diversion practices are being explored as part of the new Emergency Shelter Framework for 2016/17. |

APPENDIX D: Summary of Support Provided by FIT (October 2013 to March 2015)

Support Provided to Families During the Pilot



APPENDIX E: Cost Analysis of Family Shelter Diversion Pilot

This analysis compares costs to serve families in 2012 (pre-Pilot year) and 2014/15 (the first year the Pilot operated region-wide).

| | 2012 | | | 2014/15 | | | % Change (Total Region-Wide) |
|--|-----------|-------------|-------------|-------------|-------------|-------------|---------------------------------|
| | Cambridge | YWCA | Total | Cambridge | YWCA | Total | |
| Emergency Shelter Stays | | | | | | | |
| Bed nights for families | 6,198 | 24,147 | 30,345 | 1,118 | 8,397 | 9,515 | -69% |
| Bed nights for all household types | 19,961 | 33,506 | 53,467 | 19,283 | 18,103 | 37,386 | -30% |
| % of total bed nights that were for families | | | 56.75% | | | 25.45% | |
| Region funding (total shelter program) | \$942,968 | \$1,697,010 | \$2,639,978 | \$1,044,966 | \$1,487,077 | \$2,532,043 | -4% |
| Region funding (allocated to families based on % of family bed nights) | | | \$1,498,188 | | | \$644,405 | -57% |
| Lutherwood Families in Transition Pre-Pilot: 2012 | | | | | | | |
| Families served | | | 120 | | | N/A | |
| Region funding (Lutherwood) | | | \$433,614 | | | | |
| Lutherwood Family Shelter Diversion Pilot: 2014/15 | | | | | | | |
| Families served | | | N/A | | | 480 | |
| Region funding (Lutherwood; includes organizational, staffing, RRAP) | | | | | | \$319,712 | |
| Motel Top-Up | | | \$121,425 | | | \$4,140 | -97% |
| Total Families Served | 46 | 168 | 334 | | | 480 | 44% |
| Total Region funding (specific to families) | | | \$2,053,227 | | | \$968,257 | -53% |
| Inflation (%) | | | 4.52 | | | 1.2025 | |
| Average total cost per family served (excludes inflation factor) | | | \$6,147.38 | | | \$2,017.20 | -67% |
| Average Total Cost per Family served (accounts for inflation) | | | \$6,425.25 | | | \$2,041.46 | -68% |

2012 Notes:

- Lutherwood supported 17 families in “FIT Houses” and another 103 families through “FIT Support”, for a total 120 families served.
- Region funding through Lutherwood included: \$382,891 for “FIT Houses” and \$50,723 for “FIT Support”.
- There is some duplication in the total number of families served because families served by FIT may have also accessed shelter.

2014/15 Notes:

- As discussed in the body of the report, costs for the RRAP do not include the Rent Fund.

Cost Per Family Note:

- Total cost was adjusted to 2015 dollars (Bank of Canada percent). A weighted average was used to calculate the inflation percent related to fiscal reporting.

APPENDIX F: Pre-Pilot and Pilot Emergency Shelter Data Comparisons

The following tables summarize key emergency shelter data (number of families, length of stay, and returns) pre-Pilot (2010, 2011 and 2012) and during the Pilot (2013/14 and 2014/15). 2012 is the local “baseline” for housing stability data for the following two reasons:

- It is the last year for which data is presented using a calendar year time frame, as funding cycles for housing stability programs funded through Region – Housing Services changed to fiscal starting April 1, 2013 (to accommodate this shift, data for January to March 2013 is not included in any reporting).
- In 2013/14, several change initiatives took place in the local housing stability system (e.g., the Pilot).

Number of Families Accessing Emergency Shelter

| Time Period | Cambridge Shelter |
|--|-------------------|
| 2010 | 20 |
| 2011 | 33 |
| 2012 | 46 |
| [pilot began on Oct 15, 2013] | |
| average 33 families (over three years pre-pilot) | |
| 2013/14 | 37 |
| 2014/15 | 29 |

| Time Period | YWCA Emergency Shelter |
|--|------------------------|
| 2010 | 83 |
| 2011 | 102 |
| 2012 | 168 |
| 2013/14 | 150 |
| average 126 families (over four years pre-pilot) | |
| [pilot expands to include YWCA on April 1, 2014] | |
| 2014/15 | 83 |

Average Length of Stay for Families Accessing Emergency Shelter

| Time Period | Cambridge Shelter |
|--|--|
| 2010 | 47 days |
| 2011 | 35 days |
| 2012 | 38 days |
| [pilot began on Oct 15, 2013] | |
| average 40 days (over three years pre-pilot) | |
| 2013/14 (Oct 15 2013- Mar 31, 2014) | 12 days (Rapid Re-Housing) 51 days (Regular Shelter) |
| 2014/15 | Rapid Re-Housing: 23 days (Cambridge Shelter: 17; YWCA Emergency Shelter: 27) Regular Shelter: 57 days (YWCA Emergency Shelter) Overall Pilot = 22 days |

| Time Period | YWCA Emergency Shelter |
|---|------------------------|
| 2010 | 36 days |
| 2011 | 44 days |
| 2012 | 46 days |
| 2013/14 | 47 days |
| average 43 days (over four years pre-pilot) | |
| [pilot expanded to include YWCA on April 1, 2014] | |

Returns to Emergency Shelter for Families

| Time Period | Cambridge Shelter |
|-------------------------------|--|
| 2010 | 1 family had 2 shelter stays |
| 2011 | 1 family had 2 shelter stays 1 family had 4 shelter stays |
| 2012 | 2 families had 2 shelter stays 1 family had 3 shelter stays |
| [pilot began on Oct 15, 2013] | |
| 2013/14* | 3 families had 2 shelter stays |
| 2014/15 | 1 family had 2 shelter stays 1 family had 3 shelter stays |

| Time Period | YWCA Emergency Shelter |
|---|--|
| 2010 | 12 families had 2 shelter stays 3 families had 3 shelter stays 1 family had 4 shelter stays |
| 2011 | 17 families had 2 shelter stays 2 families had 3 shelter stays 2 families had 4 shelter stays 2 families had 5+ shelter stays |
| 2012 | 15 families had 2 shelter stays 2 families had 3 shelter stays |
| 2013/14 | 14 families had 2 shelter stays 1 family had 3 shelter stays |
| [pilot expands to include YWCA on April 1, 2014] | |
| 5 families had 2 shelter stays | |

* 1 family discharged in 2013/14 returned in 2014/15s