

COURT OF APPEAL FOR ONTARIO

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Appellant
(Applicant/Cross Respondent)

and

THE ATTORNEY GENERAL FOR ONTARIO

Appellant
(Intervener)

JOSEPHINA DUGAS, TERRA-LYNN WEBER, AVERY AMENT, AARON PRICE, JEREMY LINTON, JEREMY NICHOL, JAMES HAMMOND, JAKOB STUBBS, JAMES DAVIS, JASON PAUL, NOAH HELSBY, JOSEPH BRADLEY, JOSEPH SADLER, JULIE YOUNG, KYLE YORK, MEGAN LOPES, STEPHANIE MCMILLAN, JEFFREY COUTO, JORDAN CAMM, TERRANCE COLE, XANDER HARKER, CHARLES KOCHER, ALINE JEFFERY, MICHAEL JEFFERY, AND PERSONS UNKNOWN

Respondents
(Respondents/Cross-Applicants)

RESPONDENTS' COMPENDIUM - VOLUME 1

October 9, 2026

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TAB 1

BY-LAW NUMBER 13-050
OF
THE REGIONAL MUNICIPALITY OF WATERLOO

A By-law Respecting the Conduct of Persons Entering Upon
Buildings, Grounds and Public Transportation Vehicles Owned or
Occupied by The Regional Municipality of Waterloo

The Council of the Regional Municipality of Waterloo enacts as follows:

WHEREAS The Regional Municipality of Waterloo owns or occupies certain buildings, grounds and public transportation vehicles for the purpose of carrying out its municipal services□

AND WHEREAS persons, from time to time, enter onto these buildings, grounds and public transportation vehicles and cause physical damage to the premises, disruption to Regional operations or the use and enjoyment of these premises by other persons□

AND WHEREAS it is the desire of The Regional Municipality of Waterloo to create a code of use in regard to these premises□

AND WHEREAS The Regional Municipality of Waterloo has the capacity, rights, powers and privileges of a natural person and the ability to govern its affairs as it considers appropriate pursuant to sections 8 and 9 of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended□

AND WHEREAS The Regional Municipality of Waterloo has the authority to enact by-laws respecting its public assets and the protection of persons and property pursuant to subsection 11(2) of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended□

NOW THEREFORE THE COUNCIL OF THE REGIONAL MUNICIPALITY OF WATERLOO ENACTS AS FOLLOWS:

PART I - DEFINITIONS

1. In this By-law:

- (1) **“Designated Personnel”** means those persons listed in Schedule “A” of this By-law□
- (2) **“Designated Premises”** means any public transportation vehicle that is owned or operated by the Region or any building, grounds or other premises, other than a highway or the private residential unit of an individual, that are owned or occupied by the Region□
- (3) **“Director”** means the Director of Facilities Management and Fleet Services or any successor position, or his or her designate□
- (4) **“highway”** means a common and public highway and includes any bridge, trestle, viaduct or other structure forming part of the highway and, except as otherwise provided, includes a portion of a highway□
- (5) **“Municipal Act, 2001”** means the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended, or any successor legislation□
- (6) **“Prohibited Activity”** means any activity that is listed in Schedule “B” of this By-law□
- (7) **“public transportation vehicle”** means a bus or other motor vehicle that is designed to operate on a highway, as well as a train that runs upon rails, wherein passengers are transported for a fee or other consideration□

- (8) **“Region”** means The Regional Municipality of Waterloo□
- (9) **“sign”** means any device, object or thing that creates a design or conveys a message, or that is designed to convey a message and that is placed for the purposes of advertising, announcing, directing or promoting any idea, event, activity, product, service or facility, identifying a business or enterprise, or conveying any other type of message□and
- (10) **“Trespass to Property Act”** means the *Trespass to Property Act*, R.S.O. 1990, c. T.21, as amended, or any successor legislation.

PART II – PROHIBITION

2. **No person shall do a Prohibited Activity on Designated Premises.**
3. (1) No person shall place, or cause or permit to be placed, a sign, or any part of a sign, on Designated Premises.
- (2) Subsection (1) of this section shall not apply to a sign that is placed at a location that is designated for signs by the Director and the sign meets the following criteria:
- (a) the sign is less than 1,600 square centimeters in area□
 - (b) the sign does not promote an unlawful activity or discrimination on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability□
 - (c) the sign does not contain profanity or obscenity□and
 - (d) the sign is not obsolete in relation to a past event or a business or enterprise that is no longer conducted, or an activity, product, service or facility that is not in season or is no longer provided.
4. Every person who contravenes section 2 or 3 of this By-law is guilty of an offence and on conviction is liable to a fine not exceeding \$5,000, exclusive of costs.

PART III - TRESPASS

5. Without limiting Part II of this By-law, Designated Personnel may exercise any of the following enforcement options at Designated Premises when a person is doing or has done a Prohibited Activity:
- (1) Issue a verbal direction to refrain from a Prohibited Activity□
 - (2) Issue a verbal direction to leave the Designated Premises citing as the reason the failure to refrain from a Prohibited Activity□
 - (3) Serve a written notice upon a person prohibiting a Prohibited Activity citing as the reason the failure of the person to refrain from a Prohibited Activity□
 - (4) Serve a written notice upon a person prohibiting entry upon a Designated Premises citing as the reason the failure of the person to refrain from a Prohibited Activity□
 - (5) Post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to the Designated Premises prohibiting a Prohibited Activity□
 - (6) Post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to the Designated Premises prohibiting entry upon the Designated Premises by a person citing as the reason the failure to refrain from a Prohibited Activity□and
 - (7) Exercise any other rights or powers pursuant to the *Trespass to Property Act* that are reasonable in the circumstances.

6. Any verbal direction, written notice or sign pursuant to section 5 of this By-law shall be reasonable in relation to the conduct prohibited, the breadth of the location and the duration of the time imposed.
7.
 - (1) Any person who is subject to a verbal direction, written notice or sign pursuant to section 5 of this By-law may apply to the Director in writing with a request that the verbal direction, written notice or sign be rescinded or modified.
 - (2) Any written request pursuant to subsection (1) of this section shall set out the grounds for the request and shall be submitted to the Director within 30 calendar days of:
 - (a) the person's receipt of the verbal direction or written notice or the person's observance of the sign; or
 - (b) any changed circumstance that relates to the impact of the verbal direction, written notice or sign upon the person.
 - (3) Upon the receipt of the written request pursuant to subsection (1) of this section, the Director shall investigate and determine whether the verbal direction, written notice or sign should be rescinded or modified and the Director shall advise the person of his or her decision in writing.
 - (4) The verbal direction, written notice or sign that is the subject of a request pursuant to this section shall remain in full effect pending the Director's decision in writing.
8. Designated Personnel may contact the Waterloo Regional Police Service, or any other police service having lawful jurisdiction, at any time to request assistance or to initiate any other action as the police service may deem necessary in the circumstances.

PART IV - GENERAL

9. This By-law may be enforced by a Designated Personnel or a police officer.
10.
 - (1) The Director shall have all necessary authority to administer this By-law.
 - (2) Without limiting subsection (1) of this section, the Director shall have the authority to:
 - (a) prescribe any administrative forms for the purposes of this By-law
 - (b) designate permitted locations for signs at Designated Premises
 - (c) remove, or cause the removal, of any sign that does not meet the requirements of this By-law.
11. This By-law may be cited as the "Code of Use By-law".
12. Any procedural by-law of the Region governing the conduct of any person during a session of Council of the Region, or of a committee of Council of the Region, shall govern and this By-law shall apply with necessary modification.
13. If any section or sections of this By-law or parts thereof are found by any Court to be illegal or beyond the power of Council of the Region to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this By-law shall be deemed to be separate and independent therefrom and shall continue in full force and effect unless and until similarly found illegal.
14.
 - (1) By-law 05-055 of The Regional Municipality of Waterloo, A By-law Respecting the Conduct of Persons Using the Public Transit System ("Grand River Transit") Operated by the Regional Municipality of Waterloo, shall be repealed effective on the coming into force and effect of this By-law.
 - (2) Notwithstanding subsection (1) of this section, any direction or notice issued to a person pursuant to By-law 05-055 of The Regional

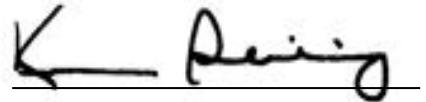
Municipality of Waterloo, A By-law Respecting the Conduct of Persons Using the Public Transit System ("Grand River Transit") Operated by the Regional Municipality of Waterloo, that is in effect at the time that the By-law is repealed shall be deemed to be a direction or notice pursuant to this By-law and shall continue in full force and effect.

15. This By-law shall come into force and take effect on the date of final passage hereof.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 11th day of December, A.D., 2013.



REGIONAL CLERK



REGIONAL CHAIR

SCHEDULE "A"

DESIGNATED PERSONNEL

1. The following are Designated Personnel:
 - (1) the Director having responsibility for the Designated Premises□
 - (2) an employee of the Region having responsibility for the Designated Premises, or any part thereof, at the particular time□
 - (3) Manager, Business Services, for the Region, or any successor position thereto□
 - (4) Supervisor, Security Services, for the Region, or any successor position thereto□
 - (5) Supervisor, Transit Security for the Region, or any successor position thereto□
 - (6) a municipal law enforcement officer as appointed by the Region□
 - (7) a security guard under contract to the Region□and
 - (8) other persons from time to time as may be designated by Council of the Region.

SCHEDULE B

PROHIBITED ACTIVITIES

1. In this Schedule:

- (1) “authorization” means written permission from the Director for the Region having responsibility for the Designated Premises, or his or her designate
- (2) “loitering” means to linger without due cause or purpose;
- (3) “nuisance” includes any conduct or behavior which interferes with the ordinary enjoyment of persons using Designated Premises and
- (4) “service line” means an indoor or outdoor line of two or more persons awaiting service of any kind, regardless of whether or not such service involves the exchange of money, including but not limited to, sales, provision of information, transactions, or advice and transfers of money or goods.

2. The following activities are Prohibited Activities:

- (1) An activity that obstructs, prevents or hinders the rights of others to use and enjoy Designated Premises or which obstructs, prevents or hinders the operations of the Region or any of its employees, agents or contractors
- (2) Without limiting the generality of the foregoing, an activity that obstructs, prevents or hinders the rights of others to use and enjoy the Designated Premises or which obstructs, prevents or hinders the operations of the Region or any of its employees, agents or contractors includes, but is not limited to:
 - (a) smoking tobacco or holding lit tobacco in any elevator or escalator, in any service line, public area or area designated as a “No Smoking” or “Smoke Free” area;
 - (b) committing any nuisance, disturbing the peace or acting contrary to public order
 - (c) spitting, urinating or otherwise causing unsanitary conditions
 - (d) littering
 - (e) loitering
 - (f) rollerblading or skateboarding without authorization
 - (g) using profanity, obscene language or racial slurs
 - (h) vandalizing the Designated Premises or any personal property on the Designated Premises
 - (i) using, removing or possessing any personal property of the Region or any other person without authorization
 - (j) selling or attempting to sell, distribute or solicit any good or service without authorization
 - (k) operating any radio, tape recorder, DVD, CD or MP3 player, musical instrument or similar device, without authorization, unless the sound is conveyed by earphone at a decibel level that does not disturb any other person
 - (l) operating for commercial purposes any camera, video recording device, movie camera or any similar device without authorization

- (m) carrying any goods, without authorization, which are offensive, dangerous, toxic, corrosive, flammable or explosive in nature that are likely to alarm, inconvenience, cause discomfort or injure any person, or cause damage to property, whether or not such good are contained in an approved container□
 - (n) bringing any large animal onto the Designated Premises, without authorization, other than during an emergency or for use as a service or guide animal□
 - (o) entering, without authorization, onto the Designated Premises without a shirt or footwear□
 - (p) bringing a small animal or bird, without authorization, that is not in a cage or carrying device designed for secure and safe transport unless the small animal or bird is required for use as a service or guide animal□
 - (q) acts which are perceived as threatening, intimidating or sexual harassment□
 - (r) entering, without authorization, any area that is designated or used as a work area for an employee□
 - (s) interfering with an operator of a public transportation vehicle or obstructing his or her vision□
 - (t) erecting, without authorization, any structure, tent or temporary shelter□
 - (u) consuming alcohol without authorization□
 - (v) riding or standing on any exterior portion of a public transportation vehicle or leaning out of or projecting any body part through any window of a public transportation vehicle□
 - (w) projecting a body beyond the edge of any platform for a public transportation vehicle, except to enter or leave the vehicle□
 - (x) riding a bicycle on any platform for a public transportation vehicle□and
 - (y) any activity contrary to the *Criminal Code of Canada*, R.S. 1985, c. C-46, as amended, other federal statutes, provincial statutes or municipal by-laws□
- (3) Acts which are contrary to any specific rules or terms of use for the Designated Premises provided that the specific rules or terms of use have been posted in a conspicuous location at the Designated Premises□
 - (4) Entering Designated Premises without paying the required fee or fare or having proof of payment for the required fee or fare for admission to the Designated Premises□
 - (5) Failing to comply with the terms and conditions of any pass, transfer or other instrument that is required for the entrance or use of Designated Premises□and
 - (6) Entering a public transportation vehicle at other than a designated passenger entrance.

By-Law Number 18-056

of

The Regional Municipality of Waterloo

A By-law to Amend By-law 13-050, A By-Law Respecting the Conduct of Person Entering Upon Buildings, Grounds and Public Transportation Vehicles Owned or Occupied by The Regional Municipality of Waterloo

Whereas

The Council of The Regional Municipality of Waterloo enacts as follows:

1. Subsection 1(2) of By-law 13-050, A By-Law Respecting the Conduct of Person Entering Upon Buildings, Grounds and Public Transportation Vehicles Owned or Occupied by The Regional Municipality of Waterloo (the “By-law”), is repealed and replaced with the following:

(2) “Designated Premises” means: (a) any public transportation vehicle that is owned or operated by the Region; (b) any bus stop, bus shelter and light rail transit station that is used for the purposes of the Region’s bus or light rail transit system; and (c) any building, grounds or other premises that are owned or occupied by the Region other than a highway or the private residential unit of an individual;

2. Subsection 1(4) of the By-law is repealed and replaced with the following:

(4) “highway” means a common and public highway and includes any bridge, trestle, viaduct or other structure forming part of the highway and, except as otherwise provided, includes a portion of a highway. For the purposes of this By-law, a bus stop, bus shelter and light rail transit station that is used for the purposes of the Region’s bus or light rail transit system shall not be deemed part of a highway;

3. Section 1 of Schedule “B” of the By-law is repealed and replaced with the following:

1. In this Schedule:

- (1) “authorization” means written permission from the Director for the Region having responsibility for the Designated Premises, or his or her designate;
- (2) “loitering” means to linger without due cause or purpose;
- (3) “medical cannabis” means cannabis that is obtained for medical purposes in accordance with applicable federal law;
- (4) “nuisance” includes any conduct or behavior which interferes with the ordinary enjoyment of persons using Designated Premises; and
- (5) “smoking” includes vaping and the use of electronic cigarettes.

4. Subsection 2(2)(a) of Schedule “B” of the By-law is repealed and replaced with the following:

(a) smoking tobacco or medical cannabis or holding lit tobacco or medical cannabis in any building, at any bus stop, bus shelter or light rail transit station, or any area designated as “No Smoking” or “Smoke Free”, on a Designated Premises;

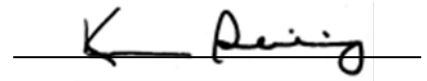
5. Subsection 2(2) of Schedule “B” of the By-law is amended to add the following:

(a.1) smoking cannabis or holding lit cannabis, either of which is not medical cannabis, save and except for areas at a community housing complex or Sunnyside Home that are designated and marked as cannabis smoking areas;

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 14th day of November, A.D., 2018.



Regional Clerk



Regional Chair

42

By-Law Number 23-041
of

The Regional Municipality of Waterloo

A By-law to amend By-law 13-050, A By-Law Respecting the Conduct of Persons Entering Upon Buildings, Grounds and Public Transportation Vehicles Owned or Occupied by The Regional Municipality of Waterloo, as amended

Whereas Council of The Regional Municipality of Waterloo enacted By-law 13-050, A By-Law Respecting the Conduct of Persons Entering Upon Buildings, Grounds and Public Transportation Vehicles Owned or Occupied by The Regional Municipality of Waterloo, as amended (the “By-law”);

And Whereas the Council of The Regional Municipality of Waterloo wishes to prevent harassing behavior on Regional premises;

NOW THEREFORE the Council of The Regional Municipality of Waterloo enacts as follows:

1. Section 1 of Schedule “B” of the By-law is amended by adding subsections (1.1) and (1.2) as follows:

“(1.1) “communicating” and “communication” includes but is not limited to words spoken, written, or recorded electronically or electro-magnetically or otherwise as well as gestures, signs or other visible representations;”

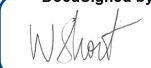
“(1.2) “harassed” includes, but is not limited to:
(a) experiencing objectionable or unwelcome conduct, comment, bullying, or actions that could reasonably cause offence or humiliation, including conduct, comment, bullying, or actions because of race, religious beliefs, colour, disability, age, ancestry, place of origin, marital status, source of income, family status, gender, gender identity, gender expression, sexual orientation, socio-economic status or housing status;”

2. Subsection 2(2) of Schedule “B” of the By-law is amended to add the following subsection (h.1):

“(h.1) communicating with any person in a way that, reasonably in the circumstances, constitutes harassment, subject to the provision that nothing in this subsection shall prevent or limit a lawful protest;”

3. This By-law shall come into force and take effect on January 1, 2024.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 27th day of September, A.D., 2023.

DocuSigned by:

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Regional Clerk

DocuSigned by:

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Regional Chair

019

TAB 2

BY-LAW NUMBER 25-021
OF
THE REGIONAL MUNICIPALITY OF WATERLOO

A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development

WHEREAS The Regional Municipality of Waterloo (the "Region") owns the property municipally known as 100 Victoria Street North, in the City of Kitchener ("100 Victoria Street");

AND WHEREAS 100 Victoria Street is required for the construction of the Kitchener Central Transit Hub (the "KCTH") by the Region and Metrolinx commencing in 2026;

AND WHEREAS the Region requires vacant possession of 100 Victoria Street by December 1, 2025 to facilitate the construction of the KCTH;

AND WHEREAS the KCTH, once constructed, will bring significant economic opportunity to the Region, including providing more affordable transportation options and greater connectivity for all residents of the Region to access jobs, schools, and essential services both within and outside the Region;

AND WHEREAS the commencement of construction of the KCTH entails a significant investment in the Region;

AND WHEREAS there are currently persons, without permanent residences, who are occupying parts of 100 Victoria Street including through the erection of temporary shelters and the placement of personal property (the "Encampment");

AND WHEREAS the Region has enacted the Code of Use Bylaw, specifically By-law 13-050, as amended, respecting the conduct of persons entering upon certain buildings, grounds and public transportation vehicles owned or occupied by the Region;

AND WHEREAS the Region takes note of the decision of the Ontario Superior Court of Justice, in the decision of the *Region v. Persons Unknown and To Be Ascertained*, (the "Decision");

AND WHEREAS the Region wishes to specifically provide for the persons currently occupying the Encampment at 100 Victoria Street to ensure that a safer and more orderly environment is maintained;

AND WHEREAS the Region, since the Decision, has greatly expanded the number of available accessible shelter beds in the Region and has allocated additional resources to provide accommodation for all persons presently occupying the Encampment;

AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of December 1, 2025;

AND WHEREAS the Region has the capacity, rights, powers and privileges of a natural person and the ability to govern its affairs as it considers appropriate pursuant to sections 8 and 9 of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

AND WHEREAS the Region has the authority to enact by-laws respecting its public assets and the protection of persons and property pursuant to subsection 11(2) of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

NOW THEREFORE THE COUNCIL OF THE REGIONAL MUNICIPALITY OF WATERLOO ENACTS AS FOLLOWS:

PART I - DEFINITIONS

1. In this By-law:
 - (1) **“Designated Personnel”** means those persons listed in Schedule “A” of this By-law;
 - (2) **“Municipal Act, 2001”** means the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended, or any successor legislation;
 - (3) **“100 Victoria Street”** means the property municipally known as 100 Victoria Street North, in the City of Kitchener;
 - (4) **“Prohibited Activity”** means any activity that is listed in Schedule “B” of this By-law;
 - (5) **“Region”** means The Regional Municipality of Waterloo; and
 - (6) **“Trespass to Property Act”** means the *Trespass to Property Act*, R.S.O. 1990, c. T.21, as amended, or any successor legislation.
 - (7) **“Resident”** means anyone residing at 100 Victoria Street as of the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region's website (“Public Notice Date”).

PART II – PROHIBITION

2. No person shall engage in a Prohibited Activity on 100 Victoria Street.
3.
 - (1) Commencing on December 1, 2025, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.
 - (2) Subsection (1) of this section shall not apply to an employee or contractor of the Region or other person who has the authorization of the Region to enter onto or occupy 100 Victoria Street or any part thereof.
4. Every person who contravenes sections 2 or 3 of this By-law is guilty of an offence and on conviction is liable to a fine not exceeding \$5,000, exclusive of costs.

PART III - TRESPASS

5. Without limiting Part II of this By-law, Designated Personnel may exercise any of the following enforcement options at 100 Victoria Street when a person is contravening or has contravened sections 2 or 3 of this By-law:
 - (1) Issue a verbal direction to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;
 - (2) Subject to section 6 of this By-law, issue a verbal direction to leave 100 Victoria Street, citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;
 - (3) Serve a written notice upon a person prohibiting a Prohibited Activity or the contravention of section 3 of this By-law, citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;
 - (4) Subject to section 6 of this By-law, serve a written notice upon a person

prohibiting entry upon 100 Victoria Street citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

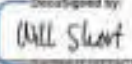
- (5) Post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting a Prohibited Activity or the contravention of section 3 of this By-law;
 - (6) Subject to section 6 of this By-law, post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting entry upon 100 Victoria Street by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;
 - (8) Subject to section 6 of this By-law, erect fencing or other barriers prohibiting entry upon 100 Victoria Street or any part thereof by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;
 - (9) Subject to section 6 of this By-law, remove any personal property or fixture upon 100 Victoria Street or any part thereof that is owned by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law; and
 - (10) Exercise any other rights or powers pursuant to the *Trespass to Property Act* that are reasonable in the circumstances.
6. From the date of passage of this By-law until November 30, 2025, no Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity, unless the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person. For greater certainty, nothing in this By-law permits a Resident to relocate their temporary shelter to another part of the premises at 100 Victoria Street without the permission of the Region.
7. Designated Personnel may contact the Waterloo Regional Police Service, or any other police service having lawful jurisdiction, at any time to request assistance or to initiate any other action as the police service may deem necessary in the circumstances.
8. For greater certainty, and without limiting the above, Designated Personnel may erect a fence or other barrier to prohibit entry to any unoccupied area of 100 Victoria Street.

PART IV - GENERAL

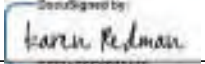
9. This By-law may be enforced by a Designated Personnel or a police officer.
10. This By-law may be cited as the "100 Victoria Street Code of Use By-law".
11. If any section or sections of this By-law or parts thereof are found by any Court to be illegal or beyond the power of Council of the Region to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this By-law shall be deemed to be separate and independent therefrom and shall continue in full force and effect unless and until similarly found illegal.

12. This By-law shall come into force and take effect on the date of final passage hereof.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 23rd day of April, A.D., 2025.

Decoded by:

SECRETARY

REGIONAL CLERK

Decoded by:

SECRETARY

REGIONAL CHAIR

SCHEDULE "A"

DESIGNATED PERSONNEL

1. The following are Designated Personnel:
 - (1) Supervisor, Security Services, for the Region, or any successor position thereto;
 - (2) a municipal law enforcement officer as appointed by the Region;
 - (3) a security guard under contract to the Region; and
 - (4) other persons from time to time as may be designated by Council of the Region.

SCHEDULE "B"

PROHIBITED ACTIVITIES

1. The following activities are Prohibited Activities:
 - (a) carrying any goods, without authorization, which are offensive, dangerous, toxic, corrosive, flammable or explosive in nature that are likely to alarm, inconvenience, cause discomfort or injure any person, or cause damage to property, whether or not such good are contained in an approved container;
 - (b) acts which are reasonably perceived as threatening, intimidating or sexual harassment;
 - (c) any activity contrary to the *Criminal Code of Canada*, R.S. 1985, c. C-46, as amended, other federal statutes, provincial statutes or municipal by-laws;
 - (d) erecting a shelter or other structure (provided, however, that this shall not apply to shelters or other structures that were in place on the Public Notice Date);
 - (e) residing on 100 Victoria unless the person is a Resident within the meaning of this bylaw.
 - (f) acts which interfere with the provision of services to residents of 100 Victoria Street; or acts which interfere with the use of 100 Victoria Street for the purposes of work relating to or in any way connected with KCTH; and
 - (g) acts which are contrary to any specific rules or terms of use for the Designated Premises provided that the specific rules or terms of use have been posted in a conspicuous location at the Designated Premises.

026

TAB 3

Region of Waterloo

Planning, Development, and Legislative Services**Legal Services**

To: Regional Council

Meeting Date: April 23, 2025

Report Title: 100 Victoria Street, North, Kitchener – Site Specific By-law

1. Recommendation

That the Regional Municipality of Waterloo pass a by-law in the form attached as Appendix 'A' to this Report PDL-LEG-25-017, being a Site Specific By-law respecting the use of 100 Victoria Street, North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub (KCTH) and other transit-related development.

That the Regional Municipality of Waterloo direct staff to implement a plan for alternative accommodation for current residents of 100 Victoria Street North, Kitchener, and add \$814,333 to the 2025 regional Housing budget as outlined in this Report PDL-LEG-25-017.

2. Purpose / Issue:

The Kitchener Central Transit Hub ("KCTH") is a transformational project that has been in the planning stages since 2013. To advance construction, Metrolinx has advised that it requires the use of the Region's property at 100 Victoria Street North by March 2026. The process to prepare the site for use by Metrolinx will take several months, requiring the site to be vacant by December 1, 2025.

There currently is an encampment of residents located at 100 Victoria Street North (the "Encampment"). A bylaw is therefore being introduced to Regional Council to allow the Region to obtain vacant possession of 100 Victoria Street North.

The purpose of this report is to seek Regional Council approval of a Site Specific By-law for 100 Victoria Street North, to facilitate remediation of the property commencing December 1, 2025 and Metrolinx's use of the property by March 2026.

3. Strategic Plan:

The Region of Waterloo is on a journey of growth to an intentional, sustainable future of one million residents. KCTH supports the Homes for All, Equitable Services and Opportunities and Climate Aligned Growth focus areas within the Region's 2023 – 2027

April 23, 2025

Report: PDL-LEG-25-017

Street West, will begin. From 2027 to 2030, a bus loop, pedestrian bridge, pedestrian ramp and the hub facility will be built.

Site Specific By-law Respecting Use of 100 Victoria Street, North, Kitchener

This proposed Bylaw is a Site- Specific By-law respecting the use of 100 Victoria Street, North, Kitchener, which is owned by The Region.

The intent of the By-law is to facilitate the development of the KCTH and other transit development. To do so, it provides for vacant possession of 100 Victoria Street North by December 1, 2025.

This will allow the requisite time for the Region to complete site preparation activities prior to the handover to Metrolinx, and for Region staff to engage with encampment residents and assist in relocating these individuals.

The By-law specifically regulates 100 Victoria Street North. The By-law provides for persons currently residing at 100 Victoria Street North and their need to transition to alternate accommodation prior to December 1, 2025. To enable vacant possession by December 2025, the By-law provides that no persons who were not residents on the date public notice of the By-law was provided may erect shelters or other structures or reside at 100 Victoria Street North.

To support current residents of the Encampment (i.e. those who were present on the property when public notice of the By-law was provided), Region staff will provide enhanced site support by focussing efforts and resources on current residents for available housing and shelter options and transition to alternate accommodation.

Transition of Current Encampment Residents

Region staff have developed a proposed plan to transition encampment residents from 100 Victoria Street North. This transition will be supported through additional new resources, which may be summarized as follows:

- That Regional staff provide enhanced site support by focussing efforts and resources on current residents for available housing and shelter options and ongoing site management
- That this work be accomplished with an approach consistent with the Plan to End Chronic Homelessness
- This operational effort would be coordinated by a cross departmental structure and will wind down before November 30th.

Region staff have been supporting residents at the Encampment since December 2021. This includes regular supports provided by outreach staff, connections with Ontario

Works Caseworkers, providing regular cleaning and maintenance of the site, hiring pest control, portable washrooms, lighting, and other health and safety interventions.

Site security has been provided 24/7 since the spring of 2022. These efforts will continue through the transition process.

6. Communication and Engagement with Area Municipalities and the Public

Area Municipalities:

Over the last number of years, Region staff have worked with various municipal staff in area municipalities, particularly at the City of Kitchener and with community partners, to advance KCTH and manage the 100 Victoria site.

Should this By-law be approved, Region staff would continue to work with area municipalities and interest holders in its implementation.

Public:

Individuals currently residing at 100 Victoria Street North are being informed about the proposed By-law by the Region staff who visit the site daily to provide supports.

Partners and key stakeholders are being notified about the proposed By-law.

Updates to the community on KCTH have been ongoing and regular updates will continue throughout construction. More information can be found at:

<https://www.engagewr.ca/king-victoria-transit-hub>

7. Financial Implications:

Current costs to maintain the site at 100 Victoria are \$793,944 annually (\$66,162/month). These include costs for security, pest control, portable toilets, garbage removal, and ongoing servicing and maintenance. These do not include staffing costs for social supports, outreach, facilities, or by-law staff who attend the site regularly.

Site Support Budget April-November 2025

Item	2025 Amount
Supportive Housing Units (new)	\$271,250
Scattered Site Rent Supplements with social supports (existing)	\$183,750
Motels with social supports (new)	\$466,083
Site Remediation (new)	\$77,000
Total Investment	\$998,083
Less: Internal Reallocation	\$183,750

April 23, 2025

Report: PDL-LEG-25-017

Total New net costs for 2025	\$814,333
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Annualized Site Support Net Financial Impact for 2026 & 2027

	2026	2027
Annualized Supportive Housing	\$ 465,000	\$ 465,000
Annualized Motels*	\$ 799,000	\$ 0
Site Remediation	\$ 35,000	\$ 0
Less: savings from closing 100V currently budgeted for security and maintenance	(\$ 793,944)	(\$ 793,944)
Total Net Impact	\$ 505,056	(\$ 328,944)

**Motels will only be used for temporary support and will not extend beyond 2026*

8. Conclusion / Next Steps:

Approval by Council of the proposed Site Specific By-law respecting the use of 100 Victoria Street North, Kitchener, and the plan for alternative accommodation for current residents of 100 Victoria Street, North, to facilitate the transition of current residents to alternative accommodation so that vacant possession of the site is achieved by December 1, 2025. Site preparation can then be completed so that the lands are ready for Metrolinx use in March, 2026.

9. Attachments:

Appendix A: Site Specific By-law respecting the use of 100 Victoria Street, North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development.

Appendix B: Report EES-SAM-24-002

Appendix C: Moving forward on Kitchener Central Transit Hub: Site Specific By-law Presentation

Prepared By: Katie Johnson, Director, Strategic Initiatives and Asset Management, Engineering and Environmental Services

Fiona McCrea, Acting Regional Solicitor/Director Legal Services

Ryan Pettipiere, Director, Housing Services

Reviewed By: Peter Sweeney, Commissioner, Community Services

Approved By: Jennifer Rose, Commissioner, Engineering and Environmental Services

Doug Spooner, Acting Commissioner, Transportation Services

031

TAB 4

Appendix B: Consolidated version of By-Law #25-021 showing the tracked amendments

Office Consolidation Version for Reference Only of the Use of 100 Victoria Street North, Kitchener By-law No. 25-021 as proposed to be amended by draft By-law No. 26-0. If there are any discrepancies between this consolidation and By-law 25-021 and the draft amending By-law No. 26-0** the By-laws shall prevail.**

By-Law Number 25-021

of

The Regional Municipality of Waterloo

A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development

WHEREAS The Regional Municipality of Waterloo (the “Region”) owns the property municipally known as 100 Victoria Street North, in the City of Kitchener (“100 Victoria Street”);

AND WHEREAS 100 Victoria Street is required for the construction of the Kitchener Central Transit Hub (the “KCTH”) by the Region and Metrolinx commencing in 2026;

~~AND WHEREAS the Region requires vacant possession of 100 Victoria Street by December 1, 2025 to facilitate the construction of the KCTH;~~

AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;

AND WHEREAS the KCTH, once constructed, will bring significant economic opportunity to the Region, including providing more affordable transportation options and greater connectivity for all residents of the Region to access jobs, schools, and essential services both within and outside the Region;

AND WHEREAS the commencement of construction of the KCTH entails a significant investment in the Region;

AND WHEREAS there are currently persons, without permanent residences, who are occupying parts of 100 Victoria Street including through the erection of temporary shelters and the placement of personal property (the “Encampment”);

AND WHEREAS the Region has enacted the Code of Use Bylaw, specifically By-law 13-050, as amended, respecting the conduct of persons entering upon certain buildings, grounds and public transportation vehicles owned or occupied by the Region;

AND WHEREAS the Region takes note of the decision of the Ontario Superior Court of Justice, in the decision of the *Region v. Persons Unknown and To Be Ascertained*, (the “Decision”);

AND WHEREAS the Region wishes to specifically provide for the persons currently occupying the Encampment at 100 Victoria Street to ensure that a safer and more orderly environment is maintained;

AND WHEREAS the Region, since the Decision, has greatly expanded the number of available accessible shelter beds in the Region and has allocated additional resources to provide accommodation for all persons presently occupying the Encampment;

~~AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of December 1, 2025;~~

AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of April 1, 2026;

AND WHEREAS the Region has the capacity, rights, powers and privileges of a natural person and the ability to govern its affairs as it considers appropriate pursuant to sections 8 and 9 of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

AND WHEREAS the Region has the authority to enact by-laws respecting its public assets and the protection of persons and property pursuant to subsection 11(2) of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

NOW THEREFORE THE COUNCIL OF THE REGIONAL MUNICIPALITY OF WATERLOO ENACTS AS FOLLOWS:

PART I - DEFINITIONS

1. In this By-law:

(1.a) “Alternative Accommodation” means the forms of accommodation as listed in Schedule “C”, paragraph 2, of this By-law;

(1) “**Designated Personnel**” means those persons listed in Schedule “A” of this By-law;

(2) “**Municipal Act, 2001**” means the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended, or any successor legislation;

(3) “**100 Victoria Street**” means the property municipally known as 100 Victoria Street North, in the City of Kitchener;

(4) “**Prohibited Activity**” means any activity that is listed in Schedule “B” of this By-law;

(5) “**Region**” means The Regional Municipality of Waterloo; and

(6) “**Trespass to Property Act**” means the *Trespass to Property Act*, R.S.O. 1990, c. T.21, as amended, or any successor legislation.

~~(7) “**Resident**” means anyone residing at 100 Victoria Street as of the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).~~

(7) “**Resident**” means anyone residing at 100 Victoria Street as of April 16, 2025 being the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).

PART II – PROHIBITION

2. No person shall engage in a Prohibited Activity on 100 Victoria Street.

3. ~~(1) Commencing on December 1, 2025, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.~~

(1) Commencing on April 1, 2026, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.

(2) Subsection (1) of this section shall not apply to an employee or contractor of the Region or other person who has the authorization of the Region to enter onto or occupy 100 Victoria Street or any part thereof.

~~4. Every person who contravenes sections 2 or 3 of this By-law is guilty of an offence and on conviction is liable to a fine not exceeding \$5,000, exclusive of costs.~~

PART III - TRESPASS

5. Without limiting Part II of this By-law, Designated Personnel may exercise any of the following enforcement options at 100 Victoria Street when a person is contravening or has contravened sections 2 or 3 of this By-law:

(1) Issue a verbal direction to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(2) Subject to section 6 of this By-law, issue a verbal direction to leave 100 Victoria Street, citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(3) Serve a written notice upon a person prohibiting a Prohibited Activity or the contravention of section 3 of this By-law, citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(4) Subject to section 6 of this By-law, serve a written notice upon a person prohibiting entry upon 100 Victoria Street citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(5) Post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting a Prohibited Activity or the contravention of section 3 of this By-law;

(6) Subject to section 6 of this By-law, post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting entry upon 100 Victoria Street by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(8) Subject to section 6 of this By-law, erect fencing or other barriers prohibiting entry upon 100 Victoria Street or any part thereof by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(9) Subject to section 6 of this By-law, remove any personal property or fixture upon 100 Victoria Street or any part thereof that is owned by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law; and

(10) Exercise any other rights or powers pursuant to the *Trespass to Property Act* that are reasonable in the circumstances.

~~6. From the date of passage of this By-law until November 30, 2025, no~~

~~Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity, unless the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person. For greater certainty, nothing in this By-law permits a Resident to relocate their temporary shelter to another part of the premises at 100 Victoria Street without the permission of the Region.~~

6. (1) From the date of passage of this By-law until April 1, 2026, no Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity or as a result of section 3 of this By-law, unless:

- (a) the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person, or
- (b) the Region, in writing, offers Alternative Accommodation to the Resident in accordance with the Transition Protocol set out in Schedule "C" to this By-law and the Resident has either declined or fails to accept the offer by March 31, 2026.

(2) For greater certainty, subsection (1)(b) of this section shall not apply to any person present at 100 Victoria Street who is not a Resident. Notwithstanding, and without constituting a pre-condition for the enforcement of this By-law, the Region will offer to bring such person who is not a Resident into the Region's housing stability system and endeavour to provide the person with appropriate housing options, subject to resources being available and such person cooperating with the Region's outreach staff.

7. Designated Personnel may contact the Waterloo Regional Police Service, or any other police service having lawful jurisdiction, at any time to request assistance or to initiate any other action as the police service may deem necessary in the circumstances.

8. For greater certainty, and without limiting the above, Designated Personnel may erect a fence or other barrier to prohibit entry to any unoccupied area of 100 Victoria Street.

PART IV - GENERAL

9. This By-law may be enforced by a Designated Personnel or a police officer.

10. This By-law may be cited as the "100 Victoria Street Code of Use By-law".

11. If any section or sections of this By-law or parts thereof are found by any Court to be illegal or beyond the power of Council of the Region to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this By-law shall be deemed to be separate and independent therefrom and shall continue in full force and effect unless and until similarly found illegal.

12. This By-law shall come into force and take effect on the date of final passage hereof.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 23rd day of April, A.D., 2025.

REGIONAL CLERK

REGIONAL CHAIR

SCHEDULE "A"
DESIGNATED PERSONNEL

1. The following are Designated Personnel:

- (1) Supervisor, Security Services, for the Region, or any successor position thereto;
- (2) a municipal law enforcement officer as appointed by the Region;
- (3) a security guard under contract to the Region; and
- (4) other persons from time to time as may be designated by Council of the Region.

SCHEDULE "B"
PROHIBITED ACTIVITIES

1. The following activities are Prohibited Activities:

- (a) carrying any goods, without authorization, which are offensive, dangerous, toxic, corrosive, flammable or explosive in nature that are likely to alarm, inconvenience, cause discomfort or injure any person, or cause damage to property, whether or not such good are contained in an approved container;
- (b) acts which are reasonably perceived as threatening, intimidating or sexual harassment;
- (c) any activity contrary to the *Criminal Code of Canada*, R.S. 1985, c. C-46, as amended, other federal statutes, provincial statutes or municipal by-laws;
- (d) erecting a shelter or other structure (provided, however, that this shall not apply to shelters or other structures that were in place on the Public Notice Date);
- (e) residing on 100 Victoria unless the person is a Resident within the meaning of this bylaw.
- (f) acts which interfere with the provision of services to Residents of 100 Victoria Street; or acts which interfere with the use of 100 Victoria Street for the purposes of work relating to or in any way connected with KCTH; and
- (g) acts which are contrary to any specific rules or terms of use for the Designated Premises provided that the specific rules or terms of use have been posted in a conspicuous location at the Designated Premises.

SCHEDULE "C"
TRANSITION PROTOCOL

The Region seeks to minimize the possible negative impacts of transitioning Residents from the Encampment to Alternative Accommodation. Accordingly, the Region will take the steps set out below.

Prior to the enforcement of this By-law to require the removal of any Resident pursuant to subsection 6(1)(b) of this By-law, the Region shall:

1. Make best efforts to offer development of an Individual Housing Plan ("IHP") to Residents who accept such offer and engage with a Region Unsheltered Support Worker ("USW") or other Street Outreach / Housing Support Worker in the development of their IHP;
2. Offer a Resident Alternative Accommodation as set out in their IHP. For clarity, Alternative Accommodations can include:
 - a. Emergency Shelter: temporary, short-term accommodation for individuals and families who are homeless, at risk of homelessness, or fleeing violence;
 - b. Transitional Housing: temporary, supportive housing for individuals and families experiencing homelessness that provides a structured environment and life skills training to help them move into permanent housing;
 - c. Affordable/Supportive Housing: permanent tenancy with a local housing provider, either through purpose built affordable housing (e.g., not for profit, co-op, or Waterloo Region Housing) or a rental supplement program to make a market unit affordable. Supportive Housing offers additional staff and housing stability support to the tenant to ensure the stability of tenancy;
 - d. Motel Program: temporary, short-term accommodation for individuals and couples who are experiencing homelessness and can't access the emergency shelter/transitional housing system, supported by USW and community partner social/health services staff; or
 - e. Other agreed upon accommodation not listed above as set out in the IHP

For clarity, for a Resident who accepts an offer and is placed in a motel or emergency shelter, it is expected that they will be able to remain in such temporary shelter until a space becomes available in transitional housing or affordable/supportive housing;

For further clarity, the Region shall refer a Resident back to USW's to make best efforts to resolve any issues or find different Alternative Accommodation in the event a Resident loses Alternative Accommodation due to non-compliance with rules;

3. Offer social service supports, in the same nature as provided at 100 Victoria Street, to a Resident once moved to Alternative Accommodation; and
4. Offer a Resident transportation, including personal belongings, to Alternative Accommodation and coverage for up to 6 months' storage of any additional personal belongings that cannot be taken to the

Alternative Accommodation at the same time, all at no cost to the Resident.

041

TAB 5

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF JEFFREY LIMA COUTO

I, Jeffrey Lima Couto, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 43 year old male.
3. I have three children. Their ages are 17, 14, and 13. They live in Kitchener with their mom, my ex-wife.
4. I went to school until grade 12.

5. I receive Ontario Works of approximately \$700 per month.
6. My father was murdered when I was 20 years old and my brother was 10 years old. I very quickly became a father figure for my younger brother.
7. I was self-employed for 23 years, working in renovations and roofing. I owned a successful small business with ¹⁵ ~~five~~ employees and five trucks.
8. I stopped working in 2021 when I had to shut down my business due to the pandemic and increased mental health challenges. My business was struggling because no one was letting anyone in their house to do renovations or repairs.
9. COVID was really hard on me. I had never used drugs before 2021 and became addicted to cocaine at that time. I got a DUI and could no longer drive my vehicle, which I needed to do for work. I was experiencing a separation from my ex-wife and significant mental illness. My world was falling apart. Before that time I had a career and owned my own home.
10. For a period of time after my separation I was staying at a rooming house, but I couldn't pay my rent there anymore. I first came to the 100 Victoria Street Encampment (the "Encampment") in and around 2021. I also lived here for six months in 2024. After this point I got sober and went to stay with my mom, but have since relapsed. I have been at the Encampment consistently since April 2025.

11. I have been through the detox program at Park Street in Kitchener twice, once in 2024 and once in 2025. Both times I went through the entire rehab program of approximately 30 days.
12. I started using fentanyl this year. I have to use it daily or I will get really sick. I am not on any programs for methadone or dilaudid, but I want to get on those programs so I can stop using fentanyl.
13. At periods of time I will go back to my mom's house. But for three weeks I haven't seen anyone in my family, including my children, because I was beat up recently and my face is destroyed and I don't want them to see me like that. I did see my family on Thanksgiving weekend.
14. The Encampment provides somewhere to go if there are no other options, but I don't want to be here. There are so many rats and it is difficult not to have running water or electricity.
15. I have experienced frost bite in my feet while I've been homeless. I have also had no access to my heart medication in over two years.
16. For periods of time since becoming homeless I have slept on the streets. I have slept at City Hall, Victoria Park, under trees, in bathroom stalls, and at a Tim Hortons before.
17. I have been robbed and assaulted while living on the streets. I was sexually assaulted as a child.
18. I don't have any belongings anymore.

19. The Region's unsheltered workers have never offered me a motel. I would like to be offered permanent housing. I think I am on a waiting list for housing.

20. If the 100 Victoria Encampment were not available to me I would probably be sleeping in a park.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 15 day of)
October, 2025)
In the Regional Municipality of Waterloo)



ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G



Jeffrey Lima Couto

046

TAB 6

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF JEREMY LINTON

I, JEREMY LINTON, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 28 year old male.
3. My highest level of education is grade twelve.
4. My work experience includes: landscaping, factory work and drywall.
5. I receive approximately \$320 per month from the Ontario Disability Support Program.

6. It would be impossible for me to obtain housing in the private rental market because my Ontario Disability Support Program benefits are so low. I am not entitled to shelter benefits when I do not have shelter costs, which means that I do not receive this benefit currently. Even if I had the shelter benefit, it would still be difficult to access a rental unit.
7. I have been living at 100 Victoria Street (the “encampment”) on and off for three years.
8. The longest period of time I have lived consecutively at the encampment is five months.
9. When I am not staying at the encampment, I am couch surfing or sleeping at parks.
10. It makes me feel safe knowing the encampment is an option for me if I have no where to go. I also have easier access to washroom facilities, heat and community. Often times, we look out for one another. For example, if it’s cold and someone has a generator, they will share it to keep others warm.
11. I have tried accessing shelters but have been turned away due to them being at full capacity. Also I know Mary’s Place and Schwaben Club have both been closed down.
12. When I have been able to utilize shelter space, it was difficult for me because they do not allow us to smoke marijuana outside.
13. Throughout my time on the street, I have had many of my belongings stolen as I slept and I have been attacked.
14. I think I was put on a housing waitlist last year.

15. I am experiencing food insecurity. I rely on community drop offs at the encampment and other local areas that offer free food. I visit Ray of Hope, St. John's Kitchen and the Tiny Home Takeout. I access water across the street from the encampment. I find Sunday and Mondays are the most difficult times to find food resources. Since the By Law passed there are definitely less donations. I think it doesn't help that a security car is blocking the entrance to the site.
16. Now there is security at the encampment. They have bright lights, hovering and stalking us. They also took away two porta-potties, there is only one now.
17. If I am unable to have the option to access the encampment, I would be hungry more often. I will have to continue sleeping alone at parks, wherever I can find a spot. It would be terrible. More people would be living on the street without the encampment.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 6th day of)
 May, 2025)
 In the Regional Municipality of Waterloo)




 JEREMY LINTON

ANNIKA MARIE STANTON,
 a Commissioner etc.,
 Province of Ontario,
 while a licensed Paralegal,
 LSO #P17289

050

TAB 7

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF MEGAN LOPES

I, Megan Lopes, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 20 year old female.
3. My street name is Savannah.
4. I went to school until grade 11.
5. I suffer from Mixed Personality Disorder, Attention Deficit Hyperactivity Disorder, Bipolar Disorder, and several other mental health disabilities.

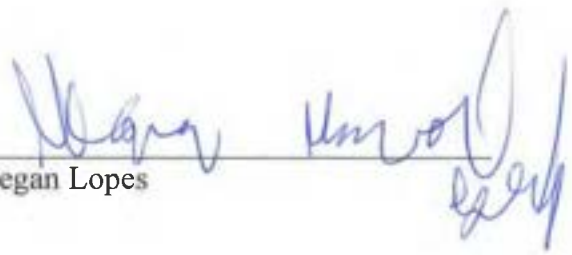
6. Due to my mental health, I struggle with aggression. As a result, I have been arrested and charged various times for offences such as stealing, threats and assault.
7. Most of my charges have been dropped. I have stayed in jail before for one night and I never want to go back.
8. I have been experiencing homelessness since the age of 14 when I ran away from home. My mother and I do not have a good relationship.
9. My source of income is Ontario Works in the amount of \$346 per month. I am also trying to get Ontario Disability Support Program benefits because of my disabilities.
10. I have been using substances since the age of 12. I started using cigarettes and marijuana, then began meth and crack. I have overdosed 3-4 times.
11. I have been residing at the 100 Victoria Encampment ("Encampment") for approximately 3 weeks.
12. Before coming to the Encampment, I was staying at the One Roof youth shelter but I left due to safety concerns. I feel safer at the Encampment - people look out for me here, my personal belongings do not get stolen and I am able to sleep better than I did in a shelter.
13. There are many rules at the shelter that I find hard to follow because of my disabilities. The encampment is a better and safer place for me.
14. If the Encampment was no longer available I would have no where to go. I would have to stay at the shelter where I do not feel safe.

15. At the shelter, people are constantly fighting and robbing each other and getting arrested.
16. I rely on donations dropped off at the Encampment for food and I go to the soup kitchen nearby.
17. I am on a waiting list for a motel. I have spoken to some of the housing workers and I think the wait list will take a few weeks.
18. I have previously resided at other Encampments such as in Victoria Park, and other shelters, such as Bridges, and Mary's Place. I was evicted from Bridges and Mary's Place for aggressive behaviour caused by my mental health.
19. I have been denied access to shelters for being over capacity. I have also been denied because of my behaviour in previous visits.
20. I have lost many of my belongings while being homeless including my health card, bank card, clothes, etc.
21. I have been physically and sexually assaulted while living on the streets.
22. I have slept on the streets before coming here, but it is not safe. I have also couch surfed in the past but it is hard to go from place to place. The Encampment provides a sense of stability and safety.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 19 day of)
 June, 2025)
 In the Regional Municipality of Waterloo)



ANNIKA MARIE STANTON,
 a Commissioner etc.,
 Province of Ontario,
 while a licensed Paralegal.
 LSO #P17289



 Megan Lopes

054

TAB 8

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

2nd AFFIDAVIT OF MEGAN LOPES

I, Megan Lopes, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I have previously affirmed another affidavit in connection with this matter. My affidavit dated June 18, 2025 was included in the Respondents' Responding Record Vol. 1.
3. In and around September 2025 I was offered a motel room at the Super 8 Motel, located at 650 Hespeler Road, Cambridge, ON N1R 6J8, by the Region of Waterloo.

4. I accepted the offer and I was allowed to bring 3 to 4 bags of belongings, a suitcase and my blanket with me. I was provided a cab and I went to the Super 8 Motel by myself from the encampment. I left my tent and mattress at the encampment, as I was not offered storage for these belongings.
5. I stayed at the Super 8 Motel for approximately 3 weeks.
6. I suffer from Mixed Personality Disorder, Attention Deficit Hyperactivity Disorder, Bipolar Disorder, and several other mental health disabilities. Due to my mental health, I struggle with aggression. I also use substances including marijuana and meth.
7. I receive Ontario Works and I have spoken to the housing worker about applying for Ontario Disability Support Program (ODSP) benefits. They were going to help me find a doctor to complete my ODSP application.
8. Earlier this week I had a disagreement with the motel manager and I was kicked out of the Super 8 Motel. The manager called the police and I was arrested. I was released but given a trespass notice and told I could not return to the Super 8 Motel.
9. The first time I had a negative interaction with the manager was because my key card kept deactivating and I kept going to the front desk to have it reactivated. She did not like that this kept happening and she cussed me out.

10. The second time I had an incident with the manager was when she called the police on me. I had just woken up and I was in the lobby in my sports bra. She told me to put on a shirt and I told her I didn't have any clean clothes. Things escalated and we yelled at each other and then she called the police.
11. The manager also alleged that I caused property damage at the motel.
12. In and around Monday, October 6, 2025 I returned to the 100 Victoria St. Encampment as I had nowhere else to go.
13. When I returned to the encampment I discovered that my tent and mattress had been torn and were covered with garbage and rat feces. I was told by the Region's housing worker that my belongings are safe at the Super 8 Motel but I don't know how I will get my belongings back.
14. I feel that my personal circumstances have deteriorated compared to when I left the encampment. Most of my belongings are still at the motel and my belongings at the encampment are damaged. Close friends I relied on for support at the encampment are still at the motel.
15. Region of Waterloo staff have never offered me a permanent housing option. They have only offered me a motel room, they said I could stay there for up to one year.

16. The Region's housing worker is trying to help get me a different motel room. I want to get away from the people at the Super 8 Motel in Cambridge, I don't think it is good for me to be around those people. But I have heard that at the Weber Inn in Kitchener the women that stay there are asked to provide sexual favours to the owner and that is concerning to me.

17. If the Encampment were no longer available, I would have nowhere to go.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 10th day of)
 October, 2025)
 In the Regional Municipality of Waterloo)



ASHLEY SCHUITEMA,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor.
 LSO #68257G



Megan Lopes

059

TAB 9

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF WARREN LOPPIE

I, Warren Loppie, of the City of Waterloo, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 43 year old black male.

3. My mental health disabilities are ^{being discovered} ~~under investigation~~ ^{with period of sobriety}, I do not have a formal diagnosis yet. I have used substances on and off since I was a teenager. I have used different substance over the years. I currently use ^{at a result of an attempt on my life} ~~tentanyl~~ daily and I was using crystal meth but I'm off that now. ^{And I am currently waiting to work with O.H.T.C}
4. I receive \$320 per month from Ontario Works. ^{As street allowance}

WG6. I finished high school and worked in various jobs including telemarketing, landscaping, machine operating and quality control. It has been at least five years since I last worked. *have all my credits numerous from to construction, fashion show*

*Co-ordinator, sound work, stage assembly
Tarzan Barzani Circus.*

WG6. I have experienced homelessness on and off since I was 16. More recently I have been living unsheltered and on my own since I was released from prison in 2017. *if is currently*

2025, 2012 was the last time I had my own dwelling.

WG7. I have lived rough on and off over various periods of my life, sleeping in parking garages, parks, stairwells and behind churches. Many times while sleeping rough I've been woken up and told to move along, I've lost belongings many times in my life while sleeping rough. *my entire through hardships no matter the weather or temperature*

lost everything I've owned, living on the street.

8. I began living at the encampment at 100 Victoria Street in Kitchener around the summer of 2022 and have lived there on and off since then.

WG9. At times when it gets too cold to stay at the Encampment, I will try to find someone that has a spot indoors and stay with them, or find somewhere else to get warm. *actual apartment or*

WG10. At periods of time in my younger years I stayed in emergency shelters. I found it really hard to be there. You were crammed in with 30 other people, some were doing drugs and it was difficult to sleep in that situation. You also got kicked out during the day and had to wander around. Eventually I was kicked out of shelter and ended up in jail. I haven't attempted to return to a shelter since then. *lived in group homes like George Hall and converted house always forced admitted attempted to*

- W.S. 11. In and around February 2025 I was hospitalized because of severe ankle pain and an infection.

I was in a lot of pain and had trouble walking. I was receiving IV antibiotics for the infection.

2021 I awoke paralysed from the waste down with
out diagnosis

12. When I was released from the hospital the Canadian Mental Health Association ("CMHA")

paid for me to go to a motel. At the time I was on crutches and receiving regular wound care.

If CMHA would not have paid for me to go to a motel I would have gone back to the Encampment because I had nowhere else to go. At some point the Region started paying for my motel room.

13. While I was at the motel a spot became available at the dorms at University Ave. I was hesitant to go there because I heard they had strict rules and it was run similar to shelter, which didn't work for me in the past. But I was told by the Region that I had to go and my motel funding would run out. I didn't feel like I had a choice.

W.S. 14. I was only at University Ave for a short period of time before I was wrongfully evicted which forced me back to the Encampment. I may have been there for a couple of weeks, I don't remember exactly.

Workers at University Ave alleged that I stole a mattress, but I didn't. I was told unexpectedly that I was going to be kicked out and didn't get to gather my belongings. I denied the allegations made against me and though proven right but I was still kicked out and banned from the property. I wasn't given any information about how to appeal or challenge the decision that was made.

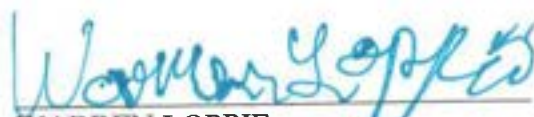
- W.S. 15. I had nowhere else to go and I returned to the Encampment. I stayed there for a few more weeks, I don't remember exactly how long. While back at the Encampment I had a mental

health breakdown and was admitted to the hospital. While in the hospital I was supported by a worker on the Specialized Outreach Services (SOS) team. With the support of the SOS team I was able to get a spot at the Erbs Road shelter in Waterloo where I am currently staying now. I have my own small cabin here. I've only been here a couple of weeks and am hopeful it will work out. If it doesn't I will have nowhere else to go but back on the street again. ~~move back to the Encampment as I have done in the past.~~

16. I make this Affidavit in support of the Notice of Application, and for no improper purpose.

AFFIRMED BEFORE ME in the)
City of Waterloo, this 8th day of)
July, 2025)
In the Regional Municipality of Waterloo)


Ashley Schuitema, A Commissioner of
Oaths (LSO # 68257G)


WARREN LOPPIE

Wed, July 9th 2025

064

TAB 10

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF AVERY AMENT

I, Avery Ament, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 32 year old female.
3. I suffer from Attention Deficit Hyperactivity Disorder, Anxiety and Depression and Substance Use Disorder.
4. I have a Personal Support Worker ("PSW") certificate from St. Louis Adult Learning and Continuing Education.
5. I worked at Sunnyside Home and Community Housing as a PSW for a year and a half.

6. I began using Crack in or around August of 2024 for several reasons: I hated my job—I was forced into healthcare because the program was free—I was very miserable and lonely, my mental health was very poor, and I was also distant from my family, which caused great hardship for me. I had tried using meth previously, but did not feel the effects, so I did not expect to feel the effects of Crack. I underestimated the drug, and I am now addicted.
7. When I became addicted to Crack, I could not work and I was on sick leave for a few months. Due to my addiction, I was not able to keep in contact with Sunnyside and I was ultimately fired for job abandonment. During my sick leave, I received Employment Insurance. That has since run out and I am not making any money currently.
8. I am in the process of applying for ODSP. However, my application was in my purse that was recently stolen.
9. I want to get clean.
10. When I am clean, I stay with my mother near Algonquin. In or around early June 2025, I came back from Algonquin to visit my father. While I was there, I got into an argument with my stepmother. I asked my father for support in the argument and he told me that he supported his wife. I relapsed following this visit and have been living at the 100 Victoria Street Encampment (“Encampment”) ever since.
11. I resided at 156 Duke Street Kitchener until January of 2025. I was living with my boyfriend at the time but he was not on the lease. My neighbours called the cops because I had an unauthorized occupant in my unit and he was causing a disturbance. I was told if I

left within two weeks, I would not have a negative record, so I did. I have been homeless ever since. I have stayed at the Encampment on and off since then as well.

12. If the Encampment were no longer available to me, I would be forced to stay in severely dangerous places. I have stayed in Trap Houses in the past where weapons and drugs were being sold. I do not want to be in that environment – it is scary.
13. I feel safer at the Encampment than I do at the Trap House. The security makes me feel safe, FightBack is here, and I have made friends here. We look out for each other. Being at the Encampment makes me want to be clean, it's the safest option.
14. Approximately one week ago, I had a seizure as a result of drug use, I was able to get help immediately because of the supports at the Encampment. If I were on the street at that time, it is likely that no one would have known what was happening and I would not have received immediate treatment.
15. I have never stayed in a shelter and am not interested in trying because I have heard horrible things about them. You cannot stay during the day, all your belongings get stolen, and they are filled with drugs.
16. If I were offered a motel, I probably would not take it because it would be an enabler for drugs. There are dealers and a lot of drugs there. In a motel, I would not be pushed to get clean; I would get comfortable there and continue using Crack.
17. I was once invited to a motel with a friend of mine and have witnessed that environment. I could not get clean there. During that visit my phone and bankcard were stolen.

18. I do not think going anywhere else would help me get clean.

19. I rely on donations at the Encampment, the Working Centre, and the Soup Kitchen for food.

20. If the Region fined me \$5,000, I would be devastated. It would be the end for me. It would make it impossible to get my life back together, even if I was clean.

21. This past weekend (June 20-22, 2025) there was an extreme heat warning. There are no cooling stations available after business hours except for at shelters.

22. My tent provides me shelter and protection from the sun when there is nowhere else to go.

23. During extreme weather conditions, such as last weekend, I rely heavily on food and water donations.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 23 day of)
 June, 2025)
 in the Regional Municipality of Waterloo)



 AVERY AMENT

ANNIKA MARIE STANTON,
 a Commissioner etc.,
 Province of Ontario,
 while a licensed Paralegal.
 LSO #P17289

069

TAB 11

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF JOSEPHINA DUGAS

I, Josephina Dugas, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 28 year old female.
3. I have disabilities and am a member of the LGBTQ2S+ community. I am also non-status metis on my father's side.
4. I currently have no income. I do not receive Ontario Works or Ontario Disability Support Program Benefits.

5. I finished high school and worked at various places including Food Basics, Tim Hortons and ~~and construction work.~~ painting jobs. I am taking time off from College but I hope to attend and get a business degree once I am housed.
6. I suffer from mental health disabilities, including borderline personality disorder, depression and anxiety. I also have celiac disease and I believe I have diabetes but it has not been formally diagnosed as I do not have access to a family doctor. My legs will hurt and at times my feet burn and my toes go numb. I find this happens when I eat sugar or bread and it takes my legs two weeks to recover from this feeling.
7. I was diagnosed with borderline personality disorder when I was 15 years old and tried medication for a while. I also started using drugs at a young age as a way to self-medicate. I was re-diagnosed with borderline personality disorder after my second child was born. I was given medication for it but found it difficult to stay on this medication.
8. I have a six year old and three year old that live with their father. Being away from my kids is very depressing.
9. I began living on the streets on and off from the time I was 15 years old, but more recently I had places to stay and I was housed. I have been experiencing homelessness consistently for the last two years.

10. Before coming to Kitchener I was living on the streets in Brampton. I also stayed in shelters in Brampton, and in motels there. I have slept in friends' garages, in bushes, alleyways and outside stores. I also stayed at the tent city in Brampton.
11. I am restricted from accessing shelters in Brampton that are run by the Salvation Army and I am also restricted from the Motel 6 and the Argentinia overflow in Brampton.
12. Before coming to the encampment at Victoria Street I was sleeping unsheltered in Kitchener. I was sleeping outside a store and the police showed up and told me I had to leave.
13. I have been robbed and raped while experiencing homelessness. I was raped while living on the streets and also while living in a shelter in Brampton. When I sleep outside I've had people in cars pull over and ask me to go with them. This scares me and I've had to walk away quickly to get away from these situations that seem like they could be dangerous.
14. When sleeping on the streets I suffer from panic attacks. I can only sleep for 2 hours and I have to wake up and move along. I am afraid to sleep on the streets because of the bad experiences I have had.
15. I have been living at this encampment for 8 months. Being homeless on its own is so hard. Having a community when I wake up in the morning, knowing that I won't get kicked out of a shelter and that I have neighbours to go to for help is huge. I feel connected here, I have never feared for my safety and I feel like I have independence which helps my self esteem.

16. I access the showers and laundry across the street from the encampment. They are also helping me get ID, I'm really grateful for the services there. I also access the community donations of food, water and clothing that are dropped off at the encampment, and the harm reduction services that are offered. Without these donations I would be hungry and it would be hard to get clothing.
17. I also go to the soup kitchen and the church for meals. I was using the services at the CTS down the road before that was shut down.
18. At the encampment I feel like I have stability and a spot to focus on getting things done. I'm trying to get OW, I'm working on getting ID, I'm trying to get my medications in place, and find out how to get back into my schooling. If I didn't have the encampment all of these things would be ripped out from beneath me.
19. The encampment gives us a spot so that people don't have to be scattered and living on a highway or in a bush somewhere. It makes me feel safe and supported to know I'm not alone.
20. I do not have any income or way of paying rent, this is my major barrier to getting housed. I need to apply for ODSP benefits but I can't do that without a doctor. Even if I got ODSP it isn't much money to pay rent. I want to get a job too, but I feel like there is too much to juggle and it is too hard to do these things when you are homeless.
21. In and around Monday, April 28 I met with some outreach staff from the Region and I filed out paper work with them. They told me that I could get a motel. I asked if I had time to have

a shower and finish my laundry and they said that was okay. I checked back in with them an hour later and asked if I could go there that night. They said they would come back and get me in the morning but they never did. It has been over a week since that conversation and they haven't made good on their promises. I've seen them here since talking to other residents but they haven't talked to me. They never pulled through with what they promised. If they would have told me that having a shower and finishing my laundry was a big issue, I would have dropped what I was doing and gone with them. It makes me feel like they are fooling me and fooling homeless people. I'm not sure if I can trust them or who to trust.

22. A motel would be good but I know it is short term. I was kicked out of a motel before because I got in an argument with staff. I can't go to a shelter again. They are always full but even if they had space I can't handle having to be out by 7 am, I need somewhere to be throughout the day.
23. I worry about what would happen if I went to a motel and did not end up getting housing. The encampment would be gone and I would have no where to go. Would community outreach still follow up with me and help me or would they just stop providing services to me and I would be on my own again.

24. No one from the Region has spoken to me about the By Law. I have heard that the encampment is closing down but I don't know why. I think everyone living here should know why and be given an explanation, especially the people that have been living here for so long. This place is our home and it is all we have.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 7th day of)
May, 2025)
In the Regional Municipality of Waterloo)



LSO: 682576


JOSEPHINA DUGAS

076

TAB 12

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF JORDAN CAMM

I, Jordan Camm, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 31 year old male.
3. I suffer from Obsessive Compulsive Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder.
4. I rely on Ontario Disability Support Program (ODSP) benefits. I receive around \$800.00 per month.

5. I have in the past used crystal meth, fentanyl and crack. I'm still using meth and fentanyl but my use has slowed down.
6. I am single with one child who is now twelve years old. He lives with his mother in Toronto.
7. The last time I worked was when I was in high school. I worked in an auto mechanic's shop through a co-op class. I helped repair cars that were in collisions.
8. I was kicked out of my mother's home in Kitchener when I was sixteen years old. After I was kicked out I started using drugs. For a few years I stayed at oneRoof on and off, but eventually I aged out, I was too old to stay there.
9. For a while I lived with my son's mother in Cambridge when we were together. We broke up six years ago and I moved out. After that I couch surfed with friends, stayed in shelters, stayed at the encampment at 100 Victoria Street ("Encampment"), slept in alleyways and outside churches. I also stayed at the portable at Lot 42 in Kitchener.
10. I've stayed at the Bridges shelter for a few months, but am not allowed to go back there now. I don't know why.

11. I stayed at the SHIP (Edith Mac) shelter off and on, but I was blamed for a toilet breaking when a pipe blew during the winter of 2024. I was kicked out. I've tried going back but every time they say I'm not allowed to be there.
12. I've stayed at House of Friendship before for a few months, many years ago. I'm not banned from being there, but every time I try to go it is always full.
13. I returned to the Encampment two months ago. The last time I stayed here was for roughly two years from 2022-2024. After that I stayed with a friend on their couch, but they were evicted by their landlord and I had to leave. When I left the Encampment in 2024 I gave my tent to friends to use.
14. In the past I've been assaulted and robbed when sleeping on the streets. I have been hit in the head at least six times. I had my wallet stolen with all my identification, my backpack and money.
15. I like staying at the Encampment because I feel safer here. I like that there are volunteers and security around. I like that people bring by food donations and there is a soup kitchen across the street. I also go to Sanguen Health Centre and Ray of Hope. I feel like if you need help here is it close by.
16. I don't like staying in shelters because of how early you have to get up and leave.

17. I have not been offered a shelter spot or motel room by staff from the Region of Waterloo.

I would like a motel room, I think if I were in a motel I could get better, look for a job and housing. Right now I don't even have identification, so it is hard looking for a place to stay.

18. If the Encampment were closed down, it would impact me pretty badly. I'd have to go back to sleeping in alleyways.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 15th day of)
October, 2025 in the)
Regional Municipality of Waterloo)



ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G


JORDAN CAMM

081

TAB 13

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF TERRA-LYNN WEBER

I, Terra-Lynn Weber, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am 35 years old.
3. I am non-binary.
4. I receive approximately \$772.00 per month from the Ontario Disability Support Program.
5. My disabilities include but are not limited to: balance and mobility issues, high blood pressure, and a severe head injury which is causing me speech difficulty.

6. I rely on a cane to walk.
7. I have struggled with substance use disorder for seventeen years.
8. I have a seventeen year old child who lives with my sister in Fergus.
9. I have a grade twelve education.
10. Previously, I worked as a house cleaner.
11. I recently completed online schooling through the Recording Arts Canada College to become a DJ. This was possible thanks to the computers and other resources at the Kitchener Public Library.
12. I purchased a home in Windsor in 2017. In 2020, my ex partner set it on fire.
13. I came to Kitchener from Windsor in August of 2020. I left Windsor to escape the domestic violence I was experiencing.
14. My abuser has tried intimidating me on Facebook but I feel safe from him in Kitchener because it is far from Windsor and he cannot drive.

15. It is difficult for me to access permanent housing because I am currently on a re-payment plan for the rental unit I had to leave in Windsor, due to the violence I was experiencing.

16. I have been living on and off at 100 Victoria Street ("the encampment") since I arrived in Kitchener approximately four years ago.

I found housing that Lutherwood owned. Jen

17. About one year ago, Lutherwood (now Starling) ~~helped me find housing~~. After three weeks of living in the room provided through Lutherwood, I was violently assaulted by my male roommate. This caused my severe head injury. I have been unhoused ever since.

18. Six months after this assault, I suffered a stroke. *I have had three strokes in total. Jen*

19. Ray of Hope recently referred me to Traverse Independence. They provide Brain Injury services including rehabilitation.

20. I often access care at the Kitchener Community Health Clinic.

21. I think I am on a subsidized housing waitlist but it has been a long time.

22. Prior to staying at the encampment, I would sleep in front of McCabes restaurant. I stopped staying there after I was urinated on while I slept. Now, I often sleep during the day at a church nearby and stay awake all night for safety.

23. Alone on the streets, I have been assaulted.

24. I have never been assaulted at the encampment.

25. I have suffered a lot being unhoused. I have lost toes from frost bite. While I was suffering from frost bite, my dog was taken away from me ~~by the humane society.~~ *Animal Welfare of Waterloo Region. Jew*

26. I have tried accessing shelter spaces but have been turned away at some locations for being a woman.

27. I tried seeking shelter at the 84 Fredrick Street Shelter. There was 58 people sleeping in one room. The beds were so close together, I could not walk around or between them with my cane. I found this unsuitable and unsafe.

28. I would be happy if a motel was offered to me. I want to have shelter.

29. I would be hesitant to live with another roommate. Due to my trauma, I definitely could not live with a male roommate.

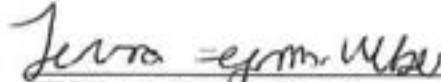
30. I am experiencing food insecurity.

31. I find the location of 100 Victoria Street encampment helpful. Many community resources are nearby.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 6th day of May)
~~April~~, 2025)
In the Regional Municipality of Waterloo)



ANNIKA MARIE STANTON,
a Commissioner etc.,
Province of Ontario,
while a licensed Paralegal.
LSO #P17289



TERRA-LYNN WEBER

087

TAB 14

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF CHARLES KOCHER

I, Charles Kocher, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 41 year old male.
3. I have two children who were born in 2010 and 2012. My children live with my parents in Huron Park.
4. I am divorced. I am engaged and my partner currently lives in Durham, Ontario because there is no where in Kitchener that we can stay together.
5. My source of income was Ontario Works and I received benefits up until December 2025, but I was hospitalized at the time and my benefits have been put on hold.

6. I am non-status Mi'kmaq. I suffer from physical health conditions, as well as Anxiety, ADHD, Situational Depression and Addiction.
7. I was hospitalized for a number of weeks in December 2025. I had three heart attacks and I had a blood clot that went to my lung. I was also in a coma. I was discharged back into homelessness. I returned to the encampment at 100 Victoria and have been staying there ever since. I have a drainage tube from my gallbladder that I walk around with. I am supposed to return for medical care every couple of days to the ParaMed clinic on Greenbrook Drive to have it flushed and dressings changed, but I have no money to access transportation to return. I hope it does not get infected and plan to attend the medical centre across the street at the Soup Kitchen to have it looked at. They were closed today so I need to go to Ray of Hope.
8. In the past I used meth, weed and occasionally cocaine. For the past three years I have used fentanyl daily. I wasn't using when I was in the hospital, but I was receiving medical grade pain medication and I feel that I left the hospital more addicted then when I went in.
9. In 2023 I successfully used Sublocade injections to treat my addiction. I was sober five months at that time. I was also sober for 10 years after the birth of my son, but I had some issues with my parents and I relapsed.
10. I am one credit shy of my high school diploma. I have worked as a CNC Machinist and in small engine repair. The last time I worked was approximately two years ago.
11. I have been experiencing homelessness for the past 3-4 years. I have lived at the encampment, couch surfed and also been in jail. I was living at the encampment in the spring of 2025. I was

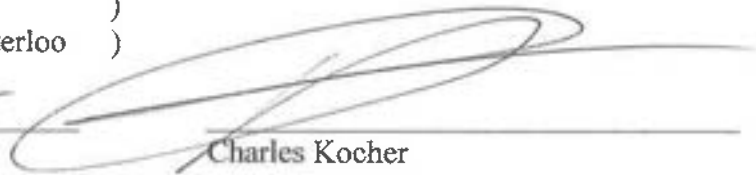
there in March 2025, but I went to jail at some point in April 2025. I do not know if I am considered a resident by the Region or if I was in jail when they did the counting.

12. I have lived at other encampments in the Region. I experienced three encampment evictions in Cambridge between 2023 - 2024. I was evicted from an encampment at 150 Main Street, Cambridge and also from Soper Park, Cambridge. I wasn't there for one of the evictions and all my stuff was thrown out. They treated it as junk and they tossed everything. I had a guitar that was thrown out and other sentimental stuff that can't be replaced. I felt lost when my stuff was thrown out. No one had a clue where we could go to survive.
13. I have also slept outdoors in grassy areas. I have been assaulted and robbed while living unsheltered. People would sneak up on me and steal my stuff. I have been turned away from shelters because they are full.
14. I stayed at the House of Friendship shelter in Waterloo for a few weeks. It was great, you only have two people to a room and if you are trying to stay away from drugs they will pair you with someone that also is not using. I missed check in for approximately 4-5 days because of legal issues and I lost my space. I wanted to get back in, but it is hard to get back in there.
15. I was staying at A Better Tent City as a visitor for a while. I went there when I was released from jail in and around the end of June 2025. A Better Tent City stopped allowing visitors in September / October 2025, and that put a lot of people out. I returned to 100 Vic at that time.
16. I have stayed in Bridges in Cambridge, but there are a lot of triggers there. There is a lot of drug supplies around and I don't like being around it. It is also not very clean.

17. I am open to getting a motel and would like to have one for my medical issues. I haven't been offered one and I am not sure how some people get offered them and others don't. I am not sure how I keep getting overlooked. I have talked to the Region workers, at least one time since returning in December 2025, and a few other conversations in the last year. I have only ever been offered emergency shelter.
18. I rely on food and clothing donations dropped off at the Encampment, and Sanguen health services. I use the Soup Kitchen for food, showers and laundry. I like being able to access the portable washrooms at the encampment.
19. The trouble I have in finding somewhere to live is that I don't have money for a deposit, many landlords look at you when you are homeless and make up their mind about you, my credit sucks and I don't have a co-signer for a lease. I have no access to transportation to view apartments and I haven't had a proper landlord in some time so I have no references. I think I am on the Region's wait list for affordable housing, but I'm not sure.
20. As a result of my medical issues, I am currently in a lot of pain in my abdomen. I would have trouble going to view apartments because of the pain. If I was moved somewhere far from services I would also have trouble accessing those services because of pain.
21. If the encampment was closed I am not sure what I would do. Lots of homeless people would be looking for places to live. I think there are around 30 people still living here. I see a lot of

faces, but I don't know exactly who is staying here. I do not feel that the safety at the encampment has declined. The rats are worse, but I do not feel there are more safety issues or more weapons than there were at other times I have stayed here.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 13th day of)
 January, 2026)
 In the Regional Municipality of Waterloo)

Charles Kocher

ASHLEY SCHUITEMA,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor.
 LSO #68257G

093

TAB 15

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF ALINE JEFFERY

I, Aline Jeffery, of the City of Kitchener, in the Province of Ontario, **AFFIRM AND SAY:**

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 46 year old female.
3. I am Métis.
4. I suffer from Lupus, Fibromyalgia, Post Traumatic Stress Disorder, Borderline Personality Disorder and addictions.

5. I have struggled with addiction all my life on and off because of trauma. Both as a child and throughout my previous marriage I experienced sexual, mental and emotional abuse. In March 2025, I was drugged and sexually assaulted in my home in Sudbury.
6. When I was 21 years old I was prescribed oxycontin and percocets for my Lupus and Fibromyalgia, and I became addicted. I have also struggled with alcoholism and used cocaine. I am not currently using any substances.
7. I rely on Canada Pension Plan Disability benefits for income. I receive around \$1470.00 per month.
8. I worked for thirteen years as a law clerk, and previous to that in a position as a medical assistant. I retired in 2019.
9. I have four children aged 33, 26, 23 and 16. Two live in Renfrew (aged 26 and 16), one lives in Sudbury (aged 23) and the other I don't know where he is (aged 33). I first became pregnant when I was fourteen years old. My children were not in my home when I experienced the sexual assault in Sudbury.
10. I am legally married to Michael Jeffery and we are residing at the encampment at 100 Victoria Street together. For 19 years we rented a home in Sudbury. However, in September of 2025, we decided we needed to leave Sudbury for our safety. We packed up all of our belongings into a U-Haul and lived out of the vehicle.

11. At the end of September 2025, we were stopped by the police because it was alleged that I had broken my contract with U-Haul by not returning the vehicle. The police took the U-Haul from us with some of our belongings.
12. After we lost the U-Haul, we slept in parks until we were asked to move by By-Law officers, we slept in abandoned warehouses, in the bush, and when we can afford it we have stayed in motels. Since coming to Waterloo Region we have had to move around at least ten times. Most of our belongings have been lost in the moves, including a bag which had a lifetime of memories inside it. Our first night in a tent in a park we were robbed.
13. We have stayed at the Weber Inn, Mayflower Motel, Fairway Inn, and Victoria Inn. After an incident at the Victoria Inn where I was being asked to pay on the spot for a room at a higher rate than before we were forced out of the motel by the police. Now we are banned from staying at the Weber Inn, Victoria Inn, and Sherwood Inn. We can only stay at the Fairway Inn.
14. After moving around from motels to parks to abandoned warehouses we came to the encampment at 100 Victoria Street about three weeks ago. Tyler from SOS gave us a tent. I like the community here. We are closer to services, like laundry, showers and food.
15. We started in a two person tent but then someone gave us a ten person tent. People help each other and take care of each other. I help receive the donations and thank people who drop them off. Everyone knows I will be fair in sharing.

16. I receive services from SOS, Sanguen, Ray of Hope and St. John's Kitchen. I used to have to travel to Weber Inn on Thursdays to access Sanguen services, but today the van came to the encampment and I was able to access services there.
17. Because of the food donations at 100 Vic I am eating. Before I came here I lost so much weight.
18. On Saturdays and Sundays when St. John's Kitchen is closed the only place to get warm are the warming centres. But those places are usually at capacity.
19. Shelters for me are out of the question. I won't separate from Mike, my husband. I was sexually assaulted in March of 2025 and now have PTSD. There are no shelters where I can stay with Mike as a couple.
20. On January 13, 2026, Starling referred me to an Unsheltered Support Worker with the Region. But because I don't have a birth certificate we can't get on any housing lists. I heard the lists are anywhere from 2 to 8 years. I also heard the motel program is ending soon.
21. Right now there are about twenty people residing at the encampment but up to fifty people stay and sleep by the fire or by the sandbag hut during the day. Since we arrived three weeks ago five more people have come, including more women.
22. If the encampment closed Mike and I would be back to square one, having to find abandoned places to sleep. After I arrived I heard about the by-law and went with another resident to city hall to speak about closing the encampment. But when I got to city hall I

was told that I had to be on a list to be able to speak. I didn't know I needed to sign up. I didn't know that there had been an information session at the library.

23. We have recently become aware of Regional outreach workers but we haven't connected with them yet. We could not afford a market unit and would need a subsidy. It would be hard for us to come up with first and last month's rent. Because of my trauma I would be very concerned about the location of what's being offered to us.

24. I don't think I would take storage if it was offered to me. I have already lost all my original belongings. I need housing, not storage. If I am made to leave I don't want to store my tent, I need my tent.

25. Forcing residents out of the encampment won't solve the problem. People living there will be forced to find somewhere else to set up tents. People will form a community elsewhere because they feel safer in a group regardless of their differences.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 21st day of)
January 2026 in the)
Regional Municipality of Waterloo)



ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G



099

TAB 16

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF XANDER HARKER

I, Xander Harker, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 27 year old male.
3. I receive ODSP benefits. I do not receive shelter allowance.
4. I suffer from multiple mental health disabilities.
5. I have a long history of substance use disorder. I use many kinds of drugs and alcohol.
6. I have worked in several trades throughout my career. Most notably, I worked at Toyota for three years, and have also worked in retail, shipping and receiving, and loading trucks.
7. I previously lived at the York Apartments in Kitchener, Ontario, but the rent became too expensive for me and my partner. Unfortunately I got into a dispute with my partner and the police became involved. I was arrested and went to jail for several weeks.

8. After being released from jail I was not allowed to return to my home, and began living on the streets.
9. I have been homeless for three years. *this time around. I was also homeless in my teens.*
10. I have stayed in many shelters including Bridges, One Roof, and SHIP, and slept on the streets. *[Signature]*
11. I found it difficult to remain at these shelters due to some of the rules. I was not allowed to stay at the shelter during the day, and had nowhere else to go. After some time my bed was given away.
12. I stayed at an encampment in Galt (Cambridge, Ontario) with four other people for approximately one year.
13. By-law officers came and evicted us from the site in 2024. They promised to assist us with the move but did not. On the eviction date, they began to throw all of our belongings away.
14. I lost my tools, a valuable jacket, and many of my other belongings.
15. I made a suicide attempt due to the stress I experienced from the eviction.
16. I prefer not to stay in a shelter due to the restrictions and lack of freedom. Some shelter staff have thrown away my belongings in the past, which caused me a lot of stress. *There was also a lot of theft sometimes by the workers too.* *[Signature]*
17. I feel safer living on the streets.
18. If the 100 Victoria Encampment site was no longer available, it would be mentally **distressing** and impossible for me to obtain housing in the private rental market, I would not be able to afford rent.
19. The Encampment provides safety and is a place where I can store some of my belongings. Storage is the biggest obstacle when being homeless. I need a place to store my food and essentials.

20. I was unable to store my belongings while I stayed at a shelter. They provided me one bin, which is not enough to store ~~of~~ all of ^{my} belongings. *[Signature]*
21. Some people fill their cars just for a weekend camping trip, yet they do not understand that my bag contains everything that I own, and I have to carry it with me everywhere I go.
22. I have been assaulted while experiencing homelessness. I was assaulted three weeks ago and lost four of my front teeth.
23. I have not stayed in a motel since experiencing homelessness, but I would if it were offered. I do not have any transportation. A motel or any housing option would need to be close to food and other support services so I could access those supports.
24. I was approached twice by Region staff to talk about housing. They did not mention any offers of a motel. I am open to talking to them, but I never heard anything further.
25. I rely on donations and food drop-offs made to the 100 Victoria Street encampment as well as the Community Fridge, St. Johns Kitchen and Ray of Hope. It is very difficult for me to find food and water at nighttime. People from the community come regularly to drop off food and water at the encampment, and this is very helpful.
26. I feel that the presence of security, police and dumpsters is excessive and uncalled for.
I have had a phone but it has been stolen many times.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 15th day of)
 October, 2025)
 In the Regional Municipality of Waterloo)

[Signature]

ASHLEY SCHUITEMA,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor.
 LSO #68257G

[Signature]

I also rely on the outreach services from CMHA and SOS workers.

[Signature]

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TAB 17

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Section 273 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended

AFFIDAVIT OF JAMES HAMMOND

I, James Hammond, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 48 year old male.
3. I receive Ontario Works benefits and receive \$300 per month. I want to ~~apply for~~ Ontario Disability Support Program benefits but I have been without a family doctor for 28 years.

4. I suffer from Post Traumatic Stress Disorder and addiction issues. I have used meth for around 8 years and fentanyl for around 3 years. I ~~am currently undergoing~~ ^{have completed} tests for my heart and my lungs. I occasionally see a nurse at the Ray of Hope in Kitchener.
5. I have been homeless for over ¹⁰ ~~8~~ years. I have been on housing waitlists for 8 years.
6. I was born in Cambridge and lived there for many years. I worked as a truck driver off and on from 1999 to 2014. I lived in Alberta for a period of time working as a truck driver. I would like to get back to work but the only way I can do that is if I have somewhere permanent to live.
7. It would be impossible for me to obtain housing in the private rental market as I cannot afford the rent.
8. Since being homeless I have lived outdoors and in shelters in Kitchener and Cambridge, it has been a struggle. I have been robbed many times and lost most of my belongings, including my cell phone.
9. Most recently I have been staying overnight at the Thresholds warming centre on Lawrence Ave in Kitchener. I would go there around three or four nights a week since it opened in January. As of today this space is now closed.

10. I also stayed at the SHIP shelter / Edith Mac Shelter on Stirling Ave in Kitchener. I didn't stay there for very long. I missed one night and I was put on an 8:00 p.m. curfew. When I didn't arrive by 8:00 p.m. the staff told me to leave the property or they would call the police. I haven't returned since. A curfew is difficult for homeless people. I don't have a phone, a watch or access to transit to make it places on time.
11. I also stayed at the King Street shelter until it closed. This was the best shelter I've stayed in, it felt like the closest thing to a 'home' without being a home. This shelter has a room where people could use substances. This was beneficial as I didn't have to use alone out in the cold. There were staff there to keep an eye on you and use narcan (naloxone) on you if you overdosed. This happened to me several times.
12. I have tented here and there in Kitchener and Cambridge. I stayed for a while at the encampment at Soper Park in Cambridge until it was shut down.
13. I stayed at the Bridges shelter in Cambridge for a period of time but I am banned from there. They said I broke a window that was already broken and taped up, and they had me charged with mischief and trespassing.
14. Three years ago I lived consistently at the encampment at 100 Victoria Street (the "encampment") from spring into fall.
15. I find it difficult to carry all my things around with me day to day. I use a suitcase so I don't have to carry things on my back. At the encampment it helped to have a place to anchor myself

and my things. I liked having my own space, even if it was a tent. The location was ideal with the soup kitchen and amenities right across the street. I developed a relationship with my neighbours there and felt like I could leave my tent and my belongings for brief periods of time and they would watch my stuff. I left there because I was incarcerated. I have returned but my neighbours are no longer there and the community has changed.

16. Now that the warming centre is closed I would consider going back to the encampment. I have heard that the encampment is going to be closed but I have no where else to go. I need a tent. I would also go there if it meant I would be prioritized for housing. Having somewhere to live would solve ^{most} all of my problems.

17. I have never been offered a motel, or anything other than a shelter bed. I think it is unfair that certain people get prioritized. A motel bed costs \$100 a night and I have never had the luxury of being able to stay in one. I do not understand the favouritism and how they decide who gets offered housing. ~~In my experience the more trouble people make and the more trouble they get into, they get better options and get to stay places longer.~~

18. I would be worried about security and being fined for being at the encampment. I wouldn't be able to pay a fine and I wouldn't want to get arrested. But I need a place to go and I would like to be prioritized for a place to live.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 2 day of)
May, 2025)
In the Regional Municipality of Waterloo)


LSO 682576


JAMES HAMMOND

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TAB 18

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF STEPHANIE MCMILLAN

I, Stephanie McMillan, of the City of Kitchener, in the Province of Ontario, AFFIRM AND
SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 47 years old, black female, and was born in Cambridge, Ontario.
3. I am a member of the LGBTQ2S+ community, and a person with a disability.
4. I have a Grade 9 education.

5. I have one child, who currently lives with my mom.
6. I have ADHD, schizophrenia, dyslexia, and asthma.
7. I am a long-term recipient of ODSP.
8. I have been addicted to drugs since I was 13 years old. I am currently using crystal meth, fentanyl, and crack.
9. I have lived at the encampment at 100 Victoria Street ("the Encampment") for several weeks in the past.
10. I am currently couch surfing at a friend's house and hoping to get a place at the Encampment.
11. I regularly visit the Encampment and crash at the sandbag house there time to time.
12. I have experienced homelessness for more than 5 years.
13. I previously lived at the Victoria Park encampment, and was evicted from there.
14. Recently, I lived at the Schwaben Club shelter with my boyfriend until it closed in March, 2025. I was not offered an alternative place to live when the Schwaben Club closed.

15. I have not been offered shelter by the Region of Waterloo.
16. I have not stayed at a motel before. At the Schwaben Club, there was a smoking room for drugs and a motel would need something similar to work for me. A motel would also have to be co-ed so I could stay there with my boyfriend.
17. If visitors were restricted at the Encampment, it would have a very negative impact on me.
18. I come to the Encampment several times a week for food and drink donations at the community table, to meet up with people, and to use.
19. The Encampment is a safe place I can go to smoke. I get supplies like bowls and pipes there from Sanguen Health.
20. Nearby the Encampment, I sometimes go to the using room at St. John's. I use the soup kitchen at Ray of Hope every day.
21. More security, police surveillance, and fences at the Encampment would make me scared and nervous.
22. Before coming to the Encampment, I was sleeping on the streets of Cambridge. I was at Ainslie Bus Terminal with my boyfriend for a while.

23. If the Encampment were to close, it would be impossible to do anything. I come to the Encampment to use safely, to sleep and to be with friends and community.

24. Without the Encampment, I would probably have to set up a tent somewhere else.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 13th day of)
May, 2025)
In the Regional Municipality of Waterloo)


Joanna Mullen
LSO # 64535V


STEPHANIE MCMILLAN

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TAB 19

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

SUPPLEMENTARY AFFIDAVIT OF STEPHANIE MCMILLAN

I, Stephanie McMillan, of the City of Kitchener, in the Province of Ontario, AFFIRM AND
SAY:

1. I swear this affidavit as a supplement to my affidavit sworn on May 13, 2025.
2. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
3. I suffer from Intermittent Explosive Disorder (IED). My boyfriend also suffers from IED.
4. I am no longer couch surfing and have moved back to the 100 Victoria Street Encampment ("Encampment").
5. I was staying with a friend but did not want to overstay my welcome, so I left.

6. My boyfriend was also staying with his friend, but also moved back to the Encampment to stay with me.
7. I would like to get permanent housing with my boyfriend. I don't think a motel is necessary to transition into housing, but I would accept a motel if it were offered to me and my boyfriend would have to stay with me as well.
8. There are no shelters available that take in couples, that I know of. It is important for me and my boyfriend to stay together. Sm

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 17 day of)
 June, 2025)
 In the Regional Municipality of Waterloo)



ANNIKA MARIE STANTON,
 a Commissioner etc.,
 Province of Ontario,
 while a licensed Paralegal.
 LSO #P17289



STEPHANIE MCMILLAN

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TAB 20

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF NOAH HELSBY

I, Noah Helsby, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 44 year old male.
3. I am Status First Nation from Six Nations.
4. I receive ODSP benefits and receive \$1300 per month.
5. I am in a relationship with Brianna Cooper and we live together at the encampment.

6. I suffer from physical and mental disabilities due to a past car accident. I am a substance user and suffer from addiction issues.
7. It would be impossible for me to obtain housing in the private rental market as the rent would be too high to afford.
8. I have been on housing waitlists for 17 years. I have recently been added to other waitlists such as KW Urban Native Wigwam Project and Thresholds. My mom lives in Cambridge, but I am unable to live there because there isn't enough room with other family members living there in a two-bedroom apartment.
9. The last stable housing I lost three years ago because the landlord sold the building and I was evicted due to the conversion of the building to condos.
10. I have been homeless for over 3 years. I have accessed shelters and slept on the streets. I have had personal belongings stolen from me on a regular basis while sleeping on the streets. I was staying at 150 Main St. Cambridge encampment and my belongings got bulldozed.
11. I have been living at this encampment for two months.
12. I have had difficulty accessing emergency shelters because there is a lack space available and I would require space at a co-ed shelter. I also need a shelter that would accept pets as I have a dog.

13. It is important for me to live near the downtown area because this is where our community and resources are. I use the soup kitchen for food and to use the phone. I also go to 87 Victoria St. for food and washrooms, and go to the Tiny Home Takeout for food. My physical disabilities prevent me from walking long distances.
14. I have noticed that there is a lack of people dropping off donations and supplies since the By-Law was introduced, and since it has been in the media. I worry that people think the encampment is closed or that they are not allowed to visit the site. I rely on the community food and water donations that are dropped off at the site. Without these donations it makes it harder to survive
15. I feel safe at the encampment. Right now I have people here that would watch my stuff and my tent. If I wasn't at the encampment I would be more vulnerable. There would be no sense of safety.
16. If I were to leave the encampment, I would have to look for another place to put up my tent with my girlfriend.
17. I have spoken to outreach workers, they have talked to me about housing, but I feel they are making promises that they might not be able to keep. So far nothing has been offered to me.
18. I would stay in a motel if offered, it would be nice to have a washroom, shower, sink and address. The only reason I wouldn't accept a motel is if it would affect permanent housing

options. I don't want a temporary solution. I want something permanent. I want to get back into an actual apartment, living life again, not just floating by.

19. If I were to be fined for being at the encampment, I wouldn't be able to pay it right away, it would take me a long time to pay it off. I worry that a fine would prevent me getting housing.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 15 day of)
 May, 2025)
 In the Regional Municipality of Waterloo)




 NOAH HELSBY

ANNIKA MARIE STANTON,
 a Commissioner etc.,
 Province of Ontario,
 while a licensed Paralegal.
 LSO #P17289

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TAB 21

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF JULIE YOUNG

I, Julie Young, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 47 year old female.
3. I ran away from home when I was thirteen years old. I became pregnant at fifteen years old and left home for good.
4. I receive Ontario Works benefits.
5. I am illiterate.

6. I have been experiencing homelessness since November 2024 when I was evicted from my home.
7. I couch-surfed for months, but I chose to stop because I did not want to exhaust my family and friends and I wanted to keep my dignity.
8. I have been a substance user on and off since I was 21 years old.
9. I have been clean for 14 years.
10. I have three children ages 30, 28, and 25, and 3 grandchildren ages 7, 5 and 5.
11. I have been married for 7.5 years and am now separated from my husband.
12. My husband is verbally and physically abusive and I left him when he began using meth. He asked me to move back in to the house to help him get clean. He told me that Ontario Works was paying the rent. As I cannot read, I did not know the rent was not being paid until we got an eviction notice.
13. I lived with my husband for one year before we were evicted for not paying rent. He was living in rent geared to income housing provided by K-W Urban Native Wigwam Project. I was not able to collect all my property because they changed the locks and my name was not on the lease.
14. I have previous work experience in the food and beverage industry as well as the service industry. Please find attached hereto as **Exhibit "A"** a copy of my curriculum vitae.

15. Prior to my eviction I ran my own cleaning business.
16. My husband sabotaged my business by mishandling the bookings. I want to get my business back, but I cannot focus on that until I have permanent housing.
17. I have resided at this encampment since June 6, 2025.
18. The encampment provides safety for its residents and everyone looks out for each other there.
19. I have not had the opportunity to go to a shelter because they are always full. If there are spots open I would rather leave them for families and children. No one deserves to be on the street, especially not children.
20. In the shelter you can't work on yourself. You have to leave during the day, so you're scrambling every day to find a place for the night. I want a room, I want a permanent place so I can create structure for myself.
21. Motels do not help in the long term. They get taken away from you. I want something permanent so I can get stabilized and get my life back. I want a place to be able to bring my grandchildren. I wouldn't bring my grandchildren to a motel or shelter. There are also no supports available at the motel.

22. I cannot afford to rent my own place. I receive under \$400 dollars which barely covers my basic needs.

23. If I could get enough money to set my website up and to get my car out of impound, I could restart my cleaning business. Once I get back to work I can earn enough to pay for subsidized housing.

24. I received help from the ^{HART (Homelessness + addiction recovery treatment)} Hub to look for a place to live. They told me they might have a room I can rent for \$650 a month. With the money left over from paying rent I won't have enough to pay for food. But at the encampment because of the food donations I don't go hungry. You get stuck. If I stay at the encampment I can eat. If I leave and pay rent I don't have money to feed myself. It feels like a trap

25. I like that the encampment allows for privacy. If you don't want to see or talk to anyone, you can stay in your tent. Shelters on the other hand force you into counselling. I think counselling is good, but not when they keep opening up old wounds. We need to focus on the future and how to get better.

26. There is also no heart in the shelter. The encampment is very supportive and it becomes a home.

27. I am on a list for subsidized housing, however, the wait time is 5-10 years. No one from the Region has spoken to me here about housing.

28. I don't experience food insecurity at the encampment because of the donations brought here daily. If people were restricted from dropping off food and water donations, or deterred from visiting because of fencing or more security I would struggle.

29. The security is doing their best, but it would be helpful to have someone who knows what it is like to be homeless. They would understand better how to effectively help people.

30. There is no in between for support. It is either you are an addict or you are not, no one helps you when you think you might begin using again. Same for housing. There are no supports for people on the edge of homelessness.

31. The Region needs to clean the porta-potty's and empty the dumpsters more often to keep the site clean. *The Region also needs to deal with the rat problem here*

32. If I were to be fined \$5,000, I would not be able to pay it.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 13 day of)
June, 2025)
In the Regional Municipality of Waterloo)

Annika Marie Stanton

ANNIKA MARIE STANTON,
a Commissioner etc.,
Province of Ontario,
while a licensed Paralegal.
LSO #P17289

Julie Young

JULIE YOUNG

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TAB 22

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF KYLE YORK

I, Kyle York, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 37 year old male.
3. I am a member of the Indigenous community.
4. I receive Ontario Works benefits in the amount of \$292 per month.
5. I have three children ages 14, 14, and 8.
6. I suffer from ADHD and Conduct Disorder.
7. Growing up, I suffered from verbal, physical and sexual abuse from my step-father.

8. I have been suffering from homelessness on and off for five years. It has been 2 and a half years since I have had housing.
9. I became homeless around the time the COVID-19 pandemic began. Seven years ago, my family and I moved to Kitchener from Kingston, Ontario. We lived in a house here for 3-4 years before the pandemic but due to the rising costs of houses during the time, our landlord sold the house. My girlfriend's father offered to let her and our children live in his house, but only on the condition that I was not to live there with them. I wanted my family to remain housed and there was not enough time for us to find alternate housing together, so they took the deal. They have been residing in Cambridge with her father ever since.
10. I have been using substances since the age of 15. I have used various substances such as alcohol, marijuana, cocaine, crack cocaine, and fentanyl.
11. I am currently on the Methadone Program and have been clean from fentanyl for four months.
12. I currently still smoke crack but I am hopeful to become clean one day.
13. I have resided at the 100 Victoria Street Encampment ("Encampment) off and on for years. This time, I have been here for approximately three months.
14. Before returning to this encampment, I resided at the University Avenue Transitional Housing Shelter ("UA") for four months. There are a lot of rules at UA that make it hard to live there. I was removed from the program for allegedly spray painting the wall. They

told me they had video footage of me vandalizing the building, however, when I asked them to show me the video, they could not produce it. I gave up fighting to stay and left.

15. I go back and forth between living at the Encampment and on the streets but the Encampment is safer than living on the streets. The likelihood of people stealing my stuff decreased while living at the Encampment. The police also heckle me less often at the Encampment as opposed to when I am on the streets.
16. The Encampment is also close to the amenities I rely on such as the Ontario Works office, Victoria Wellness, Tiny Home Takeout, and the Soup Kitchen.
17. I have previous work experience in many trades, such as roofing for 8 years and dry walling, as well as work in various factories. I graduated from Herzing College as an electrician and network cabling. This would allow me to work for companies such as Rogers.
18. I find it difficult to get a job due to my addictions and lack of transportation to workplaces.
19. I am on a waiting list for subsidized housing.
20. If I was offered a motel or housing by the Region I would accept it. If the Encampment was no longer available and I wasn't provided with housing I would have to roam the streets again. I'd be bothered by the police all the time.
21. I don't feel like I need a transition into housing. I can take care of myself but if a motel was offered prior to housing, I would accept it.

22. If I was fined \$5,000 by the Region, I would not be able to pay it.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 17 day of)
June, 2025)
In the Regional Municipality of Waterloo)



ANNIKA MARIE STANTON,
a Commissioner etc.,
Province of Ontario,
while a licensed Paralegal.
LSO #P17289



KYLE YORK

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TAB 23

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

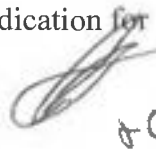
AFFIDAVIT OF JOSEPH SADLER

I, Joseph Sadler, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.

2. I am a 66 year old male.

3. I suffer from Depression, Post Traumatic Stress Disorder (PTSD), and short term memory loss as a result of my PTSD. I take medication for my mental health conditions.

 OAS. Approx 3000 per month.

4. I rely on Canada Pension Plan (CPP) for my income. Before receiving CPP I was receiving Ontario Disability Support Program (ODSP) benefits.

5. I was a victim of a violent home invasion, which caused my PTSD, and then my short-term memory loss. I received ODSP for many years because of my PTSD.
6. I smoke cigarettes regularly and occasionally drink alcohol. I do not use any drugs.
7. I am divorced. I have two children ages 30 and 36, and one grandchild who is 4 years old. I used to visit them on a monthly basis when I had my car.
8. I received a Bachelor of Business Commerce from the University of Toronto in 1983. I worked for 8 years in my field before I started my first business as a consultant. My business partners and I made a significant profit in our first year of operations.
9. I have started numerous business since then, all of which ultimately failed. I have declared bankruptcy twice in my life, most recently in 2006.
10. I previously owned three houses, one for my family and our dogs, and rented out the other two. I lost my rental properties when I was forced to file for bankruptcy in 2006. I was able to keep my home as long as I paid my mortgage, which I did. However, I decided to take money out of my line of credit for another start-up and eventually I lost the house.

11. I have owned at least one dog, but typically two, since I was ten years old. Dogs are a very important part of my life. I have one dog right now, his name is Wolfie and he lives with me at the Encampment. I hope to get another dog as soon as I can.

 My doctor has suggest^{ed} I get a service dog certificate

12. Since experiencing homelessness, I have lived out of my vehicle, and stayed in Airbnb's or motels. It has been extremely difficult because most places do not allow me to bring my dog.

13. I lived in my vehicle for two and a half years. At this time, I had two dogs. While the gas was expensive, we made it work. My car began having problems and when I took it to a mechanic they told me it needed to be scrapped. I only got \$800 for it.

14. For some time after my vehicle was scrapped in and around January 20¹³, I lived in Airbnb's. I also stayed at the Super 8 for a number of months.


 Group A Strep
 15. I suffered from ~~Neerotizing~~ Fasciitis (Flesh-Eating Disease) and was in the hospital for ~~two~~ ^{three} weeks. During that time, the Humane Society looked after my dogs and offered to keep them until I recovered.

16. I am not aware of any shelters nearby that allow me to keep my dogs with me.

17. I am on a conditional discharge from court related to incident in which I engaged in self-defence. I had nowhere else to go and the Encampment was the only place that I knew to go to.

18. I have been staying at the Encampment for approximately one week. When I arrived at the Encampment, security told me I could not erect a tent and stay here. I told them I had nowhere else to go but they threatened to call the police on me. I have not heard anything about this since.

19. I have spoken to someone from the Region about housing. I completed some applications and ~~expensive supply of food~~. I understand there is a 5-7 year wait list for housing.
haven't heard anything back.

20. I rely entirely on donations made to the Encampment for food.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 9th day of)
July, 2025 in the)
Regional Municipality of Waterloo)



L.S.O 68257G



JOSEPH SADLER

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TAB 24

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF AARON PRICE

I, Aaron Price, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 27 year old male.
3. I have disabilities and am a member of the LGBTQ2S+ community.
4. I receive ODSP benefits.
5. I suffer from mental disabilities, including a learning disability and substance use disorder. I have also suffered multiple concussions.

6. I have been experiencing homelessness on and off since 2017 and have been a substance user since that time also.
7. It would be impossible for me to obtain housing in the private rental market, I would not be able to afford rent.
8. From 2017 to 2024 I lived at oneROOF Youth Services. I lived in their shelter and I also had a lease in their supportive housing unit. The lease was month to month and because I had planned on moving to Alberta it ended. But I didn't move to Alberta and instead I returned to the encampment.
9. Since being homeless I have accessed shelters, couch surfed and wandered the streets at night to stay awake. I have been robbed, assaulted and sexually assaulted while experiencing homelessness.
10. I have been living at this encampment for a few weeks. I feel safer at this encampment than I have ever felt while staying in a shelter. The encampment is one tight community.
11. I have stayed at the King Street emergency shelter and felt very unsafe there. There were a lot of fights there. I lost belongings more in the shelters than at the encampment.

12. Other shelters have strict rules about using substances, including Edith Mac and SHIP. Both of those places will kick you out of the shelter if you are caught using drugs there.
13. It would be atrocious if the 100 Victoria Street encampment were no longer available to me. I have no where to go because of the housing crisis.
14. Now security staff use their vehicle to block access to the encampment. I have noticed a decrease in supplies and donations being dropped off since the By-Law passed. If the Region put up fences it would make the encampment feel like I'm in a cell block, it would negatively impact my mental health.
15. On April 29, 2025, security staff threatened me with a fine because I moved my tent onto its side and then back upright again in order for the garbage bin to ^{be AP} moved. I was told that flipping my tent counted as a move. I disagreed and the security staff member left.
16. On May 1, 2025, Emergency Medical Services were called because an encampment resident overdosed. The ambulances had to park on the road because the security vehicle was blocking access. When I told the security staff to move their vehicle, the staff moved very slowly and only slightly moved the vehicle forward. There still was not enough room for the ambulance to get onto the encampment. The resident, who was a friend of mine, died.
17. Without the donations of food, water and clothing that are made to the 100 Victoria Street encampment I would have to steal groceries to survive. I regularly access the community donations and the clothing tent, that is how I got my sleeping bag.

18. If visitors were restricted from accessing the encampment everyone's mental health would decline. Many encampment residents have people that visit them here.

19. I'm not sure what I would do if a motel was offered to me by the Region. Nothing has been offered to me yet. I use substances communally and alone. At the encampment when I use people are watching over me. I would be worried about using alone in a motel. If the substances I'm using are laced I would be screwed. If the funding ran out for a motel I would just move back to the streets because there is no where else to go.

20. I like being close to services here on Victoria Street. Right now I use St. John's Kitchen and Ray of Hope for food. If I was offered a motel that was far away from food and services I don't know if I would accept. When I lived at the Schwaben Club I had to take bus or walk for 30 minutes to get downtown. I have a tear in my left meniscus that makes it hard to walk long distances.

21. No one from the Region has spoken to me about the By Law. I was only offered to be put on the housing list on May 1, 2025.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 6 day of)
May, 2025)
In the Regional Municipality of Waterloo)


LSO # 682576


AARON PRICE

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TAB 25

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF TERRANCE JOSEPH PATRICK COLE

I, Terrance Joseph Patrick Cole, of the City of Kitchener, in the Province of Ontario, AFFIRM

AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a 57 year old male.
3. I had five children, three biological and two step-children. I lost two of my children to mental health struggles and addiction.
4. I am in a relationship with Kari Kuntz.

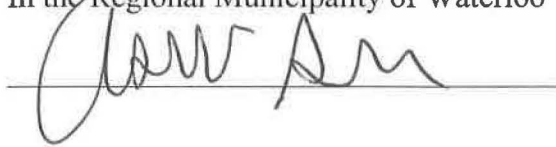
5. I went to school until grade 12.
6. I worked at Canada Tool Company in Cambridge for 36 years as a maintenance operator, tool & die maker, and millwright.
7. I was abused by close family members and community members as a child. I was sexually abused by a priest as a child in Newfoundland. Because of this I was severely physically and emotionally abused by my father throughout my childhood for being 'queer'. I remember having to eat Christmas dinner in the barn and being whipped with a belt by my father.
8. I suffer from poor mental health and have suicidal ideations. I can become violent and snap because of my mental health conditions.
9. I stopped working about two and a half years ago because of my mental illness, which made it difficult to concentrate and made me clumsy at work.
10. I was receiving Long Term Disability (LTD) benefits but they were recently cut off. I was told I needed to apply for Canada Pension Plan Disability or my LTD benefits would be cut off. I struggled to complete the paper work on time and my LTD benefits have now stopped.
11. I started using cocaine and fentanyl after losing my children. When my step-son died, my wife and I split up.

12. I am trying to get away from drugs and use addiction support programming for counselling and access to suboxone. I use the Rapid Access Addiction Medicine Clinic (RAAM) in Kitchener.
13. I still use fentanyl but in small doses and I'm trying not to. When I use fentanyl I will use with Kari around, she keeps track of when I used and how much so I can stay safe.
14. I have slept in parks and under trees. I have lost all of my belongings while I've been homeless.
15. I have been living at the 100 Victoria Encampment on and off for one and a half years.
16. I stayed at the Bridges shelter in Cambridge about four years ago. I only stayed for a month because I found it too crowded, found it difficult to be around others using drugs, saw too much violence, and had trouble sleeping.
17. I couch surfed at my cousin's apartment for a few months in Cambridge. ^{His father, my cousin,} ~~My uncle~~ lived in the same building and my cousin wanted to move in to ^{his father's} ~~my uncle's~~ unit to take care of ^{him} ~~his father~~. I had to move out then.
18. For approximately 4-5 months I lived in my vehicle. At one point I was pulled over and asleep with the keys in the ignition and I was charged with impaired driving. My vehicle was since stolen and I continue to have a car loan for it that I cannot pay back.

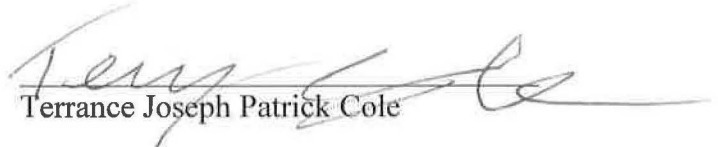
19. For a period of time I lived at Kari's mom's house, but Kari and her mom butt heads and Kari was asked to leave. I left at that time and moved into a tent at the encampment.
20. The encampment at 100 Victoria is located close to services I access for food and treatment. I go across the street for coffee and to the soup kitchen. I also access the hospital, the probation office and the RAAM clinic, which are all nearby.
21. I rely on the donations and harm reduction supplies brought to the 100 Victoria encampment.
22. I do not feel particularly safe at the encampment, even with the security provided, but I have no other options or anywhere else to go. The security would watch you die and not help you. I have been assaulted with bear mace and beaten with a bat and the security has not intervened. My arm is broken in two spots and is not healing properly.
23. My income makes it impossible for me to find affordable housing. You need at least first and last month's rent to get an apartment and I cannot afford it.
24. I have spoken to the Region's unsheltered workers but have been told there is nothing available for me. I believe I am on a waitlist for subsidized housing.
25. I need a shelter option that is available to couples so I can continue to live with Kari.
26. I would stay at a motel if it was offered to me.

27. If 100 Victoria were not available to me I would probably live in a stairwell.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 10th day of)
 October, 2025)
 In the Regional Municipality of Waterloo)



ASHLEY SCHUITEMA,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor.
 LSO #68257G



Terrance Joseph Patrick Cole

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TAB 26

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

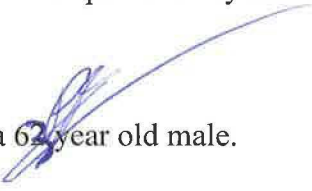
PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF JOSEPH BRADLEY

I, Joseph Bradley, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am a  62 year old male.
3. I suffer from disabilities caused by a motorcycle accident including an artificial right knee, a dislocated shoulder, jaw, and concussion.
4. I am unsure if I receive ODSP benefits. I receive CPP benefits. I do not know how much I get monthly.

5. I do not suffer from mental disabilities.
6. After completing grade 13, I attended Canadore College where I studied Chemical Sciences, Math and English.
7. I have worked in several trades throughout my career, most notably as a Mechanic and in Operations. My work experience includes 2.5 years in the Canadian Military, 18 years at Earls Autoparts, 5 years at Coca-Cola and 18 years selling farm equipment.
8. I served in the Military from 1979 to 1983.
9. My first time experiencing homelessness followed my return from my military tour in Afghanistan and Kuwait. I have found it difficult to find a suitable place to live being an ex-soldier.
10. I had a townhouse with my wife for 30 years. We let my stepson and his family move in with us. My wife passed away 8 years ago and since, my grandson has taken my name off the lease and replaced it with his.
11. My grandson kicked me out and I was forced to stay with a friend. My friend gave me a tent and I have been living at the Encampment ever since.

12. If this site was no longer available, it would be impossible for me to obtain housing in the private rental market, I would not be able to afford rent and would have to talk to friends to find a place to stay or find another campsite.
13. I will not stay in a shelter because of thieves. At the Encampment, nothing gets stolen, everyone watches out for each other and I feel safe.
14. I have been assaulted while experiencing homelessness.
15. I have not stayed in a motel since experiencing homelessness, but I would if it was offered. I do not have any transportation and I cannot walk long distances due to my knee and other disabilities. A motel or any housing option would need to be close to food and other support services so I could access those supports.
16. I was approached once recently by Region staff to talk about housing. I am open to talking to them, but I never heard anything further.
17. I rely on donations and food drop-offs made to the 100 Victoria Street encampment as well as St. Johns Kitchen. People from the community come regularly to drop off food and water. I would be impacted if these donations stopped or people were not able to continue to drop by.

18. If I was fined by the Region for staying at this Encampment I would tell them good luck trying to get blood from a stone.

AFFIRMED BEFORE ME in the)
City of Kitchener, this 9th day of)
May, 2025)
In the Regional Municipality of Waterloo)



JOSEPH BRADLEY

ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G

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TAB 27

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DR. STEPHEN HWANG

I, **DR. STEPHEN HWANG**, of the City of Toronto, in the Province of Ontario, SOLEMNLY AFFIRM as follows:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.

Background and nature of work

2. I have been a practicing medical doctor for 33 years. I received my medical degree from John Hopkins University School of Medicine in Baltimore, Maryland in 1988 and a master of public health degree from the Harvard School of Public Health in 1996.

3. My expertise is on the health impacts of being homeless and interventions to improve the health of people experiencing homelessness. I refer to homeless persons as those who live in emergency shelters, transitional shelters, or places not intended for human habitation, such as parks, abandoned buildings, and bus or train stations.

4. I practice as a doctor in Toronto. I am a staff physician at St. Michael's Hospital in Toronto, specializing in internal medicine. About 15% of my patients are homeless. I also work at a weekly clinic at Seaton House, which provides healthcare exclusively to homeless men in Toronto.

5. I have been on the faculty of the University of Toronto since 1996. I am a professor at the University of Toronto in the Department of Medicine, the Dalla Lana School of Public Health, and the Institute of Health Policy, Management, and Evaluation. I conduct research on health and homelessness at St. Michael's Hospital, Unity Health Toronto.

6. I have authored or co-authored almost 300 peer-reviewed articles based on my research into the relationship between homelessness, housing, and health. I lecture extensively on a broad range of topics relating to homelessness and health and have received numerous Canadian and international awards for my work. I am frequently invited to speak about homelessness and health by various groups, including government agencies and ministries at the municipal, provincial, and federal levels. A copy of my current curriculum vitae is attached as **Exhibit "A"** to this affidavit.

The impacts of homelessness on health

7. Most homeless persons have chronic health conditions. They often have unmet healthcare needs because they need to prioritize day-to-day survival. Studies I have conducted demonstrate that homelessness and inadequate housing have negative effects on health, including increased risk of death. These negative effects include:

- a) Exposure to the elements. Prolonged exposure to sun and heat increases the risk of heatstroke and severe sunburns. Prolonged exposure to wet and/or cold conditions increases the risk of skin and foot diseases as well as hypothermia.

Homeless persons disproportionately die from hypothermia because they cannot dry wet clothing or escape the cold. In a recent study, my colleagues and I found that emergency department visits for cold-related injuries from 2018-2022 were 14-18 times higher for homeless individuals than the general population. This study is attached as **Exhibit “B”** to my affidavit. Having a tent or other temporary structure provides some relief from the elements.

- b) Cardiovascular disease. Homeless people are at increased risk of death from cardiovascular disease (CVD) as compared to housed individuals. Homeless persons often have high prevalence of cigarette smoking and other CVD risk factors, such as high blood pressure, diabetes, stress, depression, heavy alcohol use, and drug use. Poor access to health care and logistical challenges to cardiac testing may lead to delays in recognizing CVD and diagnosing it. A 2018 article I wrote about this problem is attached as **Exhibit “C”**.
- c) Violence and brain injury. Violence in shelters and on the street is commonplace. For example, homeless persons disproportionately suffer from traumatic brain injuries. In a 2008 study, my colleagues and I found that over 50% of homeless individuals reported having a traumatic brain injury. In a 2015 study, we found that 28.8% of homeless individuals reported being physically assaulted in the past year. The paper with these statistics is attached as **Exhibit “D”** to my affidavit. TBIs are consistently related to poorer self-reported physical and mental health, higher suicide risk, memory concerns, increased health service use, and criminal justice system involvement. An article on the effects of TBIs on homeless people is attached as **Exhibit “E”** to my affidavit.

- d) Bed bug infestations. Bed bug infestations are common at shelters. In a 2005 study, my fellow researchers and I contacted all 65 homeless shelters in Toronto and found that 31% of shelters reported previous or current bed bug infestations. This article is attached as **Exhibit “F”** to my affidavit. Our data suggest that bed bugs can spread from shelter to shelter, presumably transported in the personal belongings of residents. Given the constant turnover of shelter residents, bed bugs could potentially affect a large number of homeless people over the course of a year. Homeless persons with bed bug bites suffer a substantial degree of discomfort and emotional distress. Although this study was conducted in 2005, I still commonly see patients with bed bug bites in my practice.
- e) Transmission of tuberculosis. Shelters increase the risk of contracting tuberculosis (TB). The likelihood of exposure to TB is high in shelters because of shared living spaces, crowding, high population turnover, and inadequate ventilation. Treatment of active TB is difficult with the homeless because of prolonged infectivity, drug resistance, and inability to follow up with treatment. Homeless people die of tuberculosis at double the rate of non-homeless people with the disease. A 10-year study of the incidence and health effects of tuberculosis in Toronto homeless persons is attached as **Exhibit “G”** to my affidavit.
- f) Transmission of COVID-19. Shelters are the ideal environment for transmission. The homeless are at a higher risk of developing severe COVID because of the high prevalence of risk factors in this population, such as respiratory conditions and heart disease. COVID is harder to prevent with homeless persons because of inadequate access to personal protective equipment, healthcare, and the inability

to self-isolate. The study explaining these impacts is attached as **Exhibit “H”** to my affidavit.

- g) Skin and foot problems. Skin and foot problems are frequently seen among the homeless. Homeless persons are particularly prone to develop skin diseases such as impetigo, venous stasis dermatitis, scabies, and body lice. Prolonged exposure to cold and dampness increases the risk of skin breakdown and skin infections, particularly in the feet. Foot disorders such as fungal infections, athlete’s foot, and trench foot usually result from inadequate footwear, prolonged exposure to moisture and cold, long periods of walking and standing, and repetitive minor trauma — all of which are common features of homelessness. These disorders cause pain, aching, and itching that can be debilitating.

- h) Sleep deprivation. Homeless people often suffer from sleep deprivation due to inadequate and disturbed or fragmented sleep. Sleep fragmentation is often related to external stimuli, such as bright lights, loud noises, and intentional efforts by other people to awaken or disturb them. In my experience, sleep deprivation has numerous adverse health effects, including increased risks of diabetes, cardiovascular disease, obesity, depression, and injuries, in addition to the more commonly recognized problems of impaired alertness, attention, and concentration.

- i) Chronic health conditions and mental illness. Homeless people disproportionately suffer from chronic health conditions and mental illness, which often go untreated. In a comprehensive 2010 study, my colleagues and I found that over 50% of

homeless or vulnerably housed participants from Vancouver, Toronto, and Ottawa reported being diagnosed with a mental health problem. Over 85% reported having at least one health condition. The study is attached as **Exhibit “I”** to my affidavit.

8. Physical and mental health problems worsen over the period that a person is homeless. The deterioration in health is related to several factors, including a lack of stable housing, a volatile social environment, and barriers to accessing appropriate healthcare. Many homeless persons do not have a health card, do not know where to access services, cannot attend regular appointments, and/or lack continuity of care because they do not have a permanent address or phone access. Prescription medications are difficult to obtain without proper access to a doctor or insurance. Many homeless persons also report experiencing discrimination when accessing healthcare.

The dangers of prohibiting shelter for people living outdoors

9. Homeless people who are prohibited from erecting even rudimentary shelter from the elements — such as tents, tarps, or cardboard barriers — will suffer clear and direct adverse impacts on their health:

- A lack of protection from wind and rain increases the wind chill effect, greatly increasing the risk of hypothermia. Homeless persons are at a particularly high risk of death from hypothermia because their clothing gets wet and they cannot dry it. The temperature does not have to be freezing for hypothermia to occur. Many deaths occur when the air temperature is above freezing.

- Prolonged exposure to wet and cold conditions can lead to serious skin and foot diseases as well as respiratory diseases. A lack of protection from wet and cold conditions heightens the likelihood of these diseases and magnifies their severity. These diseases are debilitating.
- The lack of protection from the sun greatly increases homeless people's risk of severe sunburn and heatstroke during the summer months. There is little relief from the heat and sun without adequate shelter.
- Lack of shelter also increases the severity of the disturbed and fragmented sleep experienced by the homeless. The weather, light, and noise is more disruptive without any barrier — leading to many serious health conditions.

10. There is no question that the lack of shelter for people living outside causes severe adverse effects on their health.

The adverse effects of forced encampment evictions

11. Homeless people forced to leave their encampments suffer adverse impacts on their health. In a study published in 2022, encampment sweeps or evictions were found to be a harmful factor contributing to the declining health of homeless people. This study is attached as **Exhibit “J”** to my affidavit. Forced evictions tend to disperse people to more remote public spaces which are less publicly visible and/or accessible. Being constantly forced into increasingly remote locations makes it difficult to get to pharmacies, attend medical appointments and outpatient clinics, access food programs, counseling services, methadone clinics and addictions treatment. Frequent displacement leads to significantly enhanced vulnerabilities and health risks for those displaced,

particularly for women, people with disabilities and mental health conditions and people using substances.

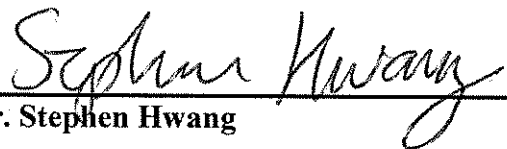
12. Forced eviction and the subsequent displacement deprive homeless people of survival supplies required to survive unhoused. Homeless people may lose medical supplies like wound care supplies or safe drug consumption supplies as a result of displacement. The displacement may also mean that they lose food, clothing and blankets which are essential items needed to survive outdoors. This deprivation of survival supplies results in adverse effects on their ability to look after their own health.

13. Forced evictions increases the likelihood for negative encounters between unhoused people and authorities such as law enforcement. These negative interactions cause emotional stress and distrust which exacerbates homeless people's social exclusion and increases their reluctance to seek health and social supports.

14. I affirm this affidavit to provide evidence on this application and for no other purpose.

SWORN remotely by Stephen Hwang at the City of Toronto, in the Province of Ontario, before me at the County of Wellington in the Province of Ontario on May 6, 2025 in accordance with O. Reg. 431/20.


 Joanna Mullen, A Commissioner
 of Oaths (LSO#: 64535V)


 Dr. Stephen Hwang

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TAB 28

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF SAHIL GUPTA

I, Doctor Sahil Gupta, of the City of Toronto, in the Province of Ontario, AFFIRM AND SAY:

1. The facts and opinions contained in this affidavit are based on my own clinical practice as well as reliable research in this area, where noted.

Mandate

2. Waterloo Region Community Legal Services has commissioned me to prepare an expert report in the litigation of *The Regional Municipality of Waterloo and Persons Unknown and to be Ascertained*.
3. I have been asked to provide my opinion on the following topics:
 - a. The health risks associated with living unsheltered;
 - b. Barriers patients face in accessing emergency shelter;
 - c. The health benefits to having some form of shelter;

- d. Harms associated with evictions and displacements; and
- e. Any relative advantages to living in an encampment

Expert Qualifications

4. I have worked as an emergency medicine physician since 2018, and my clinical practice has had a focus on people experiencing homelessness, marginalized peoples, and the treatment of those with substance use disorders. I have worked at three urban academic inner-city hospitals, including St. Paul's Hospital in Vancouver, B.C., Royal Alexandra Hospital in Edmonton, AB, and St. Michael's Hospital in Toronto, ON. Attached as **Exhibit "A"** to this Affidavit is a copy of my *Curriculum Vitae*.
5. I completed my residency in Edmonton, AB, and graduated as a specialist under the Royal College of Physicians and Surgeons of Canada in Emergency Medicine in 2018.
6. In June of 2018, I completed the Opioid Dependency Treatment course at Centre for Addictions and Mental Health in Toronto, ON, and began providing opioid agonist therapy to patients suffering from opioid addiction. I am a prescriber of pharmaceutical grade opioids to those living with opioid use disorder, including hydromorphone to individuals with the most severe forms of the condition.
7. I served as the medical director at the COVID Recovery Site in Toronto, ON, and I also currently work with the Addiction Recovery and Community Health team in Edmonton, AB as a locum physician. Both settings serve a large proportion of patients experiencing

homelessness. I treat structurally vulnerable patients living with substance use disorder, and develop programs and policies to provide medical care to this unique population. I have been providing health care to the unhoused and/or precariously housed for my entire practice. Additionally, my primary academic focus in emergency medicine has been around improving health equity for patients facing structural barriers from factors such as poverty and homelessness.

8. I am a member of the Canadian Association of Emergency Physicians (CAEP), which aims to keep Canadian emergency physicians informed of developments in the clinical practice and addresses political and societal changes, which affect the delivery of emergency health care.¹ I lead the CAEP Health Equity Committee, which aims to build a community of practice with individuals across Canada who are doing similar work. The themes I comment on in this affidavit relating to displacement and to unhoused people accessing emergency departments are emerging in large, medium, and small cities across the country.² Although I have not visited the encampment in Kitchener or attended the emergency department in Kitchener or Cambridge, I am confident that the impacts I observe daily are comparable.

Health Risks Associated with Unsheltered Living

9. In my professional experience, individuals experiencing homelessness present to the emergency department typically during a crisis or a period of significant destabilization. People experiencing homelessness are more likely to use the emergency departments as their first and

¹ Canadian Association of Emergency Room Physicians, “Who we are,” accessed August 14, 2025, <https://caep.ca/who-we-are/>

² Carolyn Snider, Sahil Gupta, and Catherine Varner, “Homelessness on the emergency medicine frontline: Canada’s growing crisis” *Canadian Journal of Emergency Medicine* 26, 772-774 (2024).

usually for repeat care. Common medical and psychological conditions associated with living unsheltered or rough include:

- a. Physical health issues, such as soft tissue infections, cellulitis, wounds, abscesses, and other skin conditions. Also respiratory infections including pneumonia, and injuries resulting from assaults or sexual assaults.³
- b. Cold-related injuries, including hypothermia, trench foot, frostbite, and subsequent infections, I have personally treated people who have died from hypothermia;
- c. Heat-related illnesses, including dehydration, severe sunburn and complications from inadequate access to nutrition;
- d. High risk of overdose and death, which is significantly elevated among those living unsheltered. I have personally treated people who have died from overdose while living unsheltered;
- e. Mental health crises and situational distress, including:
 - i. Exacerbation of mental health symptoms such as panic, anxiety, emotional distress, and general dysregulation;
 - ii. Severe sleep deprivation, leading to dysregulation of both body and mind;
 - iii. Increased substance use to remain awake, to dull the pain of physical ailments, or to cope with prolonged exposure to the elements; and,

³ Stephen Hwang, "Homelessness and Health", *Canadian Medical Association Journal*, 164(2) (2001): 229-233.

- iv. Unsheltered individuals (those who “sleep rough” without a tent) are more likely to report recent victimization, when compared to people staying in emergency shelters.⁴

10. People experiencing homelessness are more likely to rely on acute care than preventive care, increasing morbidity and mortality from chronic health conditions.

11. Unsheltered women (those who “sleep rough”) are particularly at risk for negative health outcomes, including interpersonal violence. Compared with women who stay in emergency shelters, unsheltered women have three times greater odds of reporting fair or poor physical health, 12 times greater odds of poor mental health, and higher rates of non-injection drug and alcohol use, as well as an increased risk of recent sexual assault. Despite this, they are less likely to have recently utilized health services than women who stay in emergency shelters.⁵ Women experiencing homelessness face higher risk of sexual and physical assault than men experiencing homelessness.⁶

12. People experiencing homelessness (sheltered and unsheltered) are also more likely to use substances and experience substance-related harms, including fatal overdose, which accounts for up to 24% of all-cause mortality in people who are homeless in some studies.⁷ Patients experiencing homelessness admitted for substance-related conditions often have longer

⁴ Jessica Richards and Randall Kuhn, “Unsheltered Homelessness and Health: A Literature Review,” *American Journal of Preventative Medicine Focus*, 2(1) (2023): 100043.

⁵ Adeline M. Nyamathi, and Lillian Gelberg, "Sheltered Versus Nonsheltered Homeless Women," *Journal of General Internal Medicine* 15, no. 8 (2000): 565-572.

⁶ Suzanne L. Wenzel, Paul Koegel, and Lillian Gelberg, "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men," *American Journal of Community Psychology* 28, no. 3 (2000): 367-390.

⁷ Danielle R. Fine et al., "Drug Overdose Mortality Among People Experiencing Homelessness, 2003 to 2018," *JAMA Network Open* 5, no. 1 (2022): e2142676-e2142676.

hospital stays and are more likely to leave against medical advice.⁸ Simultaneously, people who are experiencing homelessness also have challenges engaging in substance-use care: for example, becoming homeless is associated with methadone maintenance therapy discontinuation.⁹

Barriers to Accessing Emergency Shelter

13. In my daily practice, I have frequent conversations with patients about where they will stay upon discharge from the hospital. Hospitals must discharge patients once they are medically cleared, and for individuals experiencing homelessness, this often means a return to living unsheltered. Patients consistently report a range of reasons why they do not access emergency shelters, including:

- a. Overcapacity: Emergency shelters typically operate at or near 100% occupancy, making admission uncertain or impossible on a given night;
- b. Congregate and crowded settings: For some individuals, particularly those with mental health conditions, being in a crowded environment or in close proximity to others can be highly destabilizing and exacerbate mental health symptoms;
- c. Restrictive rules and requirements: Some shelters impose conditions such as curfews or prohibitions on substance use, which certain individuals cannot meet. For people with a history of trauma or mental illness, these restrictions can feel arbitrary or punitive, further reducing shelter use;

⁸ Government of Canada, "Substance-Related Poisonings and Homelessness in Canada: A Descriptive Analysis of Hospitalization Data," June 23, 2021, accessed August 14, 2025, <https://www.canada.ca/en/health-canada/services/opioids/hospitalizations-substance-related-poisonings-homelessness.html>.

⁹ Jan Klimas et al., "Factors Associated with Discontinuation of Methadone Maintenance Therapy (MMT) Among Persons Who Use Alcohol in Vancouver, Canada," *Drug and Alcohol Dependence* 186 (2018): 182-186.

- d. Barriers related to substance use disorder: In most shelters, there is no supervised consumption space, though some do have them. This can lead to unsafe substance use practices, such as using in bathrooms or stairwells, or using alone, which increases overdose risk and can lead to eviction or service restrictions.
 - e. Punitive responses to harm reduction supplies: In some shelters, individuals are reprimanded, evicted, or restricted from services for possessing harm reduction supplies. This fosters a sense of being monitored and unsafe, further discouraging shelter use and destabilizing health.
15. These factors often lead patients experiencing homelessness to avoid emergency shelters altogether. Instead, when possible, they may choose to sleep outdoors without shelter or in an encampment setting, which they perceive as offering greater safety, stability, or autonomy than the available shelter options.

Benefits of Access to Some Form of Shelter

16. Having access to a tent or similar shelter can substantially reduce the risks that contribute to the medical conditions described above. Specifically, such shelter provides:
- a. Protection from the elements: A tent or enclosed structure offers a physical barrier against rain, snow, wind, extreme heat, and cold. By limiting direct exposure to adverse weather conditions, the risk of hypothermia, frostbite, heat exhaustion, and related complications is significantly reduced.
 - b. Privacy: Having a private space reduces exposure to potential violence, theft, or harassment, which are common risks when sleeping in public or exposed areas.

Privacy also supports dignity, autonomy, and the ability to attend to personal hygiene or medical needs without fear of intrusion.

- c. A safe and consistent place to sleep: Regular, uninterrupted sleep is essential to physical recovery, immune function, and mental health regulation. Shelter reduces the need to remain constantly alert, allowing the body and mind to rest and decreasing the likelihood of substance use for the purpose of staying awake.
- d. Stability for the storage of personal belongings: This allows individuals to keep essential items such as medications, identification documents, clothing, harm reduction supplies, food supplies and cooking and other survival items. This stability reduces the stress and health consequences associated with repeated loss of survival items, and supports continuity of medical treatment and daily living.

Harms Associated with Evictions and Displacement

17. Many patients who present to the emergency department have recently experienced some form of displacement, including evictions from emergency shelters, encampments, transitional housing, or supportive housing, or have had service restrictions placed on them. Through my conversations with these patients, consistent themes of harm emerge:
 - a. Severe impact on health: Evictions and displacement often cause significant deterioration in physical and mental health. Mental health symptoms frequently escalate following displacement, and some patients experience a complete collapse of previously stable health.
 - b. Disruption of relative stability: Eviction from any setting removes a place of relative stability. Displacement interrupts established access to services, healthcare, and social

- supports. Patients often lose personal belongings, including essential items such as medications and survival gear, and feel as though they must start over. This loss can trigger or worsen mental illness symptoms or substance use, leading to further destabilization. This destabilization often results in patients presenting to the emergency department in crisis.
- c. Structural vulnerability: Patients experiencing displacement are often already structurally vulnerable, facing multiple systemic barriers. Displacement compounds these vulnerabilities and creates significant health challenges.
 - d. Violence and secondary victimization: For patients with histories of mental illness and trauma, forced displacement may result in violence—either physical violence or “social violence,” such as the violation of rights, personal space, or dignity. This can cause anxiety, distress, and long-lasting psychological harm, often referred to as secondary victimization.¹⁰
 - e. Perception of rights violations: Many patients describe mental health escalations connected to how the eviction was carried out, viewing it as a violation of their rights. This is particularly destabilizing for individuals with a history of mental illness or trauma.

MARCO Encampment Evaluation

18. I endorse the MARCO study attached as **Exhibit “B”**.¹¹

¹⁰ “Impact of Encampment Sweeps on People Experiencing Homelessness,” *National Health Care for the Homeless Council*, December, 2022, Accessed August 14, 2025, <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>; The Office of the Federal Housing Advocate, 2024. Upholding dignity and human rights: the Federal Housing Advocate’s review of homeless encampments – Final report. Ottawa: The Office of the Federal Housing Advocate.

¹¹ Lisa M. Boucher et al., “MARCO Brief Report: Encampment Outreach Evaluation,” *MAP Centre for Urban Health Solutions, St. Michael’s Hospital*, November, 2021, Accessed August 14, 2025, https://maphealth.ca/wp-content/uploads/Encampment-Outreach_MARCO-Nov-2021.pdf.

19. The MARCO study on Encampments surveyed 127 and interviewed 23 encampment residents in Toronto in 2021. This study is significant because it provides insight into encampment residents' health status and experiences, as reported by encampment residents themselves.

Pertinent findings include:

- a. Encampment residents described finding a community or family of people they respected and could trust in the encampment. They helped to watch over each others' possessions and helped others when they needed it. This stands in contrast to the reports that I have received from patients about the lack of community and trust in the shelter system.
- b. 60% of the people surveyed had tried to find shelter during the pandemic; only 13% were always able to find a shelter bed when needed.
- c. 75% of the people who received and accepted an offer of shelter or housing returned to the encampment, for reasons including: kicked out (29%), did not like restrictions on pets, guests, belongings (16%), location (11%), violence (11%). These results are congruent with firsthand reports that I have received from patients about the challenges with staying in the shelter system.

Relative Advantages of an Encampment

Stability in Accessing Healthcare and Follow-Up

20. Individuals living in encampments may experience greater stability in accessing healthcare and follow-up services compared with people who are unsheltered or move frequently.
- a. Emergency department follow-up: For patients discharged from the emergency department, it is often challenging to know where they will be located for follow-up

- care. We can more easily refer outreach medical teams that work in unsheltered environments to attend at certain encampment locations to follow up with patients after discharge from the emergency department, as compared to when patients are living unsheltered. Predictability of location can significantly improve continuity of care.
- b. **Scheduled appointments:** When patients have a consistent place to stay, scheduling and attending follow-up appointments becomes feasible, improving adherence to recommended care plans.
 - c. **Substance use treatment:** Many patients rely on daily-dispensed medications, such as methadone or suboxone, from pharmacies located near where they live. Stability in location facilitates reliable access to these treatments. In my clinical practice, homelessness—particularly unsheltered homelessness—creates substantial barriers for patients seeking treatment for substance use disorder. Patients report difficulties attending the same pharmacy daily for opioid agonist therapy, having medications stolen, and facing challenges in accessing in-person or virtual appointments due to frequent relocation and lack of privacy or phone access. Providing a stable place to stay, such as a tent without the risk of eviction, can mitigate some of the harms associated with transiency and improve access to treatment.
 - d. **Access to social services:** Predictable living arrangements allow individuals to maintain regular contact with case managers, housing supports, counselling, and other social services, supporting continuity and stability in their care.

Other Benefits of Encampments

21. Encampments provide several benefits for individuals experiencing homelessness, particularly for those with complex health needs:
 - a. Supervised or communal substance use: Encampments where individuals use substances communally, or in the presence of supervised consumption spaces if available, can reduce the risk of overdose. Being near peers or community allows for faster response to overdoses, often without requiring hospital care. Individuals living in encampments are less likely to use substances alone compared with those living fully unsheltered, which can reduce fatal overdose risk.
 - b. Basic hygiene and toileting services: Providing access to hygiene and sanitation within encampments helps reduce health risks associated with unsheltered living, such as diarrheal illnesses.¹²
 - c. Autonomy and self-determination: Encampments offer a sense of control over one's life and decisions, which is critical for psychological well-being. Restrictive policies, such as those in shelters that limit substance use, can force individuals to use in unsafe ways (e.g., rushed use in bathrooms or stairwells), increasing the risk of overdose.
 - d. Mitigating destabilization: Individuals residing in encampments often have higher baseline health challenges, including untreated mental health conditions and substance use disorders. Forced evictions and displacement are highly destabilizing, exacerbating panic, distress, and overall dysregulation. Encampments provide relative stability that can reduce these harms.

¹² Elizabeth Ohlsen and Kristen Angel, "Shigellosis Outbreak Among Persons Experiencing Homelessness – San Diego County, California," October-December 2021, *Epidemiology and Infection*, 152, e61, 1-7.

22. I am aware of a shelter motel in Toronto that stopped operating as a shelter motel in 2023. My understanding is that this happened because the motel operator no longer wanted to operate its premise as a shelter motel.¹³ When this facility closed, it is my understanding that 251 unhoused people were affected. I was aware of advocacy efforts at the time around this closure and it is my understanding that at least some of these residents were displaced back into homelessness.

23. I make this Affidavit in support of the Notice of Application, and for no improper purpose.

AFFIRMED BEFORE ME by videoconference)
 From the City of Toronto)
 (Location of the Deponent))
 To the City of Kitchener, in the Regional Municipality)
 of Waterloo (Location of Commissioner))
 In accordance with O Reg 431/20.)
 This 15 day of August 2025)




A Commissioner, etc.

DR. SAHIL GUPTA

ASHLEY SCHUITEMA
 A Commissioner, etc.,
 Province of Ontario,
 While a Barrister and Solicitor.
 LSO # 68257G

¹³ CBC News, "Toronto to close shelter hotel by end of year in move that will affect 251 unhoused people," Accessed August 14, 2025, <https://www.cbc.ca/news/canada/toronto/city-shelter-hotel-close-no-new-admissions-novotel-1.6614766>.

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TAB 29

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DR. BERNADETTE PAULY

I, **DR. BERNADETTE PAULY**, of the City of Victoria, in the Province of British Columbia, SOLEMNLY AFFIRM as follows:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.

Background and nature of work

2. I am a registered nurse and public health researcher with more than a decade of experience in the field of homelessness. Currently, I am a Professor in Nursing and a Scientist at the Canadian Institute for Substance Use Research. I am a University of Victoria Community Engaged Scholar. My research and work has been recognized with numerous awards including a BC community Achievement Award, a City of Victoria Honorary Citizen, a UVIC Community University Award and a Queens Diamond Jubilee Medal as well as two Honorary Degrees including one from Stirling University in Scotland. A copy of my Curriculum Vitae is attached hereto as **Exhibit “A”**.

3. For the past 15 years, I have conducted research on homelessness, including in collaboration with people who are homeless. My research focuses on the conditions in which people become homeless and the barriers and facilitators impacting exits from homelessness.

Mandate

4. Waterloo Region Community Legal Services has commissioned me to prepare an expert report in the litigation of *The Regional Municipality of Waterloo and Persons Unknown and to be Ascertained*.

5. I have been asked to provide my opinion on the following topics:

- a) Composition and demographics of homeless encampments in Canada;
- b) Impact of encampments evictions and displacement;
- c) Staged approaches to housing as inconsistent with the principles of Housing First;

Composition of Homeless Encampments

6. Encampments are a specific situation of homelessness and like other homeless experiences an individual, family or community is without access to stable, safe, permanent, appropriate housing, nor do they have prospects, means or ability to acquire housing.¹

7. In general, “homelessness is a consequence of systemic and societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioral or physical challenges, and/or racism and discrimination”.² People do not choose to be

¹“[Canadian Definition of Homelessness](#)”, Canadian Observatory on Homelessness.

² “Canadian Definition of Homelessness”, *supra*, p. 1.

homeless as it is extremely negative, unsafe, unhealthy, stressful and distressing. Nor do they necessarily choose to live in encampments rather it is a forced or constrained choice and most often a choice of last resort.³

8. Encampments are a response to homelessness in which people choose among limited alternatives for housing that best meet their needs and to create a sense of safety and community which is central to well-being for all people. For some, emergency or homeless shelters are not a viable option due to health and safety concerns related to communicable disease, violence, theft or lack of ability to be with a partner or family as well as pets.⁴ Further rules, such as curfews, restrictions on medications and substance use can make it difficult for people to live in shelters, and maintain their health and/or employment. As noted in our publication, “Forced to be a community”, attached hereto as **Exhibit “B”**, this is a constrained or forced choice due to systemic and social failures where an encampment is the option of last resort when housing is inaccessible, unavailable or inappropriate and emergency shelters are full or insufficient as housing.⁵

9. Point in time Counts represent a snapshot of homelessness on a single night and in Canada are conducted approximately every two years. Point in time counts consist of an enumeration and survey of those who are homeless based on the following typology outlined in the Canadian definition of homeless of which I was a coauthor.⁶ The typology captures those who are unsheltered and living in places not meant for human habitation including streets, alleys, vehicles, abandoned buildings, doorways and encampments as well as those who are in emergency shelters

³ Olson, N. and B. Pauly (2022). “[‘Forced to Become a Community’: Encampment Residents’ Perspectives on Systemic Failures, Precarity, and Constrained Choice](#)”, *International Journal on Homelessness* 3(2): 124-138.

⁴ “[Issue Brief: Impact of Encampment Sweeps on People Experiencing Homelessness, December 2022](#)”, National Health Care for the Homeless Council.

⁵ “[‘Forced to Become a Community’: Encampment Residents’ Perspectives on Systemic Failures, Precarity, and Constrained Choice](#)”, *supra*.

⁶ “[Canadian Definition of Homelessness](#)”, The Canadian Observatory on Homelessness, The Homeless Hub.

and transitional accommodation. Below, I drew on national point in time count data to highlight the overrepresentation of Indigenous people, people with disabilities and seniors among those who are living unsheltered which includes homeless encampments.⁷

10. Nationally, the last coordinated point in time count was 2020-2022 in which data from 72 communities including the Waterloo region highlighted numbers and characteristics of homeless persons based on enumeration and survey data.⁸ I am the scientific advisor for the Victoria, BC Homeless count and as such have knowledge of point in time count methodology. Point in Time Counts while an important source of information on the number of people who are homeless, capture data, usually on one night, and are widely understood to underestimate the number of people who are homeless.

11. In the most recent coordinated national count, 40,713 people were identified as homeless in Canada between 2020 and 2022.⁹ This number only reflects this two year period, and Point in Time Counts are routinely understood to under count. However, at that time approximately 23% of this number were people who are living unsheltered including in encampments.¹⁰ While homelessness increased by about 22% from the previous count in 2018, unsheltered homelessness rose specifically by 88% over the previous count.¹¹ The primary reason for this increase is the lack of affordable housing and adequate incomes, including inadequate social assistance rates, which

⁷ [“Everyone Counts 2020-2022 – Results from the Third Nationally Coordinated Point-in-Time Counts of Homelessness in Canada”](#), Minister of Housing, Infrastructure and Communities.

⁸ *Ibid.*

⁹ *Ibid*; The January 9, 2025 report [“Municipalities Under Pressure: The Human and Financial Cost of Ontario’s Homelessness Crisis”](#) released by the Association of Municipalities of Ontario stated in 2024 an estimated 81,515 Ontarians experienced known homelessness.

¹⁰ “Everyone Counts”, *supra*.

¹¹ “Everyone Counts”, *supra*.

worsened during COVID 19 and following. In particular, there has been an increase in visible homelessness often in the form of encampments.

12. With respect to homelessness in Canada, it has been documented that people with disabilities and mental health needs, LGBTQ2s+ populations, racialized groups, and Indigenous people are disproportionately under-housed, unhoused, and experience barriers to access affordable, permanent, stable, and supportive housing.¹²

13. People with disabilities are also overrepresented among homeless populations and estimates vary from 30 to 45% of the homeless population in Canada as having a physical, mental, or cognitive disability which is much higher than the general population. In fact, people who have a disability are four times more likely to experience homelessness compared to those without.¹³ People with disabilities are twice as likely to experience hidden homelessness than people without disabilities.¹⁴ They are more likely to experience homelessness as a consequence of violence and more than half (53%) of people with disabilities who had experienced homelessness reported that it was because of violence, compared with 36% of people without disabilities.¹⁵ Lack of financial means and subsequent housing insecurity is high among people with disabilities due to limited incomes as well as ability and opportunities for employment.

¹² Caryl Patrick, [Aboriginal Homelessness in Canada: A Literature Review](#) (Toronto: Canadian Homelessness Research Network Press, 2014); Stephen Gaetz, et al., "Without a Home: The National Youth Homelessness Survey," *Canadian Observatory on Homelessness Press*, 2016; Samantha Rodrigue, "Hidden homelessness in Canada Insights on Canadian Society," *Statistics Canada AutoFudgeSheet*, November 15, 2016; Stephanie Baker Collins, and "Disability Among Youth Experiencing Homelessness," *Journal of Social Distress and Homelessness* (2021): 1-9.

¹³ ["Joint news release – New project confirms people with disabilities are overrepresented in all aspects of inadequate housing and homelessness"](#), Canadian Human Rights Commission, June 19, 2024; ["Homelessness – Monitoring the right to housing for people with disabilities"](#), Canadian Human Rights Commission.

¹⁴ "Homelessness – Monitoring the right to housing for people with disabilities", *supra*.

¹⁵ "Homelessness – Monitoring the right to housing for people with disabilities", *supra*.

14. Indigenous people are eight times more likely to experience homelessness in urban centres, as well as experience the continuing legacies of colonial oppression and exclusion, racism and discrimination when accessing all aspects of social life.¹⁶ A national survey on youth homelessness in Canada has revealed that 29.5% of youth who were homeless were of the LGBTQ2S+ community, 30.6% were Indigenous, and 28.2% were racialized.¹⁷

15. It has been well established that homelessness for Indigenous people is a consequence of colonization which dispossessed Indigenous people of their lands and resources, propelling racism and inflicting systemic and ongoing trauma.¹⁸ Indigenous people are overrepresented among homeless populations with experiences of racism and discrimination impacting their health and wellbeing. In the National coordinated point in time count Indigenous people (First Nations, Métis and Inuit) comprised nearly one third (31%).¹⁹

16. In Canada only 5% of the population identify as Indigenous.²⁰ Among those living in unsheltered locations including encampments, the percentage of Indigenous people was higher than other groups at 41%, according to the National Point in Time Count.²¹ Also, Indigenous participants reported higher rates of chronic homelessness (75%) compared to non-Indigenous (68%).²² The majority (55%) of Indigenous respondents first experienced homelessness as a child or youth, while non-Indigenous respondents tended to have first experienced homelessness commonly as an adult. Indigenous respondents were more than twice as likely to report being a

¹⁶ Patrick, “**Aboriginal Homelessness in Canada**”, *supra*.

¹⁷ Gaetz et al., “**Without a Home**”, *supra*.

¹⁸ Thistle, J. (2017). [Definition of Indigenous homelessness in Canada](#), Toronto, Canadian Observatory on Homelessness Press.

¹⁹ “[Everyone Counts](#)”, *supra*.

²⁰ “[Canada’s Indigenous population](#)”, StatsCan, June 21, 2023:

²¹ “[Everyone Counts](#)”, *supra*.

²² “[Everyone Counts](#)”, *supra*.

youth in care (51%) compared to non-Indigenous respondents (22%).²³ The lack of Indigenous led programs and services that emphasize cultural connections and safety is a specific concern for Indigenous people living in encampments. This is salient as Indigenous homelessness is not simply a loss of land and resources but a loss and disconnection from family and culture.

17. People of older age are among the fastest growing segment of the homeless population as they experience displacement and loss of housing due to increasing housing costs and in some cases health issues.²⁴ In the national homeless count, people between the ages of 50-64 comprised 24% of the homeless population.²⁵

18. When overnight location was considered in relation to age, 25% of those over age 50 were in unsheltered locations including encampments.²⁶ This situation is concerning as people are becoming homeless as seniors and living outdoors. Those living unsheltered have higher rates of chronic diseases, mental health and substance issues compared to those who are sheltered, reduced access to health care services and increased likelihood of premature death.²⁷

Impact of Encampment Evictions and Displacement

19. Encampment evictions and displacement are not a solution to homelessness and contribute to the already existing harms associated with experiencing homelessness. Below I outline a number of harms associated with encampment evictions and displacement including harmful impacts on

²³ *Ibid.*

²⁴ “[Seniors](#)”, The Canadian Observatory on Homelessness, The Homeless Hub.

²⁵ “[Everyone Counts](#)”, *supra*.

²⁶ *Ibid.*

²⁷ Richards, J. and R. Kuhn (2023), “[Unsheltered Homelessness and Health: A Literature Review](#)” *AJPM Focus* 2(1): 100043.

health, disruptions to healthcare services, disrupting pathways to housing and income, contributing to unsafe situations and increasing costs to the community.²⁸

20. **Harmful impacts on health:** Evictions and displacement negatively impact physical, mental and emotional health of homeless people.

- a. *Loss of survival items:* During displacement events, homeless individuals often have their belongings confiscated, including essential survival gear. Essential survival items, such as food, clothing, cooking supplies, and tents are thrown away or destroyed. These are basic items necessary to protect oneself from the elements and meet basic needs for health such as food and nutrition. They require time and resources to replace. Storage is often offered for items but is usually time limited. In some cases, items are still lost when they are not appropriately labelled. It is not uncommon for people to only have portions of their items returned. I have also seen authorities destroy belongings because they are wet or deemed trash.
- b. *Increase trauma and poor mental health:* Displacement can increase trauma and worsen mental health as such actions contribute to feelings of hopelessness and loss as these actions communicate that people are not wanted and that their lives and property are not valued. Those with preexisting trauma such as Indigenous people as well as those with anxiety and depression are particularly impacted.

²⁸ [“Impact of Encampment Sweeps on People Experiencing Homelessness”](#), *supra*; Chang, J. S., P. B. Riley, R. J. Aguirre, K. Lin, M. Corwin, N. Nelson and M. Rodriguez (2022). [“Harms of encampment abatements on the health of unhoused people.”](#) *SSM - Qualitative Research in Health* 2: 100064. Meehan, A. A., K. E. Milazzo, M. Bien, S. K. Nall, K. D. Vickery, E. Mosites and J. A. Barocas (2024). [“Involuntary displacement and self-reported health in a cross-sectional survey of people experiencing homelessness in Denver, Colorado, 2018–2019.”](#) *BMC Public Health* 24(1): 1159.

Displacement contributes to fear and anxiety impacting sleep and exacerbating chronic stress. Such actions also disrupt social connections which can contribute to poor mental health. Also, the loss of personal items such as photographs, or ashes of a loved one negatively impact mental health and are irreplaceable.

- c. *Increased stigma and disruption of community connections:* Homelessness is associated with high degrees of stigma within society and homeless people often face negative comments from the surrounding community. Displacements which treat people and belongings as something to be thrown away can increase stigma. Encampments provide a place of community and connections which can provide a source of social support and wellbeing that counter feelings of isolation and loneliness, issues which are particularly acute among those with disabilities and seniors.

- d. *Loss of medications and medical equipment:* Lifesaving and essential medications may be destroyed or lost. For example, the loss of antibiotics to treat infections which can worsen and become life threatening. Chronic health issues and losing medications can make it difficult to manage conditions such as diabetes, high blood pressure, heart issues all which are increased among seniors. Conditions again can worsen, and it can be challenging to replace medications due to restrictions on prescriptions or access to health care providers. Additionally, medical equipment used by those with disabilities and seniors such as canes, walkers and braces may be thrown away or destroyed. Again, these may be difficult to replace given funding

restrictions as well as time necessary to obtain replacements and severely limit mobility. Loss of clean supplies for drug use can increase risk of HIV and Hepatitis C.

- e. *Increased overdoses and death:* Canada is in the grips of a worsening public health crisis related to unintentional overdoses due to a toxic and unregulated drug supply.²⁹ A crisis that disproportionately impacts Indigenous people.³⁰ The displacement of homeless individuals who use drugs significantly increases their risk of overdose and death. In a modeling study of 23 cities in the United States, Barocas et al. predicted that involuntary displacement or sweeps of people experiencing homelessness would increase overdose deaths, hospitalizations, and reduce access to opioid agonist therapy.³¹ The loss of Naloxone means loss of the ability to quickly reverse overdoses and save lives from overdoses. Losing opioid agonist or safer supply prescriptions and medications can result in returning to a deadly, unregulated drug market to cope with withdrawal symptoms. Individuals in encampments often form communities of support³², which are vital in preventing overdose by ensuring that people do not use drugs alone. These are first-line responses to preventing death in the context of a public health emergency. Displacement disrupts access to community support, isolates

²⁹ [“Key Findings: Opioid and Stimulant Harms in Canada”](#), Health Infobase, Government of Canada, June 25, 2025.

³⁰ [“Toxic Drug Crisis Data”](#), First Nations Health Authority.

³¹ Barocas, J. A., S. K. Nall, S. Axelrath, C. Pladsen, A. Boyer, A. H. Kral, A. A. Meehan, A. Savinkina, D. Peery, M. Bien, C. Agnew-Brune, J. Goldshear, J. Chiang, B. P. Linas, G. Gonsalves, R. N. Bluthenthal, E. Mosites and N. S. Group (2023). [“Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities.”](#) *JAMA* **329**(17): 1478-1486.

³² Exhibit “B”, “Forced to Become a Community”, *supra*.

individuals, and places them in unsafe situations where they may use alone as well as further from services.

21. **Reduces and disrupts connections to health services:**

- a. *Reduces access to primary care.* It becomes more difficult for outreach teams, including nurses and other service providers, to locate individuals, and people are often moved farther away from essential services such as primary care. For example, loss of contact with outreach providers means that homeless people may not have access to healthcare or be aware when detoxification beds become available or the ability to keep appointments.
- b. *Evictions and displacement erode trust.* Trust is a critical element in healthcare delivery for people who use drugs and those experiencing homelessness.³³ Due to past negative experiences, people in these situations often have high levels of distrust toward healthcare providers and systems.³⁴ Displacement breaks these relationships, which are already fragile and make it difficult to reestablish.³⁵ The breaking of these relationships limits access to a range of health services and

³³ Pauly, B., "[Close to the street: Nursing practice with people marginalized by homelessness and substance use, in Homelessness and Health in Canada](#)", S. Hwang and M. Younger, Editors. 2014, University of Ottawa Press: Ottawa.

³⁴ Chan Carusone, S., et al., "[Maybe if I stop the drugs, then maybe they'd care?](#)"-hospital care experiences of people who use drugs", *Harm Reduction Journal*, 2019. 16(1): p. 16.

³⁵ Pauly, B.B., "[Shifting moral values to enhance access to health care: harm reduction as a context for ethical nursing practice](#)", *Int J Drug Policy*, 2008. 19(3): p. 195-204; Liu, M. and S.W. Hwang, "[Health care for homeless people](#)", *Nature Reviews. Disease Primers*, 2021. 7(1): p. 5.

exacerbate already existing health challenges. Further distrust and loss of hope can contribute to increased reluctance to access services in the future.

22. Disrupts pathways to housing and income:

- a. *Loss of identification and other records:* Records such as driver's licenses, healthcare cards, birth certificates, social security and other forms of identification are thrown out or destroyed. Such documents are required to apply for housing, income, health benefits, employment and file taxes. The process of replacement is both costly and time consuming which can interfere with accessing benefits as well as securing employment and housing.
- b. *Criminalization:* Criminal charges related to arrests can interfere with employment and housing opportunities as well as jail time which can contribute to cycles of homelessness. People who are homeless are living in extreme poverty. They are unable to pay fines which can result in further criminalization, including arrests or jail time.
- c. *Disrupt housing opportunities:* People are often on housing wait lists and if an opening comes up, individuals cannot be located by outreach workers due to encampment displacements. In some cases, additional information is needed to ensure they maintain their place on a waitlist, which is also further compromised.
- d. *Disrupt employment:* People in encampments may already be employed and community members assist each other by taking care of their belongings during working hours. Also, work equipment may be thrown out or destroyed during

displacement which can mean loss of employment. Displacement can also mean loss of access to transportation and ability to commute to employment.

23. **Contributes to unsafe situations:** As people are driven to less visible and less safe spaces, this can contribute to poorer health in the absence of adequate survival gear, decreased access to services, lack of safe water, transportation and isolation leaving people vulnerable to assault and other risks. This can push people deeper into instead of out of homelessness and contribute to interpersonal conflict and violence.

24. **Increased community costs:** The costs of displacement constitute a source of harm in that investment in policing, security and other means of enforcement are costly to communities and reduce resources for effective evidence-based solutions such as housing or rental supplements. This can include the costs of signs, fencing, court costs, and storage of confiscated items, which all contribute to community costs. Confiscation of survival items, medications, medical equipment, and identification have costs to replace, which puts a burden on donors, the health care system, and social service organizations. Displacement increases harm which can increase costs through the use of emergency services and hospitalizations.

25. Displacement furthers harm and it moves people further away from solutions and support. Displacement, with the rash of unintended consequences supported by evidence, should be avoided. Some of the harms associated with displacement include confiscation of property and the displacement itself. If there is a long lead-time to allow time to find suitable housing then that could make a difference, provided suitable housing is actually found. However, if suitable housing is not found, then a displacement will cause harm regardless of the period of notice provided. If

the displacement is rapid and sudden it can also be more violent as opposed to a gradual moving of people into other spaces.

26. Transitions into short term housing options, such as emergency shelter or time-limited motel spaces to have people move out of an encampment may not be suitable for everyone. There are many reasons why staying in emergency shelters and motels may be untenable for people and this will end up in further displacement. Evictions in themselves add another layer of harm.

Staged Approaches to Housing

27. The concept of a staged approach to housing, is similar to a previously held theory referred to as the continuum of care. The thinking behind the continuum of care concept is an idea that people must be ready for permanent housing and readiness is achieved by moving through a series of transitional or temporary housing arrangements in which permanent housing is earned. While this is still a common belief among housing providers and policy makers in North America, it is inconsistent with human rights and evidence. In Canada, there is a legislated right to housing³⁶ but in a costly and highly privatized housing market, people cannot claim their right to housing and are often forced to shelter outdoors when shelters and adequate housing are not available. In terms of human rights, the National Protocol on Encampments clearly lays out the rights of homeless persons to be involved and have a say in decisions that impact them.³⁷

28. In relation to the evidence, numerous rigorous studies of Housing First, in which people are placed directly into permanent housing with supports is current evidence-based best practice

³⁶ [National Housing Strategy Act](#), SC 2019, c 29, s 313.

³⁷ Farha, L. and Schwan, K., "[A National Protocol for Homeless Encampments in Canada](#)," *UN Special Rapporteur on the Right to Housing*, April 30, 2020.

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TAB 30

'Forced to become a community': Encampment residents' perspectives on systemic failures, precarity, and constrained choice

Nicholas Olson & Bernie Pauly

2023

Faculty of Human and Social Development

Faculty Publications

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'Forced to Become a Community': Encampment Residents' Perspectives on Systemic Failures, Precarity, and Constrained Choice

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Abstract

Homelessness is a serious public health concern with devastating consequences for health and wellbeing of homeless people. Visible signs of homelessness often appear in the form of encampments or tent cities. Such sites often raise controversies about public health and safety without attention to the structural, systemic and individual factors that contribute to their existence, including deficits in basic determinants of health and a failure to protect human rights to housing. The purpose of this paper is to explore the conditions that contribute to homeless encampments and ongoing issues of precarity, and right to housing from the perspective of residents of one encampment. The data set was comprised of 47 affidavits taken from 33 people from one tent city in Victoria, British Columbia (BC) in anticipation of legal action to remove residents and their belongings in 2016. We used Braun and Clarke's (2006) approach to thematic analysis to identify, analyze and report patterns within the data. Residents spoke to systemic failures within the homeless sector itself as a factor in decisions to live in an encampment. Participants highlighted the challenges of 'being chained to a backpack' with nowhere to go and the impact of bylaws and policing on their health and well being. They acknowledged that while living in an encampment is a last resort it is often a better option than the streets or shelters with the benefits of a community, albeit a forced one with ongoing precarity. Public health responses to encampments should focus on centring human rights to adequate housing including self-determination and access to determinants of health. Such responses are aligned with public health commitments to health equity and social justice and require public health infrastructure.

Keywords

Homelessness; encampments; tent cities; public health; human rights

Introduction

In the United States (US), over 580,000 people experience homelessness on a single night in 2020 (Henry et al., 2021). In Canada, there are 235,000 people with 35,000 on a given night (Gaetz et al., 2016). Homelessness is a serious public health issue in which individuals experience poor

health, lack of access to health services, and deficits in key social determinants of health such as housing, food, and income as well as high levels of stigma and discrimination and lack of self-determination (Buccieri et al., 2020; Fowler et al., 2019; Frankish et al., 2005, 2009; Hwang et al.,

2011; Ontario Agency for Health Protection and Promotion (Public Health Ontario) & Berenbaum, 2019; Riley et al., 2012; Sleet & Francescutti, 2021; Tsai et al., 2017). As the National Healthcare for the Homeless Council (National Health Care for the Homeless Council, 2019) observes “being without a home is a dangerous health condition” and “no amount of healthcare can substitute for stable housing” (p. 2).

Homeless people often face multiple and intersecting sources of systemic stigma and discrimination based on economic status, gender, ethnicity age, substance use, mental health and other issues impacting health, and access to housing and services (Frankish et al., 2005; Pauly, 2014). In the absence of safe and affordable housing, some people create shelter outdoors in homeless encampments (Cohen et al., 2019). Encampments existed pre COVID but public health measures put in place to slow the spread of COVID-19 reduced shelter spaces and increased visible homelessness in encampments with increasing risks and harms for people experiencing homelessness and nowhere to shelter (Allegrante & Sleet, 2021; Perri et al., 2020).

Encampments are met with varied community responses from community sweeps and displacement with or without supports to tacit acceptance and/ or in a few cases sanctioning (Cohen et al., 2019). Public controversies surrounding visible encampments are often closely intertwined with discussions of public health and public safety including lack of sanitation and increasing crime as reasons for displacement (Lorinc, 2020; Olson & Pauly, 2021). These discussions take place in a political and policy landscape that displaces and/or criminalizes people for acts of living such as eating, sleeping, and performing bodily functions in public amidst lack of access to basic public health infrastructure and safe, acceptable, and affordable housing for living (Rankin, 2019, 2020). In fact, government officials often cite lack of public health infrastructure as a reason for eviction and displacement of encampments (Speer, 2016).

Rankin (2019, 2020) found that a person experiencing homelessness is no more likely to commit a crime than a housed person, with the exception of laws that specifically punish people

for performing “necessary, life-sustaining activities in public” (p. 99), making it difficult to survive as a homeless person without breaking the law (Langeegger & Koester, 2017). Russell (2020) found that the majority of charges laid in geographic areas surrounding encampments were non-violent drug offences and that nearly a third of encampments in Portland, Oregon had a crime concentration less than that of the rest of the city. Further, narratives that displace and criminalize people experiencing homelessness employ neo-liberal arguments that criminalize and blame individuals for their choices while ignoring the systemic and structural issues that produce homelessness in the first place. For those who are visibly homeless, the stigma is especially intense contributing to negative attitudes and violence towards homeless people (Harter et al., 2005), obscuring structural and systemic causes and limiting public health responses rooted in the social determinants of health and rights to housing.

Increasingly, US cities rely on anti-camping, ‘quality of life ordinances,’ ‘move on’ orders or street checks to ‘remove visible poverty from its city streets’ by continually displacing people experiencing homelessness with nowhere to go (Ruan et al., 2018) (p.1). Rankin (2020) highlights that the latter (without ordinances) type of ‘civil enforcement’ evades courts and legislation, and thereby meaningful reporting and accountability. While civil enforcement is more widely used by municipalities than criminal charges. Rankin (2019) notes that both civil and criminal enforcement increases people’s likelihood of remaining homeless, getting sick, self-medicating, becoming incarcerated, or dying. Other researchers have found that the constant presence and threat of policing and displacement in homeless people’s lives contributes to difficulties with sleeping and poor mental health as well as trauma and emotional distress (Cohen et al., 2019; Westbrook & Robinson, 2020).

Homelessness arises from a complex interplay of multiple structural, systemic, and individual factors (Allegrante & Sleet, 2021; Fowler et al., 2019; Gaetz et al., 2013). Structural factors include lack of investments in affordable housing; erosion of social safety nets and inadequate incomes; and multiple forms of discrimination including racism, classism, and sex and gender discrimination (Gaetz et al., 2013).

Systemic factors include the failure of social systems of care and support such as discharges from hospitals, corrections and child welfare, which in turn require a reliance on the homelessness sector (Gaetz et al., 2013). Structural and systemic factors intersect with personal situations to produce a set of conditions in which individuals become unhoused. Homelessness can be understood as a consequence of multiple policy decisions at every level of government (Allegrante & Sleet, 2021).

Displacement and criminalization as responses do little to address the structural and systemic factors that produce homelessness, propel stigma and limit self-determination with potential violation of human rights of homeless persons. In contrast, public health responses, centred in health equity and social justice, emphasize responses that seek to address social conditions such as housing, income and discrimination that impact health and access to basic determinants of health (Community Solutions; Health, 2008; Olson & Pauly, 2021).

Determinants of health, such as housing, food, non-discrimination and self-determination are enshrined as human rights in international treaties and covenants and central to public health promotion and the realization of other human rights (Braveman, 2010; Meier et al., 2018). In 2019, Canada passed the National Housing Strategy Act recognizing international rights by legislating the right to housing and recognizing that housing is inherent to health and well-being (Government of Canada, 2019). Encampment residents are subject to human rights violations given the deficiencies in determinants of health such as water, food, housing, non-discrimination, and self-determination. Further, ongoing homelessness and failure to implement a human right to housing is contributing to precarious living, poor health and premature death for homeless persons (The Centre for Equality Rights in Accommodation & The National Right to Housing Network, 2021).

Precarity can be understood as 'the politically induced condition in which certain populations suffer from failing social and economic networks' thus impacting their ability to live healthy lives and remain free from 'injury, violence, and death' (Butler, 2009). Precarity finds its roots in a deteriorating social safety net, a reality made through the 'power relations and structural

violence' of neoliberal capitalism (Shaw & Byler, 2016) and ongoing colonization. Often, homelessness is mythologized, as being the result of individual choice, or a series of deviant choices (Parsell, 2012). Precarity draws attention to the breakdown of 'social, political, and economic institutions' that force people into a situation of constrained choice, having to choose between staying in unsafe situations, emergency shelters or living outdoors and responded to imposed precarity through sites and techniques like encampments.

There has been limited Canadian research on encampments, and little focus on perspectives of encampment residents regarding structural and systemic factors that impact their decisions to take up residence in an encampment and the role of encampments in their lives. Such understandings are important beginning points for realizing housing as a human right. The purpose of this paper is to explore the structural and systemic conditions that contribute to homeless encampments and ongoing issues of precarity from the perspective of residents of one encampment in Victoria, British Columbia (BC): Super Tent City (SIC). The specific research questions were: 1) what were the benefits and challenges associated with living in SIC compared to the streets and shelters? and 2) what were issues related to accessing shelters and housing? We begin with a description of SIC, followed by describing our methodology, and findings.

Super in Tent City (SIC), Victoria, BC

SIC was an encampment located on the unceded traditional territory of the *sx̱w̱eṉx̱w̱əŋ* (Swengwhung) Family of the Lekwungen People, known commonly as Victoria, British Columbia (BC), Canada. Victoria is the capital city of BC and has been home to several tent cities including Cridge Park (Sargent, 2012) that have challenged current laws and regulations related to camping in public spaces. In 2008, the BC provincial court found that it was a violation of human rights not to allow people to erect shelter to protect themselves. Following this judgement, the City of Victoria introduced 7 to 7 camping restrictions in which shelter can only be erected from 7 pm to 7am and a cycle of daily displacement. In 2015, the provincial courthouse lawn in Victoria, BC

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TAB 31

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DR. STEPHEN GAETZ

I, Stephen Gaetz, of the City of Colborne in the Province of Ontario, AFFIRM AND SAY:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.

Credentials and Nature of Work

2. A copy of my Curriculum Vitae is attached hereto as **Exhibit “A”** to my affidavit.
3. I am a full Professor in the Faculty of Education at York University, in Toronto, Ontario, where I have been on the faculty since 2000. I am also President and CEO of the Canadian Observatory on Homelessness (“COH”), a research institute with a mandate to work in collaboration with partners to conduct and mobilize research to have an impact on solutions to

homelessness.¹ As President of the COH, one of my key projects is the Homeless Hub (www.homelesshub.ca), an innovative web-based research library internationally recognized as a leading example of innovation in knowledge mobilization. I also co-lead, and am Scientific Director of Making the Shift – A Youth Homelessness Social Innovation Lab (“Making the Shift”).² In 2021, the United Nations Economic Commission for Europe designated the collective body of work of the Canadian Observatory on Homelessness and A Way Home Canada the UNECE Toronto Centre of Excellence on Youth Homelessness Prevention at York University.³

4. I have had a long-standing interest in understanding homelessness – its causes, how it is experienced, and potential solutions. My interest began when I worked in the homelessness sector for seven years in the 1990s, which gave me extensive insight into the causes and conditions of homelessness, as well as institutional responses to homelessness. My expertise extends to the structure and operations of the homeless shelter system. I began to develop this expertise when I worked at the Shout Clinic (1993-1999), where I focused on youth homelessness, and at the Queen West Community Health Centre (1999), where I focused on adult and family homelessness. In both positions I regularly visited emergency shelters for youth, adults and families. Since that time, I have continued to visit emergency shelters across Canada and internationally and have developed further expertise on the characteristics and

¹ “About Us: Canadian Observatory on Homelessness,” Homeless Hub, 2021, [https://www.homelesshub.ca/about-us/about-the-coh#:~:text=The%20Canadian%20Observatory%20on%20Homelessness%20\(COH\)%20is%20a%20non%2D,with%20lived%20experience%20of%20homelessness](https://www.homelesshub.ca/about-us/about-the-coh#:~:text=The%20Canadian%20Observatory%20on%20Homelessness%20(COH)%20is%20a%20non%2D,with%20lived%20experience%20of%20homelessness).

² “What is Making the Shift: Youth Homeless Innovation Lab,” Making the Shift, accessed June 5, 2022, <https://makingtheshiftinc.ca/what-is-making-the-shift/>.

³ United Nations Economic Commission for Europe, “UNECE Establishes Toronto Centre of Excellence on Youth Homelessness Prevention at York University,” June 16, 2021, <https://unece.org/housing-and-land-management/press/unece-establishes-toronto-centre-excellence-youth-homelessness>.

operations of shelters, as well as on the perspectives of individuals and families who use them because they are without housing.

5. My program of research has been defined by my desire to “make research matter” through conducting rigorous scholarly research that contributes to our knowledge base on homelessness and is mobilized so that it has an impact on policy, practice and public opinion. In particular, I focus on research designed to move away from our current response which focuses on emergency services and supports such as shelters and day programs to a response that focuses on prevention and sustainable exits from homelessness. As an internationally recognized leader and innovator in the area of knowledge mobilization, I have pioneered efforts to bring together researchers, practitioners, policy makers and people with lived experience of homelessness to participate in a broad agenda of community-engaged scholarship and knowledge creation designed to contribute to solutions to homelessness. In 2016 I was awarded a Research Impact (Connection) award by the Social Sciences and Humanities Research Council of Canada, and in 2017 I was made a Member of the Order of Canada.

Defining homelessness

6. The Canadian definition of Homelessness is as follows:

“Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be

homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”⁴ I note that this definition of homelessness has been adopted by both

Statistics Canada and Reaching Home, Canada’s Homelessness Strategy.

7. Homelessness describes a spectrum of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. This spectrum includes:

- a. Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation, including encampments;
- b. Emergency Sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;
- c. Provisionally Accommodated, referring to those whose accommodation is temporary or lacks security of tenure; and
- d. At Risk of Homelessness, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards.

8. For many people homelessness is not a static state but rather a fluid experience, where one’s shelter circumstances and options may shift and change quite dramatically and frequently.

⁴ Stephen Gaetz et al., “Canadian Definition of Homelessness,” *Canadian Observatory on Homelessness*, 2012, <https://homelesshub.ca/wp-content/uploads/2024/04/COH-Canadian-Definition-of-Homelessness.pdf>

9. According to the Canadian definition of homelessness, the risk factors that contribute to vulnerability to homelessness include:

- a) Housing precarity;
- b) Precarious employment;
- c) Sudden unemployment with few prospects and little to no financial savings or assets, or social supports to turn to for assistance;
- d) Supported housing with supports that are about to be discontinued;
- e) Households facing eviction, lacking the resources needed to afford other housing including social supports, or living in areas with low availability of affordable housing;
- f) People with severe and persistent mental illness, active addictions, substance use and/or behavioural issues;
- g) Division of household caused by situations (such as separation, divorce, conflicts between caregivers and children, or roommates moving out);
- h) Violence / abuse (or direct fear of) in current housing situations; and
- i) Institutional care that is inadequate or unsuited to the needs of the individual or family.

The Causes of Homelessness

10. There is no single cause that explains everyone's experience of homelessness. Pathways into and out of homelessness are neither linear nor uniform. However, individuals and families who wind up homeless share the characteristics that they are extremely vulnerable and lack adequate housing and income and the necessary supports to ensure they stay housed.
11. Nevertheless, using a social-ecological model, we can explain the causes of homelessness as the outcome of a complex and intricate interplay between structural factors, systems failures, and individual circumstances.⁵
12. Structural factors include economic, systemic, and societal issues that affect outcomes and opportunities for young people and their families.⁶ Because these factors occur at a societal level, individuals and families cannot control these factors and the impact on their lives, and people have limited ability to change them. Structural factors not only affect people experiencing homelessness, but much larger segments of the population. Key structural factors that contribute to homelessness include social and economic conditions like poverty, violence, inadequate education, underemployment, and lack of affordable housing. Other contributing factors include discrimination in the form of homophobia, transphobia, racism, and bullying. Ongoing racism and the experience of colonialism are at the core of experiences of homelessness for many Indigenous people and their families. These structural factors not only

⁵ Stephen Gaetz and Erin Dej, "A New Direction: A Framework for Homelessness Prevention," *Canadian Observatory on Homelessness Press*, 2017 https://homelesshub.ca/wp-content/uploads/2024/04/COHPreventionFramework_1.pdf

⁶ Gaetz and Dej, "A New Direction", [18](#)

contribute to housing precarity for individuals and their families but can manifest at the community level as well.

13. Systems failures refer to those situations where inadequate policy and service delivery contribute to the likelihood that someone will become homeless. Systems failures that contribute to homelessness occur when individuals and families experience:

- e. Barriers to accessing public systems (e.g., health, social services, legal supports) that they are entitled to, or where the supports they get are inadequate in protecting the person from homelessness; these barriers are unequally distributed, with some groups facing greater disadvantage than others.
- f. Failed transitions from publicly funded institutions and systems: including (for example) child welfare, hospitals, and corrections; inadequate discharge planning and support means that many individuals fall into homelessness upon leaving such systems because they lack other options.
- g. Silos and gaps both within and between government funded departments and systems, and also within non-profit sectors: the division of services, funding, and data into silos impedes collaboration and undermines the ability of communities and government to take an integrated systems approach to complex social problems; it also creates untold problems for individuals and families who struggle to get their needs met, specifically creating challenges for people to identify, access, and navigate necessary services and supports.

14. Individual and relational factors refer to the personal circumstances that place people at risk of homelessness, and may include:

- h. Personal or family crises: such as emergencies (e.g., house fire, community evacuation, sudden unemployment, eviction) or personal crises (e.g., family break-up or intimate partner violence).
- i. Housing precarity and insecurity: the Canada Mortgage and Housing Corporation defines a household as being in “core housing need” if an individual or family’s housing: “falls below at least one of the adequacy, affordability, or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)”.⁷
- j. Interpersonal and relational problems: includes ongoing family conflict, interpersonal violence and abuse, involvement with the criminal justice system, and/or mental health, addictions, and justice problems among other family members.
- k. Interpersonal violence: People experiencing interpersonal violence or abuse (or living in direct fear of violence or abuse) in their current housing situations may be at risk of homelessness.
- l. Trauma: the relationship between homelessness and trauma is bidirectional; trauma in the form of adverse experiences is both a risk factor for, and a potential outcome of, homelessness, and can lead to mental health challenges and behavioural changes that can impair decision making.

⁷ Canada Mortgage and Housing Corporation, “The National Housing Strategy Glossary of Common Terms,” 2022, <https://www.cmhc-schl.gc.ca/en/nhs/guidepage-strategy/glossary>.

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TAB 32

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF LAURA PIN

I, Laura Pin, of the City of Hamilton, in the Province of Ontario, AFFIRM AND SAY:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as information not based on my personal knowledge, which I believe to be credible and true.
2. I am an Associate Professor and researcher at Wilfrid Laurier University. I currently lead a multi-year federally funded research project reviewing municipal policy responses to encampments through a human rights lens. Please find attached as **Exhibit “A”** to this affidavit a copy of my current curriculum vitae.
3. I am a member of the Co-creators table of the Plan to End Chronic Homelessness (“PECH”) and have been a member of the table since it was first established. The Plan to End Chronic

Homelessness was approved by the Region of Waterloo (“Region”) on April 24, 2024. The Co-creators table is a group comprised of over 60 community organizations and individuals representing virtually all facets of the homelessness response locally. The role of the Co-Creators table is to coordinate local policy and program action to address chronic homelessness among diverse stakeholders active in the Region, including service providers, lived experts, community advocates, academics and other relevant organizations. The Co-Creators meet once a month for three hours at a time. I cannot always attend the Co-Creators meetings, I estimate that I have attended a third of them to date, however I keep updated by reading the emails and website. Please find here for information the website for the Co-Creators: <https://sites.google.com/overlapassociates.com/pechcocreator>

4. I also sat on a PECH sub-committee chaired by David Alton, who is with Social Development Centre Waterloo Region, from August 2023 to April 2024. The sub-committee focussed on a Human Rights Review of Municipal Policies and Bylaws. The sub-committee met monthly, sometimes more frequently, and were attended by Peter Philips from the Region of Waterloo, who was then the Manager of PECH. The subcommittee prepared a report that was integrated into the Lived Expertise Prototyping report and Plan to End Chronic Homelessness, both of which were subsequently adopted by Regional Council. As part of this work, we met with Commissioner of Social Services Mr. Peter Sweeney in December of 2023 to share findings and discuss the need for a human rights centred approach in housing services and also other regional departments.

5. I believed that by adopting the PECH, the Region committed to a human rights approach. This is mentioned throughout PECH, specifically at page 43 which states “Human Rights needs to be a building block of our community approach to housing (Lived Expertise Prototyping Cohort, 2024) – alongside Housing First – and should drive our empathy, action and advocacy.”
6. On March 20, 2025, I attended the Co-creators meeting. As a part of that meeting the PECH All of Community Leadership Model prototype was provided. The Prototype explained the Model would 1. transform the role of the regional government in relation to homelessness by setting and continually evaluating a shared community vision by upholding human rights in our values, goals and actions; 2. hold the system accountable by formalizing a transparent, explorative and flexible decision-making as well as outcome evaluation; and 3. build an inclusive system and community culture by anchoring work in collective ethics informed by the human rights approach. Please find attached as **Exhibit “B”** a copy of this prototype from the March 20, 2025 PECH Co-Creator Roundtable presentation.
7. Due to my ongoing involvement with regional policy work and expertise in studying of chronic homelessness, the Region approached myself and my colleague Dr. Erin Dej to be hired on contract to engage in policy work for the Region on PECH. In April 2025, the contract for this work had not yet been formally signed but all of the parties were in agreement to move forward. It was planned to announce this contract and our work at the Co-creators meeting on Tuesday, April 15, 2025.

8. On Monday, April 14, 2025, I received an email sent to myself and Dr. Dej from the Manager of the PECH, Ms. Jen Gordon titled “Can we chat ASAP”. Please find attached as **Exhibit “C”** a copy of this email. We arranged to meet over Microsoft Teams that afternoon. In the meeting was myself, Dr. Dej, Ms. Jen Gordon, Mr. Ryan Pettipiere, the Director of Housing Services for the Region, and Mr. Chris McEvoy, Manager, Housing Policy & Homelessness Prevention for the Region.
9. During the meeting Mr. Pettipiere explained there was an announcement happening on Wednesday, April 16, 2025 from the Region and he expected that Dr. Dej and I would be upset with the content of the announcement to the extent that we may find ourselves unable to continue working with the Region. He indicated the Region still wanted Dr. Dej and I to agree to the contract but because of the announcement it may change my and Dr. Dej’s decision about working with the Region. Mr. Pettipiere did not provide any more information about the nature of the announcement. Ms. Gordon recommended we delay announcing to the Co-creators table the policy work until after the Region’s announcement. We agreed to this arrangement.
10. On April 15, 2025, Erin Dej and I attended the Co-creator meeting. No mention was made by Region staff of any upcoming announcement.
11. On April 16, 2025, I learned that as of 1:00 pm police officers and bobcats arrived at the 100 Victoria Street Encampment (the “Encampment”). I was concerned about the impact that police officers and bobcats would have on people staying at the Encampment, as sudden

deployment of heavy equipment without pre-warning or communication is retraumatizing for people experiencing homelessness who have experienced forced displacement in the past. I sent out an email to the full Co-creators email list of over 125 plus members to ask for some transparency and accountability with respect to their presence, as I had heard from community members present at the Encampment at 1:00 pm that people staying there were concerned that the equipment could indicate plans for forced removal. Please find attached as **Exhibit “D”** a copy of this email. I did not receive a response to the email from anyone at the Region to my email. I did receive reply-all responses from two other members of the Co-Creators table expressing concern and asking for clarity. To my knowledge, the Region did not respond directly to any of these emails.

12. On April 16th, 2025 at 2:46 pm, I received an email message from Commissioner Sweeney, indicating that the Region was going to be considering a new by-law concerning the Encampment, and that the report and draft text of the by-law would be available on the Region’s website at 4:00 pm, as part of the agenda package for the Regional Council Meeting planned for April 23, 2025. Please find attached as **Exhibit “E”** a copy of this email. Shortly after 4:00 pm, I reviewed the draft report and Site Specific By-Law (“By-Law”). I was surprised that there had been no previous consultation with the PECH Co-Creators concerning the By-Law as it related to individuals experiencing chronic homelessness in the Region and as such fell within my understanding of the mandate of PECH. I also was concerned that there had been no consultation concerning the By-Law with individuals residing at the Encampment, or with service providers working with people at the Encampment or with those experiencing chronic homelessness across the Region more broadly, as my understanding of the PECH was

that it created a set of expectations that collaborative discussion with the housing and homelessness ecosystem would be part of any policy and program decisions concerning chronic homelessness.

13. Beyond the exclusion of PECH, I was particularly concerned about a number of provisions in the By-Law that seemed to make it functionally impossible (or at least very difficult) to maintain a tent/shelter structure at the Encampment, including restrictions on movement for residents, restrictions on site access for service providers, provisions for kettling residents into progressively smaller pieces of the property, vague and unclear prohibitions on harmful or threatening materials, and highly punitive fines for contravening any part of the By-Law. I also was concerned about the section of the staff report that described the By-Law as retroactively applying from date of notice once Regional Council approved the By-Law, as this seemed to imply that residents (who had not yet been informed of the By-Law) should be pre-emptively complying with guidelines that were not yet approved, or even publicly discussed.

14. I attended the online debrief meeting on April 17, 2025 facilitated by the Region and asked several questions. Commissioner Sweeney attempted to answer my questions, however, I found the responses either unclear, or clear but inconsistent with what was in the staff report that accompanied the By-Law, which he had approved. For example, the Commissioner emphasized that the By-Law was not yet in effect, however, the staff report clearly states that the By-Law applies retroactively to day of announcement.

15. On April 23, 2025, I attended the Regional Council meeting as a delegate on the By-Law I explained that I find the process by which the By-Law was developed deeply concerning. I

expressed my worry that the approach at the Encampment would be ineffective and undermine trust with community partners. I emphatically expressed that I could not fathom how the By-Law was developed without consulting the PECH Co-creators. This wasted the tremendous amount of work invested in building up collaborative policy infrastructure and the time and energy spent by service providers and lived experts.

16. In my delegation I pointed out that the By-Law was developed in secret, without input from community members and organizations. No one at the Encampment were informed of the By-Law and it was announced to the residents by the presence of police, bobcats and dumpsters. This announcement was not trauma informed or conducive to building pathways towards housing. I explained that on April 22, 2025, I spent time at the Encampment speaking with residents and no one from the Region had spoken to them about the By-Law. This was not meaningful engagement, not consistent with PECH or a human rights approach, or even good policy making.

17. My second point I made in my delegation was that there are not enough supportive housing spaces or subsidies available to house people experiencing homelessness by December 1, 2025. Given the Region's own recent point in time count which showed 2,300 residents of the Region experiencing homelessness, the situation has worsened since the decision issued by The Honourable Justice Valente in [*The Regional Municipality of Waterloo v. Persons Unknown and to be Ascertained*, 2023 ONSC 670](#). The proposal by the Region to offer motel rooms was made without any direct consultation with residents or service providers. This option is not

viable because of the significant barriers to these spaces and that they are temporary, not permanent, housing solutions.

18. Lastly, the By-Law criminalizes the survival activities of the residents of the Encampment and those who provide assistance to them. The By-Law prohibits anyone who was not a resident as of April 16, 2025 from residing there and proposes fines up to \$5,000.00 for individuals who move their structures without permission to another part of the lot, for example, to avoid flooding or hazards. The By-Law outlines a process for progressively “kettling” or fencing in the site while residents are still living there. This is not consistent with a human rights approach. I asked for Regional Council to direct staff to work with the PECH Co-creators table to create a realistic plan to work within the seven month timeframe which would be consistent with the principles of PECH to avoid harming and further marginalizing people experiencing homelessness in our community.

19. Despite my delegation and those from many other community members, Regional Council passed the By-Law.

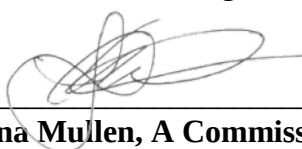
20. Since the passing of the By-Law I have worked to develop a survey to facilitate interviews of residents of the Encampment as well as other people in Waterloo Region and Hamilton experiencing homelessness. The Realizing the Right Encampment Survey provides a snapshot of the experiences of people staying in encampments in the Region. We surveyed 41 individuals who had stayed in encampments in Waterloo Region in the past 12 months. We found that most people have stayed in encampments for more than six months, with some

individuals indicating they have lived in encampments for several years. We further found that 66% of respondents described having a disability. We found that people staying in encampments in Waterloo Region experience multiple, complex, and overlapping barriers to emergency shelter access, relating both to the availability and accessibility of emergency shelter spaces. There are significant barriers to accessing permanent housing for people staying in encampments, including insufficient income to access private market housing, long waitlists for social housing, difficulty connecting with housing workers, and complex administrative rules governing social housing processes. Please find attached hereto as **Exhibit “F”** a Snapshot of our Realizing the Right Waterloo findings.

21. Since the passing of the By-Law I understand there has been an increased security presence noticeable decrease by Mutual Aid supporters in food, clothing and supply donations. I attach an op-ed written by my colleague Dr. Dej hereto as **Exhibit “G”** titled “Don’t block the help: Restoring access and dignity to Kitchener encampment residents” which was published in the Waterloo Record on June 10, 2025.

22. I make this Affidavit in support of the Respondent’s Application and for no improper purpose.

SWORN remotely by Laura Pin at the City of Hamilton, in the Province of Ontario, before me at the County of Wellington in the Province of Ontario on July 9, 2025 in accordance with O. Reg. 431/20.


**Joanna Mullen, A Commissioner
of Oaths (LSO#: 64535V)**



Laura Pin

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TAB 32A

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Dr. Laura Pin** on her affidavit dated February 20, 2026, taken via Zoom videoconference on consent of the parties on March 4, 2026.

APPEARANCES:

ANDREW LOKAN, Mr. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.

JENN DANCH, Ms. Amicus Curiae

source.

MS. SCHUIITEMA: Okay. I'm not sure that's in the record, so -- okay. We'll take a few minutes and think about re-direct.

--- BRIEF PAUSE

RE-EXAMINATION BY MS. SCHUIITEMA:

171. Q. So, Dr. Pin, one of your answers was talking about a component being a place where people can legally tent, and I was hoping you could describe to us what some of the components of a process or protocol or something like that might look like.

A. Sure. Thanks for the question. So -- or I shouldn't say, "Thanks for the question," I've been doing too many panel discussions lately. What I should say is, "Let me think about that." So, I think a place where someone could, like, a protocol where people could legally tent, where I've seen this work well is when there are a variety of spaces. So not a single location. There are some constraints put on those spaces and that can be partly for the safety of individuals encamping as well as to balance different public needs. So, for example, a common limitation might be around the number of spaces permitted, so

both London and Hamilton, which did have tenting protocols, had limits around five structures or tents being in place. And then also a plan for connection with services. So, for example, in the city of London where they have a tenting protocol, they also have a mobile service provision that regularly visited sites where they know people are encamped to make sure that they're able to access different sorts of social services as well as health services and basic needs. And so those are some of the pieces that I would see as being part of it.

Then another piece that is often part of public tenting protocols is a process of public consultation and engagement to try and work with those most affected by the issue. So, in this case it would be, in particular, individuals who are experiencing homelessness to identify suitable sites, and -- as well as clear communication of those sites to individuals experiencing homelessness and service providers.

172. Q. Okay. I think that's the only re-direct question I had. Thank you very much.

MR. LOKAN: So, we're done.

--- ADJOURNED

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TAB 33



[EXTERNAL *] Update on 100 Victoria Street

From Peter Sweeney <PSweeney@regionofwaterloo.ca>

Date Wed 4/16/2025 2:46 PM

Hello everyone,

We heard from some of you today about the changes to the site, including more garbage bins and a trailer that was put on site to facilitate meetings with residents.

Sharing an update with you today on the development of the Kitchener Central Transit Hub is entering a new phase, and the Region's property at 100 Victoria will be required later this year. As most of you know, the property was set for this purpose, and we committed to sharing that with you and with the community once a timeframe was confirmed. We're doing that today.

Regional Council will be considering a new report, [available online here after 4 p.m. today](#), for discussion at Council on April 23, 2025. The report includes a recommendation for a new bylaw for 100 Victoria Street that will facilitate the transition of the site for transit hub by December 1st, 2025. The report also includes a recommendation that Council provide additional housing resources to support those currently residing at 100 Victoria to transition to safer, alternative accommodations before that time. Over the coming months, Housing Services staff at the Region will work with residents of 100 Victoria and support them to access services that meet their needs.

Tomorrow, Ryan Pettipiere and I will be available to Co-Creators to answer questions and discuss this in more detail. Please join us tomorrow as your schedule allows:

- In person from 1:00 p.m. to 2:00 p.m. at the Kitchener Public Library (85 Queen St N, Kitchener)
- Online via Zoom at 2:30 p.m. ([zoom link here](#))
-

We will provide more information and answer your questions tomorrow. Please note this is an invitation to active members of the Co-creators only. Further communication for other interest holders and the community is also planned.

We know that this is short notice. If you are unable to make it tomorrow, please reach out to Janet Boyd at jboyd@regionofwaterloo.ca who can help arrange a connection with us next week.

Sincerely,
Peter

* **⚠ Notice:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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TAB 34

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF KAITLIN SCHWAN

(AFFIRMED AUGUST 15, 2025)

I, Kaitlin Schwan, of the City of Los Angeles, California, MAKE OATH AND SAY AS FOLLOWS:

1. The facts and opinions contained in this affidavit are based on my own research and experiences as well as other reliable research in this area, where noted.
2. I am the former National Director of the Women's National Housing and Homelessness Network and a Senior Researcher at the Canadian Observatory on Homelessness. I am an Associate Professor of Family Medicine at the University of Southern California's School of Family Medicine. I am appointed Assistant Professor, Status Only, at the University of Toronto's Faculty of Social Work. I am the former Senior Researcher for the UN Special

Rapporteur on the Right to Adequate Housing and former Director of Research for The Shift.

3. A copy of my Curriculum Vitae is attached to this Affidavit as **Exhibit “A”**.

4. I have been asked by the Waterloo Region Community Legal Services to provide an expert opinion in this matter regarding themes related to unhoused women. These themes include their unique experience accessing the shelter system, gender-based violence experienced by this population, the context of the encampment experience faced by women compared to men, the adverse effects of encampment evictions, and the impact of the law against the erection of tents on unhoused women living on the street. As well as to provide an opinion on homelessness and receipt of social assistance as personal characteristics linked to negative stereotype and discrimination.

5. I have attached the publication “The Pan-Canadian Women’s Housing and Homelessness Survey,” Schwan, K., Vaccaro, M., Reid, L., Ali, N., & Baig, K. (2021). *The Pan-Canadian Women’s Housing & Homelessness Survey*. Toronto, ON: Canadian Observatory on Homelessness (attached herein as **Exhibit “B”**) that I authored and adopt it as part of my opinion in this case. The *Pan-Canadian Women’s Housing & Homelessness Survey* is the largest national survey to date examining women and gender-diverse people’s distinct housing experiences, challenges, and service needs.

6. I have reproduced the following significant findings from **Exhibit “B”** that relate to the issues raised in this case and they are as follows:

- a. Women and gender diverse people experiencing housing need and homelessness reported high exposure to trauma and violence, with 75% identifying as a survivor of trauma or abuse;
- b. Women and gender diverse people reported significant barriers to accessing emergency services, with almost a third being unable to access a bed when they needed one; and
- c. 79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of their disabilities, with severe consequences for many.

HOUSING NEED AND HOMELESSNESS AMONGST WOMEN, GIRLS AND GENDER DIVERSE PEOPLE IN CANADA

7. Homelessness amongst women, girls, and gender-diverse people in Canada remains both understudied and underestimated, despite indications that these groups disproportionately experience both poverty and core housing need.¹ This is linked to the ways in which

¹ Sadie McInnes, “Fast Facts: 4 Things to Know About Women and Homelessness in Canada,” *Canadian Centre for Policy Alternatives*. August 26, 2016, accessed August 29, 2022,

commonly used definitions, typologies, and ways of measuring homelessness have failed to account for the hidden ways that women, girls and gender diverse people often experience housing instability and homelessness.²

8. They are also more likely to negotiate a number of high-risk survival strategies to obtain shelter and avoid the dangers of the streets and co-ed shelter spaces, including by staying in unsafe and exploitative relationships, and exchanging sex for shelter.³
9. National data from the Canadian Mortgage and Housing Corporation finds that women are more likely to be in core housing need than men across most ages, and that racialized women face especially high rates.⁴

<https://www.policyalternatives.ca/publications/commentary/fast-facts-4-things-know-about-women-and-homelessness-canada>

² See, for instance, Statistics Canada. (2023, June 16). *A review of Canadian homelessness data*. <https://www150.statcan.gc.ca/n1/pub/75f0002m/75f0002m2023004-eng.htm>. The report notes that Canadian homelessness data often lack gender-specific breakdowns, limiting understanding of the distinct experiences of women, girls, and gender-diverse individuals. It also identifies measurement gaps, particularly around hidden homelessness, and recommends standardized definitions and methodologies to better capture the experiences of all genders. Similarly, the 2024 HPS Point-in-Time Count methodology acknowledges that many individuals experiencing homelessness do not access shelters, and that hidden homelessness is only captured “where possible,” highlighting inherent underestimation. See: Infrastructure Canada. (2024). *2024 HPS Point-in-Time Count – Standards & Approach*. Government of Canada. Retrieved August 14, 2025, from <https://infrastructure.gc.ca/homelessness-sans-abri/index-eng.html>. For evidence of this pattern in other Global North nations see, for example: Savage, M. (2016). Gendering Women's Homelessness. *Irish Journal of Applied Social Studies*, 16(2), 43-64. See also Pleace, N. (2016). “Exclusion by Definition: The Under-representation of Women in European Homelessness Statistics.” In P. Mayock & J. Bretherton (Eds.), *Women's Homelessness in Europe* (pp. 105–126). London: Palgrave Macmillan.

³ Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, at s21

⁴ “Core housing need” is defined as spending 30% or more of its before-tax income to access housing that meets all three standards of adequacy, suitability, and affordability. See Canada Mortgage and Housing Corporation. (2025, March 11). *Core housing need and gender*. Housing Observer. <https://www.cmhc-schl.gc.ca/observer/2025/core-housing-need-gender>. See also Department of Finance Canada. (2024, April 17). *Statement and Impacts Report on Gender, Diversity, and Inclusion [Budget 2024]*. <https://budget.canada.ca/2024/report-rapport/gdql-egdqv-1-en.html>.

10. “It may be that the major trigger for homelessness is poverty and exclusion, but it is also clear that women do not experience homelessness in the same way as men. The triggers for women’s homelessness are often different and their trajectories while homeless are often different, women’s experience of homelessness is *different*. Gender plays a role.”⁵
11. ‘Hidden homelessness’ is the most common form of homelessness experienced by women and girls. It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability⁶, and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services.⁷ Hidden homelessness includes conditions such as “Remaining in an abusive relationship in order to maintain housing; living in inadequate or dangerous housing in order to keep the family together or maintain custody over one’s children; engaging in survival sex in order to access housing; and couch-surfing with family, friends, or strangers in order to avoid shelters, or because shelter services and affordable housing are unavailable or unsafe.”⁸ Part of the reason that women’s homelessness remains understudied, undercounted, and underfunded is because these survival strategies often render it invisible to official counts, policy makers, and service systems, allowing the scale and urgency of

⁵ Bretherton, *supra* note 3 at 6.

⁶ *Ibid.*

⁷ Isabel Baptista, “Women and Homelessness,” *Homelessness Research in Europe* 4, no. 1 (2010): 163-185; Maki, K. (2017). “Housing, Homelessness, and Violence Against Women: A Discussion Paper.” *Canadian Network of Women’s Shelters and Transition Houses*. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>.

⁸ Kaitlin Schwan, et al., “The State of Women’s Housing Need & Homelessness in Canada,” *Canadian Observatory on Homelessness Press*, 2020, 68, <http://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf>

women's homelessness to be obscured and deprioritized in research, funding allocations, and program design.⁹

INEQUITABLE ACCESS TO EMERGENCY SHELTERS, SUPPORTS & HOUSING FOR WOMEN, GIRLS AND GENDER DIVERSE PEOPLE

12. Data from Statistics Canada,¹⁰ Employment and Social Development Canada,¹¹ parliamentary reports,¹² and municipal data and research¹³ consistently indicate that emergency shelters across the country are operating at (or over) capacity and there remains a severe lack of gender-specific supportive, transitional, and permanent affordable housing that meets the needs of women, girls, and gender diverse people. Importantly, this is linked to systemic underfunding and inequitable funding in Canada for services, shelters, and housing that is gender-specific and meets the needs of women, girls, and gender diverse people.

13. Violence against women (“VAW”) shelters across Canada are chronically underfunded, with 46% of VAW shelters in Canada reporting that the top challenge facing service

⁹ Bretherton, *supra* note 3.

¹⁰ Statistics Canada. (2019). Canadian residential facilities for victims of abuse, 2017/2018. Statistics Canada Catalogue. Ottawa. <https://www150.statcan.gc.ca/n1/daily-quotidien/190417/dq190417d-eng.htm>.

¹¹ Employment and Social Development Canada. (2019). Highlights of the National Shelter Study 2005 to 2016. Ottawa. <https://www.canada.ca/en/employment-social-development/programs/homelessness/reports-shelter-2016.html>

¹² Vecchio, K. (2019). Surviving abuse and building resilience – A study of Canada’s systems of shelters and transition houses serving women and children affected by violence. Report of the Standing Committee on the Status of Women. <https://www.ourcommons.ca/Content/Committee/421/FEWO/Reports/RP10429173/feworp15/feworp15-e.pdf>

¹³ For example, City of Toronto. (2018). Street Needs Assessment. City of Toronto. <https://www.toronto.ca/wpcontent/uploads/2018/11/99be-2018-SNA-Results-Report.pdf>.

delivery was a lack of sustainable funding.¹⁴ A 2019 Statistics Canada survey found that on a national snapshot day across Canada, “669 women, 236 accompanying children, and 6 men were turned away from residential facilities for victims of abuse. The most common reason reported for a woman being turned away was that the facility was full (82%)”.¹⁵ The same Statistics Canada survey, repeated in 2022/2023, found that one-third of short-term facilities for victims of abuse were full on the national snapshot date, with a similar proportion reporting they had to turn away women and children. Among those turned away, most women (82%) said it was because the shelter was at capacity.¹⁶

14. Women and gender diverse people reported significant barriers to accessing emergency shelters, with almost a third unable to access a bed when they needed one (**Exhibit “B”, page 41**).

15. Regarding their experiences in emergency shelters, the top 7 problems reported by survey participants of *The Pan-Canadian Women’s Housing and Homelessness Survey* (**Exhibit “B”**) were as follows, from most reported to least:

- a. Feel like I don’t belong – 29.8%
- b. Not enough beds – 29.4%
- c. Discrimination from other participants – 27.6%
- d. Not knowing about services – 26.4%
- e. Not feeling safe – 26.2%

¹⁴ Statistics Canada, *supra* note 10.

¹⁵ *Ibid* at 3.

¹⁶ Statistics Canada. (2024). Canadian residential facilities for victims of abuse, 2022/2023. Statistics Canada Catalogue. Ottawa. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00005-eng.pdf>.

- f. No money for transportation – 25%
 - g. Discrimination/judgement from staff – 23.6%
16. Our survey findings contained in **Exhibit “B”** suggest that some women and gender diverse people are harmed by how the homelessness and VAW sectors structure and deliver services. In addition to the severe capacity issues that are well-documented, personal accounts indicate that shelters can exacerbate the very needs they are meant to address, including through discriminatory policies, duty to report policies, and rigid eligibility and acuity criteria. Shelter policies related to substance use, pets, and adult children – combined with a failure to employ trauma-informed, harm reduction approaches – result in women and gender-diverse people being turned away from services. This is particularly evident in the lives of women and gender-diverse people who have complex needs or are multiply-marginalized. The effects of such exclusion cannot be overstated. In some cases seemingly benign or very minor operational policies within shelters, drop-ins, transitional housing, and other emergency services produce traumatic results for those seeking or receiving support.
17. Violence Against Women shelters, which in many jurisdictions serve only women fleeing intimate-partner violence (“IPV”), create gaps in service for women who are experiencing violence due to being homeless or street-involved, or experiencing violence from other family members. This creates silos between women and gender diverse people who experience violence in different circumstances. Given this, it is not surprising that some women report feeling there is a “hierarchy of deservingness” that shapes who gets access

to services, and that women experiencing particular forms of violent victimization are prioritized over others.

18. Experiences of gender-based discrimination and race-based discrimination at shelters

further disenfranchise women and gender diverse people from spaces that are meant to protect them and their families. Being turned away from shelters can mean women and gender-diverse people are forced to utilize alternative strategies such as survival sex, going back to their abuser, or navigating systems like healthcare or criminal justice to seek immediate shelter.

19. Experiences of trauma and violence were reported both prior to and during experiences of homelessness by participants. Remarkably, over 75% of women and gender diverse persons reported being a survivor of abuse or trauma (**Exhibit “B”, page 45**).

20. Of the participants of the survey referenced in paragraph 4, attached as **Exhibit “B”**, 79% of women and gender diverse people experiencing housing need or homelessness report having a disability. This group reports significant inequities and discrimination on the basis of disability, with severe consequences for many. Analysis indicated having a disability was a significant predictor of negative housing outcomes. These included having difficulties accessing emergency shelter and supports, difficulties finding affordable and accessible housing, experiences of discrimination, and numerous additional inequities.

PROJECT WILLOW REPORT

21. I endorse the Project Willow Report attached as **Exhibit “C”**¹⁷.

22. The Project Willow study on experiences of gender-based violence among women experiencing homelessness in Waterloo Region surveyed 48 and interviewed 13 women and gender-diverse individuals in Waterloo Region in 2020. This study is significant because it provides insight into the experiences of women and gender-diverse individuals in Waterloo Region using emergency shelter. Pertinent findings include:

- 88% of participants reported as having a mental health condition and 31% of participants identified as having a disability;
- 73% of respondents stated they felt unsafe in co-ed shelters and avoided them. One participant shared about the violence they faced while staying in the co-ed shelter “I went there once and the first night I was there I was unfortunate to be raped”;¹⁸
- For some participants, the women’s emergency shelter also felt unsafe, which led them to choose camping and other rough sleeping options instead. One participant stated as follows: “Sometimes I camp because even staying in an all-women shelter feels unsafe to me. I feel people recommend the shelter too much because it’s the only one and I feel unsafe there sometimes”; and

¹⁷ Jennifer Gordon, et al., “Don’t Tell Them You’re Homeless: Experiences of Gender-Based Violence Among Women Experiencing Homelessness in Waterloo Region” *The Feminist Shift*, November, 2021, Accessed August 29, 2022, <https://thefeministshift.ca/wp-content/uploads/2022/07/YWKW-ProjectWillow-Impact-accessible-Report-R04-20220609-1.pdf>.

¹⁸ *Ibid* at 17.

- 64% of participants said they avoided spaces they perceived to be male dominated (ex: soup kitchens, meal programs, safe consumption sites, co-ed shelters, etc.) because they had safety concerns.

23. These findings are consistent with my research on homelessness among women and gender-diverse people across Canada.

PROBLEMS ACCESSING SHELTERS

24. My data collection and analysis in the survey referenced at paragraph 4 concluded that people with disabilities reported being unable to access shelter beds when they needed them at roughly twice the rate of those without disabilities (65.1% for people with physical disabilities vs. 34.9% for those without; 43.1% for those with mental health disabilities vs. 18% for those without). This suggests profound accessibility issues persist in the homelessness and VAW sectors. Evidence of this surfaced in other parts of the data. For instance:

- Persons with physical disabilities reported shelters and drop-ins were not accessible to them by public transportation at almost twice the rate of those without physical disabilities (11.6% vs. 6%).
- Shelters and drop-ins are inaccessible to people with physical disabilities at more than three times the rate of those without physical disabilities (10.7% vs. 3%).
- Individuals with substance use problems also experienced significant barriers when trying to access shelters. There was a significant association between reporting a

substance use problem and having been barred from shelters. Those that used substances reported being barred from shelters at a rate three times that of those who did not (30.9% vs. 10.4%).

EXPERIENCES OF WOMEN AND GENDER DIVERSE PERSONS IN ENCAMPMENTS, BENEFITS OF AN ENCAMPMENT VERSUS SHELTER

25. Research indicates that women, transwomen, and gender-diverse persons commonly experience harassment or violence within large mainstream homeless shelters, particularly co-ed and congregate shelters.¹⁹

26. In a recent study, one transwoman testified: “They asked me why don’t I go to men’s [shelter] before and I was getting sexually harassed all the time. I remember one time waking up [at a men’s shelter] and there was like five guys standing around my bed in the dark and they were all naked from the waist down. After I left the building. I never went back.”²⁰

27. Violence in homeless shelters appears to be increasing in some Ontario cities. A 2021 report indicated a 200% increase in violent incidents and a 125% rise in deaths over a five-year period.²¹ More recent data further underscores this concerning trend. According to the

¹⁹ Schwan, *supra* note 8.

²⁰ Lyons, T., Krüsi, A., Pierre, L., Smith, A., Small, W., & Shannon, K. (2016). Experiences of Trans Women and Two-Spirit Persons Accessing Women-Specific Health and Housing Services in a Downtown Neighborhood of Vancouver, Canada. *LGBT Health*, 3(5), 373-378. doi:10.1089/lgbt.2016.0060, p.374.

²¹ Liam Casey, “Toronto’s shelters see triple the number of violent incidents rise, rise in overdoses during COVID-19 pandemic, data shows,” *Globe and Mail* (6 June 2021), online:

Centre for Addiction and Mental Health's (CAMH) *2024 Shelter Safety Study*, incidents of interpersonal violence—including physical assaults, verbal abuse, threats, and harassment—have increased by 283% from 2011 to 2021.²²

28. Safety in homeless shelters was significantly undermined during the COVID-19 pandemic.

While municipalities often displace encampment residents or evict encampments on the basis that they have access to “safe” or “high quality” indoor shelters, research demonstrates that that people experiencing homelessness and accessing homeless shelters in Ontario were significantly more likely to contract COVID-19, to be hospitalized for the virus, to require ICU care, and to die.²³

29. Further, some women and gender-diverse persons will be unable to access a shelter in their communities due to their disabilities, necessitating that they reside outdoors and/or within an encampment. For example, a DAWN Canada study reports that only 75% of homeless shelters have a wheelchair accessible entrance, 66% provide wheelchair accessible rooms and bathrooms, 17% provide sign language, and 5% offer braille reading materials.²⁴

<<https://www.theglobeandmail.com/canada/toronto/article-torontos-shelters-see-triple-the-number-of-violent-incidents-rise-in/>>.

²² Centre for Addiction and Mental Health. (2024). *The Shelter Safety Study: Final Report*. <https://www.camh.ca/-/media/news-and-stories-files/shelter-safety-study-final-report-april-2024-sm-pdf.pdf>

²³ Lucie Richard et al., “Testing, infection, and compliance rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: A retrospective cohort study” (2021) 9:1 *CMAJ OPEN* at E6.

²⁴ Alimi, S., Singh, S., & Brayton, B. (2018). Parliamentary Brief A Brief Prepared for the Standing Committee on the Status of Women in Canada (FEWO) for their Study of the System of Shelters and Transition Houses in Canada.

30. Many necessitate that residents leave during the day, sometimes early in the morning.

Limiting access to overnight shelter forces women to spend the daytime without safe, stable spaces, which can exacerbate risks of violence, theft, and harassment on the streets. The necessity to leave the shelter each morning interrupts rest, recovery, and access to basic necessities, and can make it difficult to maintain employment, attend appointments, or care for children. This “daytime displacement” reinforces the instability and precarity that shelters are meant to alleviate, and may create ongoing stress, exposure to harm, and barriers to achieving housing security.²⁵

31. More broadly, as demand for shelter beds increases, women and gender diverse peoples face some of the greatest disadvantage. Across Canada, there are fewer women-specific emergency shelter beds – 68% of shelter beds are co-ed or dedicated to men, compared to 13% dedicated to women. Men’s shelters also have more than double the number of beds that women’s emergency shelters have (4,280 beds compared to 2,092 beds).²⁶ Further, while 38% of beds are reported to be within “general” emergency shelters across Canada²⁷ – meaning shelter beds that are co-ed or open to all genders – research consistently demonstrates that many women will avoid co-ed shelters for fear of violence or because they have experienced violence within those spaces.²⁸

²⁵ Kerman, N., Kidd, S. A., & Stergiopoulos, V. (2024). *The Shelter Safety Study: An examination of violence and service restrictions in Toronto’s shelter system*. Centre for Addiction and Mental Health. Retrieved from <https://www.camh.ca/-/media/news-and-stories-files/shelter-safety-study-final-report-april-2024-sm-pdf.pdf>

²⁶ Employment and Social Development Canada. (2018). Shelter Capacity Report 2018. Ottawa. <https://www.infrastructure.gc.ca/homelessness-sans-abri/reports-rapports/shelter-cap-hebergement-2018-eng.html>

²⁷ *Ibid.*

²⁸ See Bretherton, *supra* note 3. See also National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIWG). (2019a). Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Vol. 1a. www.mmiwg-ffada.ca/final-report/

32. The culmination of all of these factors means that some women and gender-diverse persons experiencing homelessness may elect to – or be forced to – reside outdoors or in encampments given: (1) threats to physical, emotional, and psychological safety within homeless shelters (particularly co-ed congregate shelters); (2) previous experiences of trauma and violence in homeless shelters; (3) increased risk of exposure to COVID-19 within shelters; (4) the inaccessibility of many homeless shelters for persons with disabilities; and (5) the overall lack of women-specific homeless shelters, and shelters for people outside the gender binary. For many marginalized women and gender-diverse persons, the confluence of these factors makes residing in an encampment a rational or necessary choice amongst a number of minimal (or non-existent) options.²⁹

PHYSICAL SAFETY IN ENCAMPMENTS

33. In my research on homelessness among many women and gender-diverse people, I have had the opportunity to visit numerous encampments across Ontario over the last several years and meet with women residing in them. While the women I’ve met with have reported safety concerns related to residing outdoors and in encampments (e.g., vulnerability to physical violence), overwhelmingly women state that residing in an encampment is a *safer* option than the other options available to them (e.g., accessing a shelter, returning to an abusive relationship, etc.). I have not visited the Kitchener encampment, but it has been my observations that the conditions of encampments and the experiences within them are often quite similar community to community.

²⁹ For first-person accounts of these constrained choices, see <https://www.thestar.com/news/gta/2020/12/07/were-the-vulnerable-ones-why-women-living-in-torontos-public-parks-during-covid-19-choose-outdoor-tents-over-indoor-shelters.html>

34. Furthermore, my conversations with women residing in encampments indicated that the violence they face is often not from others within the encampment, but from housed persons (mostly men) outside of the encampment. This was reported by women themselves, and from City staff and outreach workers. This suggests that while encampments are often portrayed as dangerous places, particularly for women, this danger is embedded within broader societal patterns of violence against women amongst the housed public.
35. My engagements with women residing in encampments across Ontario suggest that encampments can buffer women from exposure to violence, harassment, or abuse that they might otherwise experience when residing outdoors alone, or within situations of hidden homelessness. For example, I have met numerous women encampment residents in Toronto who described how their relationships with other people living in encampments was a protective factor because they could ‘look out for each other,’ warn each other of dangerous or exploitive men, watch over each other’s tents and possessions, and remain with partners or pets (e.g., dogs) who provided physical safety.
36. Nonetheless, feeling *safer* is not the same as feeling *safe* within an encampment, and some women expressed concern for their safety and security. In response, some women had developed innovative means to protect themselves. For example, as a security measure, one encampment resident I met in Toronto had extended a measuring tape around her tent. The measuring tape created a distinctive sound when it was walked over, alerting her that someone was nearby and she needed to be alert for intruders. Encampments enabled the

adoption of such security systems for some women, who often used all available means to keep themselves safe.

37. My engagements with women residing in encampments indicated that encampment evictions often eroded the security systems, safety measures, and mutual aid systems women had adopted for themselves within encampments. These were not easily re-established.

HOMELESSNESS AS A PERSONAL CHARACTERISTIC LINKED TO DISCRIMINATION, STEREOTYPE, STIGMATIZATION, CRIMINALIZATION AND SOCIAL EXCLUSION

38. Based on my experience working with people experiencing homelessness and from research done by myself and others in this field, it is my opinion that homeless persons are subject to distinctive historical disadvantage, pervasive stereotyping, stigma, criminalization, and systemic discrimination on the basis of the personal characteristic of homelessness. The experience of homelessness becomes deeply embedded in personal identity such that it is difficult to change. Many people experiencing homelessness have less political influence than other groups and face major obstacles to voting. Politicians rarely describe people experiencing homelessness as constituents whom they represent but rather refer to them as social problems to be addressed in the interests of other constituents.

39. As documented by the UN Special Rapporteur on Adequate Housing in her 2015 Report to the UN Human Rights Council, the experience of homelessness goes beyond the deprivation of physical shelter. The Special Rapporteur explains that “being deprived of a home gives rise to a social identity through which “the homeless” is constituted as a social

group subject to discrimination and stigmatization.” The Report of the Special Rapporteur, with which I agree, is attached as **Exhibit “D”** to this affidavit.

40. The Special Rapporteur also explains that “with a unique understanding of the systems that deny them their rights, homeless people must be recognized as central agents of the social transformation necessary for the realization of the right to adequate housing.”³⁰ I agree with the Special Rapporteur’s understanding of homelessness not solely as a deprivation of housing but also as personal characteristic and identity that is socially constructed through dominant patterns of stigmatization, social exclusion, and marginalization and also as rights claimants whose struggle for dignity and home must be recognized as central to the human rights movement in Canada and internationally.

41. Homeless people are often treated as “outsiders” or unwelcome intruders in their own communities in a manner that is analogous to other forms of discrimination. Opposition from residents to the development of housing for individuals experiencing homelessness is common, and some municipalities deliberately withhold access to essential services—such as water and sanitation—as a means of displacing them.³¹ Such tactics are often accompanied by dehumanizing comments about homeless people, such a comment from a

³⁰ Report of the UN Special Rapporteur on the Right to Adequate Housing, UN Human Rights Council Thirty-first session, A/HRC/31/54 (30 December 2015), attached as Exhibit D.

³¹ See: Office of the Federal Housing Advocate. (2022). *Homeless encampments in Canada: A human rights crisis*. Canadian Human Rights Commission. <https://www.chrc-ccdp.gc.ca/resources/newsroom/homeless-encampments-canada-human-rights-crisis>. Office of the Federal Housing Advocate. (2023). *The Advocate’s review of homeless encampments*. Canadian Human Rights Commission. <https://www.chrc-ccdp.gc.ca/publications/advocates-review-homeless-encampments>

former mayor of Ottawa comparing homeless persons to pigeons, who stated: “if you don’t feed them, they’ll go away.”³²

42. Homeless people are particularly vulnerable to violence not only because they live outdoors but because of widespread hostility and discriminatory attitudes toward them. People experiencing homelessness who are victims of violence rarely report these incidents to police, as they often believe police and the justice system will not care, will deny them fair and equal treatment, and/or will fail to treat them with basic dignity.³³

43. In their study of how people experiencing homelessness were treated in eight Canadian cities, Marie-Eve Sylvestre and Celine Bellot found a marked increase in penalties imposed during the late 1990s and early 2000s for simply being present in public spaces or engaging in basic survival activities. For example, they found that in Montreal between 2006 and 2010, although homeless people represented only 1 or 2 per cent of the population, they received, on average, approximately 25 percent of all statements of offences issued by the Montreal police – mostly related to simply trying to survive in public spaces in the absence of a home.³⁴ A copy of Marie-Eve Sylvestre and Celine Bellot’s chapter entitled “Challenging Discriminatory and Punitive Responses to Homelessness in Canada” is attached and marked as **Exhibit “E”** to this affidavit.

³² Reported in Maclean’s “Why Kindness meters’ are a horrible way to deal with panhandlers” (March 14, 2016) online at <https://macleans.ca/news/canada/kindness-meters-are-no-way-to-deal-with-panhandlers-say-experts/>

³³ See Kouyoumdjian, F., et al. (2019). *Interactions between police and persons who experience homelessness: A systematic review*. *Canadian Journal of Public Health*, 110(5), 625–634. <https://doi.org/10.1177/0706743719861386>. Zakrisson, T. L., et al. (2004). Homeless people's trust and interactions with police and paramedics. *Canadian Journal of Urban Research*, 13(2), 1–17.

³⁴ Marie-Eve Sylvestre* and Céline Bellot Challenging Discriminatory and Punitive Responses to Homelessness in Canada.

44. As Sylvestre and Bellot document, widespread criminalization of those who are homeless – by making survival activities linked to homelessness illegal – is more accurately understood as rendering those who are homeless illegal because of a personal characteristic rather than as rational measures to address harms they may cause to others. For example, by-laws that prohibit homeless people from sleeping in public, even when no alternative shelter is available, are aimed more at removing them from neighbourhoods and public spaces than at addressing any specific harm. Such measures further deprive homeless people of dignity and security, and entrench their social exclusion and precarious situation within society.

45. A dominant feature of responses to homelessness that is similar to other grounds of discrimination is the phenomenon of scapegoating or blaming them for broader social ills for which they are not responsible but rather are the victims. At times when the number of people experiencing homelessness has increased due to economic factors or inflated housing prices that are beyond the control of those affected, one would expect greater compassion towards those who are the victims of these developments and who have no power over these market forces. However, the opposite is the case. In the mid-1990s, as the number of homeless people in Canada grew significantly, social and income supports were dramatically reduced and governments stopped funding subsidized housing. Provinces adopted laws that had the effect of criminalizing homeless people, such as Ontario's Safe Streets Act (1999) and B.C.'s Safe Streets Act (2004), and municipalities

enacted measures to drive homeless people out of public places or business areas by imposing curfews and preventing them from lying down on benches by installing arm rests.

46. Sylvestre and Bellot document a number of key characteristics shared by most homeless people that make them particularly susceptible to discrimination, social exclusion, and ongoing historical disadvantage, making homelessness a personal characteristic that is very difficult to change or overcome. They find that public responses to homelessness are often informed by three stigmatizing ideas: the characterization of people experiencing homelessness as morally depraved, as being homeless by choice, and as criminals or law-breakers.

47. As explained by Sylvestre and Bellot, homelessness is not a choice of lifestyle but rather a complex, structural, and socially constructed identity, rooted in social, economic, and political causes. They note that the disproportionate penalization of people experiencing homelessness creates further social exclusion, making it more difficult to secure employment or housing and thus creating further obstacles to escaping from homelessness. These findings align with my own observations from working with people experiencing homelessness.

48. The Quebec Human Rights Commission has investigated the treatment of homeless people by police in Montreal and the discriminatory effects of by-laws. The Commission produced an opinion on “the judicialization of the homeless” in 2009. The Commission found that “the stigmatization of the homeless in SPVM [City of Montreal Police Service] standards

and policies as well as the ensuing police profiling, undermines the rights of the individuals concerned to the safeguard of their dignity without discrimination based on social condition.” The Commission found that homeless persons “are more likely to be punished by police officers to quell fears based on prejudice than because of the actual degree of nuisance or danger created by their behaviour.”³⁵ The Commission also considered the effects of bylaws designed to restrict access by the homeless to public spaces and found such bylaws to have a discriminatory effect of depriving homeless people of basic human needs such as a place to sleep. A copy of the Commission’s Report is attached as **Exhibit “F”** to this affidavit.

49. The Commission also found that punitive approaches to homelessness and discriminatory bylaws impede exits from homelessness and are costly compared to providing housing and supports. It recommended that punitive approaches be reversed and that governments “give priority to a preventive and proactive approach to homelessness, in particular by providing sufficient and adequate housing for the homeless or individuals at risk of homelessness, if they so desire.”³⁶

50. In 2000, the Canadian Human Rights Act Review Panel, chaired by the retired Supreme Court Justice Honourable Gérard La Forest, held extensive consultations and commissioned research to make recommendations on changes needed to the *Canadian*

³⁵ Commission des droits de la personne et des droits de la jeunesse, *The Judicialization of the Homeless in Montréal: A Case of Social Profiling: Executive Summary of the Opinion of the Commission* (November 6, 2009) online at https://www.cdpcj.qc.ca/storage/app/media/publications/Homeless_Summary.pdf.

³⁶ *Ibid*, Recommendation 11.

Human Rights Act. The panel reported to the federal government that “research papers and the submissions we received provided us with ample evidence of widespread discrimination based on characteristics related to social conditions, such as poverty, low education, homelessness and illiteracy.”³⁷ The panel recommended that “social condition” be added to the *Canadian Human Rights Act* as a prohibited ground of discrimination to provide remedies to such discrimination. A copy of chapter 17 of the Report of the Canadian Human Rights Act Review Panel, dealing with the ground of “social condition” is attached to my affidavit and marked as **Exhibit “G”**.

51. Other human rights bodies have similarly recommended that social and economic conditions, such as Homelessness, should be considered a ground of discrimination. For example, the Ontario Human Rights Commission has similarly recommended the inclusion of social condition as a prohibited ground of discrimination under Ontario’s *Human Rights Code*, noting that this ground “would permit the Commission to deal more effectively with issues related to homelessness; and, it would be a means for the Commission and the province to better comply with some of Canada’s international obligations.”³⁸ A copy of the section on “[Social and Economic Condition](#)” from the Ontario Human Rights Commission’s report “[Human Rights and rental housing in Ontario: Background paper](#)” is attached and marked as **Exhibit “H”** to this affidavit.

³⁷ Canadian Human Rights Act Review Panel under the authority of the Minister of Justice and the Attorney General of Canada. Promoting Equality: A new Vision (2000) Online at <https://publications.gc.ca/collections/Collection/J2-168-2000E.pdf>.

³⁸ Ontario Human Rights Commission, Human Rights and rental housing in Ontario: Background paper Approved by the Commission: March 28, 2007, “Social and Economic Condition”, online at <https://www3.ohrc.on.ca/en/human-rights-and-rental-housing-ontario-background-paper/social-and-economic-condition>.

52. International human rights bodies have also recognized homelessness as a prevalent ground of discrimination and urged Canada and other states to provide necessary protection from this kind of discrimination. As the UN Special Rapporteur on Adequate Housing explained in her Report on Homelessness (**Exhibit “D”**):

Those who are homeless are constructed as a social group. Worldwide, their identity is created and then reinforced by people who have more money, more power or more influence. It is a vicious circle. Laws, policies, business practices and media stories depict and treat homeless people as morally inferior, undeserving of assistance and authors of their own misfortune, and blame them for the social problems they come to represent. Once stigmatized, their needs are further neglected and inequality and discrimination further entrenched.³⁹

53. The Special Rapporteur states that: “Homeless people must be recognized as a protected group in all relevant domestic anti-discrimination and hate-crime laws, including where relevant in national Constitutions, national and subnational human rights legislation and in city charters.”⁴⁰

RECEIPT OF SOCIAL ASSISTANCE AS A GROUND OF DISCRIMINATION

54. Differential treatment on the ground of receipt of social assistance has been found to be more widespread than any other ground of discrimination that is prohibited under *Ontario’s*

³⁹ Report of the Special Rapporteur on Adequate Housing, Exhibit D at para 19.

⁴⁰ Ibid at para 91(f)

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TAB 35

The Pan-Canadian Women's Housing & Homelessness Survey

Kaitlin Schwan • Mary-Elizabeth Vaccaro

Luke Reid • Nadia Ali • Khulud Baig



BACKGROUND

Housing need & homelessness amongst women, girls, and gender diverse people in Canada – A Statistical Portrait

Homelessness amongst women, girls, and gender diverse peoples in Canada remains both understudied and underestimated, despite indications that these groups disproportionately experience both poverty and core housing need.⁴ This is linked to the ways in which commonly used definitions, typologies, and ways of measuring homelessness have failed to account for the hidden ways that women, girls and gender diverse people often experience housing instability and homelessness.⁵ It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability,⁶ and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services.⁷ They are also more likely to negotiate a number of high-risk survival strategies to obtain shelter and avoid the dangers of the streets and co-ed shelter spaces, including by staying in unsafe and exploitative relationships, and exchanging sex for shelter.⁸

Because of the often hidden nature of their homelessness, women and gender diverse people remain systematically undercounted in common enumeration methods used in Canada (e.g., Point-in-Time Counts) which often focus on measuring absolute/street homelessness and homeless shelter usage, both of which tend to be male-dominated.⁹ This gap in enumeration contributes to the invisibility of women, girls, and gender diverse peoples' homelessness.

As a result, governments are left to make funding choices and design policy solutions in the absence of key data and knowledge. Despite this, the available data we do have suggests the scale of women's housing need and homelessness is much larger than what is currently estimated.¹⁰ In the absence of

4 Canada Mortgage and Housing Corporation. (2019). See also Minnes, S. (2016). Fast Facts: 4 things to know about women and homelessness in Canada. Canadian Centre for Policy Alternatives. <https://www.policyalternatives.ca/publications/commentary/fast-facts-4-things-know-about-women-and-homelessness-canada>

5 Savage, M. (2016). Gendering Women's Homelessness. *Irish Journal of Applied Social Studies*, 16(2), 43-64. See also Pleace, N. (2016).

6 Exclusion by Definition: The Under-representation of Women in European Homelessness Statistics." In P. Mayock & J. Bretherton (Eds.), *Women's Homelessness in Europe* (pp. 105-126). London: Palgrave Macmillan.

7 Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

8 Baptista, I. (2010) "Women and Homelessness." In E. O'Sullivan, V. Busch-Gerstema, D. Quigars & N. Pleace (Eds.), *Homelessness Research in Europe* (pp. 163-166). Brussels: FEANTSA. See also Maki, X. (2017). Housing, Homelessness, and violence against women: A discussion paper. Women's Shelters Canada. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>

9 Bretherton, 2017, p. 1, 21.

10 It should be noted that systemic undercounting of women's homelessness is not unique to the Canadian context. Global trends indicate that women, girls, and gender diverse people are consistently underrepresented in research and statistical portraits of homelessness and housing need. This is in part because many countries fail to include hidden forms of homelessness within their definitions of homelessness and face methodological challenges when seeking to enumerate hidden homelessness (e.g., difficulty capturing its temporary and transitory nature, barriers to enumerating situations of overcrowding) (Bretherton, 2017).

10 Schwab et al., 2020.

Gender shapes the causes, conditions, and trajectories of homelessness and housing need.²⁶ Research shows that women and girls,²⁷ as well as gender diverse people,²⁸ have unique pathways into homelessness, distinct experiences on the streets, struggle in unique ways as they navigate public systems and seek emergency shelter, and face unique consequences and hardships because of homeless experiences.²⁹ Gender intersects with other social locations (e.g., Indigeneity, race, (dis)ability, immigration status, gender identity) and experiences (e.g., trauma, exposure to violence and conflict) to shape these experiences.³⁰ Despite the uniqueness of each person's experience, both global and domestic studies have identified the following commonalities:

- ↳ Violence from intimate partners or within families is a key pathway into homelessness for women and girls.³¹ Oftentimes this violence begins in childhood.³² For example, research shows that young women experiencing homelessness report higher levels of physical, sexual, and emotional abuse as children compared to young men.³³ Research on young women experiencing homelessness commonly indicates physical abuse (45%) and sexual abuse (35%) as causes of their homelessness.³⁴ Once on the streets, exposure to violence and harassment is a part of everyday life for women, girls, and gender diverse people.³⁵ Such experiences contribute to hidden forms of homelessness and may push women and girls to remain in unhealthy or violent relationships for housing.
- ↳ 'Hidden homelessness' is the most common form of homelessness experienced by women and girls.³⁶ It is well recognized that women are more likely to rely on relational, precarious, and dangerous supports to survive housing instability,³⁷ and are less likely to appear in mainstream shelters, drop in spaces, public spaces, or other homeless-specific services (see Figure 2).³⁸ The invisibility of women and gender diverse people's homelessness should thus be understood as *structurally* created and maintained.

26. Fergusson-Connert, B. (2014). Becoming homeless today: homeless, addressing homelessness among women. *Issues in Mental Health Nursing*, 31(7), 451-459.

27. Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

28. Sakamoto, I., Chin, M., Chahra, A., & Riccardi, J. (2009). A "normative" homeless woman?: Marginalization, emotional injury and social support for transwomen experiencing homelessness. *Gay and Lesbian Issues & Psychology Review*, 5(1), 2-19.

29. Van Berkum, A., & Oudshoorn, A. (2015). Best practice guidelines for ending women's and girls' homelessness. Ottawa: Homelessness Partnering Strategy. <http://londonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf>

30. Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241-1254.

31. Van Berkum & Oudshoorn, 2015.

32. Berzons, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopes, H. (2008). Uprooted and displaced: a critical narrative study of homeless, Aboriginal, and new entrant girls in Canada. *Issues in mental health nursing*, 30(7), 418-430.

<https://doi.org/10.1080/01612640802624475>. See also Reid, S., Berzons, H., & Forchuk, C. (2005). Living on the streets in Canada: a feminist narrative study of girls and young women. *Issues in comprehensive pediatric nursing*, 28(4), 217-256. See also Wesely, L.A. (2009). "Mom said we had a money maker": Sexualization and Survival Contexts among Homeless Women. *Symbolic Interaction*, 32, 91-105.

33. Gaetz, S., DeJ, E., Richter, T., & Redman, M. (2016). *The State of Homelessness in Canada 2016*. Toronto: The Canadian Observatory on Homelessness Press. <https://www.homelessness.ca/SCOC2016>

34. O'Grady, B. & Gaetz, S. (2014). Homelessness, gender and subjugation: The case of Toronto street youth. *Journal of Youth Studies*, 7(4), 535-416.

35. Gaetz et al., 2016.

36. Baptista, I. (2010). "Women and Homelessness." In E. O'Sullivan, V. Busch-Geertema, D. Quilgars & N. Pleace (Eds.), *Homelessness Research in Europe* (pp. 163-186). Brussels: FEANISA. See also Maki, K. (2017). Housing, homelessness, and violence against women: A discussion paper. Women's Shelters Canada. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>.

37. Bretherton, J. (2017). Reconsidering Gender in Homelessness. *European Journal of Homelessness*, 11(1), 1-21.

38. Baptista, 2010; Maki, 2017.

Once homeless, many women and diverse people reported cycling through a range of precarious housing and homelessness situations (e.g., couchsurfing, survival sex, rough sleeping, hotels/motels, residing in a shelter), with a majority experiencing three or more precarious housing situations in the last year. A majority (42.3%) spent 6 months or more in these situations over the last year.

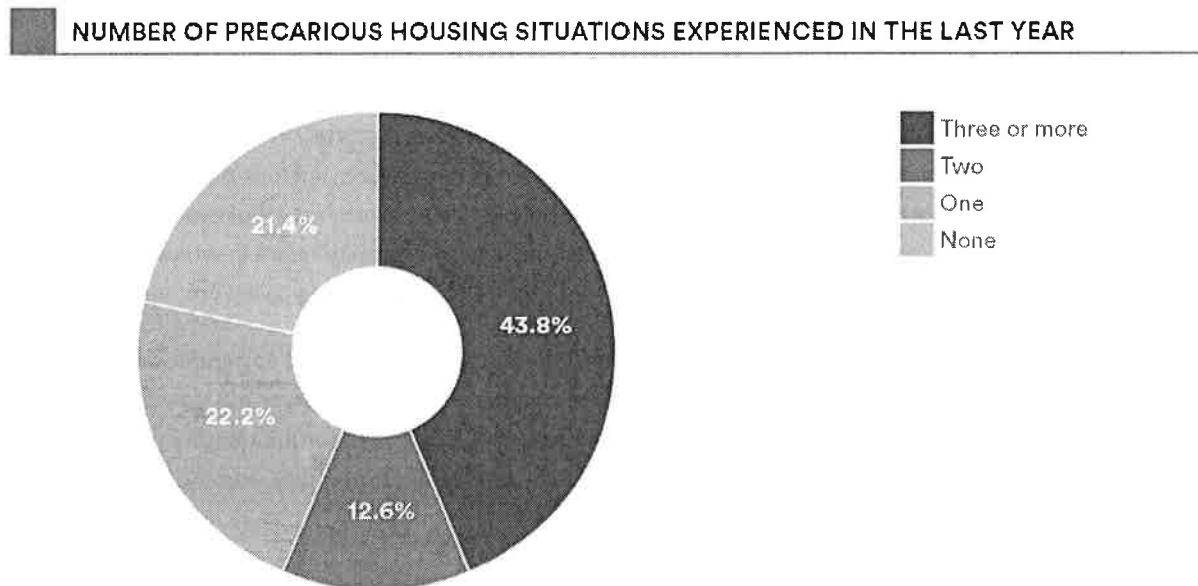


Figure 13. Number of precarious housing situations experienced in the last year.

KEY TAKEAWAYS

Research shows that being exposed to homelessness at a young age puts youth at immense risks of experiencing trauma and violence, impacting their ability to cope and transition out of homelessness.⁸⁸

Our survey findings mirror other national data that has traced chronic adult homelessness to homelessness during youth or childhood,⁸⁹ demonstrating the importance of early intervention.

Importantly, however, these early experiences are “often intertwined with the experiences of the child’s primary caregiver – in many cases, a child’s mother. Housing instability in a child’s life usually occur in the context of their mother’s experiences of eviction, intimate partner violence, sexual assault, poverty, or homelessness.”⁹⁰ This suggests that if we want to interrupt the pathway from child homelessness to

⁸⁸ Gault, S., O’Grady, B., Kidd, S., & Schwan, K. (2016). *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/youth-without-a-home>

⁸⁹ See Employment and Social Development Canada. (2019b). *Everyone Counts 2018: Highlights – Preliminary Results from the Second National Coordinated Point-in-Time Count of Homelessness in Canadian Communities*. Ottawa, ON: ESDC.

<https://www.canada.ca/en/employment-social-development/programs/homelessness/reports/highlights-2018-point-in-time-count.html>

⁹⁰ Schwan et al., 2020, p. 31.

ELIGIBILITY

- ↳ "I was pregnant and I couldn't access certain services because of COVID. I also couldn't get into a shelter because I had been drugged by my ex and they thought I was intoxicated."
- ↳ "The definition of DOMESTIC ABUSE didnt qualify in Manitoba. In newfoundland..stjohns..all domestic abuse is accepted... In manitoba if ur partner isnt physical u dont get shelter. If it isnt ur partner but member of ur household it doesnt qualify even if theyr beating u. So yes ive been denied shelter at womens abuse shelters."
- ↳ "I was deemed a liability because I was suicidal and was "timed out" for 24 hrs"

SUITABILITY

- ↳ "No room for my size of family"
- ↳ "No beds for Families and we have 2 pets a dog and a cat"
- ↳ "Mostly because of staff being insensitive the personal needs. There not being enough beds and shelters available to avoid people that may cause issues."

When asked what they did when they couldn't access a shelter bed, many participants described experiences of rough sleeping, survival sex, returning to situations of abuse, and begging friends or acquaintances to take them in for the night.

What did you do when you were turned away from a shelter?

- ✧ "Sleep on the streets or in cars"
- ✧ "Stayed awake all night, looking for a friend to take me in usually"
- ✧ "I left and spent the night sleeping in the lobby of a nearby hospital"
- ✧ "Slept outside or slept with a man for a place"
- ✧ "I slept outside, and when I did the police arrested me and stole all my personal belongings."
- ✧ "begged a friend to let me stay with him in exchange I cleaned his apartment"
- ✧ "i moved back in with the man I had a no contact order with and lived with anxiety until i was approved for Manitoba housing program"
- ✧ "I cried especially in the Winter time when it was cold outside. I have slept outside some nights and it was so cold that I got frost bite in my feet and this resulted in permanent nerve damage."
- ✧ "Stayed in abusive situation with my dog and my kid"

within shelters, drop-ins, transitional housing, and other emergency services produce horrific results for those seeking or receiving support.

In seeking to redress these issues, particular attention must be paid to how definitions of violence shape access to services and shelters. How violence against women or domestic violence is defined varies jurisdictionally, leading to inconsistent shelter policies regarding who qualifies for services.⁹⁸ VAW shelters, which in many jurisdictions serve only women fleeing intimate-partner violence (IPV), create gaps in service for women who are experiencing violence due to being homeless or street-involved, or experiencing violence from other family members. This creates silos between women and gender diverse people who experience violence in different circumstances. Given this, it is not surprising that some women report feeling there is a “hierarchy of deservingness” that shapes who gets access to services, and that women experiencing particular forms of violent victimization are prioritized over others.

Experiences of gender-based discrimination and race-based discrimination at shelters further disenfranchise women and gender diverse people from spaces that are meant to protect them and their families. Being turned away from shelters can mean women and gender-diverse people are forced to utilize alternative strategies such as survival sex, going back to their abuser, or navigating systems like healthcare or criminal justice to seek immediate shelter. Policy interventions and solution-building must take a critical look at the role shelters play in maintaining and perpetuating violent experiences for women and gender diverse people as they seek safety and stability.

⁹⁸ Canadian Network of Women's Shelters and Transition Houses. (2013). *The Case for a National Action Plan on Violence Against Women*. <https://cnwsh.ca/wp-content/uploads/2015/10/1111-The-Case-for-a-National-Action-Plan-on-VAW.pdf>

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TAB 36

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF MARIE-JOSEE HOULE

I, Marie-Josée Houle, of the Municipality of Cantley, in the Province of Quebec, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.

Mandate

2. Waterloo Region Community Legal Services has commissioned me to prepare an expert report in the litigation of *The Regional Municipality of Waterloo and Persons Unknown and to be Ascertained*.
3. I have been mandated to provide my opinion on the following topics:

- a) The homelessness situation and the affordable housing crisis in Canada;
- b) Homeless encampments and forced evictions;
- c) The importance of directing homeless people to adequate and permanent housing;
- d) The role of municipal governments in combating homelessness;
- e) The measures I recommend municipal stakeholders adopt to meet the needs of people living in encampments; and
- f) Whether the Region of Waterloo's Site Specific By-law is consistent with a human rights based approach

Expert Qualifications

- 4. I hold a Master's degree in Sociology and Social Anthropology and a Bachelor's degree in Environmental Science, as shown on my curriculum vitae, **Exhibit "A"**.
- 5. I currently hold the position of Federal Housing Advocate (the Advocate), an independent and non-partisan position under the *National Housing Strategy Act* (the NHSA), **Exhibit "B"**. I was appointed to this position by the Governor in Council on February 21, 2022, pursuant to section 14(1) of the NHSA.
- 6. Prior to being appointed to the position of Federal Housing Advocate, I worked on the front lines of housing loss prevention, in housing cooperatives, as well as in consulting and project management for affordable housing developments, as well as in regulatory reviews, housing

research projects, and educational program development for housing cooperatives and non-profit organizations. I have also held various senior management positions within such organizations.

7. The qualifications required for the Advocate position include, among others¹:

(a) Knowledge of the human rights-based approach to housing, the Government of Canada's housing and homelessness policy, and the components of the National Housing Strategy outlined in the NHSA;

(b) Knowledge of systemic or emerging housing issues, including the barriers faced by vulnerable and equity-seeking groups and individuals with lived experience of homelessness or housing need;

(c) Knowledge of broader economic, institutional or sector conditions that influence the housing system and their links to housing and homelessness policies and the National Housing Strategy, as well as their implications;

(d) Knowledge of federal, provincial and municipal jurisdictions related to housing and homelessness.

¹ Accessed August 14, 2025:
<https://pcogic.njoyn.com/cl3/xweb/xweb.asp?NTKN=c&page=JobDetails&clid=52106&JobId=J1120-1187&BRID=65517&BPAC=78mw65i2iqxzs6iu84z46i&lang=1>

8. As provided for in sections 4 and 13 of the NHSA, I am responsible for monitoring the right to housing and mandated to take concrete action to address housing and homelessness needs and issues in Canada. My mandate includes making recommendations to all levels of government to improve housing and homelessness laws, policies, and programs, including by advocating for the protection of human rights and advancing the progressive realization of the right to adequate housing as recognized in the International Covenant on Economic, Social, and Cultural Rights.
9. As the Advocate, I am empowered to receive submissions on systemic housing issues and to review systemic issues raised (section 13.1(1) of the NHSA). When I review a systemic issue, I must provide the federal Minister of Housing, Infrastructure and Communities and the person or group that made the representation, at the conclusion of the review, with a report outlining my views on the issue and any recommendations for action within Parliament's jurisdiction to advance housing policy, including the progressive realization of the right to adequate housing, or the National Housing Strategy.
10. As part of my duties, I am also responsible for undertaking studies on systemic housing issues and submitting an annual report to the Minister outlining my findings and any recommendations for action within Parliament's jurisdiction to advance Canada's housing policy. These publications include the following reports, which are attached as appendices:

a) Informing meaningful action – the Federal Housing Advocate’s 2024-2025 Annual Report to the Minister, Canadian Human Rights Commission, Ottawa: June 12, 2025 **(2024-2025 Annual Report), Exhibit “C”**.

b) Putting people first, The Federal Housing Advocate’s 2023-2024 Annual Report to the Minister (Canadian Human Rights Commission, Ottawa: May 30, 2024) **(2023-2024 Annual Report), Exhibit “D”**.

(c) Advocating for Change: The Housing Crisis in Canada, The Office of the Federal Housing Advocate’s 2022-2023 Annual Report to the Minister. Submitted by (Canadian Human Rights Commission, Ottawa: 2023) **(2022–2023 Annual Report), Exhibit “E”**.

(d) Overview of Encampments Across Canada: A Right to Housing Approach (Canadian Human Rights Commission, Ottawa: 2022), **Exhibit “F”**.

(e) Guide to Meaningful Engagement and Integrating a Human Rights–based Approach into Encampment Responses (Canadian Human Rights Commission, Ottawa: 2025), **Exhibit “G”**

11. In my role as Advocate, I have been invited to share my expertise on housing and homelessness issues with several parliamentary committees and at forums on housing and homelessness organized by civil society organizations.

12. Since taking office as Advocate, I have met with many people directly affected by inadequate housing and homelessness in the course of my duties.

13. On February 23, 2023, I launched a systemic review of the human rights issues facing encampment residents in Canada pursuant to section 13.1(1) of the NHSA. For the purposes of my duties, I define encampments as: temporary open-air accommodations for unhoused and homeless individuals and groups that have been established, often without authorization, on public property or private land.²

14. As part of this review, I completed the following actions:

(a) I participated in several events across the country to hear firsthand the testimony of encampment residents, activists and human rights defenders working at the local level in Montreal, Saskatoon, Winnipeg, Vancouver, Toronto, and Calgary.

(b) Between April and June 2023, I launched an online portal inviting individuals and organizations to make submissions for this review. I worked with local organizations in Victoria, Vancouver, Hamilton, Peel, Ottawa, Gatineau, Montreal, Moncton, and Halifax to help encampment residents share their experiences and propose solutions. With the help of these and other local partners, 313 individuals with experience of encampments made submissions. I reviewed the executive summary of the 313 submissions prepared by my

² Exhibit I - Upholding dignity and human rights: The Federal Housing Advocate's Review of Homeless Encampments – Interim Report, p 2.

team. People experiencing homelessness bring a vital perspective and a unique understanding of the systems that impact their rights.

(c) I also engaged with Indigenous organizations and officials at all levels of government across the country to advance the discussion on the systemic issues raised by encampments that are specific to Indigenous individuals and communities.

15. My findings from this review of the encampments and my recommendations to governments were published by the Office of the Federal Housing Advocate in the following reports:

i) Upholding Dignity and Human Rights: The Federal Housing Advocate's Review of Homeless Encampments – Final Report (February 2024) (Final Report), **Exhibit “H”**.

ii) Upholding dignity and human rights: The Federal Housing Advocate's Review of Homeless Encampments – Interim Report (October 2023) (Interim Report), **Exhibit “I”**.

iii) Statement – Federal response to encampments is a step forward, and work must continue (October 2024), **Exhibit “J”**.

16. I am the principal author of the Final Report and the Interim Report resulting from my review of the encampments, as well as from my annual reports. These reports were published under my direction and with my approval.

Responses to Questions

17. My responses to the questions posed are based on what I learned from visiting encampments across the country, on the information I received from individuals and organizations, on meetings with Indigenous leaders, activists and rights advocates, municipal governments, provincial human rights commissions, and federal officials as part of my review of encampments for people experiencing homelessness. They also draw on the research and meetings I have participated in since the beginning of my mandate, as well as on my many years of work in the housing sector before being appointed Federal Housing Advocate.

a) The Homelessness Situation and the Affordable Housing Crisis in Canada

18. My review revealed the historic increase in the number of people experiencing homelessness and the growing demand for support services. “Support services” include intervention services that meet basic needs, such as harm reduction services, sanitation services, health services, accompaniment and housing support services.
19. Homelessness-related problems have been increasing for many years and were exacerbated by the COVID-19 pandemic. Shelters and social services are overwhelmed, and homeless encampments have proliferated across the country.

20. During my review, I observed that a punitive approach to encampments has also become commonplace. This approach, which includes ticketing, arrest, forced eviction, and the destruction of tents and personal property, fails to address the underlying conditions that have led to the growth of encampments: primarily, the lack of affordable and accessible housing. Furthermore, it does not allow encampment residents to live with dignity and deprives them of access to adequate housing.³

21. The increase of homelessness in Canada is a corollary of the national housing shortage and the concomitant increase in the cost of rental housing. In particular, I note a shortage of 4.3 million affordable housing units (i.e., those costing less than 30% of total household income) for low- and very low-income households across Canada.⁴ I have also learned that the supply of supportive housing⁵ is not able to meet current demand.⁶ Many of the government responses being put in place across the country, including shelters and motels, also fall short of the standards established for the right to adequate housing when it comes to security of tenure, habitability, location, accessibility, affordability, availability of services and cultural adequacy⁷.

³ Exhibit I - Interim Report, p 2.

⁴ Exhibit H – Upholding dignity and human rights: the Federal Housing Advocate’s review of homeless encampments. Final Report, p 15.

⁵ According to CMHC, Permanent supportive housing prioritizes people experiencing chronic homelessness and other vulnerable people who have the highest support needs. It provides long-term affordable housing and a diversity of customized support services. <https://www.cmhc-schl.gc.ca/nhs/nhs-project-profiles/2022-nhs-projects/permanent-supportive-housing-vulnerable-populations>

⁶ Exhibit I - Interim Report, p 10.

⁷ The Right to Adequate Housing, Fact Sheet 21, Office of the High Commissioner for Human Rights, Rev.1 https://www.ohchr.org/sites/default/files/Documents/Publications/FS21_rev_1_Housing_en.pdf

22. During my review, through the more than 350 written submissions reviewed and during engagement sessions with encampment residents, I noted that certain groups have more difficulty accessing adequate housing.⁸
23. For example, I have observed that persons with disabilities, including those suffering from mental illness and addictions, face an extreme shortage of adequate, affordable, and accessible housing that allows them to live with dignity. People suffering from substance abuse are particularly affected by shelter restrictions. The Pan-Canadian Women's Housing and Homelessness Survey shows that people who use drugs are three times more often excluded from shelters than those who do not.⁹ During my review, encampment residents and advocates consistently reiterated the inadequate resources for people with mental health and addiction issues, and the difficulty of accessing existing support services.¹⁰ Municipalities and front-line service providers emphasized the need for greater integration and coordination between housing and homelessness services, on the one hand, and mental health and addiction services, on the other.
24. In addition, the challenges that people experiencing homelessness face due to insufficient resources are even greater for Indigenous people. Indigenous representative organizations and municipal government officials all acknowledged that Indigenous people are overrepresented

⁸ Exhibit I - Interim Report, p 11.

⁹ Kaitlin Schwan et al, The Pan-Canadian Women's Housing and Homelessness Survey (2021) [EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf](https://womenshomelessness.ca/wp-content/uploads/FR-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf) [*Enquête pancanadienne sur le besoin en logement et l'itinérance chez les femmes, Observatoire canadien sur l'itinérance* (2021) en ligne (PDF): <https://womenshomelessness.ca/wp-content/uploads/FR-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-21-Oct-2021.pdf>]

¹⁰ Exhibit H - Final Report, p 18.

among the unhoused population in Canada. Unhoused Indigenous people also face prejudice¹¹ and a lack of culturally appropriate services and care.¹²

25. I have also observed a growing trend among landlords refusing to accept tenants who rely on social assistance, and often the only housing options offered by caseworkers are uninhabitable. Finally, I have observed that being or appearing to be unhoused is a factor in social stigma.

26. The numerous bureaucratic hurdles make it very difficult to get off the streets, even with assistance. As such, when a person is homeless, it becomes increasingly difficult to access housing¹³. Indeed, there is a general shortage of available shelter spaces.¹⁴ Frontline workers describe a crisis in which people are routinely turned away due to lack of space.

27. Emergency shelters are not available, safe, or suitable for everyone.¹⁵ Emergency shelters often have rules that limit autonomy, freedom of movement, privacy, and access to friends and family. They may also set expectations that are difficult for people who have experienced street living to meet. For example, shelters may require sobriety, impose disruptive bed checks, prevent couples from staying or sleeping together (gender segregation), restrict the amount of personal belongings residents can bring, or not provide space for pets.

¹¹ Exhibit I - Interim Report, p 13.

¹² Exhibit I - Interim Report, p 14.

¹³ Exhibit I - Interim Report, p 11.

¹⁴ Exhibit H - Final Report, p 15.

¹⁵ Exhibit H - Final Report, p 16.

28. I have also learned that front-line housing and homelessness services are underfunded, operating beyond capacity, and facing high rates of staff turnover and burnout.¹⁶

b) Homeless Encampments and Forced Evictions

29. As noted in my Final Report on Encampments, a growing number of people across Canada are living in tents or makeshift shelters to survive due to a lack of affordable housing, a lack of basic services, and the absence of safe places for people experiencing homelessness.¹⁷ While there are indeed some dynamics and issues specific to each community, I found a remarkable similarity in the stories I heard across the country and the concerns raised by people living in encampments as well as municipal leaders.

30. In many communities that only allow overnight encampments in public spaces, people experiencing homelessness must pack up their belongings early each morning until they can re-establish their shelter in the evening. People who are already exhausted, and sometimes in poor health, are forced to carry all their belongings or risk losing them. Encampment residents describe how carrying large packs or bags means they are more likely to be denied access to spaces where they could rest or access toilets. Regulations establishing these rules/requirements ignore people's needs for rest and privacy during the day and also represent an attack on their dignity.¹⁸

¹⁶ Exhibit I - Interim Report, p 13.

¹⁷ Exhibit I - Interim Report, p 11-12.

¹⁸ Exhibit H - Final Report, p 13.

31. Encampment residents have a wide range of health and well-being needs, the majority of which relate to the difficulties they face in finding and maintaining secure long-term housing.¹⁹
32. During my review, I noted, among other things, that encampments can reduce the risk of isolation and help outreach workers provide important services to the people who live there.
33. More generally, encampments can provide a safety net for people experiencing homelessness because they have informal systems through which residents look out for one another.²⁰
34. Indeed, some encampment residents have reported that they prefer to live outdoors rather than try to live in the housing provided to them.²¹ Such “housing” is often uninhabitable due to rodents, bedbugs, and the lack of running water.
35. While encampments can pose risks to residents,²² evictions destabilize people, alienate them from their support systems, and cause them to lose the tools and equipment they need to survive. In this regard, forced evictions from encampments increase people’s insecurity and expose them to greater risks of harm and violence.²³ This is especially acute for people who use drugs and live in encampments, given the ongoing national opioid crisis and the resulting supply of dangerous drugs.²⁴

¹⁹ Exhibit H - Final Report, p 15.

²⁰ Exhibit H - Final Report, p 13.

²¹ Exhibit H - Final Report, p 12.

²² Exhibit I - Interim Report, p. 24.

²³ Exhibit H - Final Report, p 12.

²⁴ Exhibit H - Final Report, p 13.

36. Actions designed to restrict or relocate encampments are often taken in the name of public safety and security.²⁵ However, failure to consult with encampment residents, protect their property, and provide them with adequate and acceptable alternative housing options directly increases risks to their health and safety.
37. I heard many times from former residents of encampments that they were unable to recover their seized personal belongings after an eviction, despite having taken the necessary steps.
38. Evictions carried out without protective measures cause disruption and trauma for encampment residents and encourage their reestablishment at a new location or in the same location.²⁶
39. For certain groups of unhoused people, the trauma of encampment dismantling often compounds previous traumas, such as the forced removal of Indigenous children from their families and communities.²⁷
40. It is for this reason that I recommended in my final report that all governments immediately end forced evictions from encampments, particularly on public land. Instead of carrying out forced evictions, governments should work with people living in encampments to find solutions that include access to permanent and adequate housing that meets their needs.

²⁵ Exhibit H - Final Report, p 14.

²⁶ Rebecca Cohen, Will Yetvin et Jill Khadduri, Understanding Encampments of People Experiencing Homelessness and Community Responses (U.S. Department of Housing and Urban Development's Office of Policy Development and Research : 2019), p 2, en ligne (PDF) : <https://www.huduser.gov/portal/sites/default/files/pdf/Understanding-Encampments.pdf>

²⁷ Exhibit H - Final Report, p 13.

c) The importance of directing people experiencing homelessness to adequate and permanent housing

41. Section 4(a) of the NHSA recognizes the right to adequate housing as a fundamental human right affirmed by international law.
42. Furthermore, according to the Canadian Public Health Association, housing is a social determinant of health.²⁸
43. The increase in the number and size of encampments results from a lack of adequate housing. In my Final Report, "adequate housing" is defined as secure, affordable, habitable, accessible, culturally appropriate housing in an appropriate location that provides access to basic services.²⁹
44. More than ever, many social services and organizations that provide emergency shelter are overburdened and under-resourced. "Emergency shelters," such as warming stations and temporary accommodation centers, are intended to serve as an emergency measure prior to rehousing.³⁰
45. These shelters are often overcrowded and present challenges such as theft, violence, and the risk of contracting diseases.³¹

²⁸ Canadian Public Health Association [https://www.cpha.ca/What are the social determinants of health? | Canadian Public Health Association](https://www.cpha.ca/What-are-the-social-determinants-of-health?|CanadianPublicHealthAssociation) [<https://www.cpha.ca/fr/les-determinants-sociaux-de-la-sante>]

²⁹ Exhibit H - Final Report, p 9.

³⁰ Exhibit H - Final Report, p. 15.

³¹ Exhibit H - Final Report, p. 15.

46. Many people who find themselves in emergency shelters report the imposition of strict rules that limit personal autonomy, freedom of movement, and privacy, among other things. For example, some emergency shelter policies prevent couples from staying together, restrict the amount of personal belongings an individual can have in their possession, and prohibit pets.³²
47. Emergency shelters can also pose increased risks for certain vulnerable groups. In particular, women who are victims of harassment or violence, people with disabilities, 2SLGBTQQIA+ people, people with mental health issues, members of Indigenous peoples, and others face disproportionate risks that can make emergency shelters inaccessible.³³
48. As a result, some people experiencing homelessness choose to live in encampments rather than subject themselves to the conditions and risks that exist in shelters.
49. Clearly, investing public funds in the construction of non-market housing, including housing cooperatives, non-profit housing, and public housing, will facilitate the transition of people experiencing homelessness to adequate permanent housing, without increasing the market price of private housing.³⁴
50. These permanent solutions are costly and time-consuming to implement. They cannot meet the urgent and immediate needs of people experiencing homelessness. In the short term,

³² Exhibit H - Final Report, p. 16.

³³ Exhibit H - Final Report, p. 16.

³⁴ Exhibit D - Putting people first, The Federal Housing Advocate's 2023-2024 Annual Report to the Minister, p. 4.

encampment residents must be supported safely, including by providing them with basic services such as toilets, showers, drinking water, etc.

51. These immediate solutions are achievable at the municipal level within a very short timeframe.

In the Interim Report, I identify many promising municipal practices.³⁵

d) The Role of Municipal Governments in Combating Homelessness

52. While all levels of government are required to respect the human rights and dignity of people experiencing homelessness, municipalities are on the front lines of responding to their needs and supporting encampment residents. However, they have limited resources.

53. I note that municipal-level interventions based solely on the enforcement of municipal bylaws only add to the stigmatization of people living in encampments, their marginalization, and the precariousness of their situation.³⁶

54. During 2023, I wrote open letters to several municipal governments, including Prince George, Vancouver, and Barrie, to express my concerns about their responses to the issues raised by the encampments.³⁷ Through these letters, I expressed my concern about the tendency to use law enforcement to forcibly dismantle encampments. In addition, I reported several shortcomings related to efforts to mobilize and consult encampment residents and the provision of basic services.

³⁵ Exhibit I - Interim Report, p. 24-25.

³⁶ Exhibit H - Final Report, p 18.

³⁷ Exhibit D - 2023-2024 Annual Report, p. 31-33.

55. In particular, incidents in which municipal officials dismantle tents and seize encampment residents' personal belongings, including identification documents, increase risks to their safety and physical and mental health.³⁸ These punitive measures only exacerbate the insecurity and precariousness of people living in encampments.³⁹

56. Finally, my review also revealed that some municipalities were interfering with the delivery of basic services in a misguided attempt to force the dismantling of encampments.⁴⁰

e) Measures to be adopted by municipal stakeholders to address the needs of homeless people living in encampments

57. In order to target the causes of the increase in encampments, I have made several recommendations to municipal stakeholders, as set out in the Final Report.

58. First, collaboration between municipal agencies and community service providers is essential to provide an integrated approach to supporting encampment residents in order to direct them to available services.⁴¹

59. Furthermore, I recommend that municipal governments end the practice of forced evictions from encampments and support people currently living in encampments. For example, I recommend the installation of essential services such as drinking water and sanitation, as well

³⁸ Exhibit H - Final Report, p 12.

³⁹ Exhibit H - Final Report, p 7.

⁴⁰ Exhibit H - Final Report, p 13.

⁴¹ Exhibit H - Final Report, p 30.

as the adoption of measures to facilitate the provision of support services to encampment residents.⁴²

60. I also asked municipalities to undertake the following actions:

- a) Work with the federal government to develop a national human rights-based response plan for encampments, in cooperation and consultation with all provincial governments.⁴³
- b) Commit to adopting human rights-based solutions to address the needs of encampment residents.⁴⁴
- c) Respect the inherent rights of Indigenous peoples.⁴⁵
- d) Take immediate action to respect and protect the human rights and dignity of all people living in encampments and reduce the risks that they face.⁴⁶
- e) Eliminate any policies or practices that restrict access to encampments during daylight hours or require daytime tear down of tents and removal of personal belongings.⁴⁷
- f) Implement immediate measures to address the root causes of encampments and provide access to adequate housing.⁴⁸
- g) Ensure government accountability and that people experiencing homelessness have access to justice.⁴⁹
- h) Stop using language that stigmatizes or discriminates against people living in encampments or undermines the work of community organizations that support them.⁵⁰

⁴² Exhibit H - Final Report, p 29/30.

⁴³ Exhibit H - Final Report, p 24.

⁴⁴ Exhibit H - Final Report, p 26.

⁴⁵ Exhibit H - Final Report, p 27.

⁴⁶ Exhibit H - Final Report, p 29.

⁴⁷ Exhibit H - Final Report, p 30.

⁴⁸ Exhibit H - Final Report, p 33.

⁴⁹ Exhibit H - Final Report, p 33.

⁵⁰ Exhibit H - Final Report, p 26.

- i) Ensure that the development of all relevant by-laws, policies, programs, and plans includes meaningful engagement of people with lived experience in encampments.⁵¹
- j) Implement a meaningful engagement process with people living in encampments and those who support them, so that they can play a meaningful role in decision-making processes that affect them.⁵²
- k) In the absence of available adequate housing, work to address the structural barriers that result in existing emergency shelters not being accessible or appropriate for all people who might choose to use them.⁵³
- l) Provide direction to by-law enforcement and emergency services to halt all property confiscation and surveillance and harassment practices.⁵⁴
- m) Cease prohibiting or limiting access to public spaces for people experiencing homelessness.⁵⁵

61. The Office of the Federal Housing Advocate published a fact sheet after the publication of the Final Report that addresses the implementation by municipalities of the recommendations set out in the Final Report. This fact sheet, entitled Implementing the Federal Housing Advocate's report on homeless encampments: Upholding dignity and human rights – Recommendations for municipalities, is attached to my affidavit as **Exhibit "K"**.

62. In June 2025, the Office of the Federal Housing Advocate published a guide with new fact sheets entitled, Guide to Meaningful Engagement and Integrating a Human Rights-Based Approach in Encampment Responses.⁵⁶ This resource was developed to provide additional guidance to governments on how to adopt a human rights-based approach in encampments. This resource presents eight key principles essential to guide municipal decision-makers and

⁵¹ Exhibit H - Final Report, p 26.

⁵² Exhibit H - Final Report, p 22.

⁵³ Exhibit H - Final Report, p 23.

⁵⁴ Exhibit H - Final Report, p 30.

⁵⁵ Exhibit H - Final Report, p 30.

⁵⁶ Exhibit G - Guide to Meaningful Engagement in Encampment Responses.

staff in implementing meaningful engagement and a human rights-based approach in their response to encampments. Each principle is accompanied by a fact sheet detailing the actions needed to put it into practice. To fulfill the mandate, I highlight the following actions to be taken by municipal stakeholders to address the needs of people experiencing homelessness living in encampments:

- a) Foster authentic and lasting relationships by centering interventions that support the well-being of people living in encampments, addressing their expressed and prioritized needs, and offering solutions tailored to their individual and collective situations.⁵⁷
- b) Take immediate measures to protect the right to life and the dignity of people living in encampments, including installing and making accessible essential facilities and services, such as clean drinking water, sanitation, showers, cooking facilities, recharging stations, secure storage and waste collection.⁵⁸
- c) Consider creating zones where encampments are tolerated, or even accepted without forcing people to occupy them and without criminalizing them for not doing so. If these zones are created, they should respect human rights principles and adhere as much as possible to the criteria outlined in the definition of adequate housing: security of tenure from the threat of forced evictions; habitability (e.g., protection from the elements, privacy); location (e.g., land free from hazards and pollution), availability of services (see the list of essential services), and cultural adequacy.⁵⁹
- d) Work with people living in encampments to find solutions to issues they raise about their site. Make sure you fully understand the concerns people have about their encampment, and explore options with them for improving their situation.⁶⁰
- e) Take steps to ensure emergency shelters and drop-in centers are barrier-free and accessible 24/7 and that there are enough resources available to meet the needs of those wishing to use them.⁶¹

⁵⁷ Exhibit G - Fact Sheet 4, Action E.

⁵⁸ Exhibit G - Fact Sheet 5, Action A.

⁵⁹ Exhibit G - Fact Sheet 5, Action C.

⁶⁰ Exhibit G - Fact Sheet 5, Action D.

⁶¹ Exhibit G - Fact Sheet 5, Action F.

- f) Provide training to decision-makers, police, and intervention teams on human rights and Indigenous Rights, Gender-based Analysis Plus (GBA Plus), cultural safety, and trauma- and violence-informed approaches.⁶²
- g) Ensure people living in camps are able to protect themselves during difficult weather conditions.⁶³
- h) Consult and involve people living in camps from the beginning in the planning, implementation, and monitoring of services in the encampments (toilets, showers, food distribution, health services, etc.) and involve them in decisions regarding how funds are allocated and spent on encampment and homelessness services.⁶⁴
- i) Ensure that the voices of people living in encampments are considered with the same value as other stakeholders involved in decision-making.⁶⁵
- j) Implement specific measures to facilitate the participation of people living in camps with an addiction.⁶⁶
- k) Provide resources to allow people living in encampments to manage services on their own (e.g., garbage collection or meal preparation) and support them by offering flexible schedules and opportunities to undertake the work.⁶⁷
- l) Work with people living in encampments to reduce risks, and share the responsibility for their safety. Support them to establish procedures in case of incidents, and provide training to build their knowledge, skills, and empowerment.⁶⁸
- m) Facilitate the presence of independent, trained observers to encourage compliance with human rights standards in encampments by municipal authorities and private entities involved.⁶⁹
- n) Provide housing subsidies and programs adapted to the realities of people living in encampments to help them move into permanent housing solutions. Emergency shelter resources and supportive housing options are not enough, as they do not meet the definition of adequate housing set in the UN international standards, particularly security of tenure.⁷⁰

⁶² Exhibit G - Fact Sheet 5, Action M.

⁶³ Exhibit G - Fact Sheet 5, Action N.

⁶⁴ Exhibit G - Fact Sheet 6, Action B.

⁶⁵ Exhibit G - Fact Sheet 6, Action D.

⁶⁶ Exhibit G - Fact Sheet 6, Action H.

⁶⁷ Exhibit G - Fact Sheet 7, Action E.

⁶⁸ Exhibit G - Fact Sheet 7, Action F.

⁶⁹ Exhibit G - Fact Sheet 7, Action H.

⁷⁰ Exhibit G - Fact Sheet 8, Action H.

63. In addition, I recommend with support the guidance of the following two documents, published by The Shift, an organization with which the Office of the Federal Housing Advocate has partnered to help encampment residents share their experiences and propose solutions:

- (a) A National Protocol for Homeless Encampments in Canada: A Human Rights Approach, Leilani Farha and Kaitlin Schwan ([The Shift: April 30, 2020](#)), **Exhibit “L”**.
- (b) Homeless Encampments: Municipal Engagement Guidance (The National Working Group on Homeless Encampments: 2023) ([“The Shift” Guidelines](#)), **Exhibit “M”**.

64. The National Protocol for Homeless Encampments provides an analysis of Canada’s international human rights obligations when it comes to homeless encampments drawing on General Comments No. 4 and 723 by the UN Committee on Economic, Social and Cultural Rights as well as other treaties Canada has ratified that codify the right to adequate housing, including:

- The Convention on the Rights of Persons with Disabilities;
- The Convention on the Rights of the Child;
- The Convention on the Elimination of Racial Discrimination; and
- The Convention on the Elimination of Discrimination against Women.

f) *Whether the Region of Waterloo’s Site Specific By-law is consistent with a human rights based approach?*

65. The National Housing Strategy as well as the NHSA which established my mandate call for a human rights-based approach to housing. I understand a human rights-based approach to encampments to include the following key principles:

277

TAB 37

2024 Point in time count findings



Region of Waterloo
COMMUNITY SERVICES

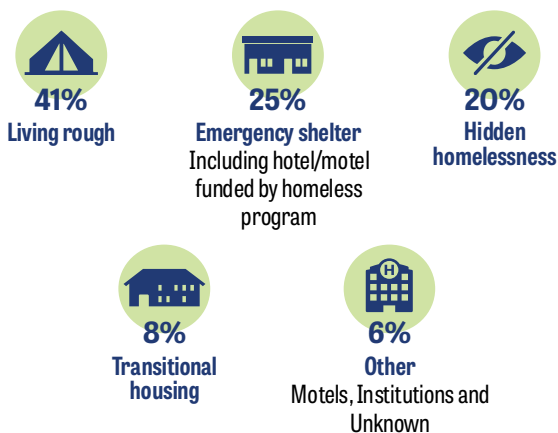
2371 people experiencing any type of homelessness were counted on **October 22, 2024.**

1009	people living rough (living in encampments, on the street, or staying in their vehicle)
446	people staying in an emergency shelter
353	people experiencing hidden homelessness (staying with friends or family, or temporary accommodations)
221	people staying in transitional housing
153	people staying in a motel funded by the Region
100	people in institutions (hospital, police custody)
89	people staying in unknown or undisclosed locations

1790 people included in the **point in time count** filled out a survey. A summary of the responses they shared is outlined below.

WHERE/HOW LONG

Where people are experiencing homelessness*



78% of people surveyed said they experienced chronic homelessness

Racial identity

26%

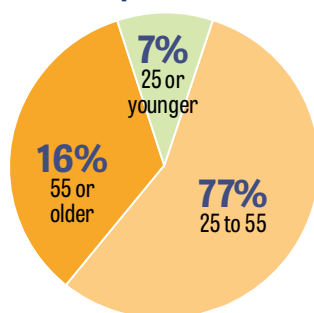
Identified themselves as members of a racialized community

17%

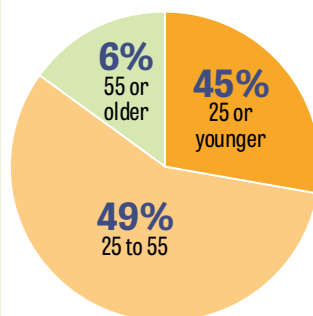
Identified themselves as First Nations, Inuit, or Métis

WHO

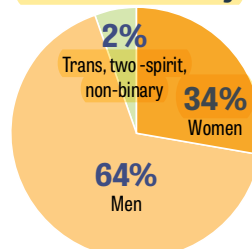
Age of survey respondents



Age when people first experienced homelessness



Gender identity



* The number of people experiencing homelessness in these locations differs from the numbers reported at the top of the page as this section reports on where survey respondents are experiencing homelessness - not everyone experiencing homelessness filled out a survey. Not everyone who participated in the survey answered every question. The percentages above are based on total responses for each question.

EXPERIENCES OF HOMELESSNESS

Top 5 reasons people said caused their experience of homelessness

Not enough income for housing **(44%)**

Conflict with spouse / partner **(18%)**

Landlord / tenant conflict **(13%)**

Unfit / unsafe housing conditions **(12%)**

Substance use issues **(11%)**



Health challenges reported by survey respondents

72%
Substance use

70%
Mental health

44%
Illness / medical condition

29%
Physical limitation

28%
Acquired brain injury

Top 10 services that would be helpful



Finding affordable housing **(76%)**



Housing search support **(54%)**



Bus pass **(53%)**



Finding a job **(49%)**



Accessing income support (e.g. OW, EI) **(45%)**



Internet access **(42%)**



Getting ID **(41%)**



Outreach workers **(41%)**



Secure storage **(39%)**



Washrooms, showers **(39%)**



Top 10 challenges to finding safe permanent housing

Low income **(80%)**

Rent too high **(78%)**

Addiction **(33%)**

No income assistance **(32%)**

Poor housing conditions **(31%)**

Mental health issues **(29%)**

Discrimination **(27%)**

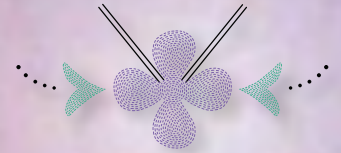
Criminal history **(19%)**

Family breakdown / conflict **(18%)**

Physical health issues, accessibility **(16%)**

280

TAB 38



National Inquiry into
Missing and Murdered
Indigenous Women and Girls

RECLAIMING POWER AND PLACE

THE FINAL REPORT
OF THE NATIONAL INQUIRY
INTO MISSING AND
MURDERED INDIGENOUS
WOMEN AND GIRLS

Volume a





Access to Housing or Shelter

Several participants echoed the notion that access to shelter is a basic human right, and that a lack of safe and affordable housing or shelter increases risks of violence and harm, presents a barrier to fleeing unsafe situations, or forces individuals in rural, remote, or northern communities to migrate to urban centres.

“What is it that will keep you safe? Housing – a place to go back to at night.”
(2SLGBTQIA Perspectives)

“The base [should be] that everyone have a roof over their heads. [Priority] number two is food. You can put more effort into your challenges, once you have a roof and food.”
(Inuit Perspectives)

Barriers to accessing housing and shelter include:

insufficient capacity in shelters, including warming shelters and emergency shelters for individuals fleeing violence, as well as **lack of shelters**;

shortage of subsidized housing, creating long wait-lists;

deferred maintenance challenges that limit available housing or shelter space, adding financial burdens to shelter and housing organizations. This creates poor living conditions, which negatively impact the sense of self-worth of individuals in need of shelter and housing;

“It’s very expensive to build houses, and utilities need to be upgraded. It’s very hard to catch up. Maintenance services are also a big issue, especially for infrastructure. Small communities have a hard time getting things done to maintain housing.”
(Inuit Perspectives)

“[The] homeless shelter has been shut down, because of bedbug infestation. Takes a long time to get someone to clean it. It’s run by an NGO [non-governmental organization], which can’t afford to bring it up to code.” (Inuit Perspectives)

“Non-profit housing is built in sub-par standards, making it seem like [clients] are not appreciated, [because] they are living in ... subsidized housing.” (2SLGBTQIA Perspectives)

risks of discrimination in shelters, including racism, homophobia, and transphobia;

lack of transitional housing for individuals returning to communities from correctional facilities or from substance use treatment programs, or aging out of care. Participants noted that individuals at these transition points are particularly vulnerable to violence or harm, and that the lack of shelter funding from justice, health, or child welfare sectors increases the burden on shelter spaces;



“Judges are releasing men to the ‘care’ of a shelter, but there is not [enough] funding to house these men through the justice system, and they expect the shelter to absorb or find space for them.... [There are] men sleeping on [the] floor and in [the] kitchen.” (Inuit Perspectives)

strict policies against substance use in shelters, which create barriers for individuals struggling with addictions. One participant from Inuvik described her experience on the board for a men’s shelter where other members lacked an understanding of addictions, espousing the belief that “if [someone] wants the shelter enough, they will stay sober.” She said there was little support for “wet” shelters that allow substance use due to complications of insurance and risk management. Another participant described how substance use policies “further marginalize the already marginalized”;

“It sends the message that you’re not welcome here, because you use drugs and alcohol. Some women were murdered because they used drugs. They will use drugs to stay awake and stay safe. This stigma around drug use and alcoholism makes people feel unwelcome, unsafe, and puts them on the street and at risk.” (2SLGBTQQA Perspectives)

“The rules [for substance use] for [2SLGBTQQA] clients in facilities cannot be so stringent. These people are at the facilities in crisis.” (2SLGBTQQA Perspectives)

“Men in the system are in crisis. [It is] unrealistic to expect them to avail themselves of services. These men are not choosing to use. One should not have to choose using or housing.” (Inuit Perspectives)

gender-based shelters and prioritization of women with children in housing. This supports the safety of women and girls, but also creates complications and barriers for families, men, and 2SLGBTQQA individuals. For instance, some participants described how policies against teenage boys in shelter spaces force women to have to choose whether to leave their sons behind when seeking emergency shelter spaces. Other women may feel safer staying with their partners on the streets instead of seeking shelter space. The prioritization of women with children limits available shelter and housing space for 2SLGBTQQA individuals (particularly those without children) and for men, who have to leave their home during situations of family violence;

“I wouldn’t have been able to take my son with me to the shelter if I had needed to do it. Daughter, yes. That’s what mothers have to think about.” (Inuit Perspectives)

“Often women on the street want to stay with their boyfriend for security reasons.” (Inuit Perspectives)

“A lot of 2S don’t have housing because there are requirements to have children ... and a lot of 2S folks don’t have children. That doesn’t make sense. They’re not included in the list.” (2SLGBTQQA Perspectives)



“There is no transitional housing for the abuser, for these mainly men, to go, to live.” (Inuit Perspectives)

financial barriers to public housing for individuals who are marginally above the low-income threshold, or are receiving limited income support; and

inequitable access to housing, where individuals with connections to influential people may receive preferential treatment.

Recommendations and Best Practices: Addressing the Crisis of Housing and Shelter

There was a strong call for increased and well-maintained shelters and subsidized housing in all communities, with sufficient capacity to meet current and projected demands. While many participants discussed the need for priority shelter spaces for women fleeing violence, groups also recommended establishing a variety of housing and shelter alternatives in communities, in order to meet the needs of different populations, including:

- ✓ **mixed-gender shelter and housing**, accommodating couples and families with teenage boys;
- ✓ **wet shelters** accommodating individuals struggling with substance use;
- ✓ **dedicated 2SLGBTQQIA housing and shelters**, or dedicated beds in shelters for trans and non-gender binary individuals; and

“Establish 2S treatment centres and shelters with practitioners who are 2S themselves or [who] ‘get’ it.” (2SLGBTQQIA Perspectives)
- ✓ **transitional housing with relevant support services** for individuals fleeing family violence, youth aging out of care, or individuals returning to communities from correctional institutions or substance use treatment programs.

Participants spoke of housing and shelter as a critical first step that establishes the security, stability, and trusting relationships needed to address more complex risk factors. Many described housing and shelter models that integrate support services, such as substance use treatment programs, employment services, cultural supports, and mental health services.

“First, you house the person. You give them a place to live and be safe. Then you start focusing on the other issues that lead to homelessness and addictions.”
(Inuit Perspectives)

“We need a place that’s not like a conventional shelter, but a living space; not necessarily a permanent space, but you need space where you have access to a phone, Internet, a



place to study, a place to get training.... You need these things to get a job. We need supports for employment. I wouldn't see it like a shelter, where there are bunk beds. We need dignity and privacy. Maybe you moved from the reserve to the city, and you don't have your supports there. Transitional housing that helps you and mentors ... you could hire 2S people to do that." (2SLGBTQIA Perspectives)

Some participants described the importance of providing long-term housing options for individuals and families, with recommendations to increase transitions from shelter spaces to subsidized housing.

"Shelters [are] such a dehumanizing experience.... The place you belong [to] is constantly stripped away. There's never any place you belong." (Inuit Perspectives)

"[The] assumption was that sending men out in the cold, even in extreme cold weather, would motivate them. These men were being turned out in the morning. At 7:00 or 8:00 a.m. these Inuit men are being turned out into the cold, with harmful impacts, [including] on their self-esteem." (Inuit Perspectives)

"Not just shelters and safe houses, but stable, reliable housing, where they can live long-term. It's not temporary, it's permanent. So, if they have children, they can go to school. Stable home.... They don't have that grounding space, to shut the door and go to bed, and then get ready for the day to go to work or school." (Inuit Perspectives)

As with other support services, participants emphasized the importance of providing culturally specific support services in shelters and housing, adapted to the identities of local clientele: for instance, including Inuit- and/or Métis-specific support services in urban shelters, and housing for those arriving from rural, remote, or northern communities.

"For people who are not in their home communities, which are very far away, it gets really hard when they can't find a stable and safe place to rest their head. There needs to be more subsidized housing for women and families.... First Nations-specific, Métis-specific, Inuit-specific; even though we are all Indigenous, we need specific services. When you are in a vulnerable place, it is most comfortable to be with your community." (Inuit Perspectives)

resource community-based supports and solutions designed to improve social and economic security, led by Indigenous women, girls, and 2SLGBTQQIA people. This support must come with long-term, sustainable funding designed to meet the needs and objectives as defined by Indigenous Peoples and communities.

- 4.3 We call upon all governments to support programs and services for Indigenous women, girls, and 2SLGBTQQIA people in the sex industry to promote their safety and security. These programs must be designed and delivered in partnership with people who have lived experience in the sex industry. We call for stable and long-term funding for these programs and services.
- 4.4 We call upon all governments to provide supports and resources for educational, training, and employment opportunities for all Indigenous women, girls, and 2SLGBTQQIA people. These programs must be available within all Indigenous communities.
- 4.5 We call upon all governments to establish a guaranteed annual livable income for all Canadians, including Indigenous Peoples, to meet all their social and economic needs. This income must take into account diverse needs, realities, and geographic locations.
- 4.6 We call upon all governments to immediately commence the construction of new housing and the provision of repairs for existing housing to meet the housing needs of Indigenous women, girls, and 2SLGBTQQIA people. This construction and provision of repairs must ensure that Indigenous women, girls, and 2SLGBTQQIA people have access to housing that is safe, appropriate to geographic and cultural needs, and available wherever they reside, whether in urban, rural, remote, or Indigenous communities.
- 4.7 We call upon all governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second-stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. All governments must ensure that shelters, transitional housing, second-stage housing, and services are appropriate to cultural needs, and available wherever Indigenous women, girls, and 2SLGBTQQIA people reside.
- 4.8 We call upon all governments to ensure that adequate plans and funding are put into place for safe and affordable transit and transportation services and infrastructure for Indigenous women, girls, and 2SLGBTQQIA people living in remote or rural communities. Transportation should be sufficient and readily available to Indigenous communities, and in towns and cities located in all of the provinces and territories in Canada. These plans and funding should take into consideration:
 - ways to increase safe public transit;
 - ways to address the lack of commercial transit available; and
 - special accommodations for fly-in, northern, and remote communities.



Confronting Oppression – Right to Security

Introduction: “We’re not safe. Nobody is safe.”

Across the country, the right to security held by Indigenous women, girls, and 2SLGBTQQIA people is routinely compromised. As families, survivors, and others shared their truths with the National Inquiry, it became clear that, for the majority of Indigenous women, girls, and 2SLGBTQQIA people living in all settings and regions, security is a key area where violence against Indigenous women and girls can and should be addressed. As we heard, Indigenous women, girls, and 2SLGBTQQIA people live with an almost constant threat to their physical, emotional, economic, social, and cultural security. As Bernice C., who spoke in Winnipeg, observed when speaking about her daughter, who went missing on her 18th birthday in 2008: “We’re not safe. Our women are not safe anymore. Nobody is safe.”¹

This chapter examines the right to security with reference to the four pathways that maintain colonial violence. We examine the ways that the security of Indigenous women and girls is compromised by interpersonal violence, and how the risk of interpersonal violence is heightened by such factors as intergenerational trauma, poverty, homelessness, addictions, and barriers to education, training, and employment, as well as a lack of anti-violence services and supports. In addition, we explore how the absence of basic economic, social, and political rights that can guarantee security contributes to the targeting of Indigenous women and girls. We then explore how an unwillingness on the part of institutions to address these issues maintains a status quo that ensures that the crisis continues, and how, ultimately, the solutions required to restore security, as understood in a holistic way, lie within the experiences and the knowledge of Indigenous women, girls, and 2SLGBTQQIA people themselves.



When Rebecca – like so many other Indigenous women – is forced to move in an attempt to restore safety, she is placed in additional danger.

For 2SLGBTQQIA people, access to safe housing within their territory or community may be complicated by sexism, transphobia, homophobia, and other discriminatory beliefs about gender identity, expression, and sexual orientation. Marge H. described how, as a lesbian, she was pressured to leave her community.

I was outed from my community because I was a lesbian. I'd – there was no room ... it was suggested by various family members for me to take a vacation. So I was working in the cannery at the time. And I was – saved up a couple of cheques. And I got on the – the ferry boat to Vancouver. And it really hurt because [of] the way I was treated. I had no – I lost friends really quick. And there was, of course, rumours and gossip, and stuff like that. And – so I left.⁸⁰

Viola Thomas also commented on the lack of safety faced by 2SLGBTQQIA people in their communities and the pressures this puts on them to move.

For many Two-Spirited people, they end up being displaced from their territory and from their communities because they're – they don't feel safe and they don't feel welcome because of their uniqueness. And so you have a large population of Two-Spirited peoples across the country that end up moving to urban areas, so that they have a space where they can feel a likeness to other folks and feel welcome for who they are.⁸¹

For many who are pressured or forced to move, these same problems exist within the city. For Jamie L. H., these concerns about finding safe, affordable housing are also complicated as she gets older and realizes the lack of housing options for aging transwomen and Two-Spirit people.

I've been studying a model down in Mexico for Indigenous, retired women and they – and they have this home and it's a place that they live together in community. And I would like to see places like that for our LGBTQ+ communities. And, you know, we need that because I think right until you exit physically this earth, you need that sense of love and belonging. And so I fear the most that, you know, if I get really ill, where am I going to be put? And you know, so I think we need to address that.⁸²

Homelessness and Exploitation

For many Indigenous women, girls, and 2SLGBTQQIA people, poverty makes access to any form of housing impossible, and they are forced to live in shelters, on the street, or in other forms of precarious housing. In sharing the circumstances leading up to the disappearance or death of their loved one, many family members described how their loved one was homeless or precariously housed at the time of her disappearance or death. For example, Cee-Jai explained that it was when



her sister was living on the street that she was murdered. Despite Cee-Jai's efforts to protect her sister, the vulnerability she faced as an Indigenous woman living on the street was too great.

Monique F. H., who now works as an advocate with an AIDS organization, drew on her own memories of her life as a young homeless girl living on the streets and the fear she lived in as a result of the almost constant threat to her security and safety.

The violence that I experienced in my life has made me I think, more understanding to the women that I work with. A lot of them don't realize when I hear their stories, I hear myself, so when I was – when I was younger and on the street it was very – very difficult.

I remember seeing girls getting beaten up all the time. Shooting up. Living that lifestyle. Always fearful of what was going to happen next. And I was scared even though I may not have acted scared, I was scared.⁸³

In sharing her experiences of living on the streets, Marlene J. talked about how violence becomes a way of life – and often something she endured to meet her basic needs for housing and food.

I would say I was raped three sometimes four times a week.... I was just trying to survive. I was drinking a lot to not have the pain. I was always drunk. I drank pop to kill the pain of hunger. I'd steal. Go in the liquor store and steal bottles of booze. I'd be drunk and then I ended up with these men. They figured oh yeah we're going to have a party and then end up being raped. How many parks I had to crawl out of. I was always alone.⁸⁴

Poverty can also contribute to violence because of the way people may use drugs and alcohol to cope with the challenges associated with having no money or home. As Marlene explained, alcohol allowed her to survive the violence, hunger, and emotional pain she endured on the streets, even though it increased the risk that others would target her for violence.

These people that had raped me, they pretended to be my friend. They said, "We can just sit and talk." Because I was homeless they decided that they would take advantage of the situation. Sometimes I'm drunk I don't remember, but I do know – I don't know. Like I said, being in residential school what they tell you every day that you'll amount to nothing sort of sticks with you and then you just don't care about yourself the way you should.⁸⁵

Mealia Sheutiapik, an Inuk woman who shared her experience of homelessness on the streets of Ottawa, talked about how drug use became a way of surviving not only the harsh living conditions but also the trauma she carried with her as a result of the violence she had witnessed and the separation she felt from her family and culture.

I was smoking hash. I didn't know any other drug that time. He got me into smoking hash. So, I tried to kill that pain when I was a witness to that murder. So, I just ended up



carrying on and smoking hash, and it escalated to other drugs just to kill the pain and just to get numb, just to forget about that thought and what happened before. And, thinking about my grandma and my siblings, leaving them behind, I ended up using more hard drugs. And that also escalated me to go on the street and try and get more money to get high.⁸⁶

Hearing from witnesses about the challenges poverty poses for First Nations, Métis, and Inuit women, girls, and 2SLGBTQQIA people demonstrated how the violation of their right to social security directly contributes to, and underlines, the many stories of violence, disappearance, and death shared by families and survivors.

Barriers to Education and Training

In the same way that poverty denies Indigenous women, girls, and 2SLGBTQQIA people access to housing, so, too, does it create barriers to education, training, and employment – the very tools that might stop the cycle of poverty in many Indigenous families and communities, and are known protective factors against violence.⁸⁷

Access to education and to training and meaningful employment is a factor known to decrease the likelihood of perpetrating and being victimized by violence. In her testimony, Robyn Bourgeois, a Cree professor at Brock University and a survivor of trafficking, talked about how, for her, education empowered her and became a way of understanding her culture and the ways she might challenge colonial violence.

I grew up feeling really empowered with school. I know that sounds funny, because for so many Indigenous Peoples, school isn't empowering. But, for me, it had always been. And I saw an opportunity.... I remember reading scholarly work by Indigenous thinkers and thinking, "This is amazing." Like, just how they can use the words of the government in particular, because I'm always obsessed with the government of Canada, and I've been struggling, you know, how to make sense of what goes on in this country in relation to Indigenous Peoples. And so, I remember thinking, "I can do that. I could do that." And so I went back to university.⁸⁸

Likewise, in describing her experience growing up in foster care, Cheylene Moon, who participated on the Youth Panel in Vancouver, talked about how school offered a sense of security: "I loved school growing up, because it was like my safe place away from my foster homes."⁸⁹

Security through education will become more and more important in Inuit Nunangat, as the Inuit population increases at a greater rate than in southern Canada. This makes for a very young society: Inuit children under 14 years of age comprise about 33% of the Inuit population.⁹⁰ One of the consequences of such a young population is a greater number of young Inuit mothers, and they are often single mothers. Sometimes these young mothers stop going to high school because of pregnancy. The financial strain on young single mothers makes life difficult for them and even



Findings: Right to Security

- Indigenous women, girls, and 2SLGBTQQIA people continue to experience social and economic marginalization and exclusion as a direct result of colonialism and of racist and sexist government policies. This marginalization and exclusion is the objective of the colonial policies of the Canadian state. Colonial policies violate the social, economic, and political rights of Indigenous women, girls, and 2SLGBTQQIA people, and jeopardize their rights to human security and, in turn, safety. These colonial policies are tools of genocide.
- The Canadian state has caused Indigenous women, girls, and 2SLGBTQQIA people to be removed from their homelands and territories and from their families and communities. They experience disproportionately high rates of poverty and insurmountable barriers to obtaining secure housing, food, education, employment, transportation, and other basic needs. Indigenous children and the elderly are especially vulnerable under these circumstances. Marginalization and exclusion decrease safety and increase the risk of violence, and often force Indigenous women, girls, and 2SLGBTQQIA people to remain in violent and unsafe situations or to end up in violent and unsafe circumstances in an attempt to have their basic needs met.
- The social and economic marginalization, compounded by complex and intergenerational trauma, also forces many Indigenous women, girls, and 2SLGBTQQIA people to resist the marginalization and to meet their basic survival needs by resorting to the sex industry, remaining in violent relationships, and joining gangs. This further marginalizes and endangers them. Marginalization and trauma are pervasive reasons for the institutionalization of Indigenous women, girls, and 2SLGBTQQIA people within the criminal justice system and in the child welfare system.
- The safety of Indigenous women, girls, and 2SLGBTQQIA people cannot be realized without upholding and implementing social, economic, and political rights, alongside cultural, health and wellness, and justice rights. A reliable and consistent livable income for all Indigenous women, girls, and 2SLGBTQQIA people is necessary to address the state of crisis related to their well-being and to their socio-economic and safety needs.
- Indigenous women, girls, and 2SLGBTQQIA people experience extreme rates of overcrowding and homelessness. The lack of safe housing, transition homes, and shelter impacts the health, wellness, and safety of Indigenous women, girls, and 2SLGBTQQIA people. The housing crisis is a significant contributor to violence.
- Existing social and economic services for Indigenous women, girls, and 2SLGBTQQIA people are often plagued by huge gaps in resources and infrastructure. Further, such services are often placed in unsafe areas, and are not culturally appropriate, thereby perpetuating a lack of safety and security.
- Indigenous women, girls, and 2SLGBTQQIA people continue to experience disproportionately low rates of educational achievement and high rates of unemployment. Employment opportunities and services, as well as resources to promote educational and employment success, are urgently needed as a way to combat social and economic marginalization and violence and to support community and individual safety.



The National Inquiry heard several stories from northern or more remote communities, as well, where the absence of services and poor services chronicled elsewhere in this report forced people to head south, where they were subsequently trafficked. Traffickers were cited as targeting group homes, medical travel homes, bus stations, and buses coming from remote communities, as Alaya's story also revealed. In this way, the lack of infrastructure and services in northern and remote communities feeds the sex industry and further exploitation. As the National Inquiry heard, those who exploit women, girls, and 2SLGBTQQIA people are well aware of how to target these people; they go so far as to station themselves outside of group homes or places where they know these potential victims might be, in order to bring them into human trafficking rings. In addition, studies have pointed to key recruitment areas including airports, and in particular the Montreal.^{BB} Other key recruitment zones include schools, the boyfriend method (where a trafficker approaches a woman as a suitor, rather than as a trafficker),^{CC} other girls or women, hitchhiking, and virtually any place that is away from home where victims can be isolated.^{DD}

For many young Indigenous girls who are forced to, or choose to, leave abusive families or foster homes or want to seek out a better life for themselves, early experiences of sexual exploitation and trafficking continue into adulthood, during which engaging in survival or street-level sex work becomes a way of making ends meet. Mary Fearon explained how poverty and addiction are factors that make it necessary for Indigenous women to exchange or trade sex to meet their basic needs.

One of the things that we see with a lot of our participants, particularly our younger participants, is survival sex. And, that idea that if they need to get a place to stay, if they're homeless, then they will often trade sex as a means to get some other need met, whether it be housing or food. Food security is a big issue. So, yes, there was – it was out of the need, that people are living in poverty in our province and across our country was certainly a big driving factor.^{EE}

She continued, "One [factor] is that we recognize that 95% identify as living in poverty when they come into our program, so poverty is clearly a big indicator; that 79% have had some kind of addiction, or currently are dealing with addictions, or recovered from addictions."^{FF}

Many survivors who shared their experience of poverty, homelessness, and violence talked about exchanging sex in order to meet their basic needs for food, housing, clothing, transportation, or other basic items – a practice often referred to as "survival sex work."

As Monique F. H. explained: "I slept, you know, with people for a place to live, for a place to stay, for food. But that is what survival does, that's survival for you, right? You – you do what you need to do in order to continue to live and to continue to survive."^{GG}

Doris G. talked about how she turned to sex work in order to pay for housing for herself and her child.

I needed help with [the] damage deposit, and no one would help me. It was hard being a single Native mother on welfare with an infant, so I went and found my friend, and she introduced me to her friends, otherwise known as johns, who would help me with cash. I could raise money for housing or for me and my child, for food. I remember stopping before I started to pray to Creator to keep me safe: I've got to make it home to my son.^{HH}

In her testimony, Lanna Moon Perrin offered a slightly different perspective and explained that for some Indigenous, trans, and 2SLGBTQQIA people, sex work offers an empowering and financially rewarding way to support oneself and one's family.

You know, I started with street-level sex work at 16 so that I could buy things for myself, a winter jacket, winter boots, decent food to eat. In my life, when I was young, I did experience violence on a lot of different levels, but I don't want to, in any way, frame it that it was my choice of getting into sex work that led me to be victimized.^{II}

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TAB 39



Community Impact Consultation - Preliminary Report

100 Victoria April 22, 2025

Context

The future of the 100 Victoria encampment (100Vic) was made a priority when first drafting the Region's Plan to End Chronic Homelessness (aka. the Plan). [In April 2024](#), Regional Council approved the adoption of their [Final Report](#) as the official plan to prevent, address, and end homelessness in Waterloo Region. The Final Report included Action 1.2 which calls for the implementation of a housing-focused Street Outreach Framework and a Human Rights Based Approach encampment response protocol. Both the Final Report and the April 2024 council report ([CSD-HOU-24-006](#)) heavily relied upon the [Lived Expertise Prototyping Report](#), which was prepared by the Social Development Centre (SDC) and outlines the theory of change and recommendations developed by the prototyping cohort for the Plan to End Chronic Homelessness. In the Prototyping Report, Action 19 called on the Region to update the plans for the transit hub to ensure the continuation of 100 Victoria Street as a sanctioned encampment until functional zero homelessness has been achieved; as well as set aside land/funding for a transition fund through conversation with Metrolinx and the Province to ensure residents are provided with comparable land and supports.

The Social Development Centre was informed a year ago that the Region was exploring a plan to remove the encampment to make room for the transit hub. At that time, we advised their staff of the conditions needed from the [National Protocol on Homeless Encampments](#) to facilitate the encampment's transition, including consent, transparency, and fairness. That conversation did not go further between the Region and community partners or encampment residents. The SDC, along with the rest of the public, received notice on April 16, 2025 of a proposed bylaw to clear 100 Victoria. This notice was received several hours after the appearance of several on-site dumpsters, a portable trailer, and a construction bobcat. The Region's Community Services department hosted two information sessions about the bylaw on April 17, 2025 for members of the Co-Creator's table. During those sessions, we were told that regional workers had been out at the encampment when the dumpsters, trailer, and construction equipment arrived and that information had been relayed to the residents at that time. Furthermore, they confirmed that as of April 17, 2025 there was no enforcement of that bylaw and that for existing residents, the focus in the upcoming weeks would be on finding the time and resources to have one-on-one conversations.

Methodology



In the week between the bylaw's notice and the Regional Council meeting, the SDC sought to document the experiences of those living at the encampment. The goal was to understand what residents had been informed of regarding the bylaw as well as the impacts of Regional actions in the last week (i.e., the appearance of construction equipment, increased security, notice of the bylaw proposal, etc.). Within that short time frame, we diverted staff and resources into developing an action research project framed as a community impact consultation. SDC staff and our Lived Expertise Consultants (i.e., folks with lived experience of homelessness and/or housing precarity, as well as skills in community connecting and advocacy) worked together to interview multiple 100Vic residents over the course of two days.

The day prior to starting interviews, some community connectors went to 100Vic during a resident information session to give advance notice of our project. Day of, we connected with residents either at the encampment or while attending lunch at St. John's Kitchen. Residents were given information about our research project, including its purpose and how their data would be used if they chose to participate. Each resident received an honorarium for their time and were able to leave at any point during the conversation. It's notable that when residents were told they could leave, a number of them specifically stated that they were choosing to participate because this directly impacts their housing and they were committed to doing whatever they could. Our staff and Lived Expertise Consultants worked in pairs, with one person facilitating the conversation and the other taking notes and/or recording. Residents were asked what they knew about the bylaw (and, if needed, we reviewed its core elements with them), how they felt during the last week at the encampment, and what they wanted the SDC to ask for, or say, on their behalf during the Regional Council meeting.

In total, we talked to 27 encampment residents with conversations ranging between 5-30 mins long. Recordings and/or notes were taken at the time of the interview, with the resulting data being preliminarily reviewed by four SDC staff members. As part of the initial stages of a content analysis, staff made note of overarching themes and searched across the conversations for first patterns and recommendations. That first, high-level summary was used to create the SDC's delegation material presented to Regional Council on April 23, 2025; this report also represents that data summary. A fulsome analysis will be done in the upcoming weeks and we encourage others to refer to that report for more information, once finished.

Initial Findings

Lack of Information About the Bylaw and Council Report

Of the 27 residents we spoke to, no one could identify receiving information from Regional staff within the week since the bylaw's proposal was publicly posted. No one we interviewed had seen



the proposed bylaw as written, nor had they seen the council report which included the accompanying budget proposal for housing supports. Some of the residents had heard of the bylaw from rumours or other media sources, but information was inconsistent and vague. Some residents referred to a specific contact person living at the encampment who typically disseminates relevant information to the community; noting that no one had heard anything from that individual about the bylaw nor the construction equipment. All the residents we spoke to had seen the appearance of the dumpsters and security trailer but were unsure about their purpose. Meanwhile, more than half of them had heard nothing about the bylaw itself and were first informed by us during the interviews.

In general, encampment residents' understanding was that the Region wanted them to leave because of the train station. Another, less prevalent but parallel, assumption was that the encampment was closing because of public opinion; where the public saw the site as an eyesore and wanted to 'clean it up', despite residents' efforts to keep the location presentable. One person summarized their understanding simply as "I know they want me out of here". Other perceptions about the region's bylaw included that it would be illegal to camp at 100Vic and that putting up tents was going to be stopped. Some residents thought they would be displaced to other locations, such as sheds or shelters, or that there wouldn't be anywhere for them to go and they would have to fend for themselves next winter. Many were unaware of the housing supports being proposed in the council report.

Adding to the overall lack of clarity, residents did not have a shared understanding on what the purpose of the land would be for. Some thought it would be for a parking lot while others thought it would be for the new train station. The timeline for rolling out bylaw was also unclear. Some people believed the site would be closed by the end of the spring, following the CTS and warming center closures, while others believed they had until the end of 2025. Other perspectives included that the 100Vic location had been 'promised' to the encampment and that Metrolinx had changed its mind entirely about needing the site. Some folks at 100Vic mentioned that on-site security was already saying the bylaw was in effect and preemptively enforcing it, further highlighting the disconnect between the bylaw's proposal phase and its approval. Finally, many residents were unaware of the bylaw's list of prohibited actions, unsure of what would be included or how it would be enforced.

Impacts from Regional Actions

The impacts of the public notice for the proposed bylaw, as well as the appearance of the construction equipment and increased security presences, elicited a multitude of feelings. People talked of fear, stress, confusion, and sadness. While some people were happy for change and the prospect of housing, others felt like this was targeted harassment, and trying to kill the homeless.



Some residents spoke of how the actions in the last week were causing an uproar, and how it felt inhumane and wrong. Some spoke of now feeling pressured like having a gun to their head, and how the actions from the region resulted in making them feel like human trash. One person said “If you are putting bins full of garbage right where people are living, how do you think they would feel?” while another said “They [*the encampment residents*] are at the bottom and now you are just taking away the bottom.”

Many spoke of the encampment as its own community, with several people expressing concern for their fellow residents. One person shared that “... the folks at [*100Vic*] have given so much to folks. They have been there for me and given me a space to live, and at times that was all I had on the coldest nights...”. Residents are deeply concerned about who is being prioritized and who is at risk of falling through the cracks; especially for those at risk of being banned from regional services for a myriad of reasons. While many residents we spoke to want housing access, there was still a range of opinions. Some people were okay with motels and shelters, while others were not and/or shared concerns around safety when using contracted housing services. Some also spoke about needing an alternative encampment location to maintain the community that has been built over the years. Location and access to services was also a concern mentioned by a number of encampment residents. Many people in the community are disabled and having close proximity to the hospital and downtown services is vital. One resident spoke of common struggles when accessing services saying “...the city makes the homeless walk a mile and half. To walk that on a cold night is terrible.”

It was clear from our conversations that 100Vic is a vital part of the homelessness ecosystem, and the folks living there deserve to have a voice in what happens to the site. Many people spoke about wanting advance notice for regional decisions that impact their life, including clearer timelines and explanations of what resources will be made available. Some residents had chosen to come to the encampment because they saw it as the better option when compared to warming centers or shelters (many of which are now closed in the region). Some residents are also banned from other shelters and were concerned about how long they would be allowed to stay at a motel or other options from the Region. Some talked about how they were already planning on setting up tents in the backyards of houses and businesses. Based on our conversations, closing encampments will put pressure on an already stressed community dealing with complex mental health and break trust throughout the system. As one resident put it “How many times can you bully and torture and belittle the most vulnerable population?”

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TAB 40

Sanguen Health Centre Statement on the Impact of Encampment Evictions

Sanguen Health Centre provides low-barrier, health-focused outreach and harm reduction services to people across Waterloo Region, many of whom are living in highly marginalized and precarious situations, including encampments. As a trusted community partner, we recognize the complexity of addressing unsheltered homelessness and remain committed to working collaboratively toward long-term, dignified housing solutions for all.

We also know that encampments are not an appropriate or fair solution for anyone. No one in our community should have to live without reliable access to shelter, sanitation, food, or safety. But in the absence of accessible alternatives, encampments are sometimes the only option available to individuals facing severe gaps in housing affordability, food security, and access to essential care. The decision to stay in an encampment is often made for safety, community, and stability in an otherwise unpredictable and chaotic landscape.

Evictions—no matter how thoughtfully approached—can have serious impacts on the health and well-being of people who live in these spaces. These include:

- **Emotional distress and trauma:** For many, displacement retriggers past trauma and can result in heightened anxiety, depression, and fear.
- Disruption of care:** Residents who require ongoing medical support—such as wound care, antipsychotic medication, or harm reduction services—may lose touch with outreach teams, risking serious health complications.
- Loss of belongings and relationships:** Personal items, survival gear, and even social connections can be lost during evictions, compounding instability.
- Geographic displacement:** When residents are dispersed, they may move to locations that are less accessible to service providers, making it more difficult to provide consistent care.

Trust is foundational to our work. Disruptions that fracture that trust—especially without viable, individualized alternatives—make it harder for people to seek or accept support in the future.

We are hopeful that any transitions that occur as a result of encampment evictions will continue to include meaningful options that reflect the lived realities of those affected, including considerations for couples, pets, and proximity to essential services. In the meantime, it is critical that responses continue to be grounded in compassion, care continuity, and a commitment to human dignity.

— Sanguen Health Centre Leadership Team

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TAB 41

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF SARA ESCOBAR

I, Sara Escobar, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am the co-founder of Peregrine Outreach Waterloo Region, a worker led initiative that supports outreach staff from social services organizations in Waterloo Region.
3. I have been working in the social services sector for over 20 years. My job positions have included front-line worker in the shelter system and street outreach worker for a variety of organizations including oneRoof, The Working Centre, and the House of Friendship.

7. This has happened numerous times over the past few years with the most recent example being the shelter operated by the Working Centre at the former Schwaben Club site on King Street in Kitchener (the “King Street Shelter”). This shelter was co-ed and had beds for up to 100 people. At the end of March 2025 the King Street Shelter closed and there was not a replacement so outreach workers had to try to find places for the people using the shelter. Not everyone was placed in a shelter or housing. The shelter where I work in Cambridge was able to take 10 women leaving the King Street Shelter but I know some people at the King Street Shelter were not able to find an indoor place to go and some people ended up on the streets. Attached hereto and marked as **Exhibit “B”** is a print-out of the Record article dated March 31, 2025 titled “More desperation for homeless people as shelter, CTS site closes”.
8. At the end of April 2025, two temporary warming centres closed for the season resulting in a loss of 60 beds. This happened at the same time the Region implemented their Site-Specific Bylaw and began limiting any new residents from moving to the Victoria Street Encampment. Attached hereto and marked as **Exhibit “C”** is a print-out of the Record article dated May 15, 2025 titled “Cambridge warming centre ‘over capacity most nights’”.
9. The Cambridge Shelter Corporation also operates a healthcare facility out of the former Kinsman space. This space has 16 beds available for people that are considered medically fragile, but mobile. This space is at risk of closing and my understanding is that it is likely closing soon. I am not aware of any replacement for this space. Attached hereto and marked as **Exhibit “D”** is a print-out of the CTV News article published May 22, 2025 titled “Cambridge shelter’s healthcare facility needs a home”.

10. Front line workers have advised me that there is currently a hold on any new intakes into any of the Region's affordable housing waitlisted units (typically 10 years long waitlist) because any openings that come available are to be prioritized for residents from the Victoria Street Encampment. At the most recent Plan to End Chronic Homelessness meeting on May 15, 2025 I raised this issue and asked what the message should be to others in our community experiencing homelessness who are being bumped from their priority spot on this long waitlist because they are not living in this specific encampment.
11. In Waterloo Region there are only 67 emergency shelter beds for women and gender diverse people, 20 in Cambridge and 47 in Kitchener. The Cambridge shelter operates 24 hours a day, 7 days a week and it is always at capacity. In Kitchener the emergency shelter for women at 84 Frederick Street is overnight only and the women have to leave during the day. It is my understanding that there are a few beds available nightly at the 84 Fredrick Street shelter because the women in Kitchener find it too challenging to pack up each morning and carry around their belongings with them all day.
12. As far as I am aware there are no emergency shelter spaces for opposite sex couples. The only housing provider that could accommodate couples right now is University Ave, run by SHIP which is transitional housing, not emergency shelter. In order to be approved to stay at University Avenue in Waterloo, a couple would need to qualify through Regional housing and also through the SHIP intake process. SHIP as a service provider has many rules and policies related to substance use.

13. There are also people who have service restrictions at certain shelters and are banned from Regional buildings. This makes it very difficult for these people to access any services run by the Region.
14. We are experiencing high levels of people experiencing homelessness for the first time ever. These people will connect with outreach workers and ask where a safe place is to set up a tent. For newly homeless people it is essential that they be able to shelter themselves somewhere close to social services, as opposed to hiding away on the outskirts. As they are inexperienced in living rough, they need to be close to resources.

ENCAMPMENT EVICTIONS IN WATERLOO REGION

15. In the summer and fall of 2023 I supported many people that were experiencing encampment evictions in the City of Cambridge. In and around August 2023, a number of residents were evicted from an encampment at 150 Main Street. The Region of Waterloo owned this property and they put fencing around the property in 2022 to try to limit access to new residents. The Region slowly moved the fencing to decrease the amount of space the residents had access to until only a few residents remained.
16. I was doing outreach in Cambridge at the time and was at the encampment almost daily during this period. The residents complained to me about the fencing. Some indicated they felt corralled in or caged in. Some residents indicated that they felt the fencing removed a level of

privacy that was there previously. I personally observed people pulling into the lot to inquire and ask what the fencing was for. I observed people throw things through the fencing at the encampment residents. Although the Region claimed the fence was added to provide safety for the residents, in my observations the fencing did not add anything the security guards on site did not already provide.

17. In and around September 2023, I supported people living at an encampment in Soper Park in Cambridge during an eviction. More than 30 residents were evicted by the City of Cambridge. Many of these residents were people that had previously been living at the encampment at 150 Main Street.

18. There is an encampment eviction taking place in Cambridge today by the City of Cambridge. There are four couples plus one man being evicted, with the couples having no where to go.

19. When people are evicted from an encampment or are placed into temporary shelter or motels, they often lose their survival items like tents, tarps, cooking and warming tools, sleeping bags and clothing. These items are incredibly difficult to obtain for people experiencing homelessness and outreach workers are regularly asked if we can provide these items. We regularly have to make requests of community to donate these items so we can distribute them.

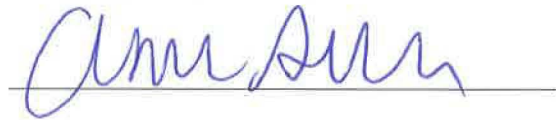
MOTELS

20. In my experience motel spaces are typically provided to people experiencing homelessness that have a health issue, such as an infection or some sort of significant health concern. The idea is to let people stay in the motel for a period of time until they are medically stabilized. After a person is stabilized they may go to the emergency shelter or the street.
21. Motels are not a substitute for stable housing or supportive housing. Sometimes the funding runs out. Also people get kicked out frequently for a variety of reasons. The motel owners set the rules and decide when they want to kick someone out. People get kicked out for behaviour related to mental health disabilities including hoarding, damaging the rooms, allowing too many visitors, acts of violence, or substance related concerns.
22. The ability of outreach workers to support people at motels is limited. Outreach workers are already overburdened and people at motels frequently require regular support including food and medication deliveries, check ins for mental health crises and other support. There is not enough outreach capacity to meet the needs of people staying in motels.
23. There are risks for people at motels. Sex trafficking, drugs and violence are known risks for people staying at motels. In my experience some of the owners and staff at the motels are not safe for vulnerable individuals to be around, including women, gender diverse individuals, youths and seniors.

24. The motel itself also reserves the right to deny access to certain people. On a couple of occasions I brought someone to a motel and the motel staff requested that I bring the person to the front desk first so they can assess whether this is a person that is banned from their space, or someone that has a service restriction at that particular motel. When someone is evicted from a motel they return to an emergency shelter if there is space or to the street.

25. I make this Affidavit in support of the Notice of Motion, and for no improper purpose.

AFFIRMED BEFORE ME in the)
 City of Kitchener, this 23 day of)
 June, 2025)
 In the Regional Municipality of Waterloo



ASHLEY SCHUITEMA,
 a Commissioner, etc.,
 Province of Ontario,
 while a Barrister and Solicitor,
 LSO #68257G



SARA ESCOBAR

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TAB 42

https://www.therecord.com/opinion/columnists/more-desperation-for-homeless-people-as-shelter-cts-site-closes/article_237ea210-8ef8-53df-b258-cb4141fa4dc6.html

COLUMNISTS

Opinion | More desperation for homeless people as shelter, CTS site closes

A 100-bed shelter closes March 31. What happens to the homeless people who no longer have the ability to spend the night indoors, Luisa D'Amato asks.

March 31, 2025   



Dr. Maria Matsuda, left, talks to Glen Soikie outside the King Street shelter in Kitchener, Thursday.

Mathew McCarthy Waterloo Region Record

By Luisa D'Amato Reporter

Luisa D'Amato is a Waterloo Region Record reporter and columnist. She writes on issues affecting day-to-day life in the area. She can be reached at ldamato@therecord.com.

Homeless people in this community have frozen to death overnight. Some have diseases like trench foot, a common illness in soldiers of the First World War when they couldn't keep their feet dry.

Some have lost fingers to frostbite. Some people on the street will light candles or a fire to stay warm, and sometimes they get burned. Or they might have a head injury or a wound from the violence that's everywhere in street life. They might get the flu or a virus, as we all do.

If you're living outside on the streets, those injuries and illnesses are harder to treat, and more likely to develop into something more serious, even fatal, said Dr. Maria Matsuda, a physician who treats homeless people at shelters, soup kitchens and encampments.

"The streets are not safe," said Matsuda, who is part of a medical outreach team with the Waterloo Region Inner City Physicians' Group.

If people living on the street could have a shelter bed where there are staff to help, they could keep themselves warm and dry, and keep track of medical appointments.

The health problems they face mean there is a much lower life expectancy for unhoused people, compared to people with a roof over their heads, she said.

And so Matsuda is deeply concerned about the closure on March 31 of two places that homeless people have gone for help.

One is a Kitchener shelter, run by The Working Centre, which housed 100 homeless people at 1668 King St. E. in the former Schwaben Club.

The other is the drug consumption and treatment services site on Duke Street West, near Kitchener City Hall. It must close by order of the provincial government, which does not want to fund supervised drug consumption services anymore.

As for the shelter on King Street, the government of Waterloo Region planned for it to stop operating Monday. Staff are trying to find other homes for the people who are there.

But the loss of those 100 shelter spaces, and of the drug consumption site, which offered much more than just supervision of drug-taking, is a tragic step backwards.

"It's a place to belong, a community that extends kindness and compassion," Matsuda said of the consumption site. "It's a safe place where people can go."

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In 2024, Kitchener's site recorded 15,050 client visits and managed 79 overdoses on-site. Since opening in 2019, the site has overseen more than 1,000 overdose interventions with zero fatalities.

It wasn't just about taking drugs in safety. You could also sit down on a couch after many hours of being told to move along. You could get a drink of water or a snack. You could make a phone call, soak your feet, and dry your shoes.

The consumption site [will be replaced](#) by a Homelessness Addictions Recovery Treatment (HART) Hub, which will open April 1. Some services there will be delayed because funding from the province has been delayed.

Another support centre will open, run by Sanguen Health Centre.

As for the shelter spaces, Ryan Pettipiere, director of housing for the Region of Waterloo, said the region has purchased the building at 84 Frederick St., and it is now a shelter with 47 beds.

But that's not really an addition, because the Kitchener-Waterloo YW used to operate that building as a shelter, with room for 66 people. The agency sold the building last year.

There's a new shelter in Cambridge with room for 20 women that opened this past winter. And there were also winter "warming centres" in Cambridge and Kitchener that took a total of 50 people. They'll close in April.

But beyond that, "at this point we don't have additional plans to open additional shelters," Pettipiere said.

He's aware, as everyone operating emergency shelters is, that the number of homeless people is growing, and their needs are becoming more complex.

It's a problem that the Region of Waterloo, as a municipality, can't manage anymore by itself, with limited property tax dollars.

Instead, it is trying to focus on offering rent supplements and helping to build permanent affordable housing. If someone in a shelter is ready to move into permanent housing and live on their own, that would free up a bed for someone living on the street.

"We know the problem continues to grow," Pettipiere said. "We're doing what we can with the resources we have."

Those who work with unsheltered people agree that more shelters are badly needed. They're a port in a storm, a place to stabilize and recover, between the brutally violent life on the street and living in an apartment.

But it's getting harder and harder to find a place on which to build a shelter, even a temporary one, says John Neufeld, CEO of the House of Friendship, which has operated shelters and supportive housing for decades.

"Wherever you go, you get the door slammed shut on you," he said. "Nobody wants a shelter near them ... It's so hard to find a location."

Temporary shelters are hard on residents and staff, because of the uncertainty. "You're working with what you have, not what you need."

By contrast, permanent shelters with health supports "have demonstrated very strong outcomes and better health for those experiencing homelessness," he said.

Fifteen years ago, there were plenty of spaces in local shelters, he said.

But a number of factors has changed a lot of things. Key among them is the high levels of drug addiction on the streets.

Synthetic drugs like fentanyl are cheap and easily available. They're also deeply damaging and it's almost impossible to get free from addiction to them.

"We're putting toxins in our bodies that shouldn't be there," Neufeld said. "They're creating permanent long-term brain damage."

"You see the human suffering and pain at a level you've never seen before," he said.

Still, Neufeld said, progress is being made.

Before the pandemic, there were about 250 shelter spaces across the region and now there are about double that number.

And new supportive and affordable housing spaces are coming soon as well: the Indwell renovation of St. Peter's Lutheran Church with 41 units, the House of Friendship building on Charles Street with 170 units, and 97 Victoria, with 44 units.

Yet even with all those spots, most expected to open next year, the number of homeless people may be growing faster than our ability to build.

Right now, we still don't have enough shelter spaces, and hundreds of people still live in terrible conditions in tent encampments, in their vehicles, or sleep right on the street.

At the King Street shelter, there are still about 15 people left who "are unable to find a spot that meets their needs," said shelter operator Stephanie Mancini of The Working Centre on Friday.

"We continue to work with them to bridge to prioritized spots in the shelter system," she said.

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Luisa D'Amato is a Waterloo Region Record columnist. Reach her by email at ldamato@therecord.com

Opinion articles are based on the author's interpretations and judgments of facts, data and events. More details

REPORT AN ERROR

JOURNALISTIC STANDARDS

ABOUT THE RECORD

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TAB 43

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

3rd AFFIDAVIT OF SARA ESCOBAR

I, Sara Escobar, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I previously affirmed affidavits dated June 23, 2025 and July 7, 2025. I adopt and rely upon those Affidavits and update certain matters below.
3. I am extremely familiar with the issue of homelessness and the shelter system in Waterloo Region and the complexities of serving the street involved population. I am currently employed as a community development worker at a local shelter. I sit as one of ten members of the Plan to End Chronic Homelessness Coordinating Committee that serves as a leadership committee for the Co-Creators.

EMERGENCY SHELTER

7. The Region has **351** beds in the emergency shelter system, across eight adult shelters. Attached hereto as “**Exhibit A**” is the most recent data that was shared with the PECH Co-Creators on February 17, 2026. This data is collected through Homeless Individuals and Families Information System (“HIFIS”) and analyzed by FirstConnect, Argus Residence, the Region funded community partner that operates a 24/7 support phone line that connects people experiencing homelessness with the emergency shelter system.
8. I have access to HIFIS and believe this data is accurate as presented. According to this data on February 13, 2026 there were **8** spaces available for adult men, **0** spaces available for adult women or gender diverse people, **11** spaces available for youth aged 16-25, and **0** spaces available for adults that are medically complex.
9. FirstConnect has also provided an explanation for how to understand the occupancy rates, which I believe to be an accurate explanation. For example, despite Erbs Road Cabins showing an occupancy rate of 96% the FirstConnect data notes: “Erb’s Road Cabins shelter program operates differently from adult emergency shelters in Waterloo Region. This means that, even if the system is showing a bed available, there is not actually one where someone can be referred to and access right away. The referral process is done differently and in collaboration with regional Unsheltered Outreach Workers and The Working Centre Outreach Workers to determine need and fit.”
10. The majority of the available emergency shelter spaces on February 13, 2026 are in Cambridge at the Cambridge Shelter for men. In my experience, many people experiencing homelessness in Kitchener do not want to leave their support system and go to Cambridge every night in the

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TAB 44

Homelessness Chronicity in Emergency Shelters

A look at our emergency shelter system over the past five months.

This data is collected from HIFIS and analyzed by FirstConnect, Argus Residence.

Demographics in Adult Shelters

How many beds are available in our shelter system?

There are currently 351 beds in our emergency shelter system, across eight adult shelters. Here's a breakdown:

Cambridge Shelter has 80 beds.

SHIP 84 Frederick St has 22 beds.

SHIP Edith Mac has 37 beds.

YW Cambridge has 20 beds.

HoF ShelterCare has 98 beds.

OneROOF has 24 beds.

BridgeCare has 20 beds.

Erb's Road Cabins has 50 units.

Breakdown of bed availability by shelter

	Total occupied beds/ total beds available; Oct. 14	Total occupied beds/ total beds available; Nov. 18	Total occupied beds/ total beds available; Dec 18	Total occupied beds/ total beds available; Jan. 14 2026	Total occupied beds/ total beds available; Feb 13
Cambridge Shelter	95%	100%	68%	95%	90%
HoF ShelterCare	101%	102%	93%	100%	100%
SHIP- Edith M.	95%	100%	100%	100%	100%
SHIP- 84 Frederick St	85%	91%	77%	109%*	123%*
YW Cambridge	95%	95%	115%	125%*	125%*
OneROOF	88%	75%	75%	96%	54%
BridgeCare	86%	71%	100%	40%	45%**
Erb's Road	98%	98%	96%	90%	96%***
Total % of occupied beds in ES system	95%	95%	92%	96%	94%

*SHIP 84 Frederick Street and YW Cambridge have increased their bed availability to accommodate more women and gender diverse individuals in the Winter months.

**BridgeCare is not currently accepting new intakes, therefore, it appears that there are beds available, when there aren't.

***Erb's Road Cabins shelter program operates differently from adult emergency shelters in Waterloo Region. This means that, even if the system is showing a bed available, there is not actually one where someone can be referred to and access right away. The referral process is done differently and in collaboration with regional Unsheltered Outreach Workers and The Working Centre Outreach Workers to determine need and fit.

A closer look, based on demographic: February 13

Cismen, transmen, 25/26+: **8 beds available**
 Ciswomen, transwomen, and gender diverse
 individuals, 25/26+: **0 beds available**

All genders, 16-25: **11 beds available**
 All genders, 18+, medically complex: **0 beds available** (no intakes at this time)

Chronic Homelessness in Emergency Shelters

The chart below compares the total chronic homeless population in each shelter to their bed occupancy.

	July 22	Aug. 20	Sept. 17	Oct. 14	Nov. 18	Dec. 18	Jan. 14, 2026	Feb. 13
Cambridge Shelter	60%	50%	59%	46%	59%	68%	67%	81%
ShelterCare	88%	89%	85%	80%	88%	93%	93%	95%
SHIP- Edith Mac	58%	76%	68%	60%	57%	57%	76%	81%
SHIP- 84 Frederick	68%	74%	73%	63%	74%	78%	88%	74%
YW Cambridge	63%	80%	85%	63%	79%	65%	60%	72%
OneROOF	50%	29%	38%	38%	44%	57%	39%	55%
BridgeCare	86%	79%	77%	75%	70%	71%	88%	89%
Erb's Road	96%	96%	96%	96%	96%	96%	98%	96%
Total % of Chronicity in ES syst.	74%	67%	74%	67%	74%	77%	79%	85%

Age Breakdown

	18-24	25-29	30-39	40-49	50-59	60-64	65+
Total	11	20	80	88	69	37	22
% of ES sys.	3%	6%	24%	27%	21%	11%	7%

Gender Breakdown

	Men	Women	Transgender or identity not spec.
Total	246	76	5
% of ES sys.	75%	23%	1%

Citizenship Breakdown

	Citizen	Permanent Resident	Established Immigrant	Recent Refugee	Refugee Claimant	Work/Student Visa
Total	305	5	9	4	4	3
% of ES sys.	93%	1%	3%	1%	1%	1%

320

TAB 45

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF SARAH MAGDALEN HELWIG

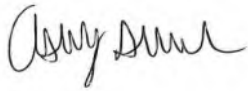
I, Sarah Magdalen Helwig, of the City of Toronto, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am the current incumbent priest of the Church of St. Stephen-in-the-Fields (the “Church”). I have been in this position for 12 years.
3. There have always been small numbers of people living in the churchyard. In the spring of 2022, the encampment started to grow in size as other encampments in Toronto were cleared.

4. I was involved in supporting the people at the encampment from the beginning. We worked to connect encampment residents to services and supports.
5. Most of the encampment at the Church is located upon a transportation right of way that belongs to the City of Toronto (the “City”).
6. In 2023 there was a concerted effort by staff from the City to clear the encampment. When we were informed that a clearance attempt was imminent, we applied to Superior Court for an injunction to stop the clearing.
7. The motion for the injunction was denied and in late 2023, most of the residents were offered a room at a shelter hotel by City staff.
8. Not all encampment residents accepted the offer of shelter hotels. Some of the encampment residents had been evicted multiple times from shelter hotels. The shelter hotels have numerous rules and there is no security of tenure for residents.
9. People can be evicted from shelter hotels for a variety of reasons and there is a low bar for eviction.
10. On January 2, 2024, I published an article about the clearing of the encampment, titled “City clears encampment outside church”, a copy of which is attached as **Exhibit “A”** to this affidavit.

11. To the best of my knowledge, all of the encampment residents who were evicted from the encampment and placed in shelter hotels are back living on the streets.
12. The encampment at the Church has built back up to 9 residents, most of whom are the same as the residents who were evicted by the City in 2023.
13. I make this Affidavit in response to the Notice of Application, and for no improper purpose.

AFFIRMED remotely by Sarah Magdalen Helwig at the City of Toronto, in the Province Of Ontario, before me at the Town of Baden in the Province of Ontario on July 2, 2025 in accordance with O. Reg. 431/20.)
)
)
)
)



Ashley Schuitema, A Commissioner of Oaths (LSO # 68257G)

Sarah Magdalen Helwig

 SARAH MAGDALEN HELWIG

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TAB 46

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF LEE ANN HUNDT

I, Lee Ann Hundt, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.

Background Working with Indigenous People in Waterloo Region

2. I am a status, First Nations woman from Sagamok First Nations. I am a 60's Scoop Survivor and a Generational Residential School Survivor (my Grandmother attended). I was adopted off reserve when I was 5 years old and placed in a non-Indigenous home a thousand

7. In my roles above – I have worked with most local Indigenous Organizations in the Region, including:
- a. Anishnabeg Outreach Employment & Training Inc.
 - b. The Healing of the Seven Generations
 - c. Crow Shield Lodge
 - d. Southwest Ontario Aboriginal Health Access Centre
 - e. White Owl Native Ancestry
 - f. Conestoga College
 - g. Wilfrid Laurier University
 - h. University of Waterloo
8. I sit on many advisory committees, informing and consulting on Indigenous best practices and policy. I have also sat on many Boards of Directors relating to housing and Indigenous issues. I am extremely familiar with the issue of Indigenous homelessness and the complexities of serving the Indigenous homeless population, including significant barriers to accessing housing.

Overrepresentation of Indigenous People in the Homelessness Population

9. Indigenous people make up only 2% of the population, yet they experience homelessness at increased rates compared to many other populations in Canada and are overrepresented within encampments. Attached hereto and marked as **Exhibit “A”** is 2021 Statistics Canada Data about Indigenous peoples in Ontario. See also the Region of Waterloo’s 2024

Point in Time Count findings where 17% of those surveyed identified as Indigenous, attached hereto and marked as **Exhibit “B”** There is an overrepresentation of Indigenous people experiencing chronic homelessness.

10. Additionally, this number is likely underreported. In my 26 years of working in this community, I have seen the errors in the numbers being collected and reported across the Region. According to many Indigenous people, there is no clear advantages to identifying as Indigenous. Historically, Indigenous people were negatively impacted by that admission. In the school systems, they were considered to have a learning disability right from the beginning. In the child welfare system, there were more apprehensions/investigations on that admission with no more cause than that they were Indigenous. In the justice system they were automatically too broken to rehabilitate and likely to reoffend. In the health system, they were red flagged as dependant on substances and alcohol, without evidence or diagnoses. If you identified as Indigenous, you were most likely to get a social worker visit than anyone else.

11. The definition of chronic homelessness, also does not capture the lived realities of Indigenous people. The definition of chronic homelessness is more than 6 months of the year, they are unhoused.¹ In many cases, Indigenous people are supported by each other in various ways. They can usually find someone in the community that will allow them to couch surf or camp out for small lengths of time. When they are truthful with this

¹ Navigating Complexity Together A Roadmap to Functional Zero by 2023, The Plan to End Chronic Homelessness, https://hdp-ca-prod-app-wr-engage-files.s3.ca-central-1.amazonaws.com/8717/3751/5659/e2ab214d23f14d3ec25657d3de07dc38_Appendix_A_-_Final_PECH_Report.2024.pdf

information, they are not considered ‘chronically homeless’ and therefore ineligible to receive supports because they don’t meet the criteria required to be considered homeless.

12. Another thing that affects the numbers/count of Indigenous people is if they do not have a status card, it is expired, or they cannot actually prove it with an approved identification method, they will not self-identify. So many of our community know they are Indigenous and cannot prove it. It is safer to not identify than to be questioned or scrutinized.

Barriers to Accessing Emergency Shelter

13. In my experiences, I can identify the following barriers to accessing emergency and transitional housing:
 - a) Indigenous people often have to prove who they are, and some cannot in order to access immediate supports.
 - b) All the shelters in this Region are run by mainstream organizations. There are little to no culturally sensitive and appropriate connections to Indigenous specific supports, programs or services.
 - c) There are no emergency shelters that provides exclusive supports or specific spaces for Indigenous people in the Region.
 - d) There are not many Indigenous people working in these settings. There is no one like them to connect to for support and understanding.
 - e) Often assumptions are made about who they are as a person, based on their race or cultural beliefs.

- f) There is often no accommodations made for cultural practices, access to land or staffing that understands their unique challenges as an Indigenous person and are not trauma informed.
 - g) I have been in the room when someone visibly Indigenous enters the shelter and it is assumed that violence will occur.
 - h) Lack of cultural safety or culturally appropriate services.
 - i) Time is needed to build trust with Indigenous people. (With all people) but especially with temporary housing options and the shelter system. There are many start and end pilots that are tested out with Indigenous people but never result in permanent solutions. The disappointment and let down of this is very discouraging, and results in ongoing distrust.
14. The Region receives funding dollars for the Indigenous people. They are often determined by the stats they gather, so the funding is never enough to support the actual numbers and needs of the community.
15. The Federal Housing Advocate emphasizes the need to uphold Indigenous peoples' inherent right to housing, aligning with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). This includes prioritizing culturally appropriate, safe, and affordable housing, especially for those experiencing homelessness and living in encampments. The Advocate calls for increased federal investment in Indigenous-led housing solutions, emphasizing self-determination and community-specific needs.

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TAB 47

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DAVID ALTON

I, David Alton, of the City of Kitchener, in the Province of Ontario, AFFIRM AND SAY:

1. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true.
2. I am an employee of the Social Development Centre Waterloo Region and have worked as the Facilitator of the Lived Expertise Program since January 2022. The Lived Expertise Program engages those with lived and living experiences of homelessness and integrates their experience and wisdom into operations of the Region of Waterloo (the “Region”). The Lived Expertise Program has been a key partner in the Region’s Plan to End Chronic Homelessness (the “PECH”) since the spring of 2023.

to begin the process for discussing the conditions for removing the Encampment. I told the stakeholders to expect a six to eight month negotiating period and to prepare their requests to the Region for the relocation.

11. The meeting occurred on March 7, 2024. I was disappointed because the Region did not come to negotiate, but to inform us of what was planned. The stakeholders communicated their conditions and agreed there needed to be a process to negotiate. The Region announced the site was shutting down but a commitment was made to follow a human rights approach. I believed it was acknowledged that more conversation needed to happen before any official decisions were made about shutting down the site. Please find attached hereto as **Exhibit “E”** the Meeting Notes from the March 7, 2024 meeting.

12. To my disappointment following this meeting, there were no further conversations with stakeholders around the Encampment.

13. The Metrolinx Project has consistently been delayed and Metrolinx does not have a good record of meeting deadlines. I recently read a news article suggesting that Metrolinx has pivoted to focus on the Lakeshore East and Lakeshore West lines and that Kitchener’s GO Expansion project will be addressed in the next phase. Attached hereto and marked as **Exhibit “F”** is a print-out of the Record article dated June 16, 2025 titled “We’re getting left behind at the GO station”.

Site-Specific By-Law

14. On Wednesday, April 16, 2025, I received text messages from our lived expert consultants that construction equipment had arrived at the Encampment. I sent an email to the PECH Co-Creators email distribution list with photos and seeking explanation from the Region. Please find attached hereto as **Exhibit “G”** a copy of my email sent on April 16, 2025. I learned that Community Services staff were not aware of what was happening at the Encampment.
15. I arrived at the Encampment around 2:00 p.m. and there were no contractors or Region staff on site. There were dumpsters and a portable trailer on site, and a bobcat was parked in the lot next door. Encampment residents, lived expert consultants, and community stakeholders were present. I learned that Regional Council would be considering a new staff report for discussion at Council on April 23, 2025. The report recommended a new Site-Specific By-Law (“Site-Specific By-Law”) targeting the Encampment for eviction and to prevent new community members from residing there.
16. On Tuesday, April 22, 2025, I went to the encampment with six members of the lived expert consultants roster to interview residents of the Encampment (“community members”) about what they knew about the Site-Specific By-Law, how these changes were impacting them, and what they wanted the Region of Waterloo to know.

17. From the conversations with 27 Encampment residents, I learned that no one in the community had received any information about the Site-Specific By-Law from Region staff. Some of the community members had heard rumours and 13 community members had heard nothing at all.
18. During the interviews, community members expressed experiencing fear, stress, confusion, and sadness from the events of Wednesday, April 16, 2025. Some community members talked about being happy for a change and the prospect of housing, while others felt the actions of the Region were targeted harassment and “trying to kill the homeless”. Community members spoke of the events on April 16 as causing an uproar and being inhumane and wrong. The actions were described as creating pressure, feeling ‘like a gun to their head’, and making them feel like ‘human trash’. One community member expressed “if you are putting bins full of garbage right where people are living, how do you think they would feel?” Another community member described that they are at the bottom and now the Region is taking away the bottom. Please find attached hereto as **Exhibit “H”** a copy of the preliminary interview results from April 22, 2025.
19. The community members expressed that they feel the Region is breaking a promise to provide them with a safe space.
20. On April 23, 2025, Region staff introduced The Region of Waterloo Report PDL-LEG-25-017 which recommended the Region pass the Site-Specific By-Law. Please find attached hereto as **Exhibit “I”** a copy of the Report PDL-LEG-25-017 with its Appendices A-C. I attended the Regional Council meeting to depute against the By-Law. All of the sixteen delegates who

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TAB 48

100 Victoria Systems Meeting Notes

Attendees:	Peter Sweeney, Shannon Down, Jess Fry, Ashley Schuitema, Kayli Kinnear, Char Lee, Wren Wombwell, Kelly-Anne Salerno, Nicole Hollingworth, Stephanie Meek, David Alton, Fran Truong, Chris McEvoy, Regan Brusse		
Regrets:	Ashley Hynd, Stephanie Mancini		
Date:	March 7, 2024	Time:	9:30-11:00am

Agenda Item	Notes (Agenda items that were not discussed are omitted)
Territorial Acknowledgement	<ul style="list-style-type: none"> • Work with 100 Vic needs to Acknowledge any distinct Indigenous rights.
100 Vic Updates from Peter.	<ul style="list-style-type: none"> • Acknowledging and appreciating willingness of group to come to the table and convene given the difficult nature of the discussion. • The land at 100 Victoria will be required for Metrolinx as part of the long planned redevelopment of the block from Weber Street to King Street for a new transportation hub. As of now, no definitive date. There will need to be a period (couple months) where the site will need work before being handed over. Multiple parcels of land in this area will be developed, the responsibility of development is Metrolinx. The purchase of 70 Victoria to do this work was a key driver to initiate this conversation today.
Discussion points from Community Groups	<ul style="list-style-type: none"> • Appreciation that this meeting is occurring as opposed to 150 main, asking CSD HOU to be clear what is happening with 100 Victoria so the community can figure out their advocacy. • Need to solve some of the core issues and have concrete plans with resources, otherwise residents won't leave and Fight Back isn't leaving either. Fight Back won't let the site be limited, and will reside there themselves if they have to. Human life is more important than transit. • Sit in the resident's shoes, the adequacy of need hasn't been met yet. • Advocacy can work in spaces the Region cannot, Advocacy has tools the Region doesn't and can clear out pressure points if they know where those points are. • It would be advantageous to not put up fencing yet and come up with better solutions. Is the fencing a legal way around the court order? • As per the court decision, resident Charter Rights need to be honoured. A court order would be needed for anything involuntary. Not so sure Charter compliance says Metrolinx gets it when they need it. • 100 Vic doesn't exist in isolation, it is part of a system for people unsheltered and has ripple effects the same way 150 main did. People need a place to put their tent, the system needs a place where people can go. • Need to turn back to lower barrier options, deep harm reduction and supportive environments.
Questions & Thoughts from the group for future thinking	<ul style="list-style-type: none"> • What does it look like to work with residents on their transition needs and preferences? • Although the progress of systems transformation cannot be seen concretely and we're not where we want to be yet, progress and success exists and is occurring, can we find ways to apply these and continue to make strides w 100 Vic? • Can we shift to mediation? Can the Region acknowledge it is the middle-person? Do we need to involve more Region Depts? Can the Region participate in advocacy against Metrolinx or other levels of Government? Can we Co-host a public night? • Can a transfer to another piece of land something that can be considered? • Can we talk about this group of people in this encampment with their complexity of needs and use it to understand where policies need to shift? • Are we willing to commit to a human rights based approach to doing all this? This is the only way to being Charter Compliant, it's the foundation. • Request access to the meeting notes?

Next Steps	<ul style="list-style-type: none">• Peter acknowledged that he heard today that some members of the meeting articulated that if 100 Victoria is required for other uses, an ask will be that current people living there should be offered another location to camp. That is a position he will articulate to Region of Waterloo leadership and Council.• Peter can commit that in his role, he will not advocate for anything that is not human rights focused.• Next discussion TBD.
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TAB 49



Upholding dignity and human rights: the Federal Housing Advocate's review of homeless encampments

Final report



Encampment residents who cannot securely store their belongings are severely limited in how far they are able to travel to access services. The situation is compounded by an overall shortage of community-based supports, the challenge of navigating a complex service system, and the fact that many encampments have been pushed into isolated locations.

There is an additional concern about the scarcity of culturally appropriate resources for unhoused Indigenous persons. An Elder told the Advocate about the lack of Indigenous crisis workers able to provide culturally appropriate assistance to encampment residents.

Responding to safety and security concerns

During this review, the Advocate heard about violent incidents in encampments such as robberies, sexual violence, beatings, harassment, and sexual exploitation. Violence, exploitation and coercion within encampments is a particular concern for women, youth, gender-diverse people, persons with disabilities, and persons experiencing multiple forms of systemic discrimination. The Advocate also heard that incidents of violence in encampments are treated differently. For example, all the tenants of an apartment building are not evicted when an incident of violence is reported.¹⁹

It should be noted however, that violence, including gender-based violence, disproportionately impacts all people experiencing homelessness, including people using shelters, and is not necessarily a greater risk for those living in encampments. In fact, many encampment residents expressed greater fear about being alone on the streets or in certain temporary housing situations, such as shelters and single room occupancy units. Many expressed that they see encampments as a place that provides community, support, and safety for most of the people living there.

The stigmatization of encampments, and the reasonable fear that police and other authorities may tear down the encampment, may discourage residents seeking the protection of law enforcement. One community organizer stated that the constant threat of displacement, and lack of reliable access to food and water, increases stress, exacerbates mental health issues, and can lead to a rise in violent incidents.

People living in encampments face life and death risks throughout the year, but in the winter months, these risks are heightened dramatically. Efforts to stay warm without access to appropriate shelter, clothing, and heat sources greatly increases the risk of fire. This risk is often cited as a reason to forcibly remove encampments. However, as noted earlier, removal from one site, without provision of adequate alternatives, only causes further disruption and harm to the lives of encampment residents while doing little or nothing to reduce the risks they face. In fact, if encampments are pushed to more isolated locations, the risks may be further increased.

A human rights-based response to the risk of fire would include mitigation measures, including provision of more weather resistant forms of temporary shelter, safe sources of heat, and access to fire extinguishers, along with fire safety training. Above all else, public officials should be meeting regularly with encampment residents so that residents can identify their own safety needs and the best ways to address them.

¹⁹ [If governments don't provide adequate housing, they must allow people to shelter in public spaces" by Kasari Govender, Vancouver Sun](#), September 14, 2023 (accessed January 24, 2024)

HOW WE GOT HERE

A national housing crisis

A recent study commissioned by the Office of the Federal Housing Advocate calculates that Canada has a total shortage of 4.3 million homes affordable to very low- and low-income households.²⁰ In some locations, there is now a ten-year waitlist for rent-geared-to-income housing. During this review, one community worker said simply: “There is no housing to offer people.”

The severe housing shortfall, and the soaring cost of rental accommodations, have also meant that there are only very limited options available to very low-income households. The Advocate heard that many of these apartments have no running water or extreme infestations of rodents, and bedbugs. Some encampments residents said they would rather live outside than try to live in the uninhabitable housing options that are available to them.

The Advocate also heard that the housing crisis is compounded by the discrimination facing members of Indigenous Peoples, racialized communities, people with disabilities, youth, 2SLGBTQIA+ individuals and others. There is also a severe lack of supportive housing that meets the specific needs of people with mental health challenges including active and severe addictions. Alongside a limited supply of detox and rehab programs, there are not enough housing options for people leaving those programs.

The limited housing available to low and very low-income individuals is often highly insecure. There are widespread reports of people being evicted by landlords wanting to upgrade units to a higher rent.

Challenges with emergency shelters

There is a clear link between the growing encampments and inaccessibility of the emergency shelter system. Shelters are intended as an emergency measure before being rehoused. They fall far short of meeting government obligations to fulfill the right to adequate housing.

The surge in the number and size of encampments was initially linked to the decreased capacity of shelters during the early phase of the COVID-19 pandemic. However, the challenges have proven to be more persistent and systemic.

Firstly, there is an overall shortage of available shelter space. Frontline workers describe a crisis in which individuals are being routinely turned away because there is no available space.

Secondly, there are also significant concerns about living conditions in the overcrowded and overstrained shelter system. “Shelters are dead spaces,” according to one participant in the review, noting that conditions like theft, crowding, violence, and the threat of catching illnesses encourage people to opt to live in encampments.²¹

Thirdly, emergency shelters are not available, or safe and suitable, for all. During the review, encampment residents and advocates indicated that some women and gender-diverse people reside in

²⁰ Carolyn Whitzman, *A Human Rights-Based Calculation of Canada’s Housing Supply Shortages*, The Office of the Federal Housing Advocate (2023). https://www.homelesshub.ca/sites/default/files/attachments/Whitzman-Human_Rights_Based_Supply_Report-EN_1.pdf

²¹ Encampments Roundtable – Toronto – June 1, 2023.

encampments because there are no gender-specific shelters in their community. Data shows that the vast majority of shelter beds in Canada are either designated for men or are co-ed (68 percent), with only 13 percent dedicated specifically for women.²²

Furthermore, most shelters in the violence against women or homelessness systems have physical barriers for people with disabilities. They also lack appropriate and accessible spaces for persons with mental health, sensory and environmental disabilities.

As noted earlier, people living unhoused face a disproportionately high risk of violence. Many women have experienced harassment or violence in co-ed and congregate shelters. These concerns are particularly acute for many trans women. Roundtable participants lamented the lack of emergency resources specifically for women and 2SLGBTQIA+ people.

Emergency shelters often have rules that restrict personal autonomy, freedom of movement, privacy, and access to friends and family. They may also set expectations that are difficult to meet for people who have been living on the street. For example, shelters may require sobriety, impose disruptive bed checks, restrict the quantity of belongings residents can bring, or not provide space for pets. The Advocate repeatedly heard concern over policies that prevent couples from staying or sleeping together. Numerous participants compared shelters to prison-like conditions. Faith-based shelters can also raise legitimate concerns for some who have had negative experiences with religious institutions. The restrictive environment can have a triggering effect, depending on the individual's mental health and prior experiences of trauma.

Shelters designed for women fleeing violence may also impose restrictive admission criteria. One assessment estimates that approximately 699 women and 236 accompanying children are turned away from domestic violence shelters every day across Canada.²³

People who use drugs are also particularly affected by shelter restrictions. The Pan Canadian Women's and Housing and Homelessness Survey demonstrates that people who use drugs were banned from shelters at a rate three times greater than those who did not use drugs.²⁴

Indigenous Peoples and the homelessness crisis

Indigenous persons are greatly overrepresented among people experiencing homelessness. A recent national study found that 35 percent of unhoused respondents identify as Indigenous compared to the 5 percent of the overall population that identified as Indigenous in the 2021 census.²⁵

²² Kaitlin Schwan et al., *A Rights-Based, GBA+ Analysis of the National Housing Strategy*, Office of the Federal Housing Advocate (2021), p. 11. <https://womenshomelessness.ca/wp-content/uploads/EN-Rights-Based-GBA-Analysis-of-NHS-28-Sept-2021.pdf> (accessed August 30, 2023).

²³ Kaitlin Schwan et al., *The Crisis Ends with Us: Request for a Review into the Systemic Denial of the Equal Right to Housing of Women and Gender-Diverse People in Canada*, Women's National Housing & Homelessness Network (2022). <https://womenshomelessness.ca/wp-content/uploads/WNHHN-Claim-15-June-2022.pdf> (accessed August 31, 2023).

²⁴ Kaitlin Schwan et al., *Pan Canadian Women's and Housing and Homelessness Survey*, Canadian Observatory on Homelessness (2021). <https://womenshomelessness.ca/wp-content/uploads/EN-Pan-Canadian-Womens-Housing-Homelessness-Survey-FINAL-28-Sept-2021.pdf> (accessed August 30, 2023).

²⁵ Infrastructure Canada, *Everyone Counts 2020-2022: Preliminary Highlights Report* (April 2023). <https://www.infrastructure.gc.ca/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-highlights-eng.html#h2.5.4> (accessed August 31, 2023).

High rates of Indigenous homelessness are linked, in large part, to inter-generational harms caused by Canada's colonial laws and policies and the longstanding lack of equitable federal investment in housing and related infrastructure in First Nations, Inuit, Métis communities. While Indigenous communities face a severe housing crisis, there is also a critical lack of resources and supports for Indigenous individuals living in urban centres away from their home territories, which increases the risks of homelessness. Gaps in services and supports include a lack of transition services for those moving from reserves and remote to communities to urban centres, a lack of culturally appropriate housing, and the limited number of urban Indigenous housing providers.

The full scale of housing needs for Indigenous persons is uncertain, however, because of the prevalence of hidden Indigenous homelessness. Rather than living unsheltered, it is common for unhoused Indigenous individuals to live in overcrowded family homes, couch surf, or live out of cars and hunting shacks, particularly in Northern, rural, and remote locations.

There are also significant gaps in available data. Failure to separately track the experience of First Nations, Inuit, Métis individuals means that their distinct needs are often overlooked.

It has been reported that in Western Canada the majority of encampment residents in many communities are Indigenous.

Indigenous governments and service providers face significant jurisdictional barriers in meeting the needs of their communities. At the same time, First Nations, Inuit and Métis governments are not resourced to support Indigenous people living away from their home territories and their jurisdiction to provide such support may not be recognized. A representative of an Indigenous organization observed that third party, non-Indigenous entities are receiving funding to provide services to urban Indigenous people but are not delivering culturally appropriate care and services.

Inadequate program funding for community services

Frontline services are underfunded, operating over capacity, and facing high rates of staff turnover and burnout. Reliance on project-based and short-term funding – the model used by the federal Reaching Home program – is a barrier to long-term planning and ties up staffing in managing administration and reporting requirements. By the time someone is hired and trained, one person noted, the funding for the position is gone, which leads to instability for staff, and precludes being able to build trust with clients, many of whom have complex needs. The result, some noted, is that vulnerable and neglected people are being underserved, and not receiving the qualified, trauma-informed care to which they are entitled.

Furthermore, limited funding results in “unproductive competition” between organizations as they fight for the same funding opportunities. This competition can lead groups to under report their real financial needs when submitting applications, which makes it difficult to maintain projects, even if they are successful in meeting needs.

Mental health and addictions support

Without proper housing supports in place, mental health and addictions can create significant barriers to finding and maintaining housing. At the same time, the circumstances of living unhoused or in precarious housing can greatly add to mental health or addictions challenges.

During the review, encampment residents and advocates consistently drew attention to the inadequacy of resources for people living with mental health and addictions challenges, and the difficulty accessing

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TAB 50

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF SHARON KOIVU

I, Sharon Koivu, of the City of Port Stanley, in the Province of Ontario, AFFIRM:

1. I am a physician practicing in Ontario. I have been retained by Paliare Roland Rosenberg Rothstein LLP on behalf of the Regional Municipality of Waterloo (“Region”) to provide an expert opinion in this matter on the health risks of encampments, and to comment on affidavits filed by the Respondents. This Affidavit contains matters that are within my personal knowledge and professional expertise. Where my knowledge is based on information and belief, the source of that knowledge is identified and I believe it to be true.

2. I have been a physician practicing in Ontario for 40 years. I have been an Addiction Physician for 13 years. I have my Certificate of Added Competency in Addiction Medicine from the College of Family Physicians of Canada.

7. I have been a volunteer member of numerous organizations, including Street Level Women at Risk Committee, London, the London Homeless Coalition, the Sexual Assault Centre, London, Canadian Mental Health Association, St. Thomas, Violence Against Women Services, St. Thomas Ontario, Physicians for Social Responsibility, the Canadian Society of Addiction Medicine and Addiction Medicine Canada.

8. Many the patients that I see are vulnerably housed or experiencing homelessness. I have seen patients who are living in homeless shelters, in tent encampments, and in both environments.

9. Additionally, from 2013-2021 I lived in neighbourhoods in London in which many encampments formed. I regularly walked in the area and spoke with people living in the encampments, often providing food, clothing, sleeping bags or other essentials. I have not lived in the Waterloo Region and to the best of my knowledge, I have not treated any patients who are or were residents of the encampment at 100 Victoria Street North, Kitchener ("100 Vic").

10. A copy of my curriculum vitae is attached hereto as **Exhibit A**.

11. My executed Form 53 in respect of my opinion is attached hereto as **Exhibit B**.

12. Additionally, I confirm I have reviewed Rule 4.1 of the *Rules of Civil Procedure* with respect to the duty of an expert.

Instructions to Expert and Scope of Opinion

13. I have been asked to provide my opinion, from the perspective of my area of expertise, with respect to health outcomes for people experiencing homelessness who

live in encampments, as compared to in shelters. I am informed by counsel to the Region that the Region's evidence is that unhoused residents of 100 Vic may be offered various forms of shelter, including space at shelters, tiny homes, transitional housing, subsidized housing, or motel rooms with supports. My comments below focus on encampments in comparison to shelters, because that has been studied in more depth. However, my evidence can be generalized in most cases to all forms of shelter that feature permanent structures, heating in winter, and protection through lockable spaces and/or staff supervision.

14. My opinions, findings, and conclusions are set out below under three main headings, namely:

- (a) Opinion on health outcomes for people experiencing homelessness who live in encampments, as compared to in shelters.
- (b) Comments on opinion evidence (affidavits) of the Applicants' witnesses.
- (c) Final Comments

15. The numbered references in superscript in my opinion below correspond to the list of Works Cited attached hereto as **Exhibit C**.

A. *Opinion on health outcomes for people experiencing homelessness who live in encampments, as compared to in shelters*

16. Homelessness currently is a complex crisis in Canada. Encampments have developed as a response to this crisis.

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TAB 51

Curriculum Vitae

Sharon L. Koivu MD MCFP PC AM

APPOINTMENTS

Academic Appointments

2010 - present Assistant / Associate Professor, Department of Family Medicine, Western University

Clinical Appointments

1995 - 1996 Examiner, Victims of Sexual Assault, St. Thomas Elgin General Hospital,

1998-2008 Acting Medical Officer of Health Elgin St. Thomas

1999 - 2008 Clinical Associate, Continuing Care Unit, St. Thomas Elgin General Hospital

2002-2003 Palliative Care Physician Consultant, Parkwood Hospital

2003-2008 Palliative Care Physician Consultant, St. Thomas Elgin General Hospital

2003 - 2008 Physician Assistant, Oncology Unit, St. Thomas Elgin General Hospital, Satellite, London Regional Cancer Program

2008 – 2021 Palliative Care Physician Consultant, London Health Sciences Centre

2008 - 2011 Chronic Pain Management Physician, St. Thomas Elgin General Hospital

2007- 2008 Chronic Pain Management Physician, Centre for Pain Management, London, Ontario

2011 - 2012 Clinical Staff, Interim Chronic Pain Clinic, London Health Sciences Centre

2012-2024 Addiction Medicine Consultant, London Health Sciences Centre

2021-2024 Addiction Medicine Consultant St. Joseph's Health Care, London

2021-present Addiction Medicine Consultant, St. Thomas Elgin General Hospital

Consulting /Mentoring and other Academic Positions

1985 - 2019 Physician Examiner, Qualifying Examiner, Part II, Medical Council of Canada

2017 - 2020 Mentor, Medical Mentoring for Addictions and Pain Network (MMAP), Ontario College of Family Physicians

2020- 2020 Consultant Advisor and Opioid Clinical Primer, University of Toronto

2020- 2021 Consultant lead team, module development, Opioid Clinical Primer, Course 6: Treating Opioid Use Disorder: Initiating Buprenorphine in Primary Care, Emergency Department and Inpatient Settings. University of Toronto

2020-2023 Physician Examiner, Schulich School of Medicine Admission Committee Evaluator/ Indigenous applicants

2018 - 2020 CPSO Peer Assessor, Palliative Care, CPSO

2016 - 2017 Medical Advisor, Government of Ontario

2018 Ontario Opioid Use Disorder Community Quality Standard Advisory Committee

Leadership Positions

2012-2021 Physician Lead, Addiction Medicine Consultant, London Health Sciences Centre

2012 -2020 Member, Investigation and Resolution Assessor Networking Forum, College of Physicians and Surgeons of Ontario

2011 - 2020 Site Chief, London Health Sciences Centre, University Hospital

2007 - 2008 Medical Advisor, Regional Advisory Board Medication Review, Cancer Care Ontario

2006 - 2007 Manuscript Reviews, Cancer Care Ontario Program in Evidence Based Care Practitioner, Peer Reviewer

2006 - 2008 Past President, Professional Medical Staff, St. Thomas Elgin General Hospital

2004 - 2006 President, Professional Medical Staff, St. Thomas Elgin General Hospital

1999 - 2008 Medical Director, Continuing Care Unit, St. Thomas Elgin General Hospital

2002 - 2008 Applicant Interviewer, Faculty of Medicine, University of Western Ontario

2002 - 2004 Vice President, Professional Medical Staff, St. Thomas Elgin General Hospital

2002 - 2003 Medical Director, Palliative Care Parkwood Hospital, St. Joseph's Health Care London

1998 - 2008 Acting Medical Officer of Health, Elgin-St. Thomas Public Health

1996 - 1998 Medical Director, Caressant Care Nursing Homes

1995 - 2002 Consulting Physician, Corporation of the County of Elgin

Other Positions

1985 - 2002 Family Practice Physician

1984 – 1985 Intern, St. Joseph's Health Care London

Committees

National

2023-2025 Member Board of Directors, Canadian Society of Addiction Medicine

2023-2025, Co-Chair Advocacy Committee, Canadian Society of Addiction Medicine

2025-present Board of Directors, Addiction Medicine Canada

2003 Member, Accreditation Ethics Working Group, The Canadian Council on Health Services Accreditation (CCHSA), St. Thomas, Ontario

Provincial

2016- present, Member Meta:Phi Network, Mentoring; Education and Clinical Tool for Addiction: Primary Care-Hospital Integration

2006 - 2007 Member, Cancer Care Ontario Program in Evidence Based Care Practitioner Feedback Team

2006 - 2007 Member, Cancer Care Ontario Southwest Alliance Planning Committee

2007 - 2008 Medical Advisor, Regional Advisory Board Medication Review, Cancer Care Ontario

Regional / Local

2015 - present Member, London Homeless Coalition

2014 Medical Advisor, London Community Plan Regarding Street Involved Sex Workers

2014 - 2021 Member, London Middlesex Hospice Palliative Care Collaborative Meeting

2006 - 2007 Member, Southwest Palliative Care Review Team, Standardized Best Practice Pain and Symptom Management Guidelines

2008 - present Member, Yarmouth Monthly Meeting of Society of Friends (Quaker) Peace and Social Justice Committee

2003 Member, End Racism Committee

2000 - 2002 Member, Elgin County Working Group, Thames Valley District Health Council, London, Ontario

1995 - 1996 Vice Chair, Board of Directors, Violence Against Women Services Elgin County, St. Thomas, Ontario

1993 - 1994 Member, Media Committee, Londoners Against Racism

1992 - 1993 Member, Program and Policy Committee, Sexual Assault Centre

1992 - 1993 Member, Board of Directors, Sexual Assault Centre

1992 - 1996 Member, Elgin County Coordinating Committee Against Women Abuse, Stop Women Abuse Now (SWAN), St. Thomas, Ontario

1991 - 1993 Vice Chair, Board of Directors, Women's Place

1991 Member, Mental Health Task Force, Thames Valley District Health Council, London, Ontario

1989 - 1990 Member, Teen Mom's Program Advisory Committee, YWCA of St. Thomas-Elgin

1984 President, Board of Directors, Physicians for Social Responsibility - London Chapter, London, Ontario

1978-1979 Board of Directors, Cross Cultural Learner Centre, London

1977-1979 Member, Committee, in Support of Native Concerns

1977 - 1978 Member, Amnesty International, London, Ontario

Hospital

London Health Sciences Centre

2015 - 2017 Founding Member, Narcotic Prescription-Quantity Committee

2015 - 2017 Founding Member, Patient Related Drug Diversion Committee

2014 Member, Cerner Optimization Assessment Project-PROVIDER round table discussions

2014 Member, HUGO Go-Live Leader Check-in

2013 - 2021 Member, Program/Division of Palliative Care within Family Medicine

2013 - 2020 Member, Planning the Work of Medicine/Family Medicine Clinical Strategy

2013 - 2014 Member, Palliative Care Accreditation Committee

2013 - 2014 Member, Dedicated Bed Model Project Team

2012 - 2020 Member, Leadership Forum

2012 - 2020 Member, Ethics Leadership Council

2012 - 2014 Member, Guidelines for Peripherally Inserted Central Catheter (PICC) Line Use Committee

2012 Member, Healthcare Undergoing Optimization (HUGO), Phase 0, Impact Analysis Committee

2012 Member, Palliative Care Recognition and Management Project Language Development Committee

2012 Member, Palliative Care Recognition and Management Project, Stakeholder Feedback Meeting

2011 - present Member, Palliative Care Recognition and Management Project, Policy and Form Team

2011 - 2019 Member, Leadership/Cultural Transformation Journey

2011 - 2020 Chair, University Hospital Family Medicine Operations Committee

2011 - 2020 Member, General Internal Medicine Clinical Teaching Unit (CTU) Leadership Committee

2011 - 2014 Member, Palliative/Sub-Acute Medicine Unit (SAMU)/Continuous Quality Improvement (CQI) Council

2010 - present Member, Palliative Care Program Committee

London Regional Hospitals

2011 - 2021 Member, Citywide Department of Family Medicine Executive Committee

2008 – 2024 Member, Citywide Department of Family Medicine

St. Joseph's Health Care London

2002 - 2003 Member, Ethics Committee, Parkwood Hospital

2002 Member, Accreditation Planning Committee, Parkwood Hospital

St. Thomas Elgin General Hospital

2005 - 2008 Member, Interdisciplinary Service Delivery Advancement Project, Continuing Care Centre

2005 - 2006 Member, Accreditation Planning Committee, Continuing Care Centre

2005 - 2006 Member, Medication Safety Committee

2003 - 2008 Member, Wound Care Committee

2003 - 2006 Member, Palliative Care Core Team

2002 - 2006 Member, Board of Directors

2002 - 2003 Member, Accreditation Planning Committee, Continuing Care Centre

2001 - 2008 Member, Palliative Care Consultation Team

2000 - 2005 Member, Ethics Committee

1999 - 2008 Member, Medical Advisory Committee

1999 Member, Ad Hoc Committee for the Development of a Clinical Associates Model

1996 - 2001 Member, Infection Control Committee

1995 - 1996 Member, Sexual Assault Protocol Committee, St. Thomas Elgin General Hospital

1991 - 1997 Member, Credentials and Ethics Committee

1987 - 1991 Chair, Nursing/Medical Liaison Committee

1986-1988-Chair, Infection Control Committee

St. Thomas Psychiatric Hospital

1993 Member, Duplication and Gap Sub Committee

1992 - 1993 Member, Elgin County Review Task Force, St. Thomas Psychiatric Hospital, St. Thomas, Ontario

PRESENTATIONS

Invited Lectures

1. Keynote Speaker, The Streets of London, Nursing Council, 2018 May 24, London, Ontario, Canada
2. Invited Lecturer, Reducing Harm, Empowering Lives: Responding to the Needs of People who Inject Drugs during an Opioid Crisis, Pegusus, Presenters: Dr. Koivu, Brian Lester, ED. RHAC London, 2018 Apr 29, Toronto, Ontario, Canada
3. Keynote Speaker, Harm Reduction: Compassionate Care of Persons with Substance Use Disorder, Guelph General Hospital and Homewood Health Centre, Presenters: Dr. Koivu Madison Cruickshank, Addiction Counsellor, 2018 Apr 11, Guelph, Ontario, Canada
4. Invited Lecturer, Why Worry About the Opioid Prescribing Crisis, 14th Annual Innovations In Palliative Care Conference, McMaster University, 2017 Nov 22, Hamilton, Ontario, Canada
5. Presenter, Changing the Patient Experience Through Collaborative Care, CSAM, Presenters: Dr. Gupta, Dr. Lee, 2017 Oct 21, Niagara Falls, Ontario, Canada
6. Presenter, Dimenhydrinate the other Iatrogenic Addiction, CSAM, 2017 Oct 21, Niagara Falls, Ontario, Canada
7. Invited Lecturer, The Assessment and Management of Patients with Opioid Use Disorder, Dept. of Psychiatry, St. Michael's Hospital, Toronto, 2017 Sep 12, Toronto, Ontario, Canada
8. Keynote Speaker, Being HIV Positive, Regional HIV/AIDS Connection, 2017 Jun 22, London, Ontario, Canada

9. Invited Lecturer, "METHADONE & MEDICAL MARIJUANA: A MODEST METHOD TO UNMUDDLE MANY MYTHS & MERITS, CPD Psychiatry, 2017 Apr 18, London, Ontario, Canada
10. Keynote Speaker, Turn Tragedy into Triumph for Hospitalized Patients with Injection Drug Addiction, Dept. of Family Medicine St Mary's Hospital, 2017 Feb 13, Waterloo, Ontario, Canada
11. Keynote Speaker, Opioid Use and Abuse: Turning Tragedy into Triumph for Hospitalized Patients with Injection Drug Addiction in 2017, Dept. of Family Medicine, Grand River Hospital, 2017 Feb 13, Kitchener, Ontario, Canada
12. Keynote Speaker, Tools to Tackle the Opioid Tragedy, 2017 Feb 9, Brantford, Ontario, Canada
13. Invited Lecturer, Managing Addiction in Primary Care: Clinical Pearls, CPD Program, 2017 Feb 9, London, Ontario, Canada
14. Keynote Speaker, Knowledge is Chronic: Can Help Reduce Opioids Now in Canada, Canadian Association of Nephrology Nurses and Technologists, 2016 Oct 29, London, Ontario, Canada
15. Panelist, Opioids and the Canadian Epidemic, CSAM, 2016 Oct 20, Montreal, Quebec, Canada
16. Invited Lecturer, Opioid Use Disorder: Issues in Palliative Care, Addiction Journal Club, 2016 Oct 11, London, Ontario, Canada
17. Invited Lecturer, Optimizing Inpatient Care for People who use IV Drugs, Canadian Society of Hospital Medicine, 2016 Sep 17, Niagara Falls, Ontario, Canada
18. Panelist, Caring for Patients with Complex Mental Health, Addiction and Pain Issues, The OCFP Collaborative Network and Medical Mentoring For Addictions and Pain, 2016 Mar 5, London, Ontario, Canada
19. Invited Lecturer, Managing Chronic Non-Cancer Pain, The OCFP Collaborative Network and Medical Mentoring For Addictions and Pain, 2016 Mar 5, London, Ontario, Canada
20. Invited Lecturer, Physician Assisted Dying, Dept. of Medicine London Ontario, 1, 2015 Aug 27, London, Ontario, Canada
21. Invited Lecturer, Physician Assisted Death, Dept. of Endocrinology London Ontario, 1, 2015 Jun 17, London, Ontario, Canada

22. Invited Lecturer, Treatment Considerations in Hospitalized Patients with Infective Complications of Prescription Drug Abuse- Beyond Antibiotics, Depts of Cardiology and Cardiac Surgery, 1, 2015 Jun 17, London, Ontario, Canada
23. Invited Lecturer, The Dying Patient, Dept. of Medicine, London Ontario, 1, 2015 Jun 17, London, Ontario, Canada
24. Invited Lecturer, Treating Hospitalized Patients with Infective Complications of Prescription Drug Abuse- Beyond Antibiotics, Dept. Of Medicine, 1, 2015 Apr 23, London, Ontario, Canada
25. Invited Lecturer, Understanding Addiction in HPC Populations, Waterloo Wellington Interdisciplinary HPC Team, 1, 2015 Mar 26, Waterloo, Ontario, Canada
26. Invited Lecturer, Medical Marijuana in Palliative Care-Risks and Benefits, Waterloo Wellington Interdisciplinary HPC Team, 1, 2015 Mar 3, Waterloo, Ontario, Canada
27. Invited Lecturer, Prescription Opioid Addiction-A Local Epidemic, Fanshawe College, 2015 Feb 9, London, Ontario, Canada
28. Invited Lecturer, Prescription Narcotic Addiction-Risks You Need to Know, Dorchester Public School, 2015 Jan 19, Dorchester, Ontario, Canada
29. Invited Lecturer, Attitude Addiction Recovery- Moving a Hospital to Change, Medical Staff Huron Perth Healthcare Alliance, 2015 Jan 9, Stratford, Ontario, Canada
30. Invited Lecturer, Medical Marijuana-Risks and Benefits, Fanshawe College, 2014 Nov 21, London, Ontario, Canada
31. Invited Lecturer, Enhancing the Care of Patients Suffering from Intravenous Drug Addiction in the Hospital and Community, LHSC Board of Governors, 2014 Oct 29, London, Ontario, Canada
32. Presenter, Palliative Equality for People with IV Drug Addiction, International Society of Addiction Medicine, 2014 Oct 5, Yokahama, Japan
33. Invited Lecturer, Caring for Patients with IV Drug Addiction, A Herculean Task: Transforming AMA (Against Medical Advice) to AMA (Arduous Meaningful Accomplishment), Staff Education LHSC, 2014 Sep 24, London, Ontario, Canada
34. Invited Lecturer, Caring for Patients with IV Drug Addiction, A Herculean Task: Transforming AMA (Against Medical Advice) to AMA (Arduous Meaningful Accomplishment), Staff Education LHSC, 2014 Sep 24, London, Ontario, Canada

35. Invited Lecturer, IVDU/Addiction-A Local Epidemic, My Sister's Place, 2013 Oct 22, London, Ontario, Canada
36. Invited Lecturer, The Role of Physicians in Social Justice and Activism, Dorchester Public School, 1, 2013 Oct 17, Dorchester, Ontario, Canada
37. Invited Lecturer, Prescription Narcotic Addiction-Risks You Need to Know, Dorchester Public School, 1, 2013 Oct 17, Dorchester, Ontario, Canada
38. Invited Lecturer, Endocarditis and Harm Reduction, London CARES – Community Committee, 2013 Sep 18, Canada
39. Invited Lecturer, IV Drug Addiction in Palliative Care - Pilot Project, A Refresher Day in Hospice Palliative Care, 2012, London, Ontario
40. Invited Lecturer, Iatrogenic Circulatory Overload in Patients at LHSC, LHSC Board of Governors: Quality and Patient Safety Committee, 2011 Jan 11, London, Ontario, Canada
41. Presenter, Perfectly Practical Pearls for Pain Management in Palliative Care, for Family Physicians, London, Chatham, Sarnia, Windsor, St. Thomas, Woodstock, 2011
42. Presenter, Physical and Mental Health Issues of War Resisters in Canada, 2009, London, Ontario
43. Presenter, Choosing Peace, Hiroshima Day, 2009, St. Thomas, Ontario
44. Presenter, Comprehensive Advanced Palliative Care Education (C.A.P.S.E.) Ethical and Legal Issues in End-Of-Life Decision Making, 2005, St. Thomas, Ontario
45. Presenter, Comprehensive Advanced Palliative Care Education (C.A.P.S.E.) Symptoms Management, 2004, St. Thomas, Ontario
46. Presenter, Severe Acute Respiratory Syndrome (S.A.R.S.) - The Ethical Issues with Dr. Robert Butcher, Ethicist, 2004, St. Thomas, Ontario
47. Presenter, Ethical Case Reviews with Ethics Committee, St. Thomas Elgin General Hospital, 2004, St. Thomas, Ontario
48. Presenter, Gastro-Intestinal Symptoms in Palliative Care, Woodstock, 2004, St. Thomas, Ontario
49. Presenter, The Palliative Experience, 2004, St. Thomas, Ontario
50. Presenter, The Symptom Control Kit, 2004, Woodstock, Ontario
51. Presenter, Elderly in Elgin County, 2003, St. Thomas, Ontario

52. Presenter, Spirituality in Healing, London Regional Cancer Clinic, 2000, London, Ontario
53. Presenter, Children with Learning Disabilities and Attention Deficit Disorder, Board of Education Office, 1994, St. Thomas, Ontario
54. Presenter, Being a Woman in Medicine, Future Horizons Program, 1994, St. Thomas, Ontario
55. Presenter, Remembering Montreal; Violence and Power: From Recognition to Action, Unitarian Fellowship, 1993, London, Ontario
56. Presenter, Child Development - Prenatal to Adolescent, Arthur Voaden Secondary School, 1993, St. Thomas, Ontario
57. Presenter, Issues of Violence Against Women in Elgin County, Canadian Panel on Violence Against Women, 1992, London, Ontario
58. Presenter, Peace: More than the Absence of War, Unitarian Fellowship for Hiroshima Day Service, 1991, London, Ontario
59. Presenter, Vaginitis, Women's Health Day, Althouse College, 1986, London
60. Presenter, The Threat of Nuclear War and the need for Peace Education, London Board of Education, 1985, London, Ontario
61. Presenter, Nuclear Threat: A Look at the Problem and a Search for Solutions, University Hospital, 1984, London, Ontario
62. Presenter, Nuclear Threat: A Look at the Problem and a Search for Solutions, Multiple Secondary Schools, 1984, London, Ontario
63. Invited Lecturer, Too Much, Too Little, Too Late, Exploring Our Love/Hate Relationship with Opioids in Chronic Pain, Annual Clinical Day in Family Medicine, Western University, 2012-present, London, Ontario
64. Invited Lecturer, Too Much, Too Little, Too Late, Exploring Our Love/Hate Relationship with Opioids in Chronic Pain, Grand Rounds University Hospital, 2012-present, London, Ontario
65. Invited Lecturer, Circulatory Overload, Quality and Patient Safety Committee, 2011
66. Invited Lecturer, Progressing Towards a Greener Future, How Saving the Planet Helps Our Health, 2009, St. Thomas, Ontario

67. Invited Lecturer, Opioid Issues and Medical Care, Elgin St. Thomas Public Health, 2008, St. Thomas, Ontario
68. Presenter, The Pearls (and Perils) of Pain Management in Palliative Care, St. Thomas, London, Tillsonburg, Woodstock, Windsor, Grand Bend, Wallaceburg and Various Other Ontario Locations, 2003-2008
69. Presenter, Medical Issues in Advanced Directives, Fingal United Church, 2001, Fingal, Ontario
70. Presenter, Advanced Directives, Imperial Order of the Daughters of the Empire. 2001, St. Thomas, Ontario
71. Presenter, Spirituality and Healing, St. John's Anglican Church, St. Thomas, Ontario
72. Panel Member, Communicating About Advance Directive, 2000, Union, Ontario
73. Presenter, Critical Thinking in Medical Ethics, 2009-2010, Central Elgin Collegiate Institute, St. Thomas, Ontario

PUBLICATIONS

1. Shetty N, Nagpal D, Koivu S, Mrkobrada M. Surgical and Medical Management of Isolated Tricuspid Valve Infective Endocarditis in Intravenous Drug Users. *J Card Surg*, 2016 Feb 1; 31 (2): 83-8
2. Mulling J (RN), **Baker S**, Lee L (RN). Experiencing Spirituality - Smudging: A Native Cleaning and Purifying Ritual. *Anthology of Reading in Long-Term Care*, 3rd Edition, 2001
3. Mulling J (RN), **Baker S**, Lee L (RN). Experiencing Spirituality - Smudging: A Native Cleaning and Purifying Ritual. *Canadian Nurse* 97, 2001
4. Weir M, Slater J, Jandoc R, Koivu S, Silverman M **The risk of infective endocarditis among people who inject drugs: a retrospective, population based time series analysis** *CMAJ* 2019 January 28;191:E93-9. doi: 10.1503/cmaj.180694
5. Silverman M, Slater J, Jandoc R, Koivu S, et al. Hydromorphone and the risk of infective endocarditis among people who inject drugs: a population-based, retrospective cohort study. *Lancet Infect Dis* 2020;20:487-497.
6. Ball LJ, Venner C, Tirona RG, Koivu S, et al. Heating Injection Drug Preparation Equipment Used for Opioid Injection May Reduce HIV Transmission Associated with Sharing Equipment. *J Acquir Immune Defic Syndr* 2019;81:e127-34.

7. Johnstone R, Khalil N, Shojaei E, Koivu S, et al. Different drugs, different sides: injection use of opioids alone, and not stimulants alone, predisposes to right-sided endocarditis. *Open Heart* 2022;9:e001930.

8. Katherine J Kasper, Iswarya Manoharan, Brian Hallam, Charlotte E Coleman, Sharon L Koivu, Matthew A Weir, Johan Delport, John K McCormick, Michael S Silverman A controlled-release oral opioid supports *S. aureus* survival in injection drug preparation equipment and may increase bacteremia and endocarditis risk *PLoS One*. 2019; 14(9): e0223079.

Published online 2019 Sep 19. doi: 10.1371/journal.pone.0223079

9. Charlie Tan, MD; Esfandiar Shojaei, MD; Joshua Wiener, BHSc; Meera Shah, BMSc; Sharon Kovu, MD; Michael Silverman, MD Risk of New Bloodstream Infections and Mortality Among People Who Inject Drugs With Infective Endocarditis *JAMA Netw Open*. 2020;3(8):e2012974. doi:10.1001/jamanetworkopen.2020.12974

10. Matthew Meyer, Lise Bondy, Sharon Koivu, John Koval, Andrew D. Scarffe, Michael S. Silverman New hepatitis C diagnoses in Ontario, Canada are associated with the local prescription patterns of a controlled-release opioid *J Viral Hepat* 2020 Aug;27(8):774-780.doi: 10.1111/jvh.13292. Epub 2020 Apr 8.

11.Meera Shah , Ryan Wong , Laura Ball , Klajdi Puka , Charlie Tan , Esfandiar Shojaei , Sharon Koivu, Michael Silverman Risk factors of infective endocarditis in persons who inject drugs *Harm Reduct J*

2020 Jun 5;17(1):35. doi: 10.1186/s12954-020-00378-z

ABSTRACTS

Abstracts Published

Peer Reviewed

Published

1. **Sharon Koivu**. Palliative Care Equality for People With IV Drug Addiction. *International Journal of the Medical Council on Alcohol*; Yokahama, Japan; 2014. p. i-65

2. **Sharon Koivu** Chantal Dubois. Attitude Addiction Recovery: Transforming a Hospital from Precontemplation to Maintenance in the care of Patients with infectious

Complications of IV drug use. International Journal of the Medical Council on Alcohol; Yokahama, Japan; 2014. p. i-46

3. **Baker S.** The Role of the Family Physician; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

4. **Baker S.** Palliative Care: An Advancing Humanitarian Field; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

5. **Baker S.** Ethical Issues in Genetic Screening; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

Posters Presented

1. Street Level Workers at Risk Community Response, 2016 Oct 21, International Society of Addiction Medicine, Montreal, Quebec, Canada

2. Dr. Silverman, Dr. Gupta. Dr. Lee, From Pre-contemplation to Action during Acute hospitalization for patients with infectious complications of injection drug addiction: recognizing and responding to a devastating epidemic, 2016 Oct 21, International Society of Addiction Medicine, Montreal, Quebec, Canada

3. Sharon Koivu, Palliative Equality for People with IV Drug Addiction, 2014 Oct 5, International Society of Addiction Medicine, Yokahama, Japan

4. Sharon Koivu, Addiction in Palliative Care: Stop Diverting the Issues, 2014 May 29, Canadian Society of Palliative Care Physicians, Toronto, Ontario, Canada

5. Sharon Koivu, Hospitalized Patients with IV drug addiction Need Enhanced Medical Support, 2014 May 2, Pegasus Conference, Toronto, Ontario, Canada

6. Sharon Koivu Hospitalized Patients with IV Drug Use Need Enhanced Medical Response, 2012, Ontario College of Family Physicians 51st Annual Scientific Assembly, Toronto, Ontario

7. Sharon Baker, Anne De Vries, RN, Interdisciplinary Care in a Community Hospital, 2005, 15th Annual Ontario Provincial Conference on Palliative and End-of-Life Care, Toronto

8. Sharon Koivu, Anne De Vries, Resuscitating Palliative Care in a Community Hospital and The Synergy of Interdisciplinary Team Building, 2004, 14th Annual Ontario Provincial Conference on Palliative and End-of-Life Care, Toronto

9. Sharon Koivu, Mary Beth Blokker, Methadone for the Treatment of Pain and Metoclopramide Toxicity, 2003, Humber College 13th Annual Hospice Palliative Care Conference, Toronto

Symposia

1. Expert, Roundtable Discussion on Opioids, Ministry Of Health, Presenters: Dr. Jane Philpott et al, 2017 Jul 6, London, Ontario, Canada
2. Expert, People For Peace: Palliative Care Delegation, Presenters: Lead Dr. Larry Librach, 2010 Nov 1, China

Workshop

1. Presenter, Clinical Encounters Workshop, Clinical Education Coordinator Undergraduate Medical Education, 2015 Feb 5, London, Ontario, Canada
2. Presenter, Precontemplation to Compassion: My Journey in Treating Patients with IVDU, LHSC Medical Residents, 2015 Jan 9, London, Ontario, Canada
3. Presenter, What's "News" Reviewing Current Medically Related Headlines, Dept of Medicine LHSC, Presenters: Sharon Koivu, 2014 Sep 19, London, Ontario, Canada
4. Facilitator, Advanced Directives, Dept of Medicine LHSC, Presenters: Robert Sibbald Sharon Koivu, 2014 Aug 22, London, Ontario, Canada
5. Facilitator, Talent Management Conference: Enhanced Leadership:, LHSC, Presenters: Facilitated By Sharon Koivu and Candace Gibson, 2014 Jan 22, London, Ontario, Canada

Memorial Services

1. Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2006, St. Thomas, Ontario
2. Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2005, St. Thomas, Ontario

3rd Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2004, St. Thomas, Ontario

HONOURS AND AWARDS

Honours

Received

2021 Certificate, Indigenous Cultural Safety Training

2019 Dana Winterburn Memorial Award, Award Chosen by members of the Dept. of Family Medicine, London, Ontario, for outstanding physician in Palliative Care or Aboriginal Health

2016 Certificate in Added Competence, Addiction Medicine, CFPC

2014 Certificate in Added Competence, Palliative Care, CFPC

2002 The Queens Golden Jubilee Medal, For significant contribution to Elgin St. Thomas in the Field of

Medicine. This was for my development of Palliative Care services and contribution to Public Health.

2002 Certificate of Achievement, From City of St. Thomas for outstanding excellence and contribution to the community

1993 Outstanding Service Award, Ontario College of Family Physicians, Peer Presenter Program

1984 Department of Family Medicine Practice Award, For the Medical Student found to be the most outstanding in Family Medicine. The University of Western Ontario

Nominated

2015 Western's Best Core Family Medicine Teaching Award, Award Chosen by Family Medicine

Residents in their Graduating year, Western

2014 Consultant of the Year Award, Award Chosen by Members of the Dept. of Family Medicine, I had to withdraw from award as on selection committee as Site Chief, Dept. of Family Medicine, Western

2012 and 2013 Dana Winterburn Award, Award Chosen by Members of the Dept. of Family Medicine for outstanding physician in Palliative Care or Aboriginal Health; I had to withdraw from award as on selection committee as Site Chief, Dept. of Family Medicine, Western

Professional Affiliations and Activities / Professional Associations

Member Addiction Medicine Canada

Member, International Society of Addiction Medicine

Member, The Canadian Society of Addiction Medicine

Member, The Canadian Society of Palliative Care Physicians

Member, The Canadian Hospice Palliative Care Association

Member, The Canadian Medical Association

Member, The College of Physicians and Surgeons of Ontario

Member, The Elgin Medical Association

Member, The Ontario Medical Association

Member, The College of Family Physicians of Canada

Member, The Ontario College of Family Physicians

Member, The Canadian Association of Wound Care

Member, Canadian Association of Physicians for the Environment

Member, Canadian Pain Society

Member, Canadian Pain Coalition

Member, Professional Staff Organization, London Health Sciences Centre

Member, Department of Family Medicine, University of Western Ontario

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TAB 52

Works Cited: Expert Report of Dr. Koivu

1. Aubry T, Goering P, Veldhuizen S, Adair CE, Bourque J, Distasio J, Latimer E, Stergiopoulos V, Somers J, Streiner DL, Tsemberis S. A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatr Serv*. 2016 Mar;67(3):275-81. doi: 10.1176/appi.ps.201400587. Epub 2015 Dec 1. PMID: 26400587.
2. Baggett TP, Liauw SS, Hwang SW. Cardiovascular Disease and Homelessness. *J Am Coll Cardiol*. 2018 Jun 5;71(22):2585-2597. doi: 10.1016/j.jacc.2018.02.077. PMID: 29852981.
3. Ball LJ, Puka K, Speechley M, Wong R, Hallam B, Wiener JC, Koivu S, Silverman MS. Sharing of Injection Drug Preparation Equipment Is Associated With HIV Infection: A Cross-sectional Study. *J Acquir Immune Defic Syndr*. 2019 Aug 1;81(4):e99-e103. doi: 10.1097/QAI.0000000000002062. PMID: 31021986; PMCID: PMC6905403. (Sharing equipment increases HIV)
4. Bush JS, Lofgran T, Watson S. Trench Foot. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482364/>
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TAB 53

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Dr. Sharon Koivu** on her affidavit dated September 11, 2025, taken via Zoom videoconference on consent of the parties on December 11, 2025.

APPEARANCES:

ANDREW LOKAN, Mr. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.
CHARLOTTE CAHILL, Ms. Student-at-Law

MERCEDES PEREZ, Ms. Amicus Curiae

1 shelters, the urgency of having things that are
2 available for people who are unsheltered might be
3 evident in my work. But I am not sure if I understand
4 what you're saying that it's based on an assumption
5 which is about ---

6 115. Q. So let me ask you a different question.
7 I want to go back to some of the things you said as
8 well. But is it accurate to say that your affidavit
9 doesn't discuss at all or even consider what could
10 happen if the shelter options don't exist?

11 A. I would say that what I am looking at
12 is the difference in being sheltered and unsheltered.
13 And the -- that is where my work is, the difference
14 between being unsheltered and sheltered.

15 I did not look at specifically the number of
16 beds available within any system within Waterloo or
17 the number of shelters.

18 And so the amount of shelter space, my
19 understanding is that the people in 100 Vic were going
20 to be offered some form of shelter whether it's motel
21 space, whether it's a shelter, you know, the various
22 types of shelters that are outlined by Mr. Sweeney.

23 But I am really looking at the risks of
24 being unsheltered because I think that the risks of
25 being unsheltered need to be identified and

1 highlighted and not overlooked.

2 116. Q. Okay, and so you said that -- you just
3 said, my understanding is that people at 100 Vic are
4 going to be offered something. I'd suggest that the
5 language in your affidavit is that they "may" be
6 offered something.

7 Would you agree that there is a difference
8 between those propositions?

9 A. I think you're right. There is a
10 difference between the word "may" and "going to be."
11 Yes, there is a difference between "may." And in my
12 affidavit the word "may" is the word that is used.

13 117. Q. Okay. And you've talked a lot about
14 the difference between "unsheltered" and "sheltered."
15 Can you help us understand your definition of
16 "unsheltered?"

17 A. Unsheltered, the definition I've used
18 -- I've tried to use the same definitions that I found
19 in most of the literature, would include what is often
20 referred to as "living rough." So it includes people
21 that are living outside of a stable structure that is
22 considered permanent and safe.

23 So that could include people who are living
24 -- live in a tent, people who are living outside of a
25 structure outside of a tent, the tents could be in

1 MS. PEREZ: And then ... Okay, that's it.

2
3 BY MS. PEREZ:

4 332. Q. So just moving on in your affidavit.
5 I'll take you to specific paragraphs. But you make
6 several comments in your -- you include several
7 comments and observations in your affidavit respecting
8 tents.

9 So, for example, at Paragraph 21, you talk
10 about tents are largely ineffective at preventing
11 injury from exposure. And shouldn't be regarded as a
12 safe alternative to indoor shelters.

13 And then -- and so for that specific
14 statement, you haven't provided a citation, correct?
15 That paragraph (indiscernible)?

16 A. There is no citation in that sentence,
17 no.

18 333. Q. Yeah. But you have provided some other
19 citations in other paragraphs so I'll ask you about
20 those in a second.

21 But just generally when I reviewed your CV,
22 I take it that you're not holding yourself out as an
23 expert in tents, tent structures, the different types
24 of tent when they're properly used to mitigate certain
25 risks of exposure to the elements?

S. Koivu (Cr.-Ex.) - 150

1 A. I am not an expert in tents.

2 334. Q. Okay.

3 A. And I provided information that would
4 be the type of information that, as a physician, I
5 would want to have aware that I would share with
6 patients.

7 Once I started -- I was doing my work for an
8 awfully long period of time and rarely saw any
9 frostbite. And then saw frostbite leading to
10 significant suffering and loss of digits and limbs
11 involved in being in a tent.

12 And essentially, all of the patients that I
13 saw with significant frost bite and suffering related
14 to frost bite and hypothermia, were in a tent. And
15 many believed that they were safe because they were in
16 a tent.

17 And really, I am just trying to give
18 information that would be -- give an understanding
19 that tents have significant limitations. Particularly
20 when we're looking at hypothermia and frost bite. And
21 that I think it's important for people to be aware of
22 those limitations. I am not an -- I've done a lot of
23 camping but I am not an expert in tents.

24 335. Q. Paragraph 36 of your affidavit, you
25 have some more specific information on, I guess, some

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TAB 54

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF PETER SWEENEY

I, Peter Sweeney, of the City of Cambridge, in the Regional Municipality of Waterloo, AFFIRM:

1. I am the Commissioner of Community Services for the Applicant, the Regional Municipality of Waterloo (the “**Region**”). As such, I have knowledge of the matters to which I depose below. Where my knowledge is based on information and belief, I indicate the source, and believe it to be true.

A. My Background

2. I have served as the Region’s Commissioner of Community Services since June 2022.

3. Prior to holding this role, I served as the Chief Executive Officer of the YMCA of Three Rivers for approximately 2 years (2020-2022), and as Chief Executive Officer of the YMCAs of Cambridge & Kitchener-Waterloo for approximately 4 years (2016-2020). From 2010 to 2016 I was President of the International Outreach Program at St. Joseph’s

21. This team of USWs are in regular contact with Encampment residents and work hard to build relationships and trust with these individuals. I receive reports from this team, interact with them regularly, and I also visit the Encampment with them from time to time.

22. The Encampment is located on a Region-owned parcel of land located at 100 Victoria Street North, on the corner of Victoria and Weber Streets in downtown Kitchener (the “**Property**” or “**100 Vic**”).

23. The Property is approximately one half-acre in size, and it consists of a lot without permanent structures. It is located in close proximity to the VIA Rail Train Station (the services at which include GO trains / a GO bus transfer station and a Region owned parking lot for transit customers) to the east, a commercial plaza and small parking lot, municipally known as 70 and 84 Victoria Street North respectively, directly to the west, a Metrolinx owned rail corridor to the north, and businesses and a church to the south.

24. Since approximately December 2021, the Property has been the site of an encampment of unhoused individuals. Individuals at the Encampment have been living on the Property and have erected tents on the site.

25. The number and identity of people residing in the Encampment has varied since December 2021. On April 16th of this year, there were approximately 40 people regularly residing at the Property and approximately 23 tents counted by security personnel that day.

from coming to the Property and joining the Encampment while my team is working to resettle individuals who were already living there before the site closure was announced

G. *An Alternative Encampment Site is Not a Feasible or Desirable Option, and is Not Part of the Plan*

52. The Region considered whether it could provide an alternative site to which the Encampment could be relocated. This is unfeasible for many reasons. Moreover, such an approach is inconsistent with the PECH, and in my view will perpetuate rather than solve the challenges facing Existing Residents.

53. First, the Region does not own vacant land that is reasonably proximate to the Encampment which would also allow for appropriate access to services Existing Residents need. Purchasing an empty lot that is located near the Property would be a multi-million-dollar endeavour, if it is even possible. In my view (and in the Region's view), this money is better invested directly in the sort of programming and housing options I have described above. As I will explain in more detail below, the Region has been steadily increasing the resources it allocates to my team's work for the past few years, and this is crucial to enabling the success of my team in developing and implementing IHPs. Moreover, there has been no approval from Regional Council to acquire or allocate a piece of land for that purpose.

54. Second, as I will explain below, the Region has invested significant resources in the day-to-day management of the Encampment given the health and safety risks that a site like this poses to Encampment residents and the wider community. Again, in my view, these resources are better directed into my team's efforts to find suitable accommodation

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TAB 55



January 9, 2025

Municipalities Under Pressure:

THE HUMAN AND FINANCIAL
COST OF ONTARIO'S
HOMELESSNESS CRISIS



The Scale of the Crisis

Ontario's homelessness crisis has deepened significantly over the past decade, but the increasing proportion of **chronic homelessness—people in prolonged or repeated episodes of homelessness**—is a warning sign that our already unacceptable housing problem is on a trajectory to get worse.

In 2024, an estimated

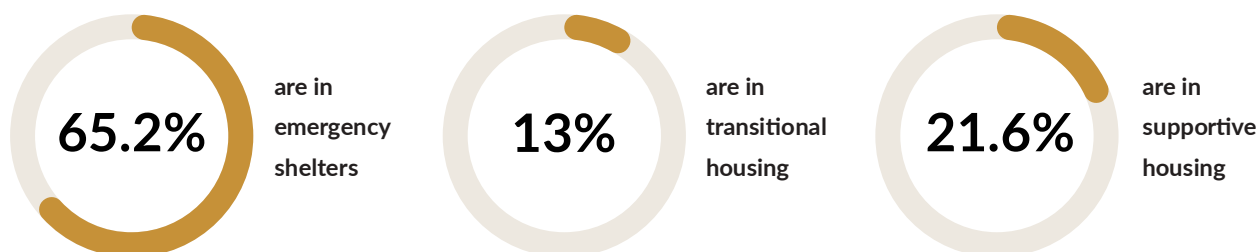
41,512 ONTARIANS EXPERIENCED
CHRONIC HOMELESSNESS,

accounting for more than half of all known cases of homelessness. This is a critical indicator of how strained the housing system is. Ideally, people should spend little to no time in the housing crisis system before transitioning to stable and appropriate housing. Chronic homelessness represents a breakdown in this process.

When chronic homelessness grows as a share of total homelessness, it reveals two fundamental systemic issues: **too many people are entering homelessness and too few people are exiting homelessness because of a lack of affordable, appropriate options.** In most cases, both problems apply. As a result, people become trapped in unsheltered homelessness or the emergency shelter system for extended periods, facing heightened risks of trauma, violence, worsening health outcomes, and even loss of life.

The reasons why too few people are exiting homelessness are clear: Ontario does not have enough housing spaces, and it does not have the right mix of spaces.

Of the 27,138 estimated spaces reported by service managers:



Emergency shelters are vital for individuals and families facing or experiencing crisis. But the growing proportion of chronic homelessness suggests that too many people remain in these temporary solutions longer than intended. Supportive housing—proven to help people transition out of homelessness permanently—is in critically short supply, with **only one non-health-operated supportive housing space available for every 14 people experiencing known homelessness.**

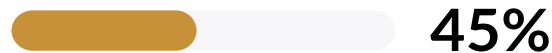
The overwhelming demand for affordable housing exacerbates the problem. Across Ontario, **more than 268,000 households are on housing waitlists**, with average wait times exceeding **five years** and, in some regions, surpassing **20 years**. This longstanding shortage of affordable housing creates immense pressure on homelessness-serving systems and forces people to rely on shelters or other temporary arrangements far longer than intended. Addressing these gaps—both in the overall availability of spaces and in ensuring the right service mix—is essential to breaking the cycles of homelessness, and creating a system where homelessness is **rare, brief, and non-recurring.**

The Unequal Effects of the Crisis

The scale of Ontario's homelessness crisis is compounded by the fact that its effects are not evenly felt. Certain populations face larger barriers and deeper inequities, leaving them disproportionately affected by the gaps in available resources.

INDIGENOUS PEOPLES

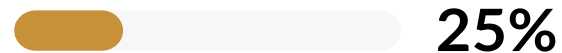
are disproportionately affected, representing nearly



of people experiencing chronic homelessness in northern communities. Systemic racism, discrimination, intergenerational trauma, and colonial policies have created barriers to culturally safe and Indigenous-led housing solutions. Further, a lack of adequate housing on reserve, stemming from insufficient funding, increases housing instability among Indigenous Peoples and contributes to vastly disproportionate rates of chronic homelessness.

CHILDREN AND YOUTH

now account for nearly



of those experiencing chronic homelessness, with **children aged 0–15 representing 12%** and **youth aged 16–24 accounting for 11%**.

These figures highlight the growing vulnerability of young people and the systemic gaps in services to support them.

REFUGEES AND ASYLUM SEEKERS

have experienced a sixfold increase in chronic homelessness since 2020, underscoring the challenges posed by immigration policies that fail to provide adequate support for housing and integration.

These systemic inequities are experienced at the individual level, and are deeply tied to where people live. **Ontario's homelessness crisis is shaped by regional disparities**, with northern, rural, and urban communities **facing unique challenges that exacerbate the strain on resources**.

Key Terms

Known Homelessness

Known homelessness refers to people known to the homelessness-serving system, through service provision or data collection and prioritization activities, such as a By-Name List (BNL), Point-in-Time (PiT) count, or other tools. This primarily includes people experiencing sheltered or unsheltered homelessness—those staying in emergency shelters, hotels, or unsheltered locations like tents or outdoor spaces. Occasionally, a small proportion of individuals experiencing hidden homelessness may also be included, depending on how service managers reported their data.

This term is used throughout the report and is **bolded for clarity**.



Service Managers: Entities responsible for planning, managing, and delivering local human services in Ontario. This includes both Consolidated Municipal Service Managers and District Social Services Administration Boards.

Consolidated Municipal Service Managers: Upper-tier (regional) and single-tier municipal governments across Ontario designated to manage social services, such as income support, child care, and social housing.

District Social Services Administration Boards: Boards established in areas of Northern Ontario where no upper-tier municipality exists, and responsible for delivering social services similar to Consolidated Municipal Service Managers.

Northern/Non-Northern: For the purposes of this project, northern communities include all District Social Services Administration Boards and the City of Greater Sudbury, a Consolidated Municipal Service Manager. Non-northern communities include all other Consolidated Municipal Service Managers across Ontario.

By-Name List: A real-time, up-to-date record of all people experiencing homelessness in a community. Each entry includes personal details—such as name, history of homelessness, health status, and housing needs—collected and shared with the person's consent.

PiT Counts: A snapshot of people experiencing homelessness in a community on a single night, including those in shelters and sleeping outdoors and, in some cases, people experiencing hidden homelessness (temporarily staying with others).

Chronic Homelessness: The national definition of chronic homelessness covers experiences of homelessness in both sheltered and unsheltered areas, as well as experiences of hidden homelessness. This refers to people who are currently experiencing homelessness and meet at least one of the following criteria:

- They have experienced homelessness for a total of at least six months (180 days) over the past year, or
- They have recurrent experiences of homelessness over the past three years, with a cumulative duration of at least 18 months (546 days).

Hidden Homelessness: People without permanent housing who temporarily stay with friends, family, or in other informal arrangements, often referred to as 'couch-surfing.'

Acuity: The level of complexity of a person's needs and challenges, often used to determine the intensity of support services required. High acuity indicates complex, ongoing needs requiring intensive support.

Functional Zero: A state where homelessness is rare, brief, and non-recurring. Achieving functional zero means that the number of people experiencing homelessness at any time does not exceed the community's capacity to ensure they are quickly rehoused.

Positive Exit: A sustainable and permanent transition of someone out of homelessness into stable housing that meets individual or family needs.

Negative Exit: When someone returns to homelessness after a housing placement or leaves a program without achieving stable housing.

Emergency Shelter: Short-term accommodations designed to provide immediate, temporary refuge for people experiencing homelessness. Emergency shelters often offer basic services, such as meals, hygiene facilities, and referrals to other housing and support programs, but are not intended as long-term solutions to homelessness.

Transitional Housing: Temporary, time-limited housing with support services intended to help people transition toward permanent housing. However, there is no standardized definition across jurisdictions. Some models resemble permanent housing with formal leases, while others impose stricter timelines and program requirements, with varying levels of support.

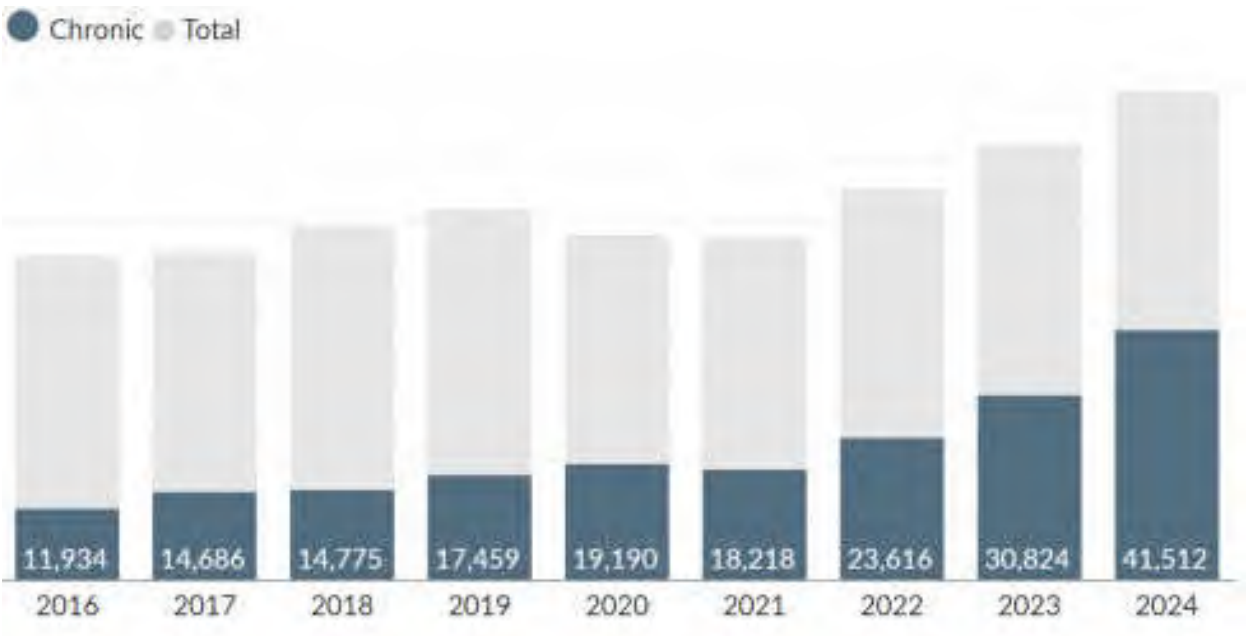
Supportive Housing: Housing paired with individualized support services, such as case management, mental-health care, and substance-use supports, typically designed to serve people with more complex challenges. However, supportive housing operates across a wide range of models in both policy and practice, with differences in tenancy arrangements, support intensity, and the acuity levels of the populations served. Some supportive housing units are delivered through the housing and homelessness system, while others are funded and managed within health systems, such as programs overseen by the Ministry of Health. **In this report, all references to supportive housing refer specifically to units operated through the housing and homelessness system.**

Findings

Chronic homelessness has nearly doubled since 2021, with 41,512 people affected in 2024

Chronic homelessness has increased significantly since 2016, with both the estimated number of people experiencing it annually and its share of the total homeless population growing. In 2024, an estimated 41,512 people experienced chronic homelessness, marking the first time those experiencing chronic homelessness represented more than half of all known homelessness.

Figure 11: Estimated Number of People Experiencing Chronic Homelessness Compared to Total Population Experiencing Homelessness, Ontario, 2016–2024



Adjusted

Missing values have been filled using additional research or statistical methods.

Table 8: Service Manager (SM) Submission Rates for People Experiencing Chronic Homelessness Compared to Total Population Experiencing Homelessness, Ontario, 2016–2024

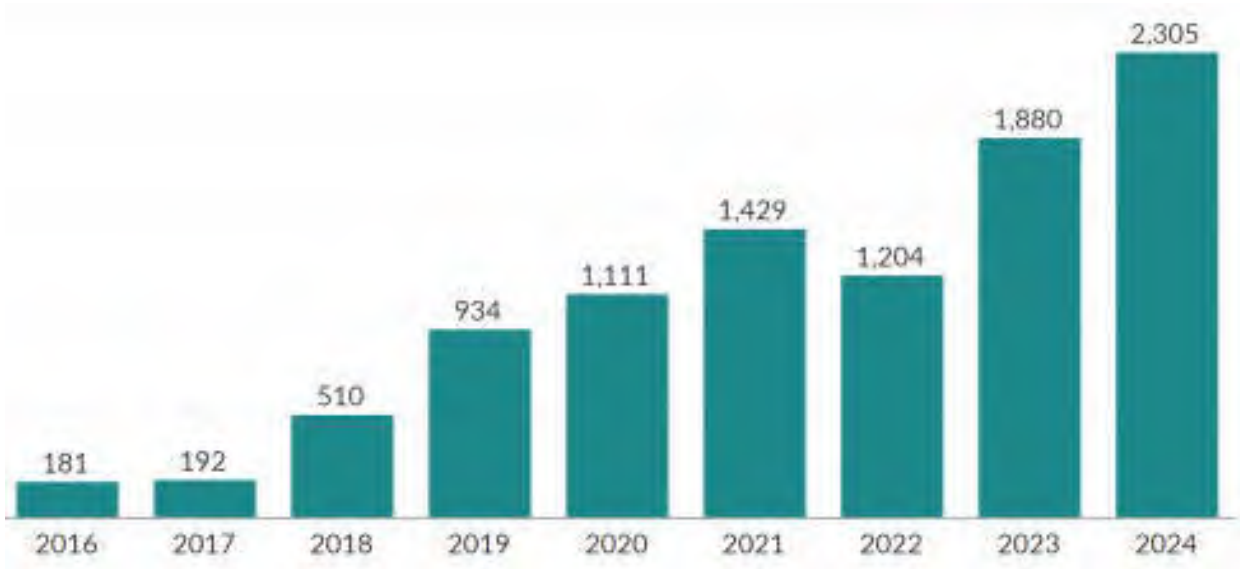
	2016	2017	2018	2019	2020	2021	2022	2023	2024
SM Count	8	8	21	15	21	36	45	46	47
Population %	11%	11%	43%	51%	61%	81%	91%	95%	100%

While the total number of people experiencing homelessness has risen, chronic homelessness as a percentage of the total has grown from 22% in 2016 to 51% in 2024. This suggests that people remain unhoused for longer periods. This also highlights systemic challenges, including gaps in housing infrastructure and a misalignment between the existing continuum of supports and the demand for them. Simply put, there are not enough spaces to meet the needs of people or the spaces that do exist are not the right ones.

Chronic homelessness in northern regions has nearly doubled since 2022

In northern regions, the number of people experiencing chronic homelessness has risen sharply, nearly doubling from 1,204 people in 2022 to an estimated 2,305 in 2024. At the same time, the total number of people experiencing **known homelessness** in these regions grew from 3,615 to 5,377, an increase of 49%.

Figure 12: Estimated Number of People Experiencing Chronic Homelessness in Northern Communities, Ontario, 2016–2024



Adjusted

Missing values have been filled using additional research or statistical methods.

Table 9: Service Manager (SM) Submission Rates for People Experiencing Chronic Homelessness in Northern Communities, Ontario, 2016–2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
SM Count	1	2	5	1	4	8	11	11	11
Population %	5%	10%	33%	5%	33%	72%	100%	100%	100%

Table 10: Service Manager (SM) Submission Rates for Chronic Homelessness by Age Group, Ontario, 2024

SM Count	36
Population %	74%

According to Infrastructure Canada, data from the 2020–2022 Nationally Coordinated Point-in-Time Count⁴ reveals that while children and youth are less likely than adults to experience chronic homelessness, the long-term effects can be devastating. Research shows that people who first experience homelessness as children are significantly more likely to face chronic homelessness later in life: 78% of those who became homeless as children were chronically homeless during the federal count.

Failing to address homelessness among children and youth may not only perpetuate cycles of long-term homelessness, placing increasing strain on the social safety net, but also fracture family structures, destabilize communities, and impose immense burdens on social systems for generations.

Indigenous representation in chronic homelessness data masked by systemic underreporting

According to reported data (38 service managers reporting for 2024, representing 76% of the total population), at least 4,418 Indigenous people were experiencing chronic homelessness in Ontario in 2024, representing 10.6% of the population known to be experiencing chronic homelessness.

While Indigenous people make up 2.9% of Ontario's overall population (2021 Census), they are clearly overrepresented among those experiencing chronic homelessness. However, this figure likely underrepresents the true extent of the issue due to systemic barriers to accurate enumeration. A lack of culturally safe spaces and Indigenous-led crisis supports means many Indigenous people experiencing homelessness may not access services or become known to homelessness systems through data-collection tools like PiT Counts and By-Name Lists. This results in incomplete data, particularly in urban centres, where Indigenous representation in reported data was, for some, below 10%.

Data from service managers reveals notable regional differences. For 2024, the non-weighted average Indigenous representation among chronically homeless populations is 44.6% in northern regions compared to 13.8% in non-northern regions. Four service managers reported that Indigenous representation exceeds 50% of the chronically homeless population in their regions. These disparities point to systemic challenges, including the lack of culturally safe spaces, mistrust of data-collection systems, and the missing data from hidden homelessness and on-reserve populations.

Current definitions of homelessness, rooted in colonial frameworks, fail to align with Indigenous understandings of home, community, and displacement. Colonial-centred definitions and methodologies do not acknowledge key aspects of Indigenous experiences, such as intergenerational trauma, systemic racism, and land dispossession, all of which are central to understanding housing instability in Indigenous communities.

It is our assessment that the data significantly understates the extent of Indigenous chronic homelessness. This report, which reflects data provided by service managers, acknowledges the data's limitations, particularly regarding the known population it represents. Addressing—and even quantifying—Indigenous homelessness is not just about more accurate enumeration: it is about the need to dismantle colonial frameworks and centre Indigenous leadership, sovereignty, and culturally rooted data collection in working toward housing solutions.

Discussion

THE GROWING SCALE OF ONTARIO'S HOMELESSNESS CRISIS

Ontario is in the midst of a homelessness crisis that has grown significantly over the past decade. Between 2016 and 2024, the annual number of people experiencing homelessness rose from 53,930 to 81,515—a 51% increase. Chronic homelessness, which now accounts for more than half of all cases of homelessness, has tripled during this time.

Projections suggest that without significant intervention, the situation could worsen. By 2035, the number of people experiencing homelessness in Ontario could range from 128,122 under optimistic economic conditions to as high as 294,266 in an economic downturn. These estimates underscore the urgent need for action to prevent higher rates of homelessness and to address the systemic factors driving homelessness.



UNDERSTANDING INTERCONNECTIONS ACROSS POLICIES

Homelessness is not just a housing issue—it is a barometer of systemic gaps across housing, healthcare, mental health, income support, and justice systems. Homelessness is driven by a wide range of issues: the lack of affordable housing, inadequate mental-health care, insufficient shelter capacity, worsening substance use, and gaps in immigration support, among others. Each instance of homelessness reflects the ripple effects of misaligned or underfunded policies.

Chronic homelessness, in particular, serves as evidence that people are not receiving the supports they need to move forward and achieve stability. For some people, including Indigenous populations, systemic failures in the ecosystem are compounded by additional inequities, entwined with intergenerational trauma, discrimination and racism.

ADDRESSING INEQUITY OF INDIGENOUS HOMELESSNES

Indigenous people are disproportionately represented among Ontario's chronically homeless population, reflecting the enduring effects of colonialism, systemic inequities, and cultural disconnection across health, housing, and governance systems. While Indigenous people make up only 2.9% of Ontario's population, they account for a significant portion of those experiencing chronic homelessness. Data from service managers highlights notable regional disparities, with Indigenous representation among chronically homeless populations averaging 44.6% in northern regions and 13.8% in non-northern regions. As stated in the report, this is believed to be an underrepresentation, as Indigenous populations are often underserved and under represented in systems, reports, and data. Historical exploitation and harm caused by data-collection processes, combined with systemic racism and mistrust of institutional systems, further contribute to gaps in accurate representation.

Systemic barriers, such as exclusion from mainstream housing programs and the lack of culturally safe and Indigenous-led spaces, continue to leave Indigenous populations underserved. Structural definitions of homelessness, rooted in colonial frameworks, fail to reflect Indigenous realities of home, displacement, and community.

The Definition of Indigenous Homelessness underscores how drivers such as intergenerational trauma, systemic racism, and dispossession of land and culture have uniquely shaped Indigenous experiences of housing instability. These factors highlight the need for holistic, culturally informed approaches that address not only physical shelter but also the restoration of cultural and community connections.⁶

Any discussion about capacity, housing solutions, and funding must centre on addressing the profound housing inequities and chronic underfunding on reserves, alongside the lack of Indigenous-led supports and culturally safe services in both urban and rural areas. These inequities are further compounded by limited resources to enumerate the full extent of need, which restricts the ability to advocate effectively for appropriate funding and services. Additionally, barriers to data sharing and systemic gaps in collecting reliable, culturally informed data hinder Indigenous-led organizations from designing and delivering solutions that fully address the unique challenges faced by their communities.

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TAB 56

THE PLAN TO END CHRONIC HOMELESSNESS

Navigating Complexity Together

A Roadmap to Functional Zero by 2030

Waterloo Region
April 2024

The Plan
to End Chronic
Homelessness

IN COMMUNITY,
BY COMMUNITY,
FOR COMMUNITY.
#ThePlanWR

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Definitions

We have included a definitions section as clear and consistent language is an important part of the process of finding common understanding as a community. And we acknowledge that language is ever evolving, different groups use different definitions and part of the work is to continually evolve these alongside communities.

- **Accessibility**—Specific features incorporated by design with the goal to reduce or remove barriers to participation or enjoyment by all people. (LE Prototyping Cohort, 2024)
- **Adequate Housing**—Housing that meets the legal standards for security of tenure, affordability, habitability, accessibility, availability of services, location and cultural appropriateness. In the absence of such, the right to housing is not met. (LE Prototyping Cohort, 2024)
- **Chronic Homelessness**—Refers to individuals who are currently experiencing visible and hidden homelessness AND who meet at least 1 of the following criteria:
 - they have a total of at least 6 months (180 days) of homelessness over the past year
 - they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

(*Reaching Home: Canada's Homelessness Strategy Directives*, 2023)
- **Deeply Therapeutic Housing**—is housing designed to provide support for people with the highest levels of acuity. This includes but is not limited to individuals with significant complex substance use, concurrent mental health needs or who are otherwise medically fragile and are homeless, at risk of becoming homeless, or who are considered inadequately housed. This type of supportive housing is a gap in our system identified through community engagement and by lived experts and co-creators. The gap is emerging as our current system is not adequately addressing the needs of people who are deeply unwell. ([Supportive Addiction & Mental Health Housing \(SAMH\)](#), n.d.)
- **Equity-owed groups**—These are groups that experience systemic oppression, marginalization, and discrimination often due to the legacies of colonization, slavery, and imperialism. These groups include but are not limited to those who are Black (African and Caribbean diaspora), Two-spirit and Indigenous Peoples

(First Nations, Inuit and Métis), and communities ` ` racialized as non-white; persons identifying with a disability/disability communities; members of 2SLGBTQIA+ communities; women, trans, and femme-presenting people; and those living in rural areas. (LE Prototyping Cohort, 2024)

- **Functional Zero (0)**—A community has reached functional zero (0) of any type of homelessness when the number of people experiencing homelessness is zero, or if not zero, then either 3 or .1% of the total number of individuals experiencing homelessness on a by-name list, whichever is greater, and sustained for 3 consecutive months. (*Built for Zero Canada Functional Zero Homelessness Question and Answer Document*, 2021)



Figure 1. Built for Zero Definition of Functional Zero Chronic Homelessness

- **Homeless Individuals and Families Information System (HIFIS 4)**—Developed by the Government of Canada, HIFIS is a Homelessness Management Information System (HMIS) that is designed to support the day-to-day operational activities of Canadian homelessness service providers. As a comprehensive data collection and case management system, HIFIS enables participating service providers within the same community to access, collect, and share local real-time homelessness data to ensure individuals and families accessing services are prioritized and referred to appropriate services at the correct time.
- **Homelessness**—Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the

immediate prospect, means and ability to acquire it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing. (LE Prototyping Cohort, 2024)

- **Human Rights Approach**—People experiencing homelessness are treated as rights holders, where their agency is respected, and where the Region has a duty of care for their housing needs. Region will be compliant with national and international human rights law and ensure it is appropriately prioritized amidst other legal obligations such as those regarding property rights, privacy and liability. (LE Prototyping Cohort, 2024)
- **Housing First (HF)** Is based in a human rights framework and has two primary components: **housing and support**. It is not housing only.
 - **Housing:** participants are provided access to housing of choice in the community—facilitated by portable rent supplements—that is no more than 30% of their income.
 - **Support:** access to wrap around addiction/mental health supports, intensive case management and other supports aimed at promoting housing stability, recovery, community integration, and achievement of life goals.
 - Housing First is driven by 3 key principles:
 - consumer choice and self-determination
 - recovery (treatment focused)
 - community integration (physically, psychologically and socially).
 - Housing First is an empowerment approach in which the consumer is viewed as the expert on his/her experiences and aspirations; it is critical to begin by asking consumers where they want to live.
 - Recovery is a treatment orientation that refers to a participant's journey of growth and self-improvement in the direction of achieving life satisfaction.
 - The third principle is community integration. Whereas people with mental illness, who are homeless, often experience segregation, exclusion, and stigma. The goal is to help people become physically, psychologically, and socially integrated in the community.

Interventions for System Transformation

Responding directly to our articulation of the Problem(s) Lived Experts and Co-Creators identified four (4) High-level System Interventions.

1. Broadening Our Current Housing / Prevention Support Continuum

2. Community-Driven System Leadership

3. Centring Lived Expertise and Equity-Owed Groups

4. Define and Combine our Housing First and Human-Rights Approaches
- (LE Prototyping Cohort, 2024)

These interventions also interact and support each other in different ways. For example, Intervention 1 is outcome driven (the “what”) and meant to react quickly with resources to address current service gaps in the system. However, this continuum of needed housing and supports will shift over time alongside our population and system environment. Interventions 2, 3 and 4 are process-driven (the “how”) and are the methods we use to continuously update and implement in alignment with changing needs in our community.

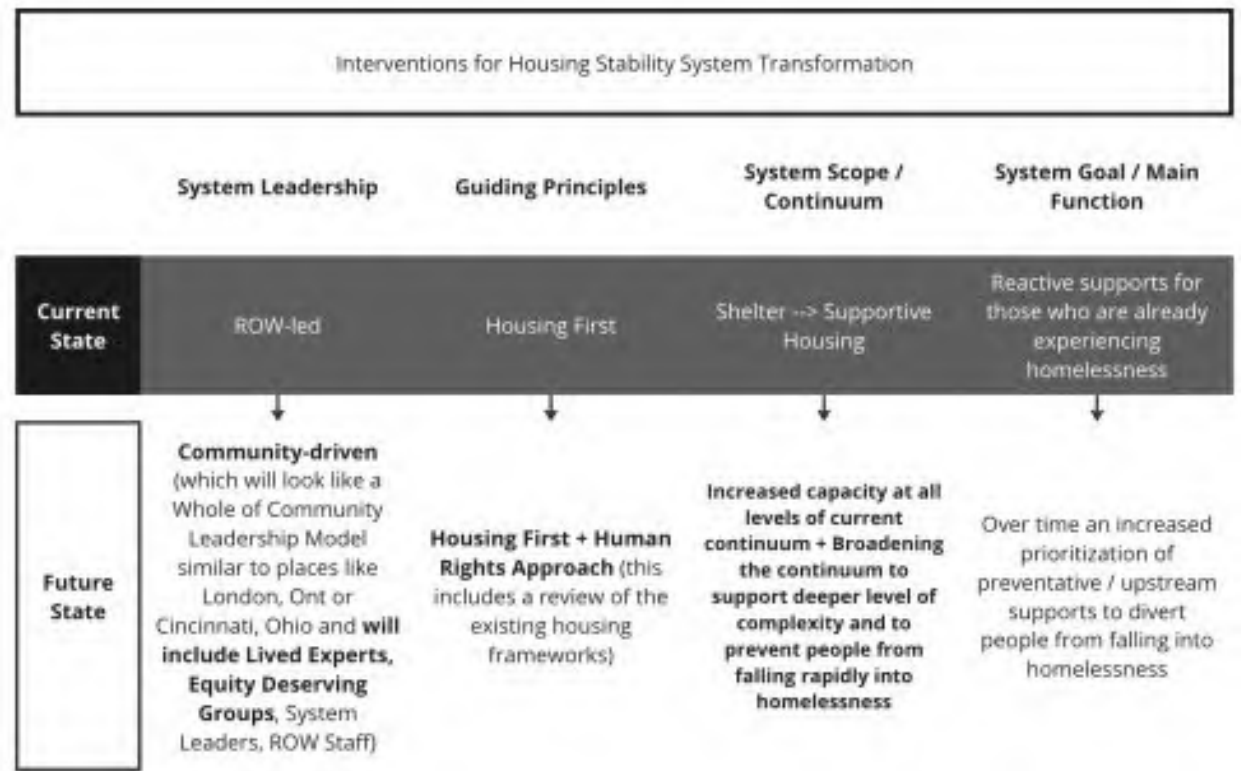


Figure 5. Current State and Future State of Interventions for Housing Stability System Transformation

Intervention 1: Broadening Our Current Housing / Prevention Support Continuum

We will increase capacity at all levels of current housing continuum and we will broaden the continuum to support deeper levels of complexity and to prevent people from falling rapidly into homelessness.

Housing Continuum



Figure 6. Housing Continuum

Prevention and Supports Continuum



Figure 7. Prevention and Supports Continuum

“If we can’t fix whatever led them to homelessness, we aren’t going to solve it”—

Engagement Participant

Intervention 2: Community-Driven System Leadership

We will establish a Whole of Community Leadership Model that includes Lived Experts, Equity-Owed groups, service providers, system leaders, area municipalities and ROW Staff. The goal of establishing community-driven system leadership is to disseminate system decision-making power to increase transparency and trust and responsibility to ensure that the system is built to be accountable to the needs of those experiencing homelessness. We will follow and learn from examples of other communities who have taken a similar approach including London (Ontario), Edmonton (Alberta), and Cincinnati (USA).

We envision this Whole of Community Leadership Model to be built around key governance tables. This new structure would have decision-making power over the implementation of the PECH. The Model will also work toward an integrated systems planning approach. The role of the Region as the Service System Manager remains, but would move from singularly driving these decisions to collaborating and supporting—working alongside the new leadership tables to guide PECH implementation. As diagrammed below, PECH Implementation will be centred on the work of System Interventions and Strategic Focus Area Recommendations. *Also see page 44 - 62 for more details.*



Figure 8. Community-Driven System Leadership Diagram

We are recommending that from April to December of 2024 PECH Co-Creators along with the SDC Prototyping Cohort work to design and implement this Model (LE Prototyping Cohort, 2024). This will include activities such as creating a member Terms of Reference, developing policy and procedure for model operation, etc.

Situating the PECH

The creation of the Whole of Community Leadership Table will allow us to better intersect and coordinate with other sectors and the system planning table. It will be important to have representation from the following groups to ensure we are creating opportunities for enhanced system integration.

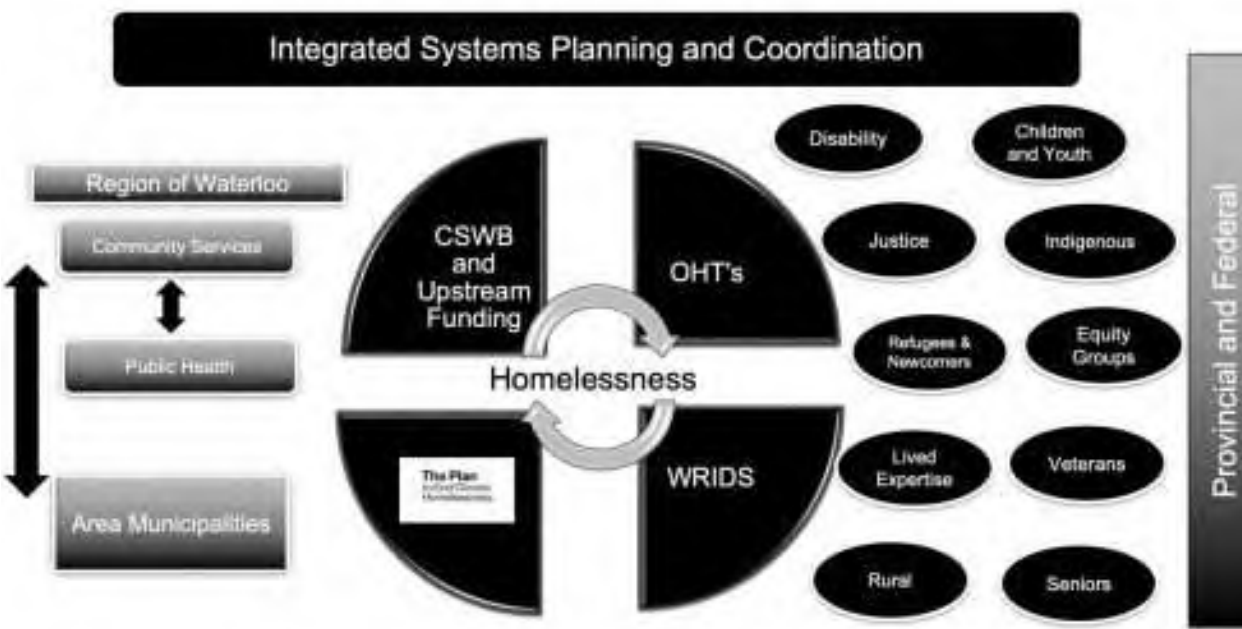


Figure 9. Whole of Systems Coordination Diagram

“Last time implementation was driven by the Region, power dynamics became an issue.” —

Engagement Participant

Intervention 3: Centring Lived Expertise and Equity-Owed Groups

Through this intervention, “the system will better see itself”, avoid future mistakes and be better equipped to acknowledge ongoing trauma, loss and death (LE Prototyping Cohort, 2024). There is deep work to do to restore trust with those who have been marginalized. As well, there is acknowledgement that the system must do better with community members of Indigenous, racialized and intersectional groups where reconciliation and equity is owing in order to have systems of support and resources that go further to move towards an equitable and inclusive whole of community. We will do these through a variety of methods including:



Figure 10. Ways we will centre Lived Expertise and Equity-Owed Groups

“Listen to lived experience.” —Engagement Participant

Intervention 4: Defining and Combining our Housing First and Human Rights approaches

Human Rights needs to be a building block of our community approach to housing (LE Prototyping Cohort, 2024)—alongside Housing First—and should drive our empathy, action and advocacy. **It is important to note that we are not moving away from a Housing First approach, but updating it to match our current context.**

The SDC Lived Experts Prototyping Cohort has defined our Human Rights approach as:

People experiencing homelessness are treated as rights holders, where their agency is respected, and where the Region has a duty of care for their housing needs. Region will be compliant with national and international human rights law and ensure it is appropriately prioritized amidst other legal obligations such as those regarding property rights, privacy and liability. (LE Prototyping Cohort, 2024)

There is work to be done as the PECH is implemented and as the Whole of Community Governance Leadership Model is established to validate this and integrate it with our existing Housing First principles.

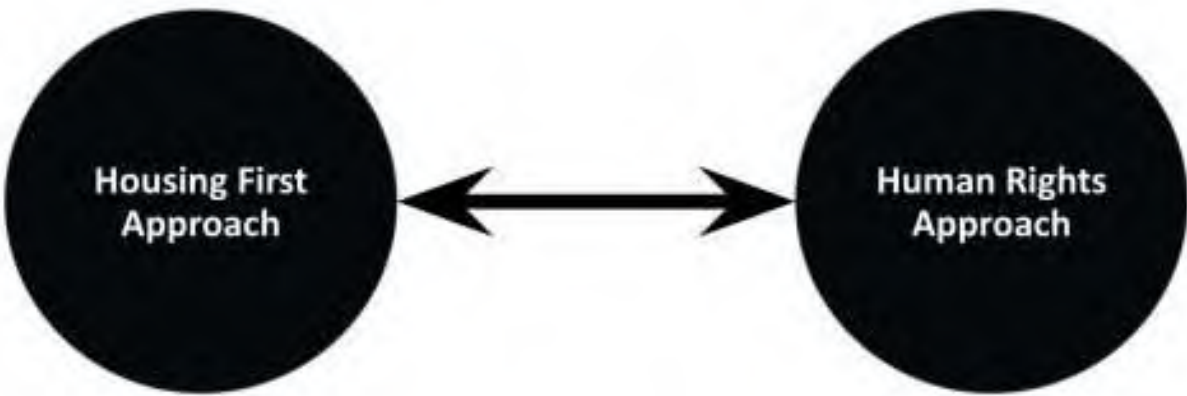


Figure 11. Housing First Approach Integration with Human Rights Approach Diagram

Investment Strategy 2024-2030

To respond to the growing homelessness and affordable housing crisis, the Region of Waterloo is directing unprecedented investments towards programs, supports, and capital projects to meet the needs across the community. In 2024, the Region of Waterloo will invest more than \$245 million into Affordable Housing and Homelessness, including capital and operating investments, from all sources of funding. Of the approximately \$245 million invested across the housing continuum, 23% is directed towards homelessness and supportive housing programs.

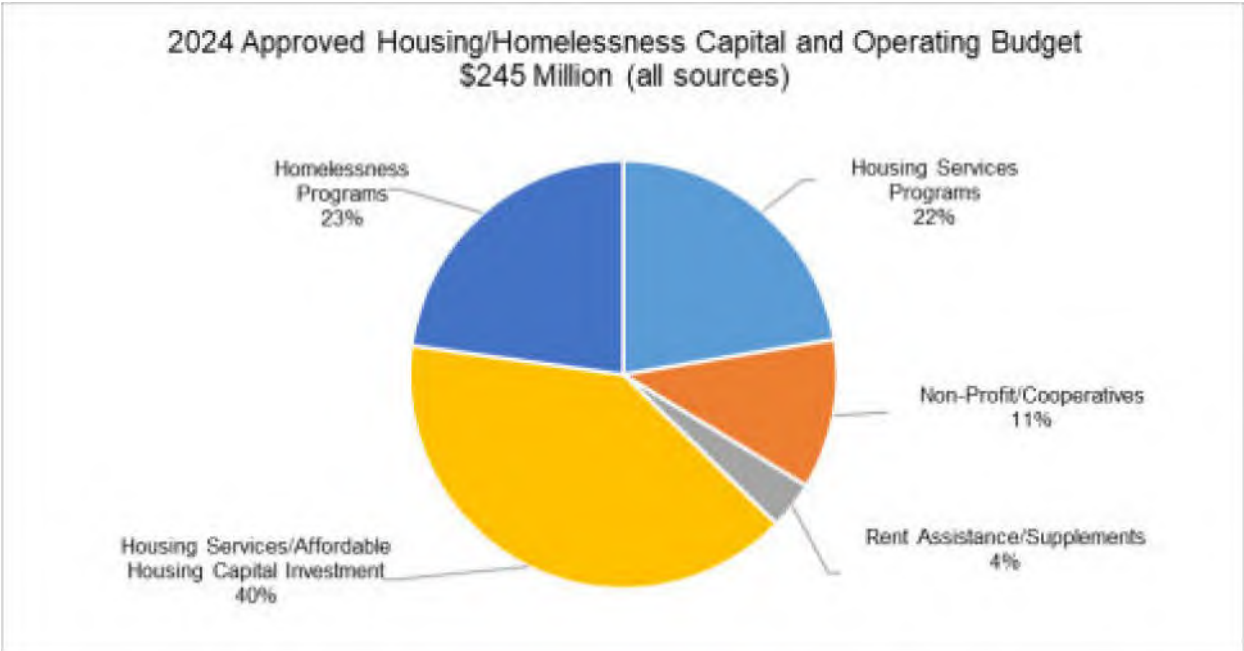


Figure 13. highlights the current investment by the Region of Waterloo, from all sources, in Housing and Homelessness. Of the \$245 million invested in 2024, 23% is directed towards Homelessness and Supportive Housing.

Between 2019 and 2024, the Region has increased municipal tax levy and reserve investment in this critical service area from \$42 million to approximately \$99 million, signalling a deep and historic commitment to achieving homes for all in Waterloo Region. This level of municipal commitment to homelessness and affordable housing is unique when compared to other Regional governments and System Service Managers in Ontario.

To reach a functional end of chronic homelessness in Waterloo Region, significant capital and operating investments are required from all levels of government. It is estimated that a total capital investment in emergency shelter, transitional housing and

supportive housing of \$110M will be required. Operating expenditure increases of approximately \$5M - \$8M annually for the next six years in order to fully implement the Plan can be expected. The range will depend on the extent and nature of capital financing costs required to meet the needs of the community at that time.

The staggering investment needed to address this growing crisis is required from all sectors and levels of government. To achieve an end to chronic homelessness in Waterloo Region, a deepening of commitment and engagement is needed from all levels of government, public and private sector, and key system partners (healthcare, mental health and addictions, justice, etc.). This shared community challenge is not to be owned or solved by one order of government in isolation.

The Investment Plan and Strategy address the immediate community needs and plans for a more stable and outcomes-focused future where every resident of Waterloo Region has a place to call home. This Investment Plan and Strategy shifts the collective focus from reactive emergency-based responses to upstream intervention and permanent solutions. We will shift our collective approach from managing homelessness to ending it.

Shifting the Collective Focus: Managing Homelessness to Ending It

The significant investment into homelessness services and programs cannot be overstated. At approximately 23% of the total investment made by the Region of Waterloo into Affordable Housing and Homelessness, this level of commitment and investment is unprecedented. \$56 million will be invested into homelessness and supportive housing programs in 2024. Despite this significant and encouraging commitment and investment into the local Housing Stability System, currently the majority of funding is dedicated towards reactive and emergency-based responses as the local crisis of homelessness continues to rise at alarming rates. The Plan to End Chronic Homelessness sets out to shift the collective focus towards permanent housing outcomes and upstream interventions so the significant investments being made into the system have a greater return on investment and, most importantly, create permanent housing outcomes for the most vulnerable residents of Waterloo Region.

Current State: Managing Homelessness

Inspiring homelessness prevention and supportive housing work happens on a day-to-day basis across the Housing Stability System and this work cannot be undervalued or overlooked. Since 2019, the Housing Stability System and related investments have been directed towards managing the growing homelessness crisis, including the development of hundreds of emergency shelter beds, increasing street outreach, and hybrid shelter models.

Whole of Community Leadership Conceptual Model

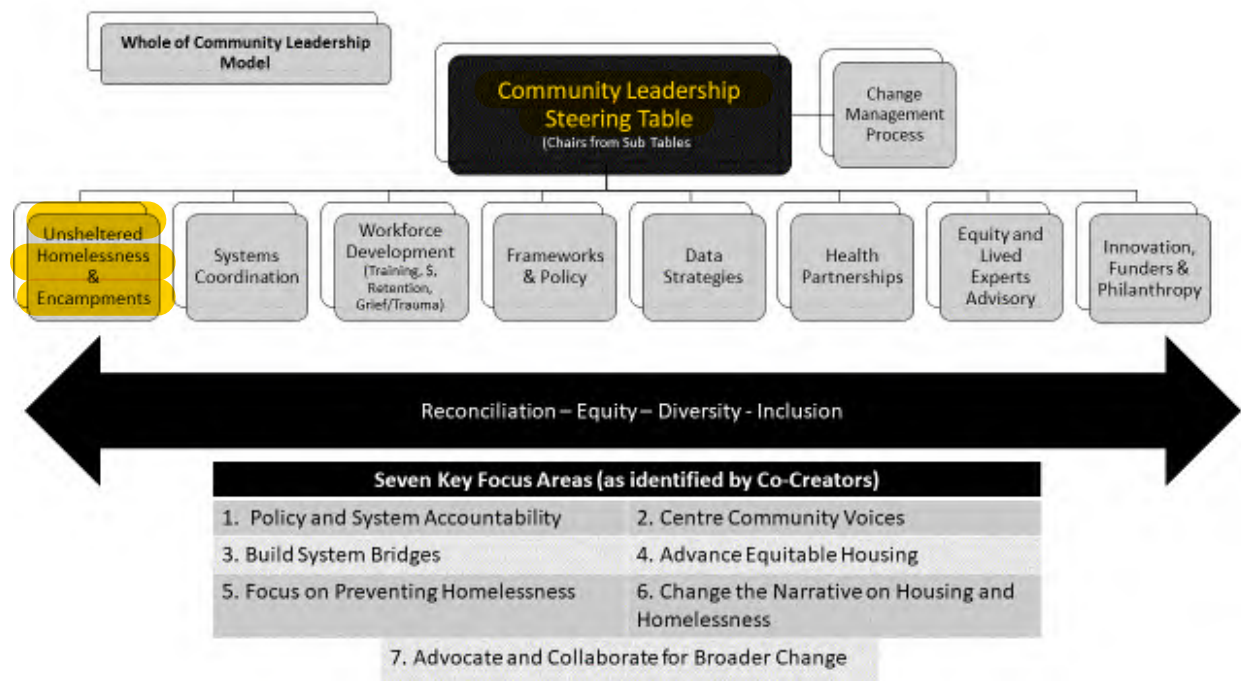


Figure 17. Conceptual Community Leadership Steering Table

An Investment in the Equipping of Community Leaders and ROW Staff

An investment in the Equipping of Community Leaders and ROW Staff to practise and implement change management, providing a path forward for authentic system transformation.

“**Nothing changes unless people do.**” concluded Scott Keller and Bill Schaninger when their 2019 research indicated that around 40% of change management failure is related to employee resistance and almost 35% to management behaviours that didn’t support change. *This is* a staggering display of how much people affect the outcome of change. 70% of change programmes fail. A large part of this sits with the leadership team and their ability to develop themselves and their people throughout the change. This is about seeing leaders as enablers of change rather than change agents, where their focus needs to be on creating an environment that encourages and facilitates change.” (Short, 2021)

The SDCWR Prototyping community of practice, which engaged marginalized voices with lived experience as well as SDCWR and ROW staff, discovered:

412

TAB 57

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

2ND AFFIDAVIT OF PETER SWEENEY

I, Peter Sweeney, of the City of Cambridge, in the Regional Municipality of Waterloo, AFFIRM:

1. I am the Commissioner of Community Services for the Applicant (the Respondent on this Motion), the Regional Municipality of Waterloo (the “**Region**”). As such, I have knowledge of the matters to which I depose below. Where my knowledge is based on information and belief, I indicate the source, and believe it to be true.
2. I previously affirmed an affidavit dated June 6, 2025, which was filed in the Region’s Application Record in the underlying proceeding (the “**1st Sweeney Affidavit**” or “**Original Affidavit**”). I understand that the 1st Sweeney Affidavit will be included in the Region’s Responding Motion Record for use on this injunction motion. I adopt and rely upon the 1st Sweeney Affidavit, and update certain matters below. I will continue to use the terms I defined in the 1st Sweeney Affidavit in this affidavit.

C. My Responses to the Moving Parties' Affidavits

14. I have reviewed the affidavits filed on behalf of various named individual respondents on this motion for an injunction, served in the Motion Record dated June 6, 2025 and the Supplementary Motion Record served on June 23, 2025 (the “**Moving Parties' Affidavits**”). I offer the following responses to the affidavits contained therein.

1. Existing Residents under the By-law

15. As I explain in my Original Affidavit at paragraph 30, the By-law applies differentially to “Existing Residents”, who are individuals who were residing at the Encampment the date that public notice of the By-law was provided (being April 16, 2025).

16. Based on a review of the Region's records and consultation with my team, I can identify the following 12 affiants of the Moving Parties' Affidavits as persons staying at the Encampment whom we would not consider to be Existing Residents: Terra-Lynn Weber, Aaron Price, James Hammond, Jeremy Linton, Stephanie McMillan, Jason Paul, Julie Young, Kyle York, James Davis, Megan Lopes, Avery Ament, and Jakob Stubbs. Six of the Moving Parties' affiants would be considered to be Existing Residents, of whom one unfortunately has passed away since swearing his affidavit (Matthew Stefanac).

17. To be clear, my team continues to provide supports to all unhoused individuals in the Region, whether they be residents of the Encampment or Existing Residents of the Encampment within the meaning of the By-law, or otherwise.

2. Individuals at the Encampment have been offered alternative accommodation

18. In reviewing the Moving Parties' Affidavits, I noted that many affiants who are Existing Residents (within the meaning of the By-law and my Original Affidavit) or who

415

TAB 58

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

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I, Peter Sweeney, of the City of Cambridge, in the Regional Municipality of Waterloo, AFFIRM:

1. I am the Commissioner of Community Services for the Applicant, the Regional Municipality of Waterloo (the "**Region**"). As such, I have knowledge of the matters to which I depose below. Where my knowledge is based on information and belief, I indicate the source, and believe it to be true.

2. I have affirmed two prior affidavits in this proceeding: the first on June 6, 2025 (the "**1st Sweeney Affidavit**" or "**Original Affidavit**") and the second on July 2, 2025 (the "**2nd Sweeney Affidavit**"). I adopt and rely upon both the Original Affidavit and the 2nd Sweeney Affidavit and update certain matters below. I will continue to use the terms I defined in the 1st Sweeney Affidavit in this affidavit.

A. An Update on the Status of the Encampment

3. As explained in both my Original Affidavit and the 2nd Sweeney Affidavit, my team is not responsible for enforcement of the By-law. However, given that the Encampment

colleagues on the USW team that, as of July 29, 2025, the number has now grown to 33 new individuals (although, as I explain below, 3 of these individuals have been supported into alternative arrangements, so only 30 of these new individuals remain onsite).

9. At paragraph 9 of the 2nd Sweeney Affidavit, I also explained that, as of the date of that affidavit, 13 of the 40 Existing Residents had been supported into alternative living arrangements. As of the date of this affidavit, 20 Existing Residents have been assisted in accessing alternative living arrangements. Three other individuals who arrived at the Encampment after April 16, 2025 have also been placed in such arrangements, meaning that a total of 23 individuals who were residing at the Encampment have been assisted by the Region in accessing alternate arrangements.

10. These alternate arrangements I reference above are not time limited, in that there is no "expiry date" by which these individuals need to find other arrangements or otherwise leave. The Region has made a commitment to annualize some of the additional resources allocated to support Existing Residents so that there will be further funds available for this purpose in 2026. (Budgeting beyond 2026 will take place in due course.) To be clear, this does not mean the Region believes that motels and other transitional housing options are a long-term solution to homelessness, and we remain committed to continue working with unhoused individuals in the Region to assist them in accessing permanent housing.

11. Individuals residing at the Encampment are also obviously free to leave the Encampment if they so choose. There have been 7 individuals who were Existing

16. My team is working hard to support the current population of 43 individuals (13 Existing Residents and 30 others) residing at the Encampment and is making real efforts to find alternative living arrangements for all of these people– not just Existing Residents within the meaning of the By-law – by December 1, 2025 (provided, of course, that the residents are willing to engage with the Region's staff to do so). However, as new arrivals have kept coming to the Encampment, doing so has become increasingly challenging. To the extent that more newcomers might come to the Encampment, it would be increasingly less likely that they could all be accommodated.

17. We originally planned to assist the 40 Existing Residents onsite as of April 16 to access alternative accommodation in the 7-month period from April 23 to December 1, 2025, with an increase of over \$814,000 to support the additional rent subsidies, motel rooms, and transitional housing facilities to accommodate them.

18. As I have previously explained, we have successfully supported 20 Existing Residents to date in accessing alternative accommodation. Because 7 further Existing Residents have left the Encampment without the support of the USW team, there are now 13 Existing Residents whom the USWs are working with to develop IHPs. However, because the Region has not removed newcomers to the site under the By-law since it was enacted and the Encampment has consequently grown in size, the task of USWs at the Encampment is more difficult. In particular, these new individuals have later dates of arrival than Existing Residents, so the Region's USWs have a shorter period of time to develop IHPs for them. For those who have arrived by the date of this affidavit, the timing challenges may not be insurmountable – we still have four months, and my team is working hard to support everyone at the Encampment. However, any additional arrivals

would be increasingly difficult to accommodate, especially as we get closer to December 1.

19. Planning for an increased total number is not a purely mechanistic exercise, because some Existing Residents may choose not to engage with the Region for their own reasons or may cease to experience homelessness for reasons other than the Region's efforts (such as finding employment and/or finding another place to stay in the Waterloo region or moving to another jurisdiction). We do not and cannot require unhoused residents to take options that are made available to them.

20. We also face resource constraints. The additional resources that the Region allocated were based on the assumption that we needed to accommodate approximately 40 Existing Residents, not the 73 (in total) who have sheltered at the Encampment since the By-law was passed.

21. In the face of these challenges, the Region may be forced to focus efforts towards Existing Residents over those who have come to the Encampment since April 16 in making alternative accommodations available to those who are present at the Encampment. This will become more and more likely if the influx continues beyond the end of this month. For these reasons, the Region will likely be able to better support those who are already living at the Encampment if the Region begins enforcing the site control provisions of the By-law sooner rather than later and prevents newcomers from joining the Encampment.

420

TAB 59

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Peter Sweeney** on his affidavits dated June 6, 2025, and July 2, 2025, taken via Zoom videoconference on consent of the parties on July 11, 2025.

APPEARANCES:

ANDREW LOKAN, Mr. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.
SHANNON DOWN, Ms.

MERCEDES PEREZ, Ms. Amicus Curiae

1 currently have the resources to find permanent housing
2 for everybody.

3 15. Q. Thank you. And also, just staying on this
4 same page, at the bottom of the page, there's another
5 statement attributed to you that:

6 "This complex situation where the number of
7 homeless individuals vastly exceeds the
8 housing supports that the Region can
9 provide, has in turn caused an increase in
10 encampments over the last few years."

11 Do you recall making that statement?

12 A. I do.

13 16. Q. Okay. And is that still true today?

14 A. I believe so, yes.

15 17. Q. Okay. And finally, if we go to page 3 of
16 this news article, just at the top of the page, again
17 you're quoted as having said that:

18 "The inflow into homelessness in the Region
19 will continue to increase until there is an
20 adequate amount of affordable and accessible
21 housing to meet the needs of homeless
22 individuals."

23 Do you recall making that statement?

24 A. I do.

25 18. Q. Okay. And is that still true today?

P. Sweeney (Cr.-Ex.) - 7

1 A. The PiT count would suggest the inflow
2 continues to be a challenge, which is why our Plan to
3 End Chronic Homelessness is hoping to address both the
4 inflow and the outflow.

5 MS. PEREZ: Okay, I'd like to have this CBC
6 article marked as exhibit 1 to this cross-
7 examination.

8 MR. LOKAN: That's fine.

9 MS. PEREZ: Thank you.

10
11 EXHIBIT NO. 1: CBC article titled, "Advocates call
12 for more shelter beds as cold weather sets in, region
13 says it knows there aren't enough." Dated December
14 13, 2024

15
16 BY MS. PEREZ:

17 19. Q. Now, Mr. Sweeney, I'd like to ask you to
18 turn to paragraph 30(b). So "B" as in "Bob" of your
19 first affidavit.

20 A. All right, let me just get my first
21 one.

22 20. Q. Yeah, your first affidavit.

23 A. Sorry, what was the number, again,
24 Mercedes?

25 21. Q. 30(b) as in "Bob".

1 A. Yeah.

2 237. Q. On page 37.

3 A. Mm-hmm.

4 238. Q. Okay. So there it tells us -- it
5 breaks it down quite clearly. So if we're looking,
6 people living in encampments or living rough, if we go
7 down four lines in the chart, it looks like in
8 September 2021, it was 412. And then when we go to
9 October 2024, that's 1,009. So that number does not
10 count people in any of the other categories? That's a
11 distinct category, is that correct?

12 A. Yeah, my understanding of the data is
13 that's a distinct category, a subset of the total.

14 239. Q. Okay. And at that same point in time,
15 in emergency shelters we have 446 people?

16 A. Mm-hmm.

17 240. Q. And 221 in transitional housing?

18 A. Okay.

19 241. Q. And 153 staying in motels?

20 A. Mm-hmm.

21 242. Q. So those are sort of the available
22 options for people who are experiencing homelessness,
23 in terms of getting off the street, is that fair to
24 say?

25 A. That's correct.

1 243. Q. Okay, so for those 1,009 people,
2 they're all potentially the inflow into the emergency
3 shelters, transitional housing, and the motels?

4 A. Yes, that's correct.

5 244. Q. Okay.

6 A. My understanding as well, yes.

7 245. Q. And so at that time, at that point-in-
8 time count, it would only be a very small number of
9 those 1,009 people that would be able to go into
10 shelter, or interim housing, or motels because, as we
11 can see there, if we look at those numbers of people
12 who were already using those three options on that
13 date, they're very high capacity in terms of what the
14 available numbers would be? Is that fair to say?

15 A. It is.

16 246. Q. Okay. So we have a lot of people who
17 are not going to -- let's suppose they work with a
18 USW, they have an IHP, there is no outlet for them
19 because they're one of the 1,009, they're competing
20 with a bunch of -- a large number of people for
21 exceedingly limited resources. So they may work,
22 engage, have an IHP developed and nothing could
23 happen? Is that fair to say?

24 A. Yeah, so I mean, I think we're pretty
25 clear in the context of the PiT count and the Plan to

1 End Chronic Homelessness that an exceptional challenge
2 in this work is the dramatic rise in inflow. And any
3 effort to end chronic homelessness in the next five
4 years, which is our stated goal, as you know, is going
5 to have to deal with these challenges both from a
6 supply side and a demand side, in terms of reducing
7 the number of people that flow into the system,
8 creating flow out of the system because again, as I
9 believe you know, there's a challenge of moving people
10 out because of a lack of affordable housing. This is
11 the calculus in Waterloo Region as it is in many
12 communities across the country.

13 247. Q. So how do you know that the \$800,000 in
14 the budget that's been allocated, the additional
15 money, is going to be enough to provide the space in
16 the system for the people being the defined residents?

17 A. Like, where did we come up with that
18 number? Is that specifically what ---

19 248. Q. Mm-hmm. Because you said it's not
20 allocated towards specific things, it's just a pot of
21 money.

22 A. It is a pot of money and it is also --
23 it had to be based on some formula. And so we took
24 the number of individuals that we wanted to create
25 capacity for, which is in my affidavit at that time,

427

TAB 60

AD

Kitchener-Waterloo

Advocates call for more shelter beds as cold weather sets in, region says it knows there aren't enough

'We have more people who are homeless than we have supports for,' regional commissioner Peter Sweeney says

[Aastha Shetty](#) · CBC News · Posted: Dec 13, 2024 11:33 AM EST | Last Updated: December 13, 2024



The Region of Waterloo says it knows it does not have enough beds to help keep everyone out of the cold this winter. But staff are working to open a new shelter and come up with plans for extreme weather situations. (Spencer Platt/Getty Images)

As the cold weather sets in, the Region of Waterloo says it's opening a new emergency overnight shelter in Kitchener to help keep people off the street and staff are asking for more money in the 2025 budget for extreme and winter weather preparations.

But advocates say more still needs to be done.

The temporary shelter at 84 Frederick Street is being run by an organization called Services and Housing In the Province, or SHIP. There are 37 beds available with the capacity to add seven more beds during extreme weather conditions.

Including the temporary shelter, there are currently 589 shelter spaces at various locations in Waterloo region's cities.

429

But a [point-in-time count done on Oct. 22](#) found more than 2,300 people in the community are homeless — a number that has doubled in three years.

David Alton, a lived expertise facilitator at the Social Development Centre, says the problem with opening more shelters is there appear to be barriers at the regional level.

"One barrier is a jurisdictional barrier," they said. The centre has asked if regionally owned buildings like the one at 150 Main St. in Cambridge or part of the regional headquarters building at 150 Frederick St. in Kitchener could be used to house people.

"These are regional properties, so you'd think that the region would be able to leverage these properties to meet the crisis. But unfortunately ... control and access over those properties is not determined by the community services department," Alton said.

“It's not a question really of how long it takes. It's just — if there's nothing, what are you going to do to stay warm? It's part of the reason why in some cities people ride transit through the night because it's a warm place.”

- Jeff Willmer, *A Better Tent City*

Alton says that means bureaucracy has made it difficult to test out new ideas.

"Lower municipalities are not internalizing their responsibility to our unsheltered neighbours," they said.

"Neither is the facilities department or the public health department or the health and safety department, even Grand River Transit. Community services and partners have asked Grand River Transit buses to run overnight. But GRT is putting too many barriers to actually make that happen."

Region aware of bed shortage

Peter Sweeney, the commissioner of community services at the Region of Waterloo, says they know 552 beds is not enough to help everyone.

"We are in a situation where we have more people who are homeless than we have supports for, which is why we see a rise in encampments in the last number of years," he said.

- [More than 2,300 people are homeless in Waterloo region, new point-in-time count finds](#)

430

- [A Better Tent City houses 50 people but volunteers say they need more cash to keep it going](#)

"The inflow into homelessness in this community continues to increase and will continue to increase," Sweeney said. "Until we have the proper amount of affordable and transitional housing, we are going to struggle with homelessness in this community for a long time."



The Region of Waterloo says 50 people experiencing homelessness are living at the shelter at 1001 Erbs Road in Waterloo, Ont. Each cabin has its own heating unit. (Carmen Groleau/CBC)

He says staff need a lot more resources to meet [the region's goal to end homelessness by 2030](#). It would require an investment of \$245 million over the next five years.

Sweeney says they are asking regional council to approve an additional \$500,000 in the 2025 budget as part of "an expansion package for the plan to end chronic homelessness." The money will be put toward extreme and winter weather preparations for the new year.

He says those experiencing homelessness currently have the following options if seeking shelter:

- 80 beds at The Bridges in Cambridge.
- 100 beds at the House of Friendship in Kitchener.
- 100 beds at the home of the old Schwaben Club.
- 30 beds at the Edith Mac Shelter in Kitchener.
- 50 cabins at the outdoor shelter at 1001 Erb's Road in Waterloo.
- 30 beds at the oneROOF shelter for youth in Kitchener.
- 10 beds at the Safe Haven Youth Shelter in Kitchener.
- 24 affordable housing spaces at the former Kinsmen Children's Centre in Cambridge.
- 28 transitional housing spaces for Indigenous people at the K-W Urban Native Wigwam Project.
- 80 transitional housing spaces on University Avenue in Waterloo.
- 20 beds at an emergency shelter for women in Cambridge.

Those who want to access the shelters should call First Connect at 519-624-9133. It's available 24 hours a day, 7 days a week.

The region has a list of warming centres on their website which includes most municipal offices, libraries, community centres and malls during business hours. But those warming centres are only open during daytime hours.



A man plays a guitar outside of a cabin in Kitchener's A Better Tent City, an initiative aimed at housing people experiencing homelessness. (Submitted by Jeff Willmer)

Limited options on freezing nights

While there are currently limited options for someone who can't find a warm place to stay on a freezing night, one option is for people to make a friend at A Better Tent City. It's a tiny home community that houses 50 people.

- [Ford pledges tough new legislation to dismantle homeless encampments](#)
- [Province will 'always be there' for Guelph and Cambridge as they clear encampments, premier says](#)

Co-founder Jeff Willmer says each resident who lives there can check-in one guest to stay with them and there's little to no notice required. But, he says, he realizes it's not a solution that will help everyone who needs it.

"People are sort of resigned to the fact that there are limited options and they sort of have to fend for themselves. Certainly there are lots of warming centres open during the daytime. So that's a reasonable solution during the daytime hours. But overnight, the King Street shelter at the old Schwaben Club tends to be the one place people are trying to get into and it's got limited capacity," Willmer said.

"It's not a question really of how long it takes. It's just — if there's nothing, what are you going to do to stay warm? It's part of the reason why in some cities people ride

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AD

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VIDEO
Meteotsunami-like wave caught on video near Thunder Bay, Ont.



VIDEO
RAW
sharl
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RECOMMENDED FOR YOU



UPDATED



433

TAB 61

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

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GRETA HOAKEN, Ms.	

ASHLEY SCHIUTEMA, Ms.	Counsel for the Respondents
JOANNA MULLEN, Ms.	
SHANNON DOWN, Ms.	
CHARLOTTE CAHILL, Ms.	Student-at-law

MERCEDES PEREZ, Ms.	Amicus Curiae
---------------------	---------------

1 removed?

2 A. That's what ---

3 88. Q. Is that what your ---

4 A. --- (indiscernible) through the TPA, is
5 my understanding.

6 89. Q. Correct. And so really, 100 Victoria
7 Street right now, is the only place that they have
8 some protection, some legal protection because of the
9 previous *Valente* decision on that property if they
10 want to set up a tent?

11 A. My understanding of the *Valente*
12 decision and what's been in practice since that time
13 is that the Code of Use -- the current Code of Use By-
14 law is not enforceable at 100 Victoria. That's my
15 understanding, correct.

16 90. Q. Okay. So once 100 Victoria Street is
17 closed presumably at some point for the Metrolinx or
18 the Kitchener Transit Hub, what is the plan for the
19 people who are living outdoors? Like what is the --
20 your group's plan for those people?

21 A. Well, the plan as it's stated is the
22 plan to end chronic homelessness by 2030. And so the
23 work and the activities that are in the plan to end
24 chronic homelessness, is the plan to support all
25 individuals who are experiencing homelessness in

1 Waterloo Region, whether they be at 100 Victoria or
2 elsewhere.

3 91. Q. But that's like a long-term plan,
4 right? Like that talks about ending chronic
5 homelessness by 2030 and working towards that goal
6 between now and then. But I'm talking about like the
7 next day, what is the -- what is the Region of
8 Waterloo's plan for those people on the day after the
9 encampment closes?

10 A. So ---

11 92. Q. Where do they go, what are their
12 options?

13 A. So with the resources that we have
14 available, our plan is to -- for all the resources
15 that are provided to us through the provincial
16 government, the federal government and our municipal
17 council, to continue to work directly with individuals
18 who are experiencing chronic homelessness.

19 And to the best of our ability, find them
20 alternative indoor shelter where we can, within the
21 confines of the resources that we have available to
22 us.

23 93. Q. But we know that there's a thousand
24 people who are not sheltered who are living outside
25 who don't have access to the emergency shelter system.

437

TAB 62

Court File No. CV-25-00000750-0000

ONTARIO

SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

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APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

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APPEARANCES:

ANDREW LOKAN, Mr.	Counsel for the Applicant
GRETA HOAKEN, Ms.	

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1 experiencing homelessness. That are plans that are
2 aligned with the Council-approved budget and service
3 levels.

4 4. Q. Okay. So -- sorry, someone's just
5 ringing my doorbell. Sorry, can I just take a very
6 brief break?

7 A. It was on drop-off.

8 5. Q. I don't know what it is. One second.

9
10 --- OFF THE RECORD

11
12 BY MS. DOWN:

13 6. Q. So you were saying there is a short,
14 medium and long-term plan?

15 A. Yes, correct. We have -- we have plans
16 within our existing funding envelope and service-level
17 framework that Council sets for us.

18 And, you know, as we move through the next
19 number of months and years, we will continue to
20 implement that plan. That includes additional new,
21 net-new, supportive housing. As you know, across the
22 street at the Working Centres coming on ---

23 7. Q. I'm just going to interrupt you there
24 because I'm really asking you something that is very
25 specific. I think you're talking in generalities. So

1 I am asking specifically what is the short-term plan
2 for people who are unhoused who say have been given a
3 tent, what is the short-term plan for where they can
4 go?

5 A. So the short-term plan that I can give
6 you is a plan that is in existence right now that has
7 limited resources relative to the demand that we see
8 in this community, have continued to see in this
9 community.

10 And our long-term plan is to get to a point
11 where we have a functional ---

12 8. Q. I'm talking about the immediate short-
13 term. So I just want to know in specifics what's the
14 immediate short-term plan for someone who has been
15 given a tent, who cannot access shelter and who is
16 outside? Where can they go?

17 A. So if there's no capacity within the
18 system and the resources that I -- my team has
19 responsibility for -- we have situations as you know
20 where people are left to make their own decisions.
21 And we know in this community that some people in
22 those situations sleep outside.

23 9. Q. Yeah, and I'm asking like is -- what is
24 the Region's response to that, though? Because right
25 now you have a Code of Use By-law that says you cannot

1 camp on regional property. And we went through
2 yesterday, there's really nowhere where people can
3 camp.

4 So what is the Region's response to that
5 situation?

6 A. So the Department of Community Services
7 for whom I can speak on behalf as the person
8 responsible for that, is to support as many people as
9 we can with the resources we have. And I ---

10 10. Q. So I am going to suggest there is no
11 plan for those people. There is no direction that you
12 can provide to those people to say here's where you
13 can go?

14 A. We are not -- my staff team are not in
15 a position to recommend or tell people that they can
16 sleep outside in a specific area in this community.

17 11. Q. Okay, so there's no like protocol or
18 policy or, you know, direction with respect to people
19 who are in those circumstances?

20 A. And the "circumstances" you mean
21 specifically those who are -- who would be ---

22 12. Q. Unsheltered with a tent looking ---

23 A. Okay.

24 13. Q. --- for somewhere to stay?

25 A. So I believe the question is, is there

1 a protocol for those situations in a ---

2 14. Q. Yes.

3 A. --- (indiscernible) currently? There
4 is not.

5 15. Q. Okay. And so you said yesterday you
6 said it would rarely happen that there isn't space in
7 the shelter system. We were talking about the
8 situation where someone can't access it.

9 And so I just want to look at a document and
10 I am going to ask Charlotte if she can put it up on
11 the screen. It's -- the document is titled, it's a
12 slide deck from the "November 2025 Co-creators
13 meeting, HSS data update."

14
15 --- SCREENSHARE

16
17 A. Sorry, just give me a second. I'm --
18 oh, you're putting it up on that ---

19 16. Q. Yeah.

20 A. Hang on, I'm just waiting.

21 MS. CAHILL: Can you see that on the screen?

22 MS. DOWN: Yes. I can.

23

24 BY MS. DOWN:

25 17. Q. Peter, can you see it?

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TAB 63

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Individual Housing Plan

Housing Plan for: [REDACTED]

Completed by: Nicole

	Housing Needs/Goals Identified (CHAC/PATHS/SH/OW/ODSP/Shelter Offers, etc.)	Next Steps (client & Staff) And Barriers/challenges	Progress/Notes	Checkbox Housing Progress (Steps 1-10)
1.	<i>Eg. Shelter options</i>	-Declined all shelter options as he has a partner		☒ Preliminary Step: Review Potential Housing Options ☒ Step 1: Get Income ☒ Step 2: Get Identification
2.	<i>Eg. CHAC, PATHS</i>	-Completed an application for Community Housing on November 2, 2021 -Completed PATHS intake	-Waiting on CHAC	☐ Step 3: Get Housing and Credit References ☒ Step 4: Identify housing stability needs, preferences, waitlists
3.	<i>Eg. OW/ODSP</i>	Income Source ODSP		☐ Step 5: Search Vacancies for Budget ☐ Step 6: Contacting Landlords
4.				☐ Step 7: Housing Viewings ☐ Step 8: Sign Lease ☐ Step 9: Paying Rent & Setting up Utilities
5.				☐ Step 10: Moving in and Home Set-up.

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Individual Housing Plan

Housing Plan for: [REDACTED]

Completed by: Nicole

	Housing Needs/Goals Identified (CHAC/PATHS/SH/OW/ODSP/Shelter Offers, etc.)	Next Steps (client & Staff) And Barriers/challenges	Progress/Notes	Checkbox Housing Progress (Steps 1-10)
1.	<i>Eg. Shelter options</i>	-Accepted a space at Erbs Rd shelter- Left after 1 night as not a good fit -Declined all shelter options	-Completed intake and interview assessment Veterans Program -No affordable housing due to income level of OW – Continuing to try and find suitable/affordable room rental.	✓ Preliminary Step: Review Potential Housing Options ✓ Step 1: Get Income ✓ Step 2: Get Identification ☐ Step 3: Get Housing and Credit References ✓ Step 4: Identify housing stability needs, preferences, waitlists ☐ Step 5: Search Vacancies for Budget ☐ Step 6: Contacting Landlords ☐ Step 7: Housing Viewings ☐ Step 8: Sign Lease ☐ Step 9: Paying Rent & Setting up Utilities ☐ Step 10: Moving in and Home Set-up.
2.	<i>Eg. CHAC, PATHS</i>	-Completed an application for Community Housing on March 1/25 -Completed PATHS intake	-Waiting on CHAC	
3.	<i>Eg. OW/ODSP</i>	-Applied for OW	On OW, working towards applying for CPP and OAS.	
4.				
5.				

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Individual Housing Plan

Housing Plan for: [REDACTED]

Completed by: Nicole

	Housing Needs/Goals Identified (CHAC/PATHS/SH/OW/ODSP/Shelter Offers, etc.)	Next Steps (client & Staff) And Barriers/challenges	Progress/Notes	Checkbox Housing Progress (Steps 1-10)
1.	<i>Eg. Shelter options</i>	-Accepted a space at Weber Inn -Declined all shelter options as he has a partner and Dog	-Maintaining Motel stay and engaging with USWs	☒ Preliminary Step: Review Potential Housing Options ☒ Step 1: Get Income ☒ Step 2: Get Identification ☐ Step 3: Get Housing and Credit References ☒ Step 4: Identify housing stability needs, preferences, waitlists ☐ Step 5: Search Vacancies for Budget ☐ Step 6: Contacting Landlords ☐ Step 7: Housing Viewings ☐ Step 8: Sign Lease ☐ Step 9: Paying Rent & Setting up Utilities ☐ Step 10: Moving in and Home Set-up.
2.	<i>Eg. CHAC, PATHS</i>	-Completed an application for Community Housing on March 9, 2017 -Completed PATHS intake	-Waiting on CHAC	
3.	<i>Eg. OW/ODSP</i>	Income Source ODSP		
4.				
5.				

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TAB 64

3 rd Cross Examination of Peter Sweeney – March 6, 2026		
Question	UT/UA	Answer
1. Undertake to advise if any corrections are needed to Mr. Sweeney's examination transcript	UT	Subject to his answers to undertakings provided below, Mr. Sweeney has no corrections to make.
2. Undertake to confirm Oneroof does not operate 24/7	UT	<p>OneROOF supportive housing operates 24/7</p> <p>OneROOF street outreach staff operate during the day Monday through Friday</p> <p>OneROOF emergency shelter is open overnight 7 days a week</p> <p>OneROOF operates a day-time drop-in program for youth who are accessing the emergency shelter, so that they can access supports during the day while not staying in shelter.</p>
3. Undertake to confirm Safe Haven is only for youth ages 12-17	UT	Confirmed.
4. Undertake to confirm the date ESC Bridge Care Program stopped accepting new clients	UT	The Cambridge Shelter Corporation's Bridgecare program stopped intakes in September of 2025 to facilitate the move out of a site/building that needed to close. New intakes remained closed/stopped until March 2026, to allow for the program to complete hiring its full staffing complement and acquire all program supplies needed to support new intakes.
5. Undertake to confirm ESC Bridge Care Program is still not accepting new clients	UT	As per above, Bridge Care is now receiving referrals and new intakes.
6. Undertake to confirm if and when 84 Frederick transitional housing paused their intake program and if they're waiting for occupancy	UT	The 84 Frederick Transitional Housing program began intakes in January 2026, at a reduced capacity due to necessary repairs to the building being undertaken at that time. This program remains at partial capacity due to an upcoming scheduled elevator repair in April 2026. However, SHIP continues to interview and connect with prospective clients so that once 84

Region's funded partners as part of the winter warming packages in 2025 and 2026 and whether the Region puts constraints on what can be included. If there are constraints, are there any new constraints or has been changed between 2025-2026		has not been a material change in what was provided between 2025 and 2026.
12. Undertake to find out if USWs are trained on unsafe fire behaviours	UT	No such specific official fire safety training has been provided for USWs. However, Kitchener Fire has been a resource for residents of 100 Vic regarding fire safety.
13. Undertake to find out if written fire safety guidelines have been distributed to encampment residents	UT	Written guidelines have not been provided.
14. Undertake to determine if the Region has distributed hot water bottles or safer warming devices to encampment residents	UT	The Region has not distributed water bottles but has distributed hand warmers.
15. Undertake to determine if the Region has distributed fire extinguishers to encampment residents	UT	The Region has not done so.
16. Undertake to determine where there are communal fire extinguishers to encampment residents	UT	Communal extinguishers are not available to encampment residents at 100 Vic.

17. Undertake to find out if a meeting between SDC, FDept, and Regional Council took place on January 31, 2024, did the Region attend, what was the discussion around suggested mitigation efforts and were there minutes, if so, provide a copy	UT	Mr. Sweeney is not aware of this meeting. He has made inquiries of Housing Staff (Ryan Pettipiere), Corporate Security Staff (Chris McEvoy), and Facilities Staff (Aaron Moss), none of whom is aware of this meeting.
18. Undertake to determine how many of the dedicated senior sites are affordable units and provide the average cost of 1 bedroom unit in dedicated 46 seniors sites	UT	<p>All dedicated seniors' units with access through the affordable housing waitlist are considered affordable; 1567 are rent-geared-to-income and 789 are low end of market rent (LEM).</p> <p>In dedicated senior units, 66% of the units are rent geared-to-income (RGI). The remaining 34% are below average market rent, also accessed through the Co-ordinated Access System.</p> <p>The Average rent of the units in senior dedicated sites across these programs is: \$809, with a range of \$492 - \$1319. Because so many of these units are RGI, the average rent will fluctuate based on residents' income.</p>
19. Does a formal fire risk mitigation plan exist for the Encampment and, if so, provide a copy		No such written plan exists.
20. Undertake to determine how long you have to be inactive with a worker before an individual would not be counted in HIFIS	UT	If a HIFIS profile/account is not updated/interacted with within 90 days it goes "inactive". The profile/account remains in HIFIS but will not be counted in reports enumerating experiences of homelessness. An inactivity policy with these stipulations is required by the Provincial government as part of Homelessness Prevention Program funding agreements.
21. Undertake to determine whether HIFIS counts folks in hospital	UT	Individuals experiencing homelessness in hospitals will be counted in HIFIS so long as they have an active HIFIS profile/account.

TAB 65

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Doug Spooner** on his affidavit dated June 6, 2025, taken via Zoom videoconference on consent of the parties on March 6, 2026.

APPEARANCES:

KARTIGA THAVARAJ, Ms. Counsel for the Applicant

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SHANNON DOWN, Ms.
JOANNA MULLEN, Ms.

MERCEDES PEREZ, Ms. Amicus Curiae

D. Spooner - (Cr-Ex) - 42

1 through community services. There's two-ride cards
2 which are completely free provided to residents of the
3 region. There's the affordable transit program that
4 makes every fare 50 percent off.

5 So there are a number of programs. I do not
6 administer them. They're administered by the
7 Community Services Department. But I know we offer
8 those products.

9 119. Q. Okay, but if someone wasn't eligible
10 for it, they would have to pay the regular fare, is
11 that correct?

12 A. Yeah, as with any transit system, yeah.

13 120. Q. Okay. And that those programs are not
14 unlimited programs. They have a specific budget
15 attached to them and so that they serve -- like, for
16 example, there might be x-number of passes that are
17 provided. Once those have been provided, that program
18 is full for the year. Is that correct?

19 A. I am not as familiar with the two-ride
20 card program. I know on the portable transit program,
21 that's the 50 percent discount, there is no cap on
22 that. That is a -- the number of people who apply,
23 receive the product so I don't know if that is
24 mimicked in the two-ride card program.

25 121. Q. Okay. At Paragraph 19, you state that

D. Spooner - (Cr-Ex) - 43

1 this project is going to dramatically improve transit
2 access. Is that something that's been modelled? Does
3 the region have empirical data to support that?

4 A. Not -- not that I've reviewed. I would
5 imagine that at the business stage we would have done
6 some work around travel times and reducing travel
7 times. I haven't reviewed that to date because I came
8 in to an approved project.

9 122. Q. Okay, so what -- I guess what I am
10 asking you is when you're saying this then, what are
11 you basing that statement on then?

12 A. Yeah, my experience in my time working
13 in transit. So, you know, you could imagine the walk
14 today from the ION Central Station to Kitchener
15 Central GO, you know, five to seven minutes, it's an
16 inconvenience for folks, it would limit the number of
17 people who chose that option.

18 So what I do know is that time-savings
19 through transit is a considerable contributor to
20 upticks in ridership.

21 123. Q. Okay, but in terms of saying like
22 "dramatically improve," that's just -- that's based on
23 your -- that's your gut instinct? Is that fair to
24 say?

25 A. No, I've worked on and designed

1 multiple GO Stations. I didn't do the design, as I
2 said, for Kitchener Central. But in other projects,
3 I've seen this for sure.

4 124. Q. Okay, seen it in terms of data that
5 shows the times are dramatically reduced?

6 A. Absolutely, yeah. We work on this
7 everyday. If I find a time-savings of one or two
8 minutes per second of a trip, I would say that's a
9 dramatic change that would result in four minutes for
10 that individual or the number of people who ride it,
11 you get into pretty significant time-savings for the
12 community very quickly.

13 125. Q. Okay, so you're saying a four-minute
14 time-savings would constitute a dramatically ---

15 A. Yeah, if you applied that across, you
16 know, 20,000 people who used it over a week or a
17 month, yes, absolutely it would be dramatic.

18 126. Q. Okay. So you're not basing this though
19 on this specific -- like any specific modeling or
20 empirical data that's been projected for this project?

21 A. Correct.

22 127. Q. Okay. If we look down at Paragraph 22,
23 you're talking about the potential to boost the
24 economic health of the surrounding Region of Waterloo
25 community significantly, including more businesses,

THE REGIONAL MUNICIPALITY OF WATERLOO ET AL. v.

Appellants

DUGAS ET AL, PERSONS UNKNOWN/TO BE ASCERTAINED

Respondents

**ONTARIO
COURT OF APPEAL**

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