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**ORGCODE CONSULTING INC.**

# **AN INTRODUCTION TO LOW-BARRIER, HOUSING-FOCUSED SHELTER**

**PREPARED FOR THE CANADIAN SHELTER TRANSFORMATION NETWORK &  
THE CANADIAN ALLIANCE TO END HOMELESSNESS**



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## **LAND ACKNOWLEDGEMENT**

*OrgCode is situated on the treaty lands and traditional territory of the Mississaugas, Neutral, Huron-Wendat and Haudenosaunee. This land is covered by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We acknowledge the Indigenous Peoples whose footsteps have marked this land for time immemorial.*

**L**ow-barrier, housing-focused shelter is critical to a community response to reduce and end homelessness, especially for those households with higher needs. This document outlines what a low-barrier, housing-focused shelter is and outlines a range of considerations to either transform an existing shelter to be lower-barrier and more housing-focused, or to develop a new low-barrier, housing-focused shelter.

## **A BRIEF SUMMARY OF LOW-BARRIER, HOUSING-FOCUSED SHELTER**

A low-barrier, housing-focused shelter is emergency accommodation that sees the purpose of shelter as the process of getting people re-housed rather than a destination to participate in programming, rehabilitation, treatment, stabilization, or housing readiness. A housing-focused shelter must be low-barrier, working to accommodate people with a range of often complex and co-occurring needs and ensuring that easy access to shelter is not thwarted by unnecessary demands or rules that are not aligned to safety.

A low-barrier, housing-focused shelter practices diversion with every new person/couple/family that engages with the shelter, and practices rapid resolution

with individuals/couples/families that need to come into shelter, to help them re-attach to housing as quickly as possible. Whenever safe and appropriate, shelters of this nature aim to reduce admissions if support needs of the household can be met through natural or formal supports outside of the shelter environment.

A low-barrier, housing-focused shelter is purposeful, thoughtful and deliberate in the use of data to understand the population, assign staff to follow-through on housing-focused engagement with specific guests, and measures success by shortening lengths of stay, having positive exits from shelter, and few returns to shelter in the future. The use of data in this way allows for continuous improvement and tracking changes in the nature of the population served in the shelter.

The approach to housing individuals/couples/families maximizes the resiliency of each person and is customized to the specific strengths and housing opportunities for each household. Staff throughout the low-barrier, housing-focused shelter see re-housing as an intervention, and as such are active in engaging with guests about housing options, interfere with the trajectory of homelessness to make the experience as

short as possible, and use persuasion rather than threats or punishment to help individuals/families focus on housing.

## **TRANSPARENCY IN BEING LOW-BARRIER AND HOUSING-FOCUSED**

### **CLARITY WITH PEOPLE EXPERIENCING HOMELESSNESS SEEKING SHELTER**

People experiencing homelessness and seeking shelter should be aware of the intentions of the shelter at the time of intake. Even with a commitment to being low-barrier, there are most likely some expectations and/or rules. The introduction of the housing-focus and intention should be explained as an intention, not an ultimatum. Meeting people where they are at, different shelter guests will be at different places emotionally and intellectually when it comes to what they feel and think about housing at this moment in their life. For some, undoubtedly, it will be a welcome opportunity that they are dedicated to working on immediately. For others, even with the housing focus of the shelter, it will be deemed unimportant to them, is not concrete enough of an opportunity to determine if they are ready to pursue that option in their life at this time, or may even be a promising idea, but they feel

they lack the confidence to achieve the aim. Ultimately, shelter guests need to be made aware that the shelter environment they are entering will have staff that frequently engage in housing-related conversations and desire to engage in activities with shelter guests to advance that goal.

### **MANAGEMENT EXPECTATIONS OF STAFF**

Leadership within the shelter must be transparent with staff, volunteers, and community partners on the expectation to be low-barrier. In an existing shelter making the transition to lowering barriers, this is most often a process of engagement with staff to outline how shelter practices will differ compared to previous practices that may have been moderate or even higher barrier. Most often, concerns from affected staff and volunteers will pertain to safety and/or loss of control of the environment. This stems from a common misperception that lowering barriers leads to lack of structure, intention or engagement with guests. A low-barrier environment is a different approach to ensuring the shelter can serve and engage with vulnerable members of the homeless population., But low-barrier is not an “anything goes” environment. For example, low-barrier shelter changes the nature and approach to engagement with shelter guests, but it

is not a passive place where staff just sit back and respond to issues or crises as they emerge. In fact, in a lower-barrier shelter environment the availability, presence and engagement between shelter staff and guests is critical to promoting emotional and physical safety within the shelter.

Leadership within the shelter must also be transparent on the housing-objectives available and positively reinforced with shelter guests. Just being lower-barrier, as demonstrated in the 2003 study<sup>1</sup>, is insufficient to get positive housing outcomes for a large number of people. Just being lower-barrier resulted in 38% of service users exiting homelessness over a two-year period. However, housing success is more than double that (79%) when there is a strong housing orientation and availability of access to housing with supports. While the study focused on a low-barrier drop-in service rather than shelter, there are still important takeaways on the importance of transparency and focus on housing solutions within a lower-barrier environment.

## **FUNDER EXPECTATIONS OF SHELTER PROVIDERS**

Funders must be transparent - to shelters and the community - if it is their desire to have shelter delivered in a low-barrier and housing-focused approach. The policy objectives of the funder must be clear to shelter providers, and likely requires additional funding for the transition to a low-barrier, housing focused approach. Ongoing operating costs of the housing-focused shelter are similar to other approaches to shelter, but working through the internal shelter processes of change (e.g., training staff, updating policies and procedures, amending data collection, assisting stayers adjust to the revised approaches, etc.) requires additional funding.

Funders that want to transform the entire direction of a shelter system (a community with two or more shelters that serve the same population), will benefit from outlining how shelters will relate to each other, expectations of shelter providers, and how the shelters connect to Coordinated Access in the community. If the funder is leading the process of prioritization within the community, it would be prudent to have alignment between the population groups being

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<sup>1</sup> Tsemberis SJ, Moran L, Shinn M, Asmussen SM, Shern DL. Consumer preference programs for individuals who are homeless and have psychiatric disabilities: a drop-in center and a supported housing program. *Am J Community Psychol.* 2003 Dec;32(3-4):305-17. doi:

prioritized for housing mirroring the population groups that shelters are intentionally trying to serve through the low-barrier, housing-focused approach.

### **TRANSPARENCY WITH THE BROADER COMMUNITY**

Educating the broader community (business, neighbours, other non-profits, income supports, faith-based organizations, etc.) on what it means to be lower-barrier and housing-focused is an important part of shifting operations to improve housing outcomes for people experiencing sheltered homelessness. In these engagements, it can be very helpful to assure people that “low-barrier” does not mean “low-quality” and that “housing-focused” doesn’t mean “housing only”. Consideration should be given to explaining how potential shelter guests access the shelter services, what staff do, the intended outcomes, and how various activities within the shelter support those over-arching objectives.

## **CONSIDERATIONS IN THE SERVICE ORIENTATION UNDERPINNING THE LOW-BARRIER, HOUSING-FOCUSED APPROACH**

Low-barrier, housing-focused shelter is a high quality service with a very specific service orientation to underpin the work, inform the engagement between staff and shelter guests, and frame the overall philosophy of service in the shelter. Briefly, the service orientation encompasses:

### **TRAUMA INFORMED CARE**

Embracing and practicing the six tenets of trauma-informed care, shelter must actively resist re-traumatizing people whenever possible, and be sensitive to the widespread nature of trauma and its impacts on health, behaviour, social groups, and perspectives on the future.

**Safety:** low-barrier, housing focused shelter must be an environment that supports both emotional and physical safety. Physical environment re/design and the quality of staff-guest engagements form the basis of increasing safety.



**Trustworthiness through Transparency:**

low-barrier, housing focused shelter must be transparent with shelter guests on what is going to happen, when it will happen, and how it will happen, whenever possible.

**Engagement by Trained Peer Supports:**

low-barrier, housing focused shelter leverages and harnesses the empathy, relatability, knowledge and motivation of people with lived experience to help support, guide and normalize the process of moving forward with housing solutions.

**Mutuality and Collaboration:** low-barrier, housing-focused shelter works *with* guests in the process of accessing, securing and moving into housing. Shelter staff do not do things *for* or *to* shelter guests.

**Sensitivity and Responsiveness to Cultural, Historical and Gender Issues:**

low-barrier, housing-focused shelter sees the unique strengths and opportunities for support with groups that have been historically marginalized or excluded in shelter or housing opportunities.

**Empowerment and Choice:** low-barrier, housing-focused shelter works with guests to be their own advocates and have their needs and desires met in a manner that aligns to their values and

beliefs, and embraces that people served in shelter are experts in their own lives, and therefore, are best equipped to make decisions in their own life.

**HARM REDUCTION**

Low-barrier, housing-focused shelter believes in health equity, and advances the ability to reduce harm in any area of a shelter guests' life that may be considered higher risk. In addition to the provision of harm reduction supplies, low-barrier, housing-focused shelters embrace their role as harm reduction educators.

**CULTURALLY APPROPRIATE AND CULTURALLY SAFE SERVICE**

Low-barrier, housing-focused shelter embraces action to ensure inclusivity and equity. Culturally appropriate and culturally safe services work to ensure BIPOC people, 2SLGBTQ+ people, gender diverse people, and people along the age and ability spectrum are served in a competent manner. Furthermore, low-barrier, housing-focused shelter is anti-racist and operates within an anti-oppression framework.

**PERSON-CENTRED CARE**

Acknowledging and appreciating the uniqueness of each person, and in particular the strengths each person comes with, allows for a low-barrier, housing-focused shelter to customize an

approach to service for each person. The shelter guest is empowered to make decisions that they believe are in their best interests related to moving forward with housing access and life stability.

### **COMPASSIONATE**

Sensitive to the power differential between staff and shelter guests, low-barrier, housing-focused shelter is a place of radical acceptance and non-judgmental service. The work within the low-barrier, housing-focused shelter is not a relationship between healer and wounded; it is a relationship between equals.

### **ASSERTIVE OUTREACH TO PEOPLE STAYING WITHIN THE SHELTER**

Low-barrier, housing-focused shelter is not a passive environment. Staff intentionally seek to engage with shelter guests, regardless of presenting needs or length of stay, to work on resolving their homelessness as rapidly as possible. By taking services to people within the shelter, with appropriate and measured persistence, the intention is to ensure no shelter guests “falls between the cracks” and is unserved in the pursuit of exiting homelessness.

## **THE BENEFITS OF HAVING PEOPLE WITH LIVED EXPERIENCE ASSIST IN LOWERING BARRIERS AND/OR BECOMING MORE HOUSING-FOCUSED**

“Nothing about us without us” is more than a token expression in low-barrier, housing-focused shelter. It is critically important that the input of people with lived/living experience be included in evaluating the barriers that can be lowered. People with lived/living experience can provide recommendations on policies, procedures, activities, engagement, and the built form to reduce barriers and/or increase the housing-focus of the shelter.

To assist with ensuring culturally appropriate and culturally safe service delivery, the inclusion of voices from people with lived experience should deliberately try to include Indigenous Peoples, members of the 2SLGBTQ+ community, youth, women, gender diverse people, neuro-diverse people, and people that use substances. Simply put, voices that may have been historically excluded in the process of providing input should be actively recruited to participate in the transformation of the shelter to be lower barrier and more housing focused.

To improve shelter delivery to lower barrier and improve the housing-focus, consideration should be given to engaging with people who are unsheltered in the community and are not currently using shelter services. Understanding reasons or rationale for not using the service can highlight specific modifications to shelter operations to ensure that it is no longer viewed as as unwelcoming to some people experiencing homelessness in the community.

## IMPRESSIONS OF SAFETY

It is important for the shelter operator to understand the different perspectives on safety. What a shelter guest may say contributes to their feeling of safety can be different from the traditional ways in which safety has been viewed by shelter operators.

People Receiving Services	People Providing Services
<b>Safety = Minimizing loss of control over their lives</b>	<b>Safety = Minimizing loss of control over the environment</b>
Safety mean moving toward: <ul style="list-style-type: none"> <li>•Maximizing choice</li> <li>•Develop authentic relationships</li> <li>•Exploring limits</li> <li>•Defining self</li> <li>•Defining experiences without judgement</li> <li>•Receiving consistent information ahead of time</li> <li>•Being free from force, coercion, threats, punishment and harm</li> <li>•Owning and expressing feelings without fear</li> </ul>	Safety means moving away from: <ul style="list-style-type: none"> <li>•Maximizing routine and predictability</li> <li>•Assigning staff based on availability</li> <li>•Setting limits</li> <li>•Defining client problems/diagnosing</li> <li>•Judging experiences to determine competence and appropriateness of services</li> <li>•Providing information as time allows</li> <li>•Threatening force to de-escalate a situation</li> <li>•Reducing expression of strong emotion</li> </ul>

## POTENTIAL BARRIERS TO BE ADDRESSED

People with lived/living experience, along with frontline staff, are poised to provide the best feedback on what are seen as barriers to shelter access, barriers to staying within the shelter, and/or, barriers to exiting the shelter for housing. Moving towards being lower-barrier and increasingly housing-focused, often means the shelter has to address one or more of the following issues:

- **Storage:** if people are reluctant to enter shelter because of a perceived lack of storage, this may need to be addressed on or off site. Also, low-barrier shelters have to think through what can be stored (e.g., alcohol, drug works, weapons, pornography, electronics, personal effects, documents, etc.), where it can be stored (secure location), who has access to the stored goods, and when people are permitted access to the items that have been stored.
- **Substance use:** for people that use alcohol or other drugs, part of lowering barriers is being accepting of people that use. The emphasis on engagement is safety and sometimes addressing behaviours that stem from the use of substances, not denial of service
- **Couples:** a barrier to entering shelter for some people is that they are part of a couple and do not want to be separated for the purpose of sheltering. Lowering barrier to shelter can mean providing suitable shelter accommodation for couples to remain together while in shelter, especially if it is the intention of the couple to be housed together.
- **Pets, Comfort Animals & Service Animals:** a shelter environment that is pet-friendly and willingly accommodates people with comfort or service animals has removed another barrier to shelter entry. Several models exist of how to take on animals in the

because someone has used. Most lower-barrier shelter programs are not designed, equipped or supported to safely permit substance use on site, however, managed alcohol programs and safer consumption sites can be integrated into shelter operations when appropriate, and depending upon the availability of those resources in the community. Consideration should be given to how people can store any substance while in shelter, as well as safely storing their drug works, and/or, getting access to harm reduction supplies within the shelter for substance use.

shelter safely and appropriately. Furthermore, if it is the intention of the person being served to be housed with their animal(s), then accommodating the animals in shelter helps with the housing process.

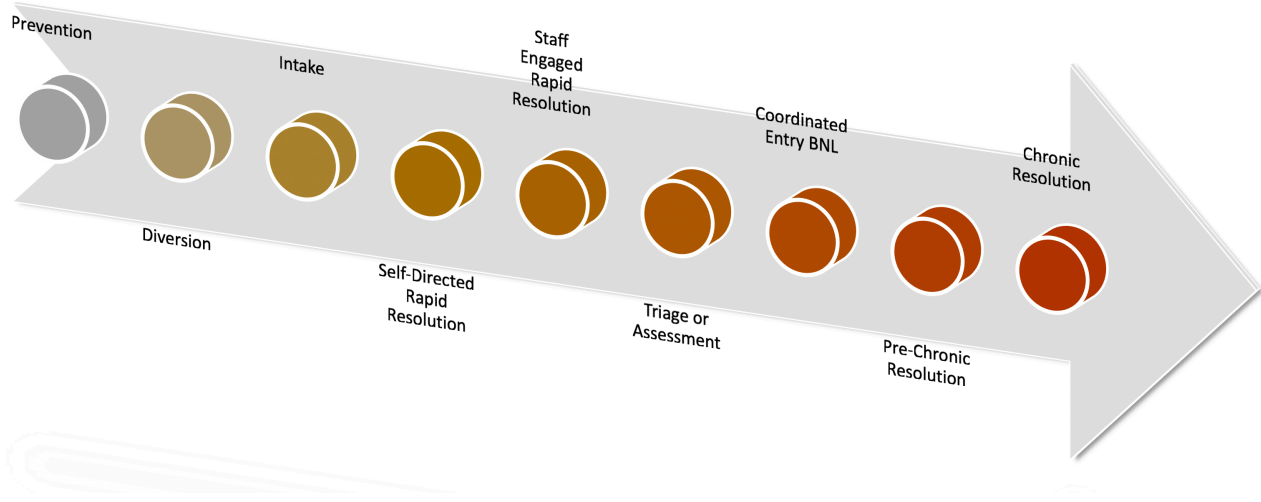
- **Required religious participation and religious images:** a shelter environment should be free from required religious participation. It may be appropriate to have optional participation in prayer or service, but not a requirement. Similarly, displaying religious images or icons can be a barrier for non-believers or be re-traumatizing to some Indigenous Peoples due to Residential School trauma.
- **Rules:** while every shelter requires measures to promote safety, an examination of rules through the lens of being lower-barrier and housing-focused can result in amendments to rules that are no longer relevant or which impede progress towards housing. The consequences of not following rules (for example: barring people from services, restrictions to service access) may also need to be re-examined as a result of the lower-barrier focus.

## PROGRESSIVE ENGAGEMENT IN HOUSING RESPONSE

Progressive Engagement is an approach to helping households end their housing crisis and/or homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance. The Progressive Engagement approach:

- ❑ Empowers people to **demonstrate resilience** and solve their own housing crisis/homelessness through the lightest engagement first.
- ❑ Gives people an opportunity to **demonstrate what they know** how to do rather than assuming they know how to do nothing.
- ❑ **Adds more supports** when people ask or when it is clearly demonstrated that more support is needed.

Consideration can also be given to how people progress from the initial recognition of a housing crisis while still housed, all the way through to approaches, supports and interventions to assist people that are chronically homeless and in the shelter.



An effective housing-focused shelter benefits from engagement through prevention and diversion prior to shelter entry. By addressing inflow into the shelter system through prevention and diversion, a shelter is better equipped to respond to the needs exclusively of those households for whom there was no safe and appropriate alternative other than shelter. Moreover, when prevention and diversion are attempted prior to shelter entry, for those households that still require shelter, significant understanding of presenting needs, resiliency, and housing desire is already known.

**PREVENTION**

Depending upon the size of the community and the scale of the homelessness services infrastructure, shelters can be a location where prevention occurs. This happens when a

household facing housing loss or eviction reaches out to the shelter for assistance prior to losing a place to live.

Housing loss prevention pertains to those situations where an individual, couple or family is staying at a safe and appropriate location, but is in a position where they can no longer reside at that location.

Eviction prevention pertains to those situations where an individual, couple or family has their own legal lease, and the landlord has followed the legal process to have the household vacate the premises. Most eviction prevention work occurs within 60 days of when they are expected to leave where they are residing.

Financial resources like assisting with rental arrears and/or utility arrears are a common function of prevention, in

addition to the problem-solving and mediation.

If prevention efforts are unsuccessful, the shelter progresses with the household to engage in diversion. In other instances, a household may not have been engaged in any prevention efforts, and is unknown to the shelter until they are already experiencing homelessness, at which point diversion is attempted.

### **DIVERSION**

Shelter diversion can happen in person or over the phone. Diversion is the act of trying to resolve the housing crisis that has caused the individual, couple or family to seek shelter services without requiring shelter services, so long as it is safe and appropriate to do so. Diversion customarily engages in strengths-based problem solving, working with the household seeking services to generate ideas on alternative locations they can receive assistance, normally through natural supports like friends or family.

Diversion may make use of flexible funding, in addition to the assistance with problem-solving. The flexible funding may make it possible for them to travel outside of the community to where their natural supports are located. Or, flexible funding may be used to provide the likes of assistance with groceries for the family or

friend that is providing assistance to the household that has just found themselves experiencing homelessness.

If diversion efforts are unsuccessful, the shelter progresses with the household to engage in the intake process.

### **INTAKE**

The intake process, which follows attempts at diversion, is the opportunity for the shelter to outline expectations, provide an orientation to the building and services, and work to ensure there is at least the start of a housing plan for the household. While intake processes have a series of administrative steps required, it is also the opportunity for explaining in greater detail what the housing-focused shelter aims to achieve, and the ways in which the shelter is lower-barrier.

The intake process should outline the expectations of the shelter guest during the rapid resolution phase. That is, the household is encouraged to work on exiting the shelter as rapidly as possible for a safe and appropriate alternative to the shelter. There are instances where diversion cannot happen before shelter intake is required, but with a short period of time after intake, staff can assist household in identifying and securing a safe and appropriate exit to a positive destination.



### **SELF-DIRECTED RAPID RESOLUTION**

Self-directed rapid resolution is the period of time that follows the intake, and is usually no more than 30 days, and more frequently is closer to 14 days. Following a progressive engagement model, the self-directed rapid resolution phase is about empowering the household to work on exiting homelessness using their own strengths and resilience, with passive resources, and short, frequent engagement with shelter staff.

Passive resources are things like “hot leads” on rental properties, instructions on how to apply for provincial/territorial assistance, tips on filling out applications for housing, and considerations if exploring roommate options. The resources — usually prepared by the shelter — are straightforward and operational.

During the self-directed rapid resolution phase, staff contact may occur daily or at least every few days, to check in on activities to date by the household, provide guidance, share additional resources, and document efforts. As time passes in the self-direct rapid resolution phase, the intensity of staff engagement progresses if the household demonstrates that they require more assistance to resolve their homelessness.

If the self-directed rapid resolution is not resulting in exits to housing, the shelter progresses into a more intensive engagement in the rapid resolution phase.

### **STAFF ENGAGED RAPID RESOLUTION**

With staff engaged rapid resolution, the efforts to resolve homelessness have progressed from staff checking in and coaching, to staff working more intensely with the household to identify options and approaches to resolving the state of homelessness without requiring to progress to the By Name List. Staff engaged rapid resolution rarely lasts beyond 30 days, and more frequently is 14 days.

When staff become more engaged, there are daily check-ins on progress, with more intensive meetings every few days. Accompaniment to appointments, scheduling viewings on behalf of the household, troubleshooting directly with income supports, and workshops on the housing process are all common at this stage of rapid resolution activities. However, what exactly is worked upon is customized to the unique needs of each household and based upon the specific strengths and needs of the household.

If the period of staff engaged rapid resolution is unsuccessful, the household



progresses to triage or assessment of needs.

### **TRIAGE/ASSESSMENT**

Information on needs starts to be collected during staff engaged rapid resolution. The purpose of the triage/assessment phase of the work is to better understand how to assist the household, based on their current strengths, assets and challenges. Normally, through a structured process and using multiple methods of capturing information (conversation, reviewing case notes, reviewing documentation, reviewing data in HIFIS or comparable database, observation) the triage or assessment will help guide the housing and support options that are most applicable to the household.

### **COORDINATED ACCESS BY NAME LIST**

With the triage and/or assessment completed, the household in shelter becomes part of Coordinated Access and is prioritized on the By Name List based upon the depth of need of the household relative to other households experiencing homelessness and the resources available.

Once the household is on the By Name List, the work of engaging the household within the shelter by internal staff does not stop. Concurrently, shelter staff, along

with any external housing help resources, efforts are coordinated to continue assisting the household exit homelessness and return to housing. Practically, this can include further assistance with the likes of securing identification or any required documentation to move into housing. This helps ensure that the household is “paper ready” when a housing offer becomes available through Coordinated Access.

### **PRE-CHRONIC RESOLUTION**

Pre-chronic resolution are those efforts and activities that occur prior to reaching the 6 month mark of a shelter stay. It is possible that the household may get served through Coordinated Access during this period of time if they meet local prioritization criteria. Concurrently, however, efforts need to continue to be made within the shelter to assist the household in exploring housing options independently or with staff assistance outside of Coordinated Access. Most often this is possible if the financial situation of the household improves (for example, is now in receipt of disability assistance or meaningful employment), or natural supports like family or friends have changed their mind and are willing to assist the household, or the shelter guest has found one or more people to roommate with in the private sector.

If pre-chronic resolution is unsuccessful, shelter staff, along with any additional external housing help resources available in community, will progress towards assisting the shelter guest resolve their chronic homelessness situation.

### **CHRONIC RESOLUTION**

A different approach to engagement is required within shelter for those guests that reach the stage of chronic homelessness. This is especially true if they not only have 6 or more months of homelessness, but also if they have other factors or conditions that are impacting their homelessness such as chronic disease, compromised mental wellness, mobility issues, addiction or dependency, cognitive impairments such as a brain injury, or post-traumatic stress disorder. In addition to examining intensive housing support options (Permanent Supportive Housing or Housing with Supports like a Recovery-Oriented, Housing-Focused Intensive Case Management service), depending upon the population, other options such as long-term care, group homes, or domiciliary hostels may make sense.

## **SHIFTING ROLES OF SHELTER STAFF**

In a low-barrier, housing-focused shelter the staff team share a common mission: to help shelter guests access safe and appropriate housing as rapidly as possible. Whereas housing functions, historically, may have been seen as specialized functions within a shelter, in a housing-focused shelter, all staff have a role to play in helping shelter guests move towards ending their homelessness, in addition to any operational activities that may occur within the shelter.

### **ROLES OF STAFF AT DIFFERENT TIMES OF THE DAY**

In many shelter environments, housing assistance work has functioned as a daytime activity, with little to no housing assistance work occurring in the evening or overnight hours. In a housing-focused shelter, staff across all shifts in the shelter have roles to play in helping shelter guests progress towards realizing a positive exit from homelessness.

SHIFT	EXAMPLES OF HOUSING-RELATED FUNCTIONS & REINFORCEMENT
<b>Day Shift</b>	<ul style="list-style-type: none"> <li>• Engagement with first-time shelter users</li> <li>• Provision of passive resources</li> <li>• Triage and assessment</li> <li>• Coordinating trained peers</li> <li>• Accompaniment to housing appointments</li> <li>• Providing housing leads</li> <li>• Checking in on housing activity progress</li> <li>• Brief housing-related workshops</li> </ul>
<b>Evening Shift</b>	<ul style="list-style-type: none"> <li>• Checking in on housing activity progress and documenting progress</li> <li>• Triage and assessment</li> <li>• Housing-related activities related to or integrated with evening socio-recreational activities</li> <li>• More intensive engagement with shelter guests that are working during the day</li> </ul>
<b>Night Shift</b>	<ul style="list-style-type: none"> <li>• Research online apartment listings and organize by unit type, location and affordability for daytime consumption</li> <li>• Update passive housing resources</li> <li>• Update housing information boards and communications</li> <li>• Overnight housing-focused conversations with shelter guests that are struggling to sleep</li> <li>• Review and preparation of housing activity data</li> </ul>

**ROLE OF SHELTER STAFF PROGRESSES OVER A PERIOD OF TIME TO MEET NEEDS OF GUESTS**

With each guest in a housing-focused shelter, where guests are progressing through the various stages of service

delivery (rapid resolution, triage/assessment, pre-chronic engagement, etc.) the role of staff will shift over time. The more thoughtful the shelter is on defining the functions and roles of staff as they encounter differing needs of guest, the easier it is to align specific approaches to engagement. Ensuring that engagement strategies that prove to be most advantageous to resolving the housing situation of each guest at any given stage will increase motivation to work on positive housing exits.

STAGE	GUEST	STAFF ROLE	EXAMPLES OF STAFF FUNCTIONS
1	Dependent	Coach	Providing immediate feedback. Information provided. Overcoming resistance.
2	Interested	Motivator	Inspiring. Guided discussion. Goal-setting and learning strategies.
3	Involved	Facilitator	Discussion between equals. Facilitated
4	Self-directed	Consultant	Individual or self-directed work on goal setting and actions.

## **ADJUSTING INTENSITY AND FUNCTIONS OF STAFF ENGAGEMENT BASED UPON SHELTER GUEST NEEDS**

Based upon the information gleaned from triage and/or assessment, staff engagement can be focused on different approaches based upon the depth of need of the household in shelter.

As identified above, the greatest intensity of activity and engagement for staff will focus on shelter guests whose support needs are best described as moderate or high intensity. Recognizing that such households, the creation of an individual housing plan that outlines the housing and support goals generated by the household, with the support of staff is customary for each program participant. More intensive supports are ongoing and consistent in nature, and services within shelter are focused on mutually developed goals related to housing and life stability.

Identifying the activities and intensity of assistance to be provided to these households is informed by many factors. For one, as shelter guests remain in shelter longer, they can become frustrated by their homelessness as they see others with shorter shelter stays exiting to housing before them. Goals and priorities may shift regularly, as

households with moderate to higher intensity needs are more likely to be in precontemplative and contemplative stages of change related to housing goals. Additional assistance for these households can help them follow through on tasks identified in the plan, and attend appointments. While moderate and higher intensity needs are diverse, it is not uncommon for staff to focus some time and attention on addressing acute disturbances and demands on staff time.

Staff can expect to be active in engaging households with moderate to high service needs to ensure they are adequately served and supported towards realizing housing. Staff should be prepared to address relapse in any areas of housing search, present new ideas related to housing until a pathway that sticks is found, and to be explicit on what staff will be doing to assist and what the expectation is of shelter guests.. Visual tools, active listening, motivational interviewing and assertive outreach within the shelter may be necessary for staff to be engaged with on a regular basis with higher and moderate needs households.

## **EXPECTATIONS TO ENCOURAGE & PARTICIPATE IN PLANNING OF HOUSING SOLUTIONS**

Staff throughout the organization should be expected to encourage and participate

in planning housing solutions. Staff members may be the lead in the process or supporting the process where another staff member has the lead. It is important that all staff, whenever possible, become knowledgeable of the unique housing plans for each shelter guest, and can reinforce that through the series of engagements with staff throughout the organization. Engagement on housing should not be limited exclusively to a housing specialist within the shelter or solely by external community-based non-profit organizations.

## COMMUNITY-BASED & HEALTH PARTNERSHIPS IN LOW-BARRIER, HOUSING-FOCUSED SHELTER

A low-barrier, housing-focused shelter does not have to internally provide all services to all shelter guests. Assistance from other community-based organizations or health services can indeed be leveraged.

In incorporating additional service delivery partnerships inside shelter, however, it is important to ensure that the shelter remains committed to helping people positively exit. It is inappropriate to create dependency on in-house community and health services. In a low-

barrier, housing-focused shelter, the community and health services should focus on integration with mainstream supports in community rather than having parallel service systems existing within the shelter.

Some of the more common community-based partnerships in the delivery of low-barrier, housing-focused shelter services include:

**Access point for Coordinated Access:** if not offered in-house, one or more workers that come to the shelter at set intervals to complete the process of assessing needs and helping people get on the By Name List.

**Housing Help services:** in addition to any housing assistance provided in-house, one or more external workers come to the shelter at set intervals to assist in helping people locate housing, work with landlords, or secure documentation for housing.

**Indigenous-led and Indigenous service organizations:** culturally appropriate housing and support assistance by Indigenous organizations that directly serve or assist in serving Indigenous Peoples using shelter services.

**Income support worker:** one or more representatives from provincial/territorial assistance and/or disability assistance operating in shelter one or more days per week to help with the application process and intake for income assistance, troubleshooting when necessary for people already on assistance, or updating the household's status as they progress towards housing.

**Peer supports:** trained individuals with lived experience of having used a low-barrier, housing-focused shelter and having secured and maintained housing. Representation in peer supports often considers age, gender, race, culture, and/or, health conditions.

**Community legal services:** one or more lawyers or paralegals to assist with common legal matters experienced by the population of people being served, especially as it relates to housing matters or the ability to access housing.

**Prevention specialists:** if not provided by the shelter, some low-barrier, housing-focused shelters co-locate a prevention specialist from another organization within the shelter environment.

**Diversion specialist:** if not provided by the shelter directly, the presence of a diversion specialist from another

organization to problem-solve housing crises and seek safe and appropriate alternatives to needing shelter services.

Some of the more common health services that can be co-located or integrated within the shelter setting to provide services one or more days per week include:

**Nursing care:** primarily to assist with medications, wound care, and referrals to other health resources. In some instances nursing care plays the role of an overall health system navigator.

**Harm reduction supports:** while sometimes made available through trained shelter staff, other low-barrier shelters have found it essential to have harm reduction supplies and education available onsite to better assist people that use substances, and, people that participate in sex work.

**Addiction supports:** in addition to the harm reduction supports, other addiction supports can be valuable in navigating detoxification and treatment options for those shelter guests that choose to engage in those services.

**Mental health nurse:** primarily there to assist with mental health first aid, complete mental health assessments, assist with medication, check in on people's wellness and symptoms, and help make referrals to, or conduct intakes for, other mental health resources in the community.

**Nurse practitioner:** primarily to diagnose and treat illnesses, as well as order and interpret tests, and prescribe medications as necessary. Referrals may be made to other health resources and specialists in the community as well.

**Physician:** primarily to diagnose and treat illnesses, as well as order and interpret tests, and prescribe medications as necessary. Referrals may be made to other health resources and specialists in the community as well.

**Psychiatrist:** primarily to help provide mental health assessments, provide diagnosis, engage in short-term counselling, order and interpret tests, prescribe medications, and help make connections to other community-based mental health services. Ideally, psychiatric care provided in the shelter continues into the community once the person secures housing, when warranted.

**Personal support workers:** primarily in the shelter to assist those shelter guests that cannot complete all activities of daily living independently. The intention is to engage with supports while in shelter such that they can follow the person into the community once they get housed.

**Brain injury supports:** primarily to provide assistance to people in the shelter living with brain injury, and help pursue support and housing options in the community.

**Trauma counsellors:** primarily there to begin the process of engaging with longer term therapy to assist with underlying trauma that may predate, cause or be exacerbated by the experience of homelessness.

## CONSIDERATIONS IN STANDARDS, POLICIES AND PROCEDURES

Being low-barrier and housing-focused can require a shelter to re-examine existing standards, policies and procedures and make adjustments, as well as to create new standards, policies and procedures when warranted.

Some of the key considerations are:

**Security:** presence of staff, and use of peer concierge models can help ensure



that the facility achieves the aims of being safe as well as being lower-barrier. Uniformed security may pose barriers to people that have histories of conflict with the law and reinforces a power imbalance.

**Training requirements of staff:** to be both lower-barrier and housing-focused requires more intensive training for staff, especially in the areas of trauma-informed care, motivational interviewing, harm reduction, assertive outreach, being housing-focused, first aid, CPR, overdose response, and de-escalation.

**Roles of peer supports:** if peers are used to assist the lower-barrier, housing-focused shelter, the roles must be well-defined with access to professional training, especially on boundaries and ethics in their role. The provision of supports for trained peers is also important in order to be health and safe in their provision of supports to others.

**Bag checks:** while it can remain appropriate to complete an examination of what people are bringing into shelter to help promote safety, it can be advantageous to think through where, when and who completes this task, and whether or not incoming guests have the opportunity to store any of the contents of their bag(s) prior to inspection.

**Intake:** consideration on where and who completes the intake in the progressive engagement process requires attention, especially as the focus on lowering barriers and increasing housing-focused requires specialized attention.

**Barring, temporary bans and service restrictions:** to be lower barrier and help ensure shelter guests can stay connected to the housing-solution process, only under very limited circumstances - usually when there is a safety issue that cannot be addressed in any other way - will a guest receive a temporary bar or ban from service. Shorter cool-down periods of a few hours or an overnight bar from service should be more common than disengagement that stretches for several days, weeks, months or even a lifetime. The organization often has to examine training needs and approaches to de-escalation that truly ensures any restriction from service happens in very limited circumstances, and when it does occur, that assistance is provided to secure other temporary shelter, if the community has more than one shelter for the population group served.

**Weapons:** providing safe storage of weapons upon entry can help lower barriers, but requires attention in how weapons are logged, how they are



returned and under which conditions a weapon will be surrendered to police.

**Storage:** to help lower barriers, it may be necessary to provide safe storage of items upon entry to shelter that the guest cannot access while in the shelter. Other considerations can include the likes of storage of bicycles, items from an encampment, and/or, storing shopping carts.

**Case planning:** to help advance housing objectives, promote life stability, and reduce harm, the shelter requires a transparent process for case planning. This process should be easily understood by shelter guests and staff, and practiced with consistency to enhance accountability and improve outcomes related to positive exits.

**Housing engagement:** expectations of staff and guests regarding housing engagement needs to be spelled out as it relates to frequency and intention of such contact, the roles of all staff in this process, and the relationship between internal housing engagement and the work of Coordinated Access.

**Case conferencing:** to help align additional resources, ensure consistency across staff and community partners, and continue to build momentum towards a

positive exit for each household that uses shelter, an established approach to case conferencing is necessary. Internal policies should also outline under which conditions case conferencing is conducted,.

**Data collection:** one of the core features of being housing-focused is the collection and use of key data to enhance service planning and track progress. As such, the shelter needs clear expectations for staff on when and how data is collected, and expectations related to timely data input that is accurate.

**Facility checks:** to decrease incidents and improve safety in a low-barrier environment, it is critical that staff circulate through the environment on a frequent basis, including all bathrooms and showers, as well as the exterior of the building.

**Overdose prevention and response:** accepting that some of the guests served in the lower barrier shelter will use substances, all staff must be trained on overdose prevention and response for various substances. This will range from staff carrying Naloxone to breathing checks overnight to guiding guests on how to sleep in a rescue position.

**Chores:** requirements of shelter guests to perform functions essential for shelter operations such cleaning up after meals, cleaning bathrooms, shovelling snow, sweeping and mopping common areas can present barriers to some guests and may interfere with the desire to be low-barrier. In other instances, a guest that is more dedicated to completing chores than to working on exiting the shelter for housing can also present barriers to operations.

**Location and visibility of staff:** in a low-barrier environment, shelter staff should be easy to identify and distinguish from other people in the shelter environment. Staff should be circulating frequently and engaging with guests, with a particular emphasis on checking on housing tasks. Staff should not be passively sitting behind desks nor be out of sight.

**Roles and functions of volunteers:** while volunteers can play an important function in shelter operations, and be of benefit to shelter guests and staff alike, the roles must be well-defined, aligned to being low-barrier and housing-focused, and volunteers must receive the requisite training to ensure their presence or activities do not interfere with being either lower-barrier or housing-focused.

**Guest feedback:** on an ongoing basis, and usually through multiple methods, the shelter provider should aim to get feedback from service users. This can occur during the time of receiving services, as well as during an exit interview when the positive solution identified for their exit is being operationalized.

## THREE KEY PERFORMANCE INDICATORS

Within a low-barrier, housing-focused shelters, there are three key performance metrics. Other performance metrics can also be helpful and necessary (e.g., required by a funder), however, the three key performance metrics help understand outflow from shelter, as well as returns to shelter. The three key performance metrics are:

### 1. LENGTH OF TIME EXPERIENCING SHELTERED HOMELESSNESS

Examining the mean and median length of time in shelters (if there is more than one shelter in the community) helps understand length of homelessness, and provides insight on how long it takes from identification of a housing crisis to a positive exit from shelter being secured. The targeted length of stay should be as short as possible; however, depending on

the housing market and service infrastructure in the community, shelter stays typically run 30-120 days. Examining length of time data by characteristics of the household (for example: race, age, gender) can also help pinpoint whether there are certain population groups disadvantaged in exiting homelessness and can lead to more concentrated efforts to support equity moving forward.

## **2. EXITS FROM SHELTER TO POSITIVE DESTINATIONS**

The more positive exits from shelter to positive destinations the better. Positive destinations include such places as independent living, supportive housing, and, reunification with family/friends when safe and appropriate. It can be helpful to track positive exits by who was assisted through Coordinated Access and who was able to secure a positive exit outside of Coordinated Access. Ideally, the number of people exiting shelter for a positive destination is greater than, or at least equal to, the inflow into shelter on a monthly basis. Examining positive exits data by characteristics of the household (for example: race, age, gender, length of homelessness, etc.) can help pinpoint opportunities for improving housing equity.

## **3. RETURNS FROM POSITIVE DESTINATIONS TO SHELTER**

Whether or not a household stays housed is often outside the influence of the shelter provider unless the shelter provider is also providing follow-up support assistance to the household in the community. Nonetheless, this is a key metric for the broader system of care. Examining returns from positive destinations to shelter by characteristics of the household (for example: race, age, gender, length of homelessness, type of housing moved into, whether or not there were support services provided, location housed in the community, etc.) can be very helpful for system improvements in follow-up support assistance.

## **MEETING THE NEEDS OF VARIOUS POPULATION GROUPS EXPERIENCING HOMELESSNESS**

Within the population of people experiencing homelessness, there are groups that can benefit from specialized service approaches and considerations because of their unique needs and identity. While each community will be unique generally speaking, a more informed and specialized service approach can be necessary to effectively lower-barriers and remain housing-focused with the following specialized populations:

## **INDIGENOUS PEOPLES**

Historical exclusion, stigma, discrimination, over-incarceration, trauma, poor housing conditions on Reserve, colonialism, Residential Schools, and the 60s Scoop all influence the presence and disproportionate volume of Indigenous Peoples experiencing homelessness. Culturally appropriate and culturally safe practices are necessary. Staff often need additional training and supports to be more culturally informed in engaging Indigenous Peoples. Within the building, consideration can be given to culturally appropriate spaces for Indigenous Peoples to participate in cultural activities and ceremony. Removal of Christian imagery from the shelter can be helpful to create a safer space for some Indigenous guests that have been impacted directly or through the legacy of Residential Schools. The involvement of Indigenous organizations in and near the community can be critical to integrate into shelter delivery. Indigenous-led shelter is also a consideration for the local community. Furthermore, housing solutions generated with guests that are Indigenous may explore a range of solutions with more cultural supports.

## **SURVIVORS OF DOMESTIC/ INTIMATE PARTNER VIOLENCE**

Ideally, every community has appropriate shelter resources for survivors of

domestic/intimate partner violence that is operated separately from the low-barrier, housing-focused shelter services. It is also hoped that services specifically for survivors also focus on the permanent housing needs of service users, with appropriate supports and safety planning as necessary. Nonetheless, it is acknowledged that not every person that is a survivor wants to use a service specifically for survivors and/or not every person that has experiencing domestic/intimate partner violence qualifies for specialized shelter services, usually because of the length of time it has been since the experience of violence. Additional training for staff on impacts of violence as well as engagement strategies and safety planning will be important. Housing solutions that are generated for the household often have to consider safety and future risks as well.

## **2SLGBTQ\* AND GENDER DIVERSE SHELTER USERS**

Shelter should decrease barriers to access for people that identify as part of the 2SLGBTQ\* community or part of the gender-diverse community. Welcoming shelter guests starts with acknowledging people by the gender they identify with, and actively working to address stigma and discrimination faced by the community. Partnering with organizations that promote service equity and equality

for 2SLGBTQ\* or gender-diverse people can be very important, as can additional training for staff be very important.

### **UNACCOMPANIED YOUTH**

Shelters that serve unaccompanied youth benefit from using a Positive Youth Development model in the delivery of low-barrier, housing-focused services. Age and developmentally appropriate approaches to service are necessary. How supports are structured to assist the youth in transitioning to independent living in the community are also an important consideration. Some shelters find it helpful to partner with youth-specific organizations if there is not a youth-specific shelter in the community.

### **OLDER ADULTS**

For many communities, there are two groups of older adults that need shelter services, and yet the service needs of each can look and feel quite different. The first group are those older adults already experiencing homelessness, usually chronic homelessness, that are ageing within their homelessness. The second group are those people that are becoming homeless for the first time in their life at an older age. Diversion, prevention and housing assistance can look different for each of those population groups. Health and support needs can be different for

older adults compared with others experiencing homelessness.

### **FAMILIES**

Because of the presence of minors and the possible involvement of child welfare agencies with the family, what low-barrier looks like when serving families can seem a bit more restrictive than other low-barrier settings that serve individuals. Services that can support the entire family unit are important. Also important is to not establish limitations regarding the composition of the family unit. It may, for example, include intergenerational family members, same sex heads of household, single heads of household (including male-led single parent families), and family ties that are not limited to sharing blood relations. The housing support process also has to consider the size of the family, and the ages and genders of children to ensure it is appropriate for the needs of the family.

## **BUY-IN FOR A LOW-BARRIER, HOUSING-FOCUSED APPROACH**

The transformation to lower barrier and/or more housing focused is not always embraced by guests, staff, the Board of Directors, funders, elected officials, neighbours or other shelter operators in the community.

Some of the reasons for resistance from guests can be attributed to fear, lack of adequate explanation, past history with housing, feeling comfortable within shelter and treating it as permanent housing, trauma, very low income, fear of needing to access resources independently in community once housed, or the responsibility that comes with housing.

Some of the reasons for resistance from staff can be attributed to fear, concerns about changing job responsibilities, the change that comes with different expectations, concerns about insufficient training, they do not believe in helping people experiencing homelessness exit homelessness for housing, and/or, their professional identity is linked to serving long-term shelter guests.

Working through the opportunity of low-barrier, housing-focused shelter is a prolonged process of working through potential resistance. Shelter leaders should expect to work through a process of explaining what is happening, why it is happening, and be prepared to answer questions regarding how it will happen. A combination of listening sessions, written materials and training is recommended. Sufficient time needs to be invested in the lead-up to fully embracing a low-barrier, housing-focused approach. Becoming

lower barrier and housing-focused is not as simple as flipping a switch; it is a change management exercise.

## **HOUSING-FOCUSED SHELTER IN TIGHT AND/OR UNAFFORDABLE RENTAL MARKETS**

As housing becomes increasingly unaffordable throughout much of the country, a housing-focused shelter approach should not be abandoned. Instead, particular attention may be focused on several activities that will continue to payoff when it comes to increasing outflow from shelter.

### **EXPANDING RESOURCES TO ASSIST WITH REUNIFICATION WITH FAMILY/FRIENDS IN HOME COMMUNITY**

Sometimes the safe and appropriate natural supports that can provide accommodation to the household in shelter is in a different community. The different community may be elsewhere in the province/territory, elsewhere in the country, or even international. By expanding resources to assist with reunification with family/friends in the home community of the shelter guest, it can relieve some of the pressures on the overall shelter, while being in the best interests of the household being served.



### **GETTING PEOPLE “PAPER READY” FOR COORDINATED ACCESS AND ENSURING PEOPLE ARE ON THE BY NAME LIST**

The only way a shelter guest can be housed through Coordinated Access is to be “paper ready” as well as on the By Name List. In tight and/or unaffordable rental markets it is critically important to ensure that shelter guests — especially higher need, chronically homeless shelter users — have all tasks completed to be considered in the prioritized matching process of Coordinated Access. When a rental unit or a space on a housing program caseload becomes available, the shelter guest is ready for referral and move-in.

### **APPROPRIATELY PROMOTING ROOMMATE OPTIONS**

One way to try to make housing more affordable in the private market is through roommates. This is a practice that has been used by several housing-focused shelters in high cost markets. It is impossible to predict how any roommate situation will work out over the longer term, however, in the shorter term, creating opportunities for potential roommates to meet and greet, talk to each other about housing preferences and day to day routines, can be helpful in stimulating roommate matches that may be more effective.

### **EXPLORING ADDITIONAL POSITIVE EXIT OPTIONS FOR CHRONICALLY HOMELESS SHELTER GUESTS WITH CO-OCCURRING, COMPLEX NEEDS**

Positive exits from shelter can take different forms. While independent living with appropriate, customized supports or Permanent Supportive Housing are most often what is considered for shelter guests with co-occurring and complex needs, additional types of positive exits can be considered on a case-by-case basis. This may include the likes of nursing care, long-term care, hospice care, group homes, and domiciliary hostels.

### **USE DATA IN ADVOCACY**

With improved data practices, and the ability to speak to the volume and depth of needs of shelter guests, housing-focused shelters can be invaluable in preparing compelling data for advocacy purposes. For example, if there are a number of shelter guests experiencing chronic homelessness with other co-occurring needs, it can become powerful to quantify these needs and create a powerful advocacy campaign on what is necessary to reduce and end homelessness in the community.

## CONCLUSION

Low-barrier, housing-focused shelter when practiced in its entirety is effective at reducing lengths of stay and improving outflow from homelessness to positive destinations. It is a deliberate process of adjusting services, policies, procedures, standards and staff engagement, with clear expectations and customized supports to shelter guests that engage progressively. Within the context of a broader system of care, this approach to shelter is critically important in serving very vulnerable people, while ensuring that access to shelter has an exit plan from shelter.