

Final Research Report

Homelessness and Hygiene Project (CSI)

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For:

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CDEV 4505-RLB

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## **Abstract**

Covid-19 presents unique problems for individuals around the globe. Some of the hardest hit in these times have been seen to be Toronto's homeless population. With ongoing rolling lockdowns, unique problems of personal hygiene and sanitation become an issue as community centres, as well as public bathrooms en masse, become shut down for use. This creates gaps in the availability of resources for those living on the streets. The idea behind the shared partnership with the Centre for Social Innovation was to bring together a collective group of experts to dissect the issue of hygiene on the streets and provide viable solutions. Then, to answer the question of what shelter staff members may regard as barriers for homeless populations from accessing hygiene facilities in the City of Toronto. Through meetings as well as a Focus Group it was found that there was a broad consensus among participants that there is a need both physiologically and mentally to have access to hygiene facilities. Location and timing were also major factors as these mobile facilities must be located in the area of target populations, when individuals are there. Neighbourhood awareness as well as proper training form the next pillars, allowing for seamless integration and use by individuals ensuring programs are both known and run with both dignity and efficiency. And finally, adding other services as well as aspects of social enterprise will ensure individuals and the program(s) can continue to grow into the future.

## **Acknowledgements**

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1. Tonya Surman - Centre for Social Innovation
2. Gneev Nagi - Collaborator with CSI
3. Focus Group participants/SMEs
4. Christine McKenzie - Professor

## **Introduction**

Our group has partnered with the Centre for Social Innovation to work on their Homelessness and Hygiene project. Given the ongoing COVID-19 pandemic, Toronto's unhoused population is extremely vulnerable to the virus due to their lack of accessibility to hygiene products and facilities. The Homelessness and Hygiene project entails providing necessary resources, specifically pertaining to hygiene, to Toronto's homeless population in order to minimize their risks of contracting and spreading COVID-19. The objective of this project is to provide access to facilities where people without shelter can wash their hands, take showers, wash their clothes and use restrooms. The goal of our partners at the Centre for Social Innovation, as explained in their mission statement, is "to create a healthy, just, resilient and regenerative society full of meaning, equity and happiness", which is why this project is of the utmost significance to them; by providing homeless communities with facilities and resources where they can take care of their hygiene, they are directly promoting health initiatives as well as equity.

## Research Context

- The Centre for Social Innovation (CSI) is based in Toronto and their mission is to “catalyze, inspire and support people to create, develop, adopt and integrate new and renewed concepts and practices that put people and planet first” (CSI, 2021).
- The Homelessness and Hygiene Project aimed to bring together experts on homelessness and social innovators to identify the challenges associated with providing hygiene facilities for Toronto’s homeless population.
- The idea was to brainstorm innovative solutions on the lack of available hygiene facilities in partnership with the City of Toronto and to ultimately develop viable solutions to the issue of homelessness and hygiene.
- Lab meetings were conducted by the Centre for Social Innovation, along with the City of Toronto, Humber students and other volunteers.
- The partner agency believes in the possibility of solutions and believes that teamwork, collaboration and diversity are ways that can contribute to a better community and a better world.
- The Covid-19 pandemic highlighted the needs of access to hygiene facilities that were given consideration during the research phase.

## **Project Focus**

The aim of this project was to collaborate with the partner agency to gain a better understanding of the needs of Toronto's homeless population as well as identifying viable solutions that can help to address these needs. A focus group, conducted online using Zoom application, aimed at participants who work or have worked with individuals experiencing homelessness in the City of Toronto. The focus is to gain more insight on the needs of homeless individuals with regards to hygiene access during the pandemic. Shelter workers and those with previous experience working with the homeless population had the most current and pertinent knowledge that was valuable to us in order to provide us with insight into the experiences of homelessness, and what the most appropriate approaches are to helping ease the challenges faced by the homeless population when it comes to availability of hygiene facilities in the City of Toronto.

Throughout the project, we learned about different steps that are required to carry out a project of this size and importance, the main requirement is that many hands make for light work; in other words, delegation is key in order to produce the best results for the overall aim of the project. Additionally, we learned more about the Subject Matter Experts (SMEs) who participated in the focus group and the ways that they serve the homeless populations within the city of Toronto, and how their roles as change agents affect homelessness. Problems that were central to the project included COVID-19 restrictions during a pandemic where social distancing is mandatory, and issues that may arise from ethical considerations associated with the collection of sensitive data in person. The partner agency, CSI, assisted us in dealing with all potential issues, such as pandemic restrictions and sending out invitations and all consent forms via email.

## **Situating Yourself as a Researcher**

- **Adele** - My social location or identity is as follows, I am a woman, (she/her) of biracial ethnicity, white and black, as well as being college educated, living in Toronto, and able bodied, my identity as such, has been of privilege for me. I am an outsider within the homelessness community and the varying agencies which work towards the eradication of homelessness. My knowledge of homelessness and anti-oppressive research is limited to my understanding gained through my educational background, (Community Development) however, with that knowledge understanding that everyone should be treated equally, and fairly is only a starting point. Anti-oppressive practices that I have learned, such as how intersectionality works as a way of bridging all gaps in society and looking at them as a whole, rather than as fragments of society; basically meeting people exactly where they are, and not trying to change them as a person, but seek instead, how to facilitate change and how to work at removing certain systemic barriers in the community where the individual lives.
- **Isabelita** - Having completed a program in Social Service, there is an awareness and knowledge that homelessness can happen to anyone who have been affected not just by economic uncertainties, but also personal tragedies such as loss of relative who have been the provider, victim of abuse, victim of fraud, and many other circumstances that are not their fault. Mental illness may also be a factor in some individuals facing homelessness, that may have not been diagnosed. The project with CSI is quite new as mobile facilities have not been available in Toronto or in Canada for that matter, and it is worth investing in as a way to provide hygiene facilities to individuals who are in need of one especially during this time. The research work accumulated through this project made me realize



that there are many ways to help the homeless population in Toronto. Other than hygiene facilities, employment resources can be a part of the project, providing valuable resources that can assist individuals facing homelessness a chance to receive support. This capstone project showed me that projects like this are a great way to learn outside of the classroom especially when working with innovators and social entrepreneurs like those involved with the Centre for Social Innovation.

- **Milos** - In relation to homelessness, I would personally consider myself an outsider due to the fact that I have never personally experienced or been impacted by homelessness, nor do I know anyone that has. Since I previously had limited knowledge about homelessness and hygiene, I feel like that allowed me to provide an outsider perspective when analyzing the research. However, I have lived in Toronto my entire life and consequently have seen the impact that the housing crisis has had on our city which allowed me to relate to the research even though I have never personally experienced homelessness. I have had virtually no actual research experience however I do have some background knowledge that I gained from previous courses that I took as part of the Bachelor of Community Development program such as Quantitative and Qualitative research methods. I have been able to apply some of the skills that I learned in those courses to our capstone project which has helped me with our research even though I do not have much real experience. I have never participated in community-based research however I have gained some extremely useful skills pertaining to community-based research from working on this project that I look forward to applying to my future career in community development.

- **Owen** - I situate myself in this project as an outsider. With previous experience working with these sensitive populations throughout my volunteering through high school. As well as the information that I have been able to learn through my experience as a Community Development Student. This Community project has granted me the unique opportunity to take a look at the circumstances as well as causes that can lead an individual to becoming homeless. This experience with our Community partner has furthered my knowledge around factors, challenges, and appropriate ways and methods to dissect and address these issues. The work which has been completed with our community partner has shed light on many gaps in services and availability of resources to individuals living within Toronto and the GTA who deal with homelessness on an everyday basis. Showing the ever-growing need for hygiene facilities as well as central hubs, with other available resources such as employment, nourishment, and resume building services.

### **Research Questions**

- How effective was the Homelessness and Hygiene project and what are some ways that the project could be improved?
- How can mobile shower units be implemented effectively around the City of Toronto?
- How can a social enterprise aspect be included?

## **Literature Review**

### **Homelessness and Access to Hygiene**

Individuals experiencing homelessness often find it difficult to access hygiene facilities in the City of Toronto because of the closures of public facilities due to the COVID-19 pandemic. These individuals are faced with many barriers everyday and the article by Buechler (2020) discussed possible correlations between these barriers and regular hygiene practices, which provided insight on our research in the experiences of homeless individuals when it comes to accessing hygiene facilities. There is also the issue of the lack of accessible hygiene products that is very important during the pandemic. Leibler (2017) explained how limited access to personal hygiene products and facilities among homeless populations created a greater risk for transmitting and contracting infectious diseases. The study identified self-care practices related to hygiene, and risk factors that are associated with reduced hygiene, which were relevant to understanding Toronto's homeless population because of the similarities in risk factors identified in the study.

### **Homelessness during the pandemic.**

Many of the challenges that the homeless population are experiencing are already requiring urgent attention and the pandemic brought it to another level of increased urgency. There is fear among the community of outbreaks due to lack of space to practice social distancing in many homeless shelters. The article by Duber (2020) addressed the need for special consideration and actions to help homeless individuals during the COVID-19 pandemic. Many of the challenges identified in this article, such as the limited access to services and lack of programs to assist the homeless population, were relevant to all homeless populations around the

world therefore our partner agency can assess the considerations discussed and identify ways to implement them in Toronto. Some risks that were addressed are the challenges that homeless individuals face in terms of getting tested, the prevention of COVID-19 transmission, as well as the challenges associated with self-isolation for individuals without shelter or stable housing.

### **Homelessness and discrimination.**

Prior to the pandemic, homeless individuals already face discrimination when it comes to accessing services and programs due to their appearance. There are communities in the City of Toronto that refuse any installation of any kind of services that would see homeless individuals coming to their neighbourhood. The article by Neves-Silva (2019) showed the discrimination that resulted from the lack of access to water and sanitation which this project deemed necessary for proper hygiene, and is particularly useful because homeless individuals in Toronto experience the same situations. The focus on the discrimination faced by people experiencing homelessness, and how it is related to the lack of access to hygiene resources, gave the students some insight on the experience of homeless individuals. This experience of discrimination affects their well-being and could hinder the possibility and their ability to access the necessary services they need. Fransham's (2018) article identified several factors that affect the mental health, as well as the physical health of homeless individuals. This is a strong article useful for the research as it used relevant statistics in order to demonstrate the seriousness of the issue as well as to support their recommendations. Their ability to seek help is addressed in the article by Paudyal (2019). The author illustrated the thought process of individuals who are living with

and experiencing homelessness. It showed why homeless individuals chose not to seek any external help that could alleviate their health issues.

### **Hygiene Services for the Homeless.**

Now more than ever, access to hygiene facilities are crucial to preventing the spread of COVID-19, especially to shelters all around the City. Perri (2020) wrote an article in the Canadian Medical Association discussing the experience and challenges of homelessness during the COVID-19 pandemic. This article contributed by including some interventions that may help the homeless population, such as access to drop-in facilities, which for this project is useful as shower facilities are being considered as a drop-in resource, which is very useful for research for the project. A great example of a success story can be found in Wallace (2014), who wrote an article about a non-profit located in San Francisco, California. According to this article, there is a great need for the mobile showers that would help people living on the streets, which is ultimately the goal for the pilot project to serve people living on streets of Toronto.

## Project Design

**Recruitment:** The expertise of shelter workers and/or supervisors were valuable for the research and program delivery of the services that the homelessness and hygiene project is intended to fulfill. The partner agency provided a list of qualified participants who are eligible to participate in a focus group. An invitation letter (Appendix A) was sent to qualified participants who are shelter workers in Toronto through the invitation of the partner agency. A consent letter (Appendix B) was sent to the potential participants by the partner agency and submitted to the students prior to the commencement of the focus group.

**Data collection:** The data was collected from a focus group composed of experts on homelessness. The participants signed a consent form and participated in an hour-long focus group. A Student Data Disposal Consent Form (Appendix C) was used to address the confidentiality of the results and how data was handled. The focus group was recorded with participants' consent (without video) for the purpose of gathering all the responses.

**Data Analysis:** Qualitative data analysis method was used for the interpretation of the data collected from the focus group. The purpose of the analysis is to identify shared views and experiences from subject matter experts on the need for hygiene facilities in the City of Toronto and share the information collected that may serve as evidence on the hygiene needs faced by homeless individuals. The data analysis method that was used for this project was coding; the raw data, which was the transcript of the focus group meeting, was coded in order to identify the major and recurring themes within said data. Once the data was analyzed by means of coding, it was used to summarize the key findings in a clear and concise manner.

## **Ethical Considerations**

It was absolutely critical for participants to understand and be kept informed throughout the entire process of the research project.

### Ethical Considerations

- Confidentiality was maintained by having a secure internet connection.
- Signed consent forms from participants were collected prior to conducting the focus group.
- Ensured that any participants understood their right to not participate at any given time, and that they are free to leave at any time
- Protected important documents via websites (e.g. Google Docs, Sheets, or Slides) with passwords.
- Participants did not need to answer all questions, it is their right to skip any question if they feel uncomfortable
- All electronic data were stored on student's personal password protected devices, and disposed of upon the completion of the capstone project, in accordance with Humber policies

- We were required to sign a Student Researcher Ethics Agreement indicating their understanding of the content of this application and agreeing to comply with all ethical requirements herein. The form also specifically outlined confidentiality and privacy requirements. Students were required to return data to faculty for disposal. Prior to proceeding with any data collection, the students' lead faculty approved the thesis final proposal.
- The Centre for Social Innovation sent information about the project along with a consent form to potential participants identified by the agency and asked for voluntary participation. Persons who volunteered to participate received a letter from the Centre for Social Innovation that identified the student researchers, outlined the process for engagement and clearly articulated ethics and the context for engagement (i.e. participation is voluntary, participants can opt out at any time, participant identities were anonymous in reported findings, all information gathered stored securely to ensure individual identities are protected, etc.) Recruitment material included a greeting, and selected information from the Letter of Invitation (see Appendix A) and Informed Consent (see Appendix C) (e.g., purpose of study, any anticipated benefits, any anticipated risks) and contact information (e.g., website, researcher email address), if relevant. Measures were taken to ensure the privacy of participants.
- Focus group participants were required to sign a consent form that requests participants maintain confidentiality as a condition of their participation. Participant confidentiality was protected through the careful storage of information gathered, and kept confidential in password-protected computer devices. Only the students and faculty advisors had access to the data with identifying information, and all identifying information were



removed prior to analysis. Recording of identifying information was avoided wherever possible.

- The focus group was conducted online during the Covid-19 pandemic to ensure safety. Online data collection was done using the Zoom application, using a password secured sign-in and locking the online room when all participants are present. Any communication interface requiring the internet used a private internet account that is password protected. Team research meetings took place virtually on a secure site that requires a private link to access.

Electronic data were kept on a password protected file on students' personal computers.

## **Key Findings**

The data gathered from the focus group showed the following:

1. Showers are a physiological need: Each participant indicated that they believed that the ability to take showers as a homeless person is critical to their physiological needs. Of all the aspects of this project, such as laundry and handwashing, there was a consensus among participants that the most important aspect of this project was the showers.
2. Targeted locations: The participants suggested having a mobile shower in the Church Wellesley neighborhood, Yonge Dundas neighborhood, Moss Park, all of which are in ideal locations that someone who is homeless might go to access the shower facility. South Etobicoke is another area where there is a huge amount of homelessness and a real lack of service availability.
3. Hours of operation coinciding with shower facility: Take into consideration the opening hours of surrounding services so that access to the shower facility can also coincide with the general operating hours of other services in the immediate vicinity; essentially allowing homeless individuals to have a shower and cleanse themselves before going into another business (ex. store, laundromat, government building, etc.) and feel confident that they are clean.
4. Trained Staff: The participants discussed the need to have properly trained staff if the mobile showering facilities were ever to go ahead. Having trained staff on site (ex. trained with mental health issues, and substance abuse, first aid, etc.) will ensure that all of the homeless individuals accessing the shower facility will be safe during their visit.

5. Neighbourhood Awareness: The participants mentioned that educating the residents association would help with the success of the project, especially in the Sherbourne and Dundas neighbourhood where there is a lot of opposition to new projects such as this.
6. Other services: The participants mentioned the possibility of incorporating other programs such as providing meal services (meal kits) so that after a homeless individual has taken a shower, they would also be able to pick up a meal before leaving the shower facility.
7. Social enterprise aspect: All of the participants indicated that incorporating a social enterprise aspect to the hygiene facilities would be extremely beneficial to those using the facilities.

### **Contributions of this Research/Recommendations**

**Contributions:** Contributions for the partner agency is that SMEs were given the opportunity to participate in this project and be heard through the focus group conducted by the students. To know that they are on board with the idea that mobile shower units are beneficial to the partner agency in moving forward with the project, especially during the pandemic when there is urgency to meet the needs of the most vulnerable in the community. In addition, the focus group participants had many other ideas that can be useful together with the mobile shower units that can be incorporated. This aspect could also inform the partner agency on the idea of creating a social enterprise, as it could provide employment, or perhaps even gainful hours for volunteers (such as students) in the community. The idea is to create a community where having mobile shower units are not looked down upon; instead, it will facilitate communities to bridge gaps and work together in efforts to help homeless individuals.

**Recommendations:**

1. Continue consultation with the SMEs for various ideas that would complement the mobile shower project. This would include training staff and proper inventory of required materials and equipment needed to perform duties properly.
2. Consult with social entrepreneurs on the possibility of providing employment or volunteer hours for suitable candidates.
3. Coordinate with the City of Toronto on the location that is a top priority in terms of the need to provide mobile showers and have information sessions to address concerns of the residents in the neighbourhood. This would be a time to convince the residents that this project is beneficial to the community.
4. Construct a trial mobile shower to be located in the identified priority location by the City of Toronto to study the feasibility of the project during the pandemic.

## **Limitations of Research**

- One of the limitations pertaining to our research was that due to the COVID-19 pandemic, the focus group was conducted online instead of in person. This also made data gathering a bit cumbersome because we could not go out and recruit more participants for the focus group and be able to collect the data as we had initially anticipated. Due to the fact that we had less participants in the focus group than we would have liked, the data that we did collect was limited as a result of the limited number of participants. However, it is important to note that the few participants that we did have in our focus group provided us with some very relevant and useful information which can directly benefit the Homelessness and Hygiene project.
- Another limitation of our research is our limited experience with coding data. Although we did learn about coding in our qualitative data analysis course, we had never actually applied it to a real-life project with data that we had collected ourselves. Our lack of experience may have affected the efficiency of our data analysis however the data was coded and analyzed thoroughly to the best that we can.
- Finally, the last significant limitation that affected our research was because the focus group was conducted online via Zoom, the interaction felt less personal which we believe directly affected the type of answers that we received. Had the focus groups been conducted in person, it likely would have been easier for us to ask probing questions and gain greater insight into the participants' responses.

## **Directions for Future Research**

It would be of great interest to find out how the homeless population access this initiative and the direction that it is heading in. Our Partner agency could benefit from future surveys that would include homeless individuals and how the project has changed how they access hygiene facilities. To collect data directly from people experiencing homelessness would have been of great significance to this project and our partner agency because the homeless population of Toronto are the beneficiaries of this research and initiative. To substantially improve this initiative, community involvement would be great so that there is awareness and understanding of the project in each neighbourhood that would house the facility. Furthermore, directions of future research include identifying other appropriate locations where these services would be beneficial in addition to determining the specific times that these services should be made available.

## References

Buechler, C. R., Ukani, A., Elsharawi, R., Gable, J., Petersen, A., Franklin, M., . . . Bryce, R.

(2020). Barriers, beliefs, and practices regarding hygiene and vaccination among the

homeless during a hepatitis A outbreak in Detroit, MI. *6*(3), 1-6. Retrieved from

<https://www.sciencedirect.com/science/article/pii/S2405844020303194#!>

Centre for Social Innovation. (2021). Who we are: Our mission and purpose. Retrieved from

<https://socialinnovation.org/who-we-are/>

Duber, H. C. , Dorn, E. M. , Fockele, C. E. , Sugg, N. K. & Shim, M. M. (2020). Addressing the

Needs of People Living Homeless During the COVID-19 Pandemic. *Journal of Public*

*Health Management and Practice*, *26*(6), 522–524. doi:10.1097/PHH.0000000000001234.

Fransham, M., & Dorling, D. (2018). Homelessness and public health. *BMJ : British Medical*

*Journal (Online)*, *360* doi:<http://dx.doi.org.ezproxy.humber.ca/10.1136/bmj.k214>

Leibler, J. H., Nguyen, D. D., León, C., Gaeta, J. M., & Perez, D. (2017). Personal Hygiene

Practices among Urban Homeless Persons in Boston, MA. *International journal of*

*environmental research and public health*, *14*(8), 928.

<https://doi.org/10.3390/ijerph14080928>

Neves-Silva, P., Martins, G. I., & Heller, L. (2019). Human rights' interdependence and indivisibility: A glance over the human rights to water and sanitation. *BMC International Health and Human Rights*, 19  
doi:<http://dx.doi.org.ezproxy.humber.ca/10.1186/s12914-019-0197-3>

Paudyal, P. V., MacLure Ph.D., K., Forbes-McKay Ph.D., K., McKenzie Ph.D., M., MacLeod DPP, J., Smith MRPharmS, A., & Stewart Ph.D., D. (2019). 'If I die, I die, I don't care about my health': Perspectives on self-care of people experiencing homelessness. *Wiley Online Library*, 28(1), 160-172. Retrieved from <https://onlinelibrary-wiley-com.ezproxy.humber.ca/doi/full/10.1111/hsc.12850>

Perri, M., M.P.H., Dosani, N., M.D., & Hwang, S. W., M.D.M.P.H. (2020). COVID-19 and people experiencing homelessness: Challenges and mitigation strategies: *CMAJ. Canadian Medical Association Journal*, 192(26), E716-E719.  
doi: <http://dx.doi.org.ezproxy.humber.ca/10.1503/cmaj.200834>

Wallace, N. (2014, December 11). Google's gift powers a mobile shower service for homeless people. *The Chronicle of Philanthropy*, 27(04).  
<https://link.gale.com/apps/doc/A396114606/AONE?u=humber&sid=AONE&xid=81f901>



## Appendix

## Appendix A

### Invitation Letter

#### **Invitation letter:**

Dear Sir/Madam,

The Centre for Social Innovations, in partnership with Humber College students from the Faculty of Social and Community Services in Toronto, would like to invite you to participate in a research study about homelessness and the accessibility of hygiene facilities in Toronto. As you are aware, the lockdown has caused closures of public facilities that are utilized by homeless individuals to practice personal hygiene. We want to gather some information on how to better help those who access such facilities and report to our partner who will then work with the City of Toronto for a project designed to provide accessible hygiene facilities. All information collected will be kept with strict confidentiality and will only be used solely for this project.

Please remember that your participation is completely voluntary.

Thank you for your time and we look forward to hearing from you soon.

Sincerely,

Humber College Community Development students

## Appendix B

### Focus Group Consent Form

Dear Participant:

Thank you for considering participation in this Capstone Project being undertaken by Humber College Community Development Degree students in partnership with the Centre for Social Innovation.

Should you have any concerns about this research or require any information please contact one of our research supervisors.

**Research Supervisor:** Humber College, Faculty of Social and Community Services  
Christine McKenzie, PhD., Professor Community Development Degree  
Tel No. (416) 675-6622 Christine.Mckenzie@humber.ca

This project has received approval from Humber's Research Ethics Board. Persons with broader issues related to ethical concerns can contact The Humber Review Ethics Board Chair, Dr. Lydia Boyko at: 416-675-6622 ext. 79322 or by email at: Lydia.Boyko@humber.ca

**Purpose of the Project:** To explore best options for hygiene facilities that will serve homeless individuals who are looking to practice personal hygiene in the city of Toronto.

**Before signing this consent form, please review participation criteria:**

- Ø Participation is completely voluntary.
- Ø You can opt out of the answering questions at any time if you change your mind.
- Ø You are not required to answer all the questions. You can skip questions if you are not comfortable answering them.
- Ø Anything you share will be kept confidential by the student and not linked directly to you.
- Ø Only faculty supervisors, students and agency partner conducting the interview will have access to raw data.
- Ø Your responses will not be specifically identified as yours but overall feedback from the group will be shared.
- Ø All data collected will be securely stored in a password protected electronic file and destroyed at the end of the project (April 2021).

Ø Participation will take approximately thirty minutes of your time.

Ø The benefit of participating is the opportunity to reflect. The harm in participating is you may not agree with the responses of others and could be disappointed with the findings.

I \_\_\_\_\_, consent to participating in the Capstone Project.  
I understand the participation criteria as noted above.

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Appendix C

**STUDENT DATA DISPOSAL CONSENT FORM**

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**Bachelor of Community Development Student Thesis: Data Disposal Consent**

We, *Adele Hinds, Isabelita Shotunde, Owen Valente and Milos Zekanovic* agree to destroy the electronic data stored on my computer and/or separate hard drive when the thesis project, *Homelessness and Hygiene*, has been completed and evaluated by my thesis supervisor *Christine McKenzie*. We have one year from the date of final approval of the project to destroy the data.

We agree to submit all files to Professor *Christine McKenzie* upon completion of the project. We agree to email all data to Professor *Christine McKenzie* who will then take on the risk of storage.

All electronic data collected will be kept in a locked computer file and destroyed after one year.

Our signature below confirms our agreement to the requirements as described in this consent form.

<u>Adele Hinds</u>	<u>Adele Hinds</u>	<u>December 11, 2020</u>
Investigator's Name (printed)	Investigator's Signature	Date
<u>Isabelita Shotunde</u>	<u>Isabelita Shotunde</u>	<u>December 11, 2020</u>
Investigator's Name (printed)	Investigator's Signature	Date
<u>Owen Valente</u>	<u>Owen Valente</u>	<u>December 11, 2020</u>
Investigator's Name (printed)	Investigator's Signature	Date
<u>Milos Zekanovic</u>	<u>Milos Zekanovic</u>	<u>December 11, 2020</u>
Investigator's Name (printed)	Investigator's Signature	Date

## Appendix D

### Survey Questions:

1. What impact do you think having access to showers would have on individuals experiencing homelessness?

2. In your opinion, are there any gaps in the area of study that you would recommend?

What are your ideas/recommendations for locations for mobile showers in the city?

3. What would be ideal to offer to people at the moment they are accessing the showers?  
(haircut, feminine hygiene products, social service workers, etc.)

What type of services do you think would be beneficial along with the hygiene facility?  
(Computer access, meals, referrals, spiritual support, etc.)

4. Do you think having a social enterprise aspect to the project would work anywhere in Toronto?

How do you think people might respond to a social enterprise aspect of the project?

5. In your opinion, what is the best way to make the community aware of the available hygiene services? (Flyers, outreach, poster, partnership, etc.)

6. What, if anything, do you perceive as the major barriers to accessing hygiene facilities by homeless individuals in the City of Toronto?

