

Food security in Toronto's shelters for the homeless: Policy alternatives

Niveen Saleh
Prof. Rod MacRae

November 28th 2014

A Major Paper submitted to the Faculty of Environmental Studies in partial fulfillment of
the requirements for the degree of Master in Environmental Studies, York University
Ontario, Canada

Table of Contents

Abstract

Foreword

Introduction - The Face of Homelessness

Literature Review:

- A. Economic instability and policy changes to the welfare state*
- B. Interrogating food citizenship and responsibility within commoditized food*
- C. Structural and personal de-skilling of food knowledge*
- D. The benefits of nutritious food for homeless persons*
- E. Homelessness Policy and Food access*
 - i. Toronto Shelter Standards: Policy amalgamation of homelessness processes
 - 1. Introduction into Toronto Shelter Standards
 - 2. Food Safety and Nutrition Section
- F. Charitable food responses to hunger in Toronto*
 - i. The levels of food access amongst Toronto homeless populations

Methods

- A. Research tools and methods*
- B. Literature Analysis*
- C. Interviews*
- D. Discourse Analysis*

Results and Discussion

Emerging Themes

- i. *Analysis of the Food Safety and Nutrition Standards*
 - *Canada's food guide: Why a solely consumer food guide doesn't fit*
- ii. *The Role of Food in homelessness policy*
 - *Food access as a right*
- iii. *Food Knowledge and Education*
- iv. *Accountability: Measuring program application*
 - *Assessing food service structure*
- v. *Nutrition and health*
 - *Food as primary health intervention*

Policy Recommendations

Reforms to Toronto Shelter Standards Food Safety and Nutrition section

- A. Policy Statement and Guidelines*
- B. Interagency Relations*
- C. Shelter food operations: Food procurement, infrastructure, review and education*
 - i. *Food purchasing and distribution*
 - *New system of tendering for suppliers*
 - *Aggregating tenders across shelters*
 - *Diversifying supply options*
- D. Food Service Infrastructure*
 - i. *Updating kitchen infrastructures*
 - ii. *Introducing basic resident food preparation spaces*
 - iii. *Investing in food service shelter staff*
- E. Review Process*
 - i. *Agency Review Officers as general Shelter Standards review body*

- ii. *Toronto Public Health Dieticians as Food Safety and Nutrition review body*
- iii. *Service user review system*
- F. *Food Training and education*
 - i. *Training for shelter staff and users and Hostel Services personnel*
- G. *Nutrition and Meal planning*
 - i. *Integrating nutrition, efficiency and seasonality in menu cycles*
 - Integrating seasonality in menu cycles
 - Integrating dietary restrictions and health needs
 - ii. *Translating Canada's food guide into a shelter environment*
- H. *Meal service structure*
 - i. *Food environment and meal times*

Conclusion

Abstract:

The Toronto Shelter Standards were introduced in 2002 as a policy document to aggregate the expectations of social services offered by City funded shelters. The Standards have not been revised in the last 12 years to accommodate the changes in service provisioning at Toronto Shelters. Moreover, the current edition does not provide sufficient details in their Food Safety and Nutrition section to address the delivery of food services and programming at shelters. Numerous Toronto based studies have uncovered hunger and nutritional deficiencies amongst homeless populations. This paper offers recommendations focused on the food and nutrition section of the Standards. Various agency employees at Hostel Services, Toronto Public Health and City-funded shelters were interviewed for insights into current processes, advantages, and concerns. An analysis of current literature and interview data lead to numerous findings. The Food Safety and Nutrition section requires the expansion of their mandatory food training, stronger interagency collaboration, meal and nutrition focused review system, more efficient and locally focused procurement process, and improved meal service structure. The paper offers potential policy amendments and solutions that can address the current hunger and malnutrition that is affecting homeless individuals in Toronto within the shelter system.

Foreword: a foreword that explains the nature and role of the Major Paper in fulfilling the requirements of the MES degree.

The major paper is a culmination of the skills and knowledge gained from field experiences, and courses throughout the past 2 years. The Plan of Study focused on the issue of food procurement alternatives for shelter environments. It was specific, and unexplored at the time. However, upon further research, projects were already underway throughout the City of Toronto that were addressing this challenge. After enrolling in Iain De Jong's Community

Planning and Housing, the Toronto Shelter Standards were introduced as an opportunity for exploration. The paper intersects with numerous and diverse topics. It broadened the application of course work and field experiences gained. It brought together matters of policy reforms, health and nutrition, food security, municipal services, and homelessness. Most importantly it was an opportunity to affect change in a practical way. The Shelter Standards allowed for the application of the initial concept of food procurement, however, it also demonstrated the machinations of the policy and the necessity of addressing all the moving parts to ensure impactful reforms.

Introduction: The Face of Homelessness in Canada

It is estimated that a minimum of 200,000 Canadians utilize homeless emergency services or remain on the streets annually. However, the numbers have the potential to be quite higher when accounting for persons who temporarily reside with friends or relatives (Gaetz, Donaldson, Richter & Gulliver, 2013). In a single night, there are approximately 30,000 Canadians experiencing homelessness (Gaetz, Donaldson, Richter & Gulliver, 2013).

Homelessness is caused by a mixture of interconnected elements that include, structural issues, systemic failures and individual conditions. In the case of women and families, violence and poverty continue to be the key reasons of homelessness. The composition of homelessness in Canada is dominated by single adult males ages 25 to 55 that make up 47.5%. Similarly, numerous sub-populations are arising that require unique, inclusive and personalized solutions. The fastest growing population of homeless individuals are youth who make up 20% (Gaetz, Donaldson, Richter & Gulliver, 2013). Moreover, studies of homeless populations found an overrepresentation of Aboriginal people. The most recent report by The Homelessness Hub by Stephen Gaetz and team outlined the importance of rhetoric, and the need for a homelessness definition that anchors future initiatives. They state:

“Homelessness describes the situation of an individual or family without stable, 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, stressful and distressing.” (Gaetz, Donaldson, Richter & Gulliver ,2013, p.12)

The new definition is inclusive of the diverse causes, and forms of homelessness. It also addresses the stigma and misconceptions homeless individuals experience that they are unable to manage themselves, or that they are lazy. Homeless living is stressful yet many individuals are overburdened with physical illness, mental illness and addiction. The paper will address the landscape of homelessness in the City of Toronto, and the current policy in place to support social services. Moreover, it will tackle the issues of hunger and malnutrition amongst homeless populations and offer policy recommendations to encourage healthier outcomes.

Literature Review:

A. Economic instability and policy changes to the welfare state

Scholars have argued, “neoliberalism is not anything less than the most successful ideology in world history” (Hackworth & Moriah, 2005 p.510). Governments and corporations have re-defined the environments and circumstances of everyday life via neoliberal policies and corporate processes (Keil, 2002). They propose that markets are a superior method to organize economic activity, due to their ability to promote competition, economic effectiveness and choice (Hackworth & Moriah, 2005). This format of governance has eliminated doubts concerning the benefits and authority of markets and launched an ideology that has promoted enterprise, individual responsibility, privatization, free trade, deregulation, liberalization of markets, and lastly the downsizing of governments (Keil, 2002). The advancement of neoliberalism as policy, ideology or governmentality is in part due to the emergence of capitalism as a replacement for Fordist and Taylorist processes (Keil, 2002).

Hackworth and Moriah provide a very direct three-part definition of neoliberalism. Firstly, individuals are the normative core of society and should be free of rules and communal responsibilities. Secondly, the marketplace is the most efficient method to maximize functionality. Lastly, government procedures that obstruct individual self-sufficiency or market affairs will revert to repressive forms of governance (Hackworth & Moriah, 2005). This definition provides an overarching theoretical understanding of neoliberalism and its influence on the state. However, more specific and applicable frameworks have been constructed that focus on the particular ‘urbanness’ of the issue proposed in the paper.

Urban neoliberalism “refers to the contradictory re-regulation of everyday life in the city” (Keil, 2002, p.578). Neoliberal urbanism is based on the reorganization of political economy and power structures in cities. As Fanelli and Paulson assert, neoliberal urbanism refers to the privatization, reformation, or abolition of public commodities and services that benefit all civil society, low-income groups in particular (2007). Moreover, it shifts the price of maintenance of public assets onto the working class (Fanelli & Paulson, 2007). And it leads to the rollback of public programs, and the increased use of public-private partnerships that transfer some of the accountability for urban governance to corporations (Fanelli & Paulson, 2007). As Keil describes, the role of governments have become highly conflicted. On one side, neoliberalism promotes the reduction of state control, while on the other it has unleashed punitive and regulatory policies and rhetoric that exclude and control particular bodies (2002). How the punitive aspect of government’s function and their affects on citizenship, particularly of marginalized groups will be further discussed below. Isin asserts that neoliberalism has permitted states to concede their responsibilities and shift the axis of power from governments to major corporations (Isin, 1998). The alliance between businesses and the state has prioritized

performance, efficiency, and privatization in lieu of accountable public processes. Furthermore, citizens have also been redefined “as clients and autonomous market participants who are responsible for their own success, health, and well being” (Keil, 2002, p.582).

The private sector has become an exemplary model for the public sector. It has idealized market tenets and moved away from state-supplied social services to market-led services that entail user fees, the reduction of taxation, and shifted taxes from corporations to clients and from property owners to the users of city services (Fanelli & Paulson, 2007). Austerity has characterized federal, provincial, and municipal governments in Canada since the mid-1980s (Keil, 2002). Provincial governments have been leading neoliberal restructuring throughout the country; it has been adopted by the main political parties (Keil, 2002).

Due to Canada’s constitution, provinces have the authority to rearrange, construct, eliminate or adjust the limits, functions, and organization of municipal governments (Keil, 2002). The federal and provincial governments have an assortment of fairly elastic revenue sources such as income, sales, corporate and import taxes (Fanelli & Paulson, 2007). The main source of funding for municipalities is property tax (Fanelli & Paulson, 2007). Cities must utilize these funds to provide public utilities, public works, parks and recreational facilities, waste management, public transit and more.

The Progressive Conservatives, under the leadership of Michael Harris, a prominent figure in neoliberal restructuring, won the Ontario provincial election in 1995. Their election platform ‘the Common-Sense Revolution’ (CSR), “was a textbook case of a neoliberal policy strategy and project” (Keil, 2002, p.588) The Harris government implemented three major changes to the City of Toronto. First, the province amalgamated seven local governments in Toronto into one municipality (Keil, 2002). Second, the Harris government ordered the

downloading of social housing and transit to the city and imposed serious budgetary restraints on the municipality (Keil, 2002). Third, the province continued to reduce, rather than increase, the ability of the city to expand its financial base through taxes or other sources (Keil, 2002).

By reducing provincial transfer payments, and overhauling the property tax system, many provinces, including Ontario, have introduced changes to their Municipal Acts to reflect the new market based perspective of government services (Whelan & Vengroff, 2001). In Ontario, the new Municipal Government Act was proposed under the guise of increased autonomy and flexibility for Toronto and a decrease in regulatory burden (Whelan & Vengroff, 2001). In such situations, the tradeoff for added independence is invariably reduced funds to work with, while, federal transfers are coupled with even greater responsibilities (Whelan & Vengroff, 2001). The drive to ‘financialize’ government decisions has eroded the authority and capability of municipalities. In the case of Toronto, the amalgamation became an opportunity to recreate the city’s administration consistent with the latest corporate philosophies. This move towards neoliberalism “meant centralizing financial controls, benchmarking departmental operations to private-sector ‘competitors’, extending or introducing market pricing for services, and both intensifying and flexibilizing public sector work” (Kipfer & Keil, 2002, p.236)

Three years after the election of the Harris government, Progressive Conservative mayor Mel Lastman was elected (Keil, 2002). He represented a similar form of neoliberalism to that propagated at the provincial scale. Lastman’s rhetoric centered on defending taxpayers and homeowners in Toronto as alleged victims of provincial downloading, while simultaneously condemning low-income citizens and their advocates, making racist comments, and imposing a stringent policing agenda (Keil, 2002). The urban neoliberal development in Toronto is best described by Keil as “a mix of half-hearted market reforms...and frontal attacks on the poor”

(2002, p.588) The provincial policies proposed directly targeted low-income groups and included welfare and benefit cuts and the complete elimination of all public housing programs (Keil, 2002). The neoliberal restructuring of Toronto under mayor Lastman was a push towards lean government and crackdowns on marginal populations (Keil, 2002).

In the recent years, four specific social policy reforms, influenced by this neoliberal trajectory, led to increased homelessness. First, there is a shortage of affordable or social housing. From the 1960s to the early 1990s, social housing was constructed annually with assistance from government funds, particularly the federal government. However, in 1993, the federal government removed its funding and as discussed above, the provincial government soon followed. Consequently, throughout the 1990s, only a small number of units were built. Second, there were cuts to social assistance. The federal government made major cuts in social program funding to provinces. In the case of Ontario, currently welfare benefits are approximately half their rate in 1995 and disability benefits are 22% lower. A report on the health of Toronto's homeless has estimated that the 21.6% cut to Ontario welfare benefits forced 67,000 families out of their rental housing (Street Health Report, 2007). Third, with the reduction of rent controls, since 1998 the City of Toronto has lost 85% of its stock of one-bedroom apartments that rent at \$700 or less a month. Most importantly, rents are increasing at rates much higher than incomes. Since the late 1990s, rents have grown an average of 5% more than salaries (Street Health Report, 2007). One report observes that average rents in Toronto increased by 30% between 1997 and 2002 alone, from \$715 to \$976 (Street Health Report, 2007). In comparison, real salaries if adjusted for inflation decreased for those earning minimum wage. Last, decreased tenant protections were facilitated through changes to numerous new laws in the 1990s that minimized tenant protection and made tenants vulnerable to evictions (Street Health Report,

2007). The Ontario Rental Housing Tribunal was notified of over 30,000 eviction requests by landlords to conclude tenancies in 2005; of these 86% were due to outstanding rent (Street Health Report, 2007). Housing challenges, income and wage issues, and tenancy policies are only a few reasons for the current state of homelessness that many Torontonians experience. Numerous policies have been put forth to address the unique challenges of homeless individuals, however, they continue to discount food as a key determinant in how homelessness is experienced.

B. Interrogating food citizenship and responsibility within commoditized food

Homeless shelters are de-politicized food environments as they are perceived to feed persons who either do not have the right to participate - as they are 'half-citizens' due to the lack of monetary contribution to the current economy- or deemed incapable of becoming active food citizens due to stigmas of mental health, laziness, and general malaise. Homeless persons may not supply the economy in the traditional neoliberal format; nevertheless they have the power to vote and shape political and policy decisions. Homeless populations occupy a contentious space that opposes the dominant definition of 'citizen' in the current neoliberal state. According to Loic Wacquant, neoliberal policies have created a pattern of penalization of poverty, devised to manage lower-income and marginalized groups (Wacquant, 2001). The author's analysis focuses on the role of the penal system of the state and the increased incarceration and criminalization of poverty and low-income groups (Wacquant, 2001). However, his work can be utilized in its broader form to highlight the structural shift in the role of government and the associated de-politicization of marginalized groups, such as homeless persons. He asserts that neoliberalism has redefined the parameters of state action (Wacquant, 2001). The welfare state of the past managed the potential damaging effects of the market to guarantee collective wellbeing, and to

minimize inequities (Wacquant, 2001). Today, it is replaced by a governmental system that encourages competition and praises individual responsibility thus allocating to itself a varied form of law and order (Wacquant, 2001). To aid the liberal marketplace, the penal framework of the state provides an added outcome. It generates and maintains a regular pool of low-wage labor (Wacquant, 2001). Wacquant highlights the convenience of the penal apparatus as it disciplines lower-income and marginalized groups that oppose precarious employment and lack of social security, how it defuses and contains its most disorderly segments, and reasserts the authority of the state as a neoliberal upholder of law and order (2001). Governmental institutional machinations for managing poverty are in place in a period of employment insecurity and reduced social services (Wacquant, 2001). These governmental institutions are guided by the neoliberal need to turn a blind eye to the deskilled and deregulated labour force on one side, and hold a tight fist over lower-income groups on the other to promote acceptance of their conditions (Wacquant, 2001). Furthermore, it deviants their individual political action and collective powers thus labeling particular bodies as worthy of citizenship and participation and others as unworthy. When marginalized groups fight back against the neoliberal system, the penal apparatus of the state discredits their actions as anomalous and unlawful, further isolating them from the disciplined worthy citizen. Thus hindering the advocacy and participation of non-compliant citizens.

Wacquant describes neoliberal characteristics in societies to include, “economic deregulation...an expansive, intrusive, and proactive penal apparatus; and the cultural trope of individual responsibility” (Wacquant, 2001, p.405). Utilizing Wacquant’s definition, Woolford and Nelund further analyze the influence of these cultural tropes to include, “active engagement with the world of work, prudent risk management, autonomy from social support, and

entrepreneurial acumen” (2013, p.293). Their analysis is crucial to the discourse on poverty, worth and the continuously shifting definition of citizenship, particularly for marginalized bodies in today’s neoliberal society. The analysis aims to contribute to Loic Wacquant’s work on the punishment of the poor by examining the adoption of neoliberal bureaucratic characteristics by marginalized persons to ‘perform’ the roles necessary of citizen, thus deeming themselves worthy of social services (Woolford & Nelund, 2013). As referenced above, the neoliberal era of increased flexibility, continued state cutbacks, and deregulation is also represented by the intensification of punitive and disciplinary actions of the state. In response to the new role of governments Woolford and Nelund uncovered the internalization of neoliberal characteristics within social service providers and recipients (2013). The article examines social service agencies in Winnipeg, Manitoba and the affects of neoliberalism on their processes (Woolford & Nelund, 2013). Politicians and bureaucrats have pressured social service agencies in Winnipeg to incorporate neoliberal business characteristics that promote accountability and responsibility models of services (Woolford & Nelund, 2013). The authors argue that the pressure is both explicit and implicit. For example, various funding agreements require these agencies to produce quantifiable evidence and outcomes that are laced with the rhetoric of security, responsibility, and accountability (Woolford & Nelund, 2013). Social service providers have realized the importance and appeal of this rhetoric with government representatives from whom they are requesting funding (Woolford & Nelund, 2013). Due to these restrictions, social service agencies are becoming increasingly aware of how clients must appear, and the types of criteria they must fit to appease the program requirements and provide measureable change (Woolford & Nelund, 2013). Program users must appear responsible and able to care for themselves. These characteristics imposed on service users are prescribed by neoliberal policies to fit the role of the

ideal citizen. Woolford and Nelund (2013) provide a list of the five characteristics that fits the neoliberal concept of the obligation-based citizen, where one must regularly demonstrate they are worthy and deserving of care. First, the neoliberal citizen is a regular participant in today's formal economy. However, this requirement has shifted amongst service users and marginalized groups to include work within informal economies. Second, the neoliberal citizen is sensible and prudent, and is able to minimize personal risks. In the case of service users, there is an expectation that they can navigate these dangers and keep them at bay, particularly in an urban setting. Third, the neoliberal citizen is responsible. Service users are encouraged to identify ways to meet their own needs as opposed to relying on the state's social services for assistance. Fourth, the neoliberal citizen is autonomous. This is linked to responsibility as it promotes the ability of the responsible individual to attain independence from the state and is empowered to take charge of his or her own life. These expectations are dichotomous as they place service users in the position of requiring assistance for their daily survival yet they must appear as capable of caring for themselves. Fifth, the neoliberal citizen is entrepreneurial. They are able to employ innovative methods to ensure self-sufficiency; in the case of marginalized groups their innovation is their ability to engage with the informal economy to create 'opportunities' for themselves. If social service agencies are more inclined to shape their duties with their clients through a lens of accountability and responsibility, thus leading service users to utilize the same scripts to represent their needs for services, it will transform their interactions. Service users will co-opt the characteristics promoted by the agencies to fit a neoliberal citizen mold and employ socially prescribed performances to obtain care consequently creating a barrier between marginalized persons in need of services and service providers. The relationship becomes based on neoliberal construction of who is worthy of care and who is not, as opposed to a tailored

understanding and application of services. Woolford and Nedlund conclude that “The practical implications of this development are that social service interactions become characterized by the series of masks worn by the various performers rather than the hard work of getting to know one another, building trust, and forming helping relationships” (2013, p. 313) As Wacquant (2001) states, neoliberal rhetoric is imposed from the top – down. Its affects have redefined the role of service agencies and the type of service user needed to meet their requirements. The provisioning of services is more focused on meeting government and neoliberal needs as opposed to the service user. Neoliberal citizenship characteristics are not only dictating who is worthy of support, but it is also deteriorating the delivery of basic human rights.

In 1948 the right to food was recognized as a basic human right (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007). Many OECD nations, including Canada, have signed numerous national and international agreements advocating the right to food. Canada is perceived by many nations as a welfare state that upholds and respects basic human rights. In fact, it has become an important facet of its identity and shapes the governmental policies and programs both domestically and abroad. When Canada signed these agreements, it promised to employ a rights based framework and committed to fulfilling the requirements necessary to ensure their implementation (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007).

However, health and nutrition continue as a secondary issue in the overall scheme of current social service programming (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007). When Canada’s social safety net was developed, it was framed by Keynesian economic plans that promoted permanent employment, universal social programs, and economic growth. The 1960’s witnessed the beginnings of the welfare state. In 1966 the Canada Assistance Plan (CAP) was introduced thus reinforcing the social safety net. CAP provided a cost-sharing system linking the

federal and provincial governments. CAP did not impose a right to benefits, however it outlined that food, clothing, and shelter as basic human rights. This clear definition held the provincial government responsible for providing adequate benefits to permit citizens to meet these basic needs. Thirty years later, and in the midst of major restructuring, CAP was repealed and replaced by the Canada Health and Social Transfer (CHST). The CHST was based on a block funding formula that allowed the provincial government to assign their portion of the health, education and social program funding as per their considerations (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007). Furthermore, it cut transfer payments and removed its recognition of food as a basic need (Rideout, Riches, Ostry, Buckingham, & MacRae, 2007). Moreover, in 1995 Agriculture and Agri-Food Canada abolished its national nutritious food basket costing due to fiscal restraints (Riches, 1999). Doing so, it removed a major measuring tool for national nutritional adequacy and for evaluating the sufficiency of allowances given through welfare benefits. (Riches, 1999) These program changes have affected the conditions of marginalized groups and increased rates of hunger and food insecurity. The minimizing of food and nutrition at higher levels of government has been reflected at a municipal level. Local governments continue to identify food issues as personal and individual matters. This is more specifically reflected in current policies including the Toronto Shelter Standards. A shift is required in the framing of social service mandates, particularly for services that involve food operations and programming to clearly identify their importance in addressing hunger and nutrition.

C. Structural and personal de-skilling of food knowledge

Neoliberal and capitalist frameworks work hand in hand in propagating a false democracy where consumers vote with their dollars to choose the type of products they want, in the food system format they support (Jaffe & Gertler, 2006). The construction of the consumer in

the neoliberal framework relies on the dependence of the citizen on employment and the market. It ensures that they are active laborers who can provide their basic needs, yet simultaneously they are over-worked and under-educated and must rely on 'alternative', quick, market solutions to meet these needs (Jaffe & Gertler, 2006). Ulrich Heisig, whose article compares and contrasts the upskilling and deskilling debate, examines the proliferation of these concepts (2009). The concept of deskilled work begins with the idea of a skilled craftsperson, in contrast to upskilling, which stems from the uneducated and unskilled rural person as the launching point in skill acquisition and development under capitalist production (Heisig, 2009). Frederick Taylor created time and motion studies to observe employee working behaviors and developed the optimal method to manage their work (Heisig, 2009). He identified three major findings: firstly, the dissociation of the labour process from the skills of the workers; secondly, the separation of the conception process from the execution; and lastly, the concentration of expertise at the management level (Heisig, 2009). Taylorism is based on the process of separating manual labor from mental work by concentrating all information in higher-level departments such as planning and engineering (Heisig, 2009). As a result, the knowledge base became managed through scientific processes that minimized upward mobility of skilled laborers (Heisig, 2009). With globalization of production the handicraft production of goods was no longer efficient in meeting local and international needs (Heisig, 2009). In 1974, Harry Braverman highlighted the concept of deskilling and the challenges of knowledge loss in the workplace and beyond (Jaffe & Gertler, 2006). He asserts that deskilling minimizes the capabilities of employees in understanding the entirety of the process of production (Jaffe & Gertler, 2006). Power hierarchies are created as the process of production is divided amongst the various employees and concentrated at the

management level. This division of labor aims to exert control over employees and acquire increased profits (Jaffe & Gertler, 2006).

Critics of Taylorism have stated that under the current capitalist system of production, deskilling has weakened the role of employees (Heisig, 2009). There were three main issues. First, eliminating the need for skilled labor by simplifying their tasks allows for workers to be interchangeable by cheaper laborer or machines (Heisig, 2009). Secondly by making the role of the job easier (Heisig, 2009). Thirdly, by detracting from the skills necessary for the job to minimize wage costs (Heisig, 2009). The major emphasis in this process is on quantification, whether its costs or production numbers (Heisig, 2009). This focus replaces the ability of human judgment and knowledge with rules and regulations (Jaffe & Gertler, 2006). Predictability becomes an important facet of this type of employment that trains its employers to perform very specific tasks in a repetitive way and production is focused on quantity as opposed to quality (Heisig, 2009). This process is best described by George Ritzer who introduced the term McDonaldization; a form of employee and work management that has developed in the fast-food industry by fast food chain, McDonalds (Heisig, 2009). McDonaldization much like Taylorization is mainly utilized as a means of deskilling and control.

Food service employees in shelter environments are experiencing the manifestations of Taylorist de-skilling, particularly in large-scale shelters. Shelter cooking staff are provided with simplistic options such as canned or frozen foods that require minimum preparation and skills, or catered meals that only need heating. Staff are under utilized, under developed and under valued. A study on community food procurement in Toronto found that kitchen staff are the least paid within their agencies (Miller, 2013a). The investment in shelter food staff is minimal, and training is basic at best. Their skills and knowledge are not challenged or developed. Many

kitchen staff and cooks are not involved in the broader tasks such as menu planning, and food procurement. Shelter residents require diverse, and nutritious meals that accommodate their various health conditions and dietary restrictions. Accordingly, it is necessary for kitchen staff to be proficient in managing the needs of the shelter residents from menu planning to supply relations to food programming. The deskilling process has managed to extend its new work management processes onto the consumer and their eating habits. Taylorism has expanded beyond the walls of the factory into the privacy of one's home. Shelter residents that transition into housing continue to experience hunger. Only 20% of shelters provide food skill training alongside their food operations (Miller, 2013a). Without food training, transitioning residents will remain reliant on the charitable meal programs to manage their food and nutrition needs.

d. The benefits of nutritious food for homeless persons

Since 1992, the number of persons utilizing homeless shelters overnight has more than tripled in Toronto (Street Health Report, 2009). According to the Ottawa Charter for Health Promotion, shelter is one of the basic prerequisites of health (Daiski, 2006). Housing deficiency leads to and exacerbates illness including mental health, addiction and various physical disorders. Studies have shown that over 50% of persons living on the street have one or more major chronic health issue (Street Health Report, 2009). In fact, numerous studies have demonstrated that homeless persons suffer from high rates of injuries, assaults and mortality (Hoch, Dewa, Hwang, & Goering, 2008). Despite the availability of universal health insurance in Canada, homeless persons continue to experience barriers in accessing healthcare and social service programs to meet their high level needs (Whelan, Chambers, Chan, Thomas, Ramos, & Hwang, 2010). Evidently, when homeless persons request assistance they are typically more ill, their rates of hospitalization are higher, they require further intensive treatment and their

mortality rates are greater in comparison to housed persons (Daiski, 2006). Isolde Daiski (2006) conducted a study on the perspectives of homeless people on their health in Toronto. She identified that the majority of health problems suffered by homeless individuals were chronic. These conditions are further reinforced by poverty. Daiski identified additional health conditions homeless persons suffer from; these include seizure disorders, chronic respiratory diseases and musculo- skeletal problems, as well as dental problems (2006). The conditions of homelessness only further the vulnerabilities of homeless persons to disease, for example homeless persons have reported increased cases of tuberculosis due to overcrowded shelters. Furthermore, persons might have been uninformed of some health conditions, as few maintained regular medical check-ups that lead to neglect and worsening health . These consisted of arthritis, breathing problems and cardio-vascular diseases. The most concerning evidence from the study was that conditions commonly linked with advanced age appeared in young people decades earlier than anticipated (Daiski, 2006). Living conditions on the street are taking a toll, thus it is imperative to find ways to meet the health needs of homeless persons more effectively. A study in the United States found that homeless persons experiencing food insufficiency might give lower priority to health care than the fulfillment of basic needs (Baggett, O'Connell, Singer, & Rigotti, 2010). This finding is problematic on multiple levels: first, it demonstrates the internalization of misconceptions that food is not a need; second, better food access and skill can lead to better food choices, hence improved health conditions. As homeless persons face chronic medical conditions, disease management becomes critical, particularly in the case of nutrition and diet related diseases. Homeless people suffer from a variety of health illnesses, with a large percentage suffering from heart disease, obesity and diabetes. The most basic method to aid in the prevention and control of these conditions is through a nourishing diet.

Street Health is a non-profit community based agency that improves the health of homeless and under-housed people in Toronto (Street Health). In 2007, the organization published the Street Health Report, which examines the health conditions of Toronto's homeless population (The Street Health Report, 2009). The majority of homeless persons in Toronto regularly utilize meal programs at a shelter, drop-in, or other organizations as their source of food (The Street Health Report, 2009). Consequently, the most inclusive and accessible form of intervention for these conditions is via food service. To comprehend the scale of intervention necessary, it is important to outline the current diet-related health conditions of homeless persons in Toronto.

Obesity is linked to numerous health issues; many of them lead to higher rates of morbidity, and mortality. It also leads to or complicates further disorders such as type II diabetes, cardiovascular disease, pulmonary disorders, and cancer (Tsai & Rosenheck, 2013). Therefore, identifying and intervening with persons who are overweight or obese is critical for primary and secondary prevention (Tsai & Rosenheck, 2013). Overall, there has been little study of obesity among homeless adults and in Canada particularly, with most studies based in the United States. Although conditions are somewhat different, these studies are relevant to the Canadian scene.

There is an assumption that homeless persons are underweight due to lack of stable residence, and healthy, affordable meals (Tsai & Rosenheck, 2013). However, a US study suggests that obesity is highly prevalent in adult homeless persons. The study demonstrated that obesity prevalence exceeds 30%, with a mean BMI level in the overweight category (Koh, Hoy, O'Connell, & Montgomery, 2012). The study also shows that homeless women had higher probability of being obese than non-homeless women, with a prevalence rate of over 50 % in certain ethnicity groups. Most importantly, the prevalence of underweight in this population is

only at 1.6% (Koh, Hoy, O'Connell, & Montgomery, 2012). A similar study on obesity amongst US homeless populations found that 52% utilize meal programming. But only 17% of soup kitchens, food pantries, and shelters studied are working with a nutritionist or dietician (Tsai & Rosenheck, 2013). When the nutritional value of food served was examined, it was found to be low in vitamins and to exceed fat, energy, and protein content recommendations (Tsai & Rosenheck, 2013). That a high percentage of homeless persons use meal programming, yet continue to suffer from weight gain and obesity signifies the detrimental nutritional quality of food served in these programs.

Hwang and Bugeja (2000) surveyed homeless persons with Type 2 diabetes in shelters in Toronto to identify the obstacles to appropriate disease management. Diabetes management relies on several interventions including, “regular medical care, patient education, drug therapy, dietary modification and self-monitoring of blood glucose levels” (Hwang & Bugeja, 2000, p.161). The study demonstrates that in general 72% of the participants report encountering difficulties managing their diabetes. Furthermore, 64% of the group reports challenges and concerns with the diet available at shelters. The study outlines the most common issues, in particular, “excessive amounts of starch and sugars (cited by 14%), relatively few fruits and vegetables (cited by 12%) and large amounts of fat (cited by 8%)” (Hwang & Bugeja, 2000, p.163). Additionally, participants stated that meals at shelters were not adequate for persons with diabetes. Sixteen percent of participants identified a lack of choice in diets; they expressed their alternatives to include eating the food provided, despite its ill suitability for people with diabetes, or skipping the majority of their food (Hwang & Bugeja, 2000). Another important factor for diabetes management is consistency in diet, and the importance of meal planning, from the type of food to the time of consumption, to ensure the appropriate scheduling of medication. The

study focuses on persons in shelters; however, it is safe to deduce that homeless persons who do not have access to some of the medical services available at particular shelters have more challenges in managing their diabetes. From this particular study, it is evident that accessing food is not the primary issue. The main challenge is accessing food that is healthy, nutritious and compatible with the dietary needs of diabetics.

The Street Health study also found that after poverty, the second leading cause for homelessness, cited by 33% of respondents, was mental and health conditions. Therefore, health challenges are a major pathway to homelessness and it is imperative to ensure that serious health disorders are not compounded by new conditions that embed homeless persons further into homelessness. Street Health surveyed respondents on their diets, particularly in relation to their health needs. They found that 33% of the homeless persons in the study had special dietary needs yet 53 % were able to follow it less than once a week (The Street Health Report, 2009).

The government provides various minor supplemental programs for health and nutrition, including the Ontario Disability Support Program, the Personal Needs Allowance and the Special Diet Supplement for persons receiving social assistance. The supplement provides additional income of up to \$250 if there is evidence of a medical condition that requires a special diet (The Street Health Report, 2009). The study found that 70% of respondent required to follow a special diet did not receive the Special Diet Supplement. The most common cause cited at 55% was not applying, and the reasons provided included a lack of knowledge of the program or how to apply, or difficulties navigating the application process. The second reason is the shift in criteria that led to revocation of their Special Diet Supplement. Half of the respondents who receive the Special Diet Supplement stated that the amount they receive has been reduced in the last year by an average of \$147. In 2006, recent regulations by the provincial government made admittance to

the Special Diet Supplement more challenging, and reduced the sums they obtain. Moreover, anyone who was receiving the supplement was required to re-submit an application following the new restrictive eligibility instructions. The new eligibility is connected directly to explicit medical conditions, and the illness level of the individual. For example, if a person is diabetic, they are eligible to receive an additional \$42 in comparison to a person with HIV/AIDS who receives a range of \$75-\$240, contingent on the amount of weight lost (The Street Health Report, 2009). This new regulation is complex. Not only is it limiting homeless persons from accessing aid to support their diet related health needs, but it also rewards the degradation of health as opposed to the promotion of continuous healthy eating habits.

The Ontario Disability Support Program helps people with disabilities that require financial aid pay for living costs for food and housing. Even though three quarters of the Street Health respondents suffer from at least one chronic physical condition, only 22% of those with serious health issues are getting ODSP or a federal disability benefits. However, 38 % of survey respondents believed that they are eligible for ODSP, but were not receiving it, for a variety of reasons including: 50% had not applied, 19% were rejected, 17% could not finish the application, and 12% had applications still under review (The Street Health Report, 2009). Street Health examined the challenges of accessing ODSP faced by homeless persons. The study discovered that homeless persons with disabilities have trouble traversing the ODSP application due to its complexity. Most importantly, particular disabilities such as mental illness, developmental and learning disabilities, only further complicate accessing the system (The Street Health Report, 2009). To ensure inclusive access to these programs, governments must minimize the complexity of the application process, particularly for homeless populations that may not have information such as a home address, or particular government identification.

Introduction to Toronto Shelter Standards

The City of Toronto's Shelter Standards were published in 2002 (Shelter, Housing & Support, 2009). The City developed these guidelines to provide shelter operators and users with the expectations for the delivery of shelter services. The report requires that all emergency and transitional shelters, financed or directly operated by the City of Toronto, comply with Shelter Standards. The standards cover numerous concerns including, organizational standards, program standards and health and safety standards. However, the paper will focus on the food safety and nutrition standards outlined in the document. The shelter standards aim to reflect the contributions of shelter operators and residents, community members, the municipalities and various stakeholders (Shelter, Housing & Support, 2009). They were developed via a multi-layered process that included consultations, focus groups, interviews, and reviews of best practices.

Emergency shelters are funded through the Ontario Works Act and costs are shared between the province and the municipality. The Ontario Works Act describes "the provision of emergency hostel services as a discretionary service" (Shelter, Housing & Support, 2002, p.4). The municipality provides shelter assistance through purchase-of-service agreements with community agencies, or by directly operating emergency shelter facilities. The Toronto City Council approves funding for shelters through their annual operating budget process. The City's Hostel Services operate within the division of Shelter, Housing and Support, and report to the City Council through the Community Services Committee. The City of Toronto's Hostel Services aims to fulfill the role of the municipality by managing city shelters, administering a fully and partially city-funded shelter systems, provide shelter assistance to homeless

populations, and lastly ensuring that they meet the Shelter Standards and their contractual obligations (Shelter, Housing & Support, 2009). First time contractual shelters must exhibit their capacity to meet the Shelter Standards or have produced a comprehensive plan to ensure that the Standards are met within the first 6 months of funding. Hostel Services' Agency Review Officers are personnel who are responsible for administering the shelter purchase agreements and ensuring their adherence with the Shelter Standards. Furthermore, Agency Review Officers perform site visits throughout the year on an as-needed basis, and the findings of the visits are discussed with the shelter operators. They are also required to visit shelters to conduct random checks to monitor the shelter in action and to ensure that program is operating in agreement with the conditions of funding. The Officers have the option of meeting with agency staff, board and committee members, volunteers and shelter users. These review measures are in place to ensure that the Standards are being met. Conversely, shelters are obligated to include shelter user and resident input. Shelters must hold meetings monthly to receive resident opinions and feedback on shelter operations, programs and policies. A printed record of meetings must be reserved and placed in an area accessible for shelter users to review (Shelter, Housing & Support, 2009).

Further measures are in place to support the implementation and operation of the Shelter Standards. The document requires mandatory training for shelter staff. Due to the focus of this paper, only the Mandatory Training for Staff Supervising or Directly Involved with Food Preparation is provided in the table below.

Table 1: Toronto Shelter Standards Mandatory Training

Type of Training	Timeline
Canada's Guideline for Health Eating	Within 10 days of employment
Food Safety Guidelines for Shelters	Within 10 days of employment
Food Premises Regulations	Within 10 days of employment
Food Handlers Certification Course	Within first 3 months of employment
Nutrition through the Life Cycle	Within first 6 months of employment
Nutrition for Persons with Diverse Dietary	Within first 6 months of employment

The training listed above is aimed at shelter staff and volunteers. Most training is free or a nominal fee. These training sessions are a collaboration between two City of Toronto Divisions, Toronto Public Health and Shelter, Support and Housing (Interview with who? Name generically if confidential). Furthermore, the training is held through the Toronto Hostels Training Centre, which offers hands-on, financially manageable training curriculum for hostel/shelter staff, managers, volunteers, students in job placements and agency board members (Website give details). The centre emerged as a partnership between the City of Toronto Hostels Services Division and the Ontario Association of Hostels (OAH) – Toronto Chapter (Website). The Toronto Hostels Training Centre is currently providing two food and nutrition focused training workshops that emphasize the requirements of the Food Safety and Nutrition section of the Shelter Standards. The first is a half-day training session designed for shelter staff who are directly involved in food handling (Training Calendar). The course is titled, *Nutrition Standards in Shelters and Hostels*. The session centres on the two major requirements by the standards, *Nutrition through the life cycle*, and *Nutrition for persons with diverse dietary needs* (Training Calendar). The foundation of the session is Canada’s Food Guide and the aim is for participants to learn innovative ways to utilize healthy eating and nutrition strategies within their shelters (Training Calendar). For further details on the learning objectives of this session refer to Appendix A. The second training session available is *Nutrition Standards in Shelters and Hostels – Menu planning* (Training Calendar). The workshop is planned for shelter staff who are directly involved in menu development. The aim is to plan menus based on the Nutrition Standards and Canada’s Food Guide while acknowledging the needs of homeless populations (Training Calendar). This particular session focuses on incorporating religious and culturally diverse food

components into meals, reading nutrition labels, and working with donated foods (Training Calendar). These workshops are in place to provide a foundation that allows them to later apply in their various shelter food environments.

Food Safety and Nutrition Section

The Food Safety and Nutrition section of the Shelter Standards focuses on meeting food needs and outlining the guidelines for shelters to apply. The report catalogs the meal requirements for Adults, children under the age of 16, and pregnant women. It also structures a meal as containing “food from at least three food groups” and “a snack is comprised of at least two food groups, with an emphasis on fruit and vegetable and grain products” (Shelter, Housing & Support , 2002, p.22). The section expresses the importance of meals following the amount, quality, diversity and nutrients to meet the recommended daily intake based on Canada’s Food Guide. It also asserts that shelters must provide supplementary food portions and/or a high protein or high calorie drink/bar for pregnant or nursing women (Shelter, Housing & Support , 2009). Though shelters do not provide nutritionists, some employ physicians or nurses. The report cautions that shelter users who are ‘known’ to be undernourished or underweight must be medically evaluated, and offered extra food portions and/or a high protein or a high calorie drink/bar above their meals. The standards outline that shelters must provide baby formula, relevant preparation equipment and safe storage space for non-breastfeeding women. Also, for shelters that do not provide funding for baby food, it should be made available to families with infants. In shelters where funding for food is available, an emergency supply of baby food must be provided. In the case of shelter users who are vegetarian, alternative protein-based non-meat options must be available. Particular shelters do not prepare meals, thus they must provide their residents with funds to purchase food, and adequate facilities to safely store, prepare and have

their meals. Shelters that include residents in meal preparation must ensure the utmost level of sanitation in the food prep and storage zones. This includes posting hand-washing signs, and the cleaning of refrigerators on a regular basis. The standards require that shelters put up a daily menu for residents, and establishing a process that facilitated feedback by shelter residents via meetings or surveys. Lastly, shelters are obligated to post a visible disclaimer stating that they cannot guarantee allergy free food environments. The document also recommends culturally diverse meals, and endeavors to celebrate holidays and occasions with special meals (Shelter, Housing & Support , 2009). Overall, the Food Safety and Nutrition section of the standards relies heavily on Canada’s Food Guide to provide nutritional information for shelter operators, and on shelter operators to manage their respective food services without assistance or guidance from the City.

f. Charitable food responses to hunger in Toronto

a. The levels of food access amongst Toronto homeless populations

Canada is the 5th largest exporter and 6th largest importer of food goods in the world (MacRae, Lecture). The Canadian food supply is plentiful, however, access to that food fluctuates amongst various populations. How food is “produced, transported, distributed (to markets or through charitable organizations), procured from the land or markets, and purchased from food service locations in communities, worksites and schools vary significantly in a country as geographically and culturally diverse as Canada” (Raine, 2005, p.10). This large-scale commodification of food has modified the eating habits of Canadians. Food is no longer a basic necessity that is equitably available, but a product that is controlled by the market economy (Raine, 2005). Consumers today rely on supermarkets, and restaurants for their food provisioning. In an urban setting such as Toronto, the majority of large and affordable supermarkets are located near major arteries, business centers and require transportation access.

In contrast, fast food restaurants, convenience stores and liquor stores, offering less healthy options are highly visible and accessible in lower-income neighbourhoods (Raine, 2005). The inequitable distribution of food outlets also affects homeless populations. Many homeless individuals are incapable of accessing charitable meal programs and rely on alternative methods to procure food. These methods include panhandling, and dumpster diving. If homeless individuals are in areas where fresh and wholesome food is not an option, then they are more likely to access unhealthy meals that are detrimental to their overall wellbeing.

There are various types of charitable food programs aimed at homeless persons. These include soup kitchens, shelters, community health centres, multi-service agencies, mobile food programs and religious meal services. The Toronto Shelter Standards though are focused on shelters. These various programs utilize them as a general manual to guide charitable food services. Data that target Toronto shelters and their users exclusively are unavailable, however there is information on charitable meal responses in Toronto, and the role they play in alleviating hunger. Furthermore, data by various researchers has demonstrated that homeless populations in Toronto do not exclusively rely on shelters for their meals. In fact, many supplement their food and nutrition needs using the various charitable meal programs offered in the city. An ethnographic study of charitable meal programs targeted at homeless and under-housed individuals identified 490 charitable programs currently serving over 100'000 meals or snacks weekly (Dachner, Gaetz and Poland, date?). The network of charitable meal programs developed naturally, as opposed to a coordinated social response to address the food needs of homeless populations, making their operations and infrastructures varied and disjointed (Dachner, Gaetz and Poland).

The Community Food Procurement Project (CFPP) provides a general outline of the role of Toronto shelters in food provisioning and the type of homeless clients they service. They characterize shelters by their “long-term populations who may stay for many months as they restore their health and lives” (Miller, 2013a, p.2). Many shelter users arrive with pressing needs arising from various abusive situations or other detrimental circumstances (Miller, 2013a). As identified by the CFPP, some shelters have manageable budgets that include food and are able to provide three meals a day to residents. However, that is not always the case.

Valarie Tarasuk led an extensive research study on youth homelessness and nutrition in Toronto. She states, “The ‘face’ of homelessness is changing, with youth representing one of the fastest growing and most vulnerable subgroups” (Tarasuk, Dachner, & Li, 2005, p.1926). The research focuses on the importance of charitable meal programs on the nutritional adequacy of homeless youth. The discoveries in the study demonstrate the challenges youth face in accessing food, particularly healthy meals. Half of the youth in the study’s sample acquired food from charitable meal programs, however, this was not their primary food source, as no single food acquisition strategy appears to provide sufficient food quantities (Tarasuk, Dachner, & Li, 2005). Accounting for age, education level and use of charitable meal programs, youth continued to suffer chronic food deprivation. The structural challenges cited included, “infrequent service, limited meal hours, and need to travel considerable distances to attend different charitable meal programmes at different times of the day or week... [they were] intermittent and uncoordinated” (Tarasuk, Dachner, Poland, & Gaetz, 2008, p.1441). In the case of shelters specifically, many had limited amounts of food to serve, space to sit, and the quality and quantity of the meal diminished as particular items were depleted (Tse & Tarasuk, 2008). The inconsistency of food service programming forces various homeless populations – not only youths- to resort to

alternative food procurement methods. These include panhandling for funds to purchase food, stealing, and dumpster diving (Tarasuk, Dachner, Poland, & Gaetz, 2008). Due to the increasing prices of healthy food, many youth resort to buying unwholesome fast foods. Food procurement methods are also gendered, as research has found that female homeless young individuals routinely utilize social relationships as a means to acquire food. Female homeless persons may engage in more high-risk, exploitive relationships, trading sex for food when they are desperate (Tarasuk, Dachner, Poland, & Gaetz, 2008). Maintaining adequate and available meals ensures the safety of particular homeless populations.

A US based study that focused on the food consumption of homeless preschool children and their mothers outlined the challenges of food access in shelters. The study reported that about one-third of all of the homeless children did not have sufficient food to consume several times each month (Taylor & Koblinsky, 1994). In the case of emergency shelters, many children were under fed due to their food preferences, or dislike of certain foods served at the shelter. Their mothers “reported that shelter foods were too "greasy," "heavy," "starchy," and/or "spicy" to appeal to preschoolers, and [they] particularly disliked casseroles with thick sauces or gravies” (Taylor & Koblinsky, 1994, p.23). It wasn’t only the food options that affected children’s hunger in shelters, but also the food policies. Many shelters serve meals very early in the morning, e.g. 6:30 a.m., or late in the evening around 7:30-8 p.m. Many emergency shelters did not provide food preparation spaces for mothers to cook the children their favorite meals (Taylor & Koblinsky, 1994). Moreover, the long cafeteria lines, crowded, noisy eating halls, and lack of adequate seating for young children, led to inconsistency in receiving meals (Taylor & Koblinsky, 1994). The one-size fits all in shelter food programming is affecting the efficacy of these measures. Though the main focus of shelters is housing homeless individuals temporarily,

or more long-term, the second most important need for homeless populations is food access (Taylor & Koblinsky, 1994). Thus, food programming cannot be regarded as a side service.

Access to healthy, wholesome food is particularly imperative for homeless populations. Among persons who are homeless or vulnerably housed, 1 in 3 (33%) have reported having trouble finding sufficient food to eat. One in 5 (22%) reported that their diet is lacking in nutrition (Research Alliance for Canadian Homelessness Housing and Health, 2010). A recent study in Toronto discovered that the majority of charitable food programs rely on donations (Tarasuk, Dachner, & Li, 2005). The authors studied the meals served and discovered that the average number of servings for each of the four food groups outlined in Canada's Food Guide were lower for both men and women than the daily recommendations (Tse & Tarasuk, 2008). To accurately study the nutrition levels of foods served, detailed information such as height, weight, age, sex and usual physical activity levels of meal participants are required (Tse & Tarasuk, 2008). Furthermore, the nutrient levels studied are "best-case scenario" as portions sizes are often reduced and meals altered during the course of meal service, as supplies are depleted and other foods are substituted (Tse & Tarasuk, 2008). Nutrition sciences are complex and require a myriad of data to accurately measure, therefore, it is difficult to precisely identify the food and nutrition levels of meal programs and their users.

Methods:

The paper is anchored by 3 major discussions. The first is constructing the historical political and social context of homelessness in Toronto Shelters. The second is addressing the food issues that are obscured within homelessness responses. Lastly, the paper provides policy suggestions and reformations to the Toronto Shelter Standards section on food safety and nutrition.

Research Tools and methods:

The preliminary research tools are literature analysis, discourse analysis, observation, and interviews. A grounded theory approach is employed as a method to distinguish the patterns for qualitative data collected and to identify a new approach to reform the Toronto Shelter Standards. Grounded theory is a method for conducting qualitative research aimed at theory development. Grounded theory is appropriate for this particular research because it allows for simultaneous data collection and analysis, and the generation of policy reforms. This approach allows potential themes to emerge from the data, and to link them together to generate explanations.

Literature analysis:

The paper critically examines the current literature around food, nutrition and homelessness in Toronto, Ontario. The literature analysis provides data in two ways. Firstly it offers the contextual and historical frameworks for the paper. And secondly, it provides data of similar challenges and reforms that have taken in place in comparable cities. The literature review frames the discussion regarding homelessness in Toronto related to political shifts during the early 1990s. Moreover, it identifies the problems of food quality and nutrition currently experienced by shelter users. It was challenging to identify existing, successful policies and initiatives in comparable major cities around nutrition, food access and homelessness. It would have been beneficial to access these policies to acquire measures upon which the Toronto Shelter Standards food safety and nutrition section can be assessed and potentially changed. A national assessment of nutritional status of homeless individuals in Canada has not been conducted, however, studies of homeless individuals in Toronto and other developed countries have identified pertinent dietary inadequacies.

Interviews:

This method involved the gathering of primary information from shelter staff, Toronto Public Health Dietitians, Toronto Public Health employees and shelter, and Hostel Services Agency Review Officers to gather Toronto-based data. The interviews helped identify how the current edition of the Toronto Shelter Standards is constructed and applied, and allowed a broader understanding of the connection between the policy development and the policy implementation stages. A total of 5 interviews were conducted. The length of the interviews ranged from 30-60 minutes. The interviews were semi-structured to allow space for probing and to create a relaxed environment. A general interview guide approach was utilized. The guide approach was intended to ensure that the same general areas of information are collected from each interviewee. Though the background and the placement of each group vary within the research, the topics and the focus were comparable. The approach provided more focus than the fully conversational approach, but continued to permit some latitude in attaining information from the interviewee.

Initial interviewees were located through an existing network of peers and professionals, which followed by snowball sampling to extend the range of interviewees. The interview portion aimed to also collect the recommendations and feedback on the food section in the Standards. As these groups will provide a more rounded portrayal of the state of policy, nutrition, and food access by shelter users, the administrative challenges shelter staff face, the recommendations of experienced advocates, and the knowledge necessary from city staff.

Discourse Analysis:

This method engaged with the primary data collected and provide textual analysis of the information from interviews. Discourse analysis is also a tool to engage with the dominant

rhetoric on homeless persons and their challenges regarding political engagement in Toronto's food policies. This particular discussion is important for the context portion of the major paper and further extends into the recommendations. As is the nature of all research and information exchange, a power imbalance exists. The power shifts depending on the subject and their relationship to the researcher and the research topic. As I gathered data from particular groups, their inherent position of power such as a city employee can be used against the researcher, and cause an unproductive relationship. By the same token, the researchers and research participants can experience a power imbalance due to the researchers investigative role and the fear of 'exposure'. Navigating these power relations required tact, caution and respect on the researcher's part to ensure an equitable, safe and conducive environment for communication.

Results and Discussion:

A. Emerging themes

- i. *Analysis of the Food Safety and Nutrition Standards*
 - *Canada's food guide: Why a solely consumer food guide doesn't fit*

The City of Toronto published the Toronto Shelter Standards to guide how city and non-profit/community shelter services are provisioned (Shelter, Housing & Support, 2009). Despite these guidelines, Canadian researchers in nutrition and health have linked hunger and nutritional vulnerability to the insufficiency of quantity and nourishment in meals served at local Toronto charitable meals programs (Tarasuk, Dachner, Poland, & Gaetz, 2008). This section will examine the Food Safety and Nutrition Standards of the Toronto Shelter Standards. It will interrogate the guidelines outlined and critique their implications for minimizing hunger and malnourishment amongst homeless populations. The section will also examine Canada's Food Guide as a consumer tool for nutrition and its role in shelter settings.

The Toronto Shelter Standards serves as a manual not only for shelters, but also for most charitable food programming. Many food programs rely on the standards to guide nutritional

requirements, program execution, and education. The Food Safety and Nutrition section of the standards was introduced previously, thus, this section will focus on the gaps and challenges of the standards.

Firstly, as demonstrated above, the recommendations outlined do not address food prep or cooking instructions. For example, the standards state, “shelters that are serving food with potential allergens such as peanuts, nuts and shellfish should *attempt* to alert residents” (emphasis added) (Shelter, Housing & Support, 2009, p.22). Shelters serve food to a revolving group of individuals, and it can be difficult to identify the various diet needs for particular homeless persons. However, as part of the Standards section on Food Safety, it appears precarious to trivialize food allergies, and set minimal expectations to manage a potentially lethal health issue. Shelters either prepare foods on-site or cater from a third party company. Measures can be taken to avoid health risks. For example, kitchens can be repaired and designated into allergy free zones, and catering companies can be requested to prepare food options that control for common food allergies. These limitations must be corrected to ensure that homeless populations have access to food through these programs.

Secondly, the Standards are quite prescriptive in other sections in outlining the details of program management and execution. Yet, in this section it does not include a guideline for food service management to ensure a smooth, cohesive and inclusive process. Nor does it focus on the structural program needs of the different shelter users. Children, mothers, single adult males, single young females all have diverse eating habits and schedules. To ensure inclusivity, the Standards must provide guidelines for program execution particularly managing food service aspects such as meal service timing, and meal hall environments.

Thirdly, the Toronto Shelter Standards do not address nutrition and health challenges adequately. The sole food process in place is supplying extra food for medically identified undernourished individuals (Shelter, Housing & Support , 2009). Furthermore, the standards do not outline the process of identifying the health conditions of incoming homeless individual. It relies on shelter staff to make a judgement call, that if a person is ‘known’ to be malnourished or ill, then they must be attended to. However, there are no details as to how shelter staff are equipped to make this decision. During the intake process, shelters mostly rely on the disclosure of an individuals’ knowledge of their health conditions. Very few shelters have nurses or practitioners on board to medically identify the health conditions of potential residents. As for residents with identified high blood pressure and diabetes, they have no recourse. They either eat the food served or do not eat at all (Davis, Holleman, Weller, & Jadhav, 2008). The current food standards homogenize a very diverse homeless population and as a result puts at risk their health. Shelters are not obligated to have a nutritionist, or a physician available. The Toronto Shelter Standards only requires, for shelters that prepare foods on site, that one staff member must have a certificate from the Food Handlers program (Shelter, Housing & Support , 2009). There are training workshops in place for shelter staff to address nutrition, such as the Persons with Diverse Dietary needs which includes knowledge to address, for example, diabetes, heart disease, poor dentition, religious restrictions, food allergies and recovery from malnutrition. However, each of these topics could have a course in itself, and with time restrictions, the workshops can only provide brief tips for staff members on each (Personal Communication Interview?). Considering the diverse needs of shelter users, a nutritionist or dietitian is necessary to work with shelter staff to create special diets for particular needs. Lastly, the Toronto Shelter

Standards do not provide a process or system to ensure their compliance with the minimal requirements of Canada's Food Guide.

Canada's Food Guide: Why a solely consumer guide doesn't fit

The first draft of Canada's food guide was introduced in 1942, entitled Canada's official food rules. The purpose of the food guide is to assist citizens in their meal options, encourage healthy eating and minimize the risk of diet related chronic diseases such as heart disease and diabetes (Katamay, Esslinger, Vigneault, & Johnston, 2007). Toronto Shelter Standards utilize the guide as their template for food service safety, meal planning and nutrition. Thus it is imperative to examine the guide and ensure its adequacy for homeless populations.

The federal government made revisions to the 1992 edition of the guide and released its most recent incarnation in 2007. The final food intake patterns reflect scientific modeling to achieve nutrients adequacy, given that at the time the food guide was drafted, no national data existed that demonstrated Canadian eating habits. However, combinations of various provincial nutrition surveys were used to simulate healthy diet combinations (Katamay, Esslinger, Vigneault, & Johnston, 2007). The food guide targets both adults and children, with a minimum age of 2 years (Murphy & Barr, 2007). It is divided into 9 demographic categories beginning with preschoolers, and 4 age groups (4–13, 14–18, 19–50 and over 50), and divided by gender (Kondro, 2006). The guide is food based, and compels consumers to consider the various components of the dishes they prepare or choose. Foods are categorized under four major headings: vegetables and fruits, grain products, milk and alternatives, meat and alternatives (Katamay, Esslinger, Vigneault, & Johnston, 2007).

Table 2: Canada's Food Guide nutrition requirements

	Children			Teens		Adults			
	2-3	4-8	9-13	14-18 Years		19-50 Years		51+ Years	
	Girls and Boys			Female	Male	Female	Male	Female	Male
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

Table 3: Toronto Shelter Standards servings table

Servings per meal

Meal	Grain Products	Vegetables & Fruit	Meat & Alternatives*	Milk Products*
Breakfast	1-2	1-2	1	1
Lunch	2	2	1	1
Dinner	2	2	1	1

* Either or both a serving of dairy product or meat/protein alternative should be served at each meal.

The document makes suggestions regarding the consumption of particular foods by advising consumers to make lower-fat choices, however not necessarily the lowest. The messaging in the document is not direct, guidance to avoid high-fat or high-salt meals is provided in supplementary resources (Katamay, Esslinger, Vigneault, & Johnston, 2007). The guide attempts to allow consumers to make their own decisions regarding their consumption preferences. However, it does not provide caloric information, consequently, the energy outlined by the foods specified would approximate average energy requirements, potentially excessive for many sedentary individuals. Most active individuals would need to consume more food than it is specified in the guide (Katamay, Esslinger, Vigneault, & Johnston, 2007). Therefore, consumers are required to be aware of their own consumption needs while utilizing the guide to avoid undernourishment. They must also obtain access to the supplemental materials to receive a full picture of the food guide's recommendations. In the case of shelters in Toronto, the Standards require only the official document to be made available for viewing, which discounts the

comprehensive information made available via the supplementary materials (Shelter, Housing & Support).

The Canadian Food Guide advises on the use of vitamin and mineral supplements. It recommends that women who could become pregnant consume 400g of folic acid from a supplement or fortified foods. The need for supplements stems from the food guide's structure that does not include recommended amounts of particular nutrients for certain cases (Katamay, Esslinger, Vigneault, & Johnston, 2007). The guide recommends that pregnant and lactating women also consume a multivitamin supplement containing iron, and that adults over the age of 50 years take a daily vitamin D supplement of 10g (Katamay, Esslinger, Vigneault, & Johnston, 2007). The Toronto Shelter Standards recommend extra meals for these groups, yet this does not necessarily indicate that the added meals will provide the necessary doses of folic acid or vitamin D. Shelters are not obligated to provide mineral or vitamin supplements. Though the guide attempts to cover the various demographics, it is challenging to produce a document to fit the eating habits, and nutritional needs of an entire nation with all its diversity. It is structured to appeal to consumers who are able to access these supplements and tailor their food decisions to match their food and nutrition needs.

Another aspect absent from the food guide is food preparation. Many foods lose their nutrient levels if they are prepared improperly. Canadians consume 75 kg of potatoes annually; however 40% are consumed through high calorie and fat food preparation methods, and fried (Pratt, 2012). Recent research has proven definitively that any amount of trans fats is detrimental to health; however, the guide does not advise consumers on reducing their trans fat intake, nor on alternative healthier preparation methods. Interestingly, Health Canada's Task Force on Trans Fats called for "the elimination of trans fats from the food supply" (Andersen, 2007, p.735).

Food preparation guidelines are necessary for shelters to ensure that the food served is fresh, seasoned and healthful and not laden with added cooking fats. Rich and heavy casseroles are prepared regularly at shelters, and this food preparation technique aims at disguising poor ingredients and inadequate cooking skills. This section of the Standards can use more nuance and detail to ensure that they fulfill their goals comprehensively. Furthermore, it will provide more consistency across the various shelters and information for shelter staff to implement clearly.

- ii. *The Role of Food in homelessness policy*
 - *Food access as a right*

One of the challenges is identifying food and nutrition as an issue when the larger responses to homelessness are inadequate. Though housing will always come first, the health and wellbeing of homeless populations is also important. The place of food in homelessness policy is not clearly identified. Therefore, to ensure that its significance is clear, policy documents must identify an overarching framework that defines the place of food, and drives future initiatives clearly. A right to food approach for public service provisioning is one way to anchor the role of food and health for homelessness responses.

Graham Riches examined hunger, poverty and the emergence of the neoliberal welfare state in *Hunger and the welfare state: Comparative perspectives* (Riches, 1997). The author uses a right to food framework and problematizes the role of neoliberal policies in creating food insecurity. Riches began by stating that hunger emerged in developed countries with ‘established’ welfare states (Riches, 1997). He focused on the structural injustices that lead to impoverished citizens, particularly its most vulnerable (Riches, 1997). As the author discussed, hunger is not acknowledged in developed countries. Many marginalized groups were depoliticized prior to hunger; hunger and food are yet another commoditized forum for depoliticization in the liberal market mill.

Proponents of a new food politics are redefining food consumption as a form of citizenship that embraces collective rights and responsibility in opposition to neoliberal citizenship. Neoliberal politics promote the idea that citizens regulate themselves as individual entrepreneurs and consumers. Alternative food networks encouraged participation, solidarity and coordinated action between producers and consumers to create a different rhetoric of food citizenship (Lockie, 2009). Lockie (2009), in *Responsibility and agency within alternative food networks: assembling the “citizen consumer”* examines the diverse methods used to organize and construct people as consumers of specific goods and how people use their consumption preferences as expressions of social agency or citizenship (Lockie, 2009). The author contrasts this act with neoliberal representation of citizenship that focuses on personal accountability (Lockie, 2009). The continued framing of food as a commodity as opposed to a right maintains inequities that particularly affect marginalized groups and persons who reside outside the liberal market. To extend food consumption from an activity of tastes and preferences into an active act of citizenship includes, collective moral rights and responsibilities that promote democracy, transparency, diminishing of power relations, and food security (Lockie, 2009). As stated previously, the role of the government shifted due to neoliberal policies. Besides law and order, the state’s second major role is to facilitate the creation of particular conditions where consumer and entrepreneur-citizens have choices (Lockie, 2009). It is within this landscape that alternative food networks are able to utilize methods such as voting with their dollars to oppose governmental policies, and agrifood industries (Lockie, 2009). However, this framework persists within a consumer framework, as opposed to rights based citizenship. Food citizenship is a stepping-stone towards creating a active discourse on food security and highlighting the problems with the current food system, yet to ensure further inclusion it must assist groups who

cannot vote with their dollars. Graham Riches advances this thought by concluding that hunger in Canada is a result of unemployment, low incomes, and deficient social services, but also rises from the failure to acknowledge and execute the human right to food (Riches, 1999). The author argues that food security has mostly been overlooked by progressive social policy analysis. He asserts that the barriers to attain food security include “the increasing commoditization of welfare and the corporatization of food, the depoliticization of hunger by governments and the voluntary sector, and, most particularly, the neglect by the federal and provincial governments of their obligations to guarantee the domestic right to food as expressed in international human rights law” (Riches, 1999, p.5). The federal and provincial governments must be held accountable for their disregard for the international ratified laws that promise a respect and right to food. Riches defines food security as a “right and includes at minimum: an available, adequate, dependable, and sustainable food supply and an assured ability to acquire nutritious and culturally acceptable foods through normal food distribution channels” (Riches, 1999, p.11). However, since 1966-1996, the right to food has been abandoned in Canadian policies (Riches, 1999). The state supports the marketplace, either passively – by guaranteeing a minimum for social aid– or actively – by subsidizing privatized welfare programs (Riches, 1999). Consequently, marginalized person’s entitlement to assistance and thereby to food is attached to their ability to commoditize their labour power in the liberal market (Riches, 1999). Thus, a person’s right to live beyond the marketplace is compromised. The right of marginalized groups to be free from hunger whether or not they are employed is a critical aspect of citizenship (Riches, 1999). Since the introduction of neoliberal policies, the right to food is no longer inherent. Much like food, social services have become a commodity. Though food has always been a commodity, it is important to distinguish its role as a social and cultural good (Riches,

1999). Most importantly there is an immediate connection between social inequities and food, for example its availability, quality, type, and way of access and consumption. Vulnerabilities are increased if the qualifications for social services are stringent; service provisioning is relegated to private programs and rely on the participation in the liberal market particularly when employment is not secured (Riches, 1999). The loss of democratic control over food policies and processes by marginalized groups compounded by the state's abandonment of hunger alleviation strategies in favor of charity and privatized welfare programs leads to the loss of food sovereignty (Riches, 1999). While the creation of food banks in the 1980's reflects the increasing food security crisis and need for solution, they conceal the extent of the issues, and provide a band-aid solution as opposed to an effective long-term response. Food banks and the meal programs that followed are dependent on inconsistent funding programs, and volunteers, as a result they cannot guarantee an adequate supply of nutritious or culturally appropriate food (Riches, 1999). Though it is unintentional, food banks have aided governments in further embedding the ad-hoc charity-based short-term solutions to food security and have privatized a major public dilemma (Riches, 1999).

The right to health is dependent on the right to food, however the association is rarely identified in policy discussions. Canada takes pride in its ability to provide and guarantee the right to health to its citizens. Nevertheless, diet-related health conditions, under-nutrition, and hunger continue to grow. This is a public health issue that requires governmental support. The commoditization of food focuses on the bottom line and profits and not the health of communities and nutritional value of food (Riches, 1999). Communities are deskilled and disempowered of their ability to feed themselves in a healthy and nutritious manner, to produce

their own food, and make informed choices about the types of foods to acquire (Riches, 1999). This process of distancing has morphed the food citizen into the consumer.

iii. Food Knowledge and Education

“As the staff person who had hummus thrown at her can attest, providing healthy food involves much more than just putting good food out for participants” (Miller, 2013b p.13). The majority of shelters and charitable food programs affirm the balancing act required regarding the provisioning of healthy foods and the cultural and personal preferences of shelter users (Miller, Finding Food: Community Food Procurement in the City of Toronto). The type of foods served depend on the populations that utilize the shelter. For example, in shelters that are frequented by white populations, they are used to meat and potatoes (Miller, Finding Food: Community Food Procurement in the City of Toronto). Miller reports one organization’s battle with their clients over fresh food. Some report that they have attempted numerous approaches to make their clients eat fruits and vegetables and have not been successful (Miller, Finding Food: Community Food Procurement in the City of Toronto). Chronically homeless clients’ palates have grown accustomed to poor quality food, so that when shelters offer healthier fare they do not appear to align with their preferences. Charitable food programs are “facing disordered eating practices that reflect the mainstream society’s unhealthy eating practices” (Miller, 2013b, p.13). These food habits are exacerbated by the added challenges of homelessness. For example, individuals who struggle with food access can overeat when they find food to eat (Miller, 2013b). A Toronto shelter operator stated that the implementation of the Food Safety and Nutrition section of the standards has been a generally positive experience (Personal Communication,)Nevertheless, the hardest part is to convince the clients that they cannot eat foods such as hamburgers and fries three times a day (Personal Communication Interview). He further adds, that the shift in

nutritious food has been a long and gradual process (Personal Communication, May 2014). Similarly, a Toronto Public Health dietician focused on nutrition counseling with women who are expecting, identified the need for supports for food skills training. She states that it is not a process that is formalized (Personal Communication). There is a missing education link with regards to healthy and nutritious foods in shelter environments. Shelter operators can put forth better meals, however they cannot shift the preferences of client users without including food reskilling (Personal Communication). There are systemic and structural processes that have led to the current deskilling of knowledge and detrimental food habits amongst homeless populations.

JoAnn Jaffe and Michael Gertler (2006) advance the concept of deskilling discussed previously and apply it to food knowledge. They are concerned that consumers are denied the necessary information and knowledge required to make educated decisions that “reflect their own “fully costed” interests” (Jaffe & Gertler, 2006, p.143). Consumers become less skilled as they are distanced “in time and space and experience from the sites and processes of production” (Jaffe & Gertler, 2006, p. 145). As a result, the agro-food system experiences major reorganization that affects consumer diets, health and control. Much like the factories described above, the quantification of food production has driven the restructuring of the agro-food system. Consumers are also scrutinized, analyzed and manipulated to modify consumption behaviors and create new ones (Jaffe & Gertler, 2006). The increased use of technology in food production is minimizing the skills of food preparation at home as well (Jaffe & Gertler, 2006). Food sources have become more distant, complex, and obscure in the process of simplifying the preparation of food in the private sphere (Jaffe & Gertler, 2006). The market for prepared food products is available for all levels of society, from the wealthy to the impoverished (Jaffe & Gertler, 2006).

Most importantly, this process has affected food tastes, preferences cravings and customs (Jaffe & Gertler, 2006). Creating consistent food products became imperative in the shaping of consumer tastes (Jaffe & Gertler, 2006). Processed foods are standardized in factories, and restaurants to taste exactly the same every single time (Jaffe & Gertler, 2006). The deskilling process not only impacts the knowledge base of consumers but it also influences their acceptance and preference to the appearance and flavors of industrialized foods (Jaffe & Gertler, 2006). The power hierarchy at the factory is reflected in the consumer, affluent groups are able to afford handcrafted, artisanal foods whilst low-income groups are unable to access or demand better quality foods (Jaffe and Gertler).

At the shelter level the use of prepared food products is also prevalent. Processed foods provide the consistency of flavors for their menus, which in some shelters are changed only twice a year (Personal Communication). The deskilling is also reflected in the shelter cooking staff. Despite the availability of fully functional kitchens on site, many shelters cater their meals (Personal Communication). Depending on the catering company and the shelter, meals are either pre-cooked and only heated onsite, or cooked fully at the shelter kitchen (Miller, Community Food Procurement: Shelter Case Study). A few shelters hire cooks for their meal service. Meals have included mainly readymade food that is processed and packaged prior to its arrival at the shelter (Miller). It further asserts that baked goods are bought rather than made despite the accessibility of equipment. The meals examined included frozen foods like “chicken fingers and pre-shaped burger patties, and high- sugar fruit juices. The food is similar to cafeteria food” (Miller, 2013b, p.2). The report also found that shelter cooking staff need additional training in cooking for healthy eating (Miller, 2013b). A Toronto Public Health dietician who led the workshops outlined in Shelter Standards asserted that some shelter operators feel that if they

provide vegetables and fruits that client would not eat them (Personal Communication, June 16, 2014). Furthermore, residents enjoy foods such as french fries, thus shelter staff will prepare them (Personal Communication, June 16, 2014). She outlined three reasons; a) french fries are cheap b) people like eating them. And c) preparation is easier for shelters; other options require more work especially when they're short on staff or volunteers for meal prep (Personal Communication, June 16, 2014). It is a lot less demanding to open a bag of french fries and throw it in the fryer. It is much more difficult to request and implement cultural diverse meals if the cooks do not have the knowledge or training to make it, therefore its hard for dieticians to encourage healthier alternatives such as sweet potatoes (Personal Communication, June 16, 2014).

They state, "There is prima facie evidence that consumers are deskilled or, at the very least, that they lack the knowledge and know-how to defend many of their fundamental interests with respect to provisioning activities" (Jaffe & Gertler, 2006, p.148). Marginalized groups such as homeless populations are further affected by the deficiency of information and the promotion of cheap food products as choices and access become limited. The production of food has become exclusive to food manufacturers and producers and removed from homes and foodservice environments (Jaffe & Gertler, 2006). This particularly evident in shelter environments where food procurement skills are diminished. Fast, and easy processed foods also minimize the work cooks and shelters have to do in "managing suppliers, negotiating price deals, developing healthy versions of familiar recipes and searching out new distributors" especially when cooks are hired based solely on their capability or readiness to cook (Miller, 2013a, p.3). Shelter staff or cooks are not trained in purchasing, thus many of them utilize jams, butters that are stored in little packets rather than buying in bulk (Miller, 2013a). In the case of culturally

appropriate foods, many shelter staff have not acquired connections beyond accessing halal meat on a small scale (Miller, 2013a). Shelter staff lacks knowledge of supply options. Shelters seldom perform regular evaluations of pricing and options (Miller, 2013a). A local shelter operator stated that their shelter has utilized the same catering company for over 6 years (Personal Communication, May 23, 2014). Moreover shelter staff appeared to have certain misconceptions about the pricing of foods. The Community Food Procurement report also showed that shelter cooks presumed that fresh produce is more expensive than processed food. Industries have consistently promoted the notion that readymade foods are a better value (Miller, 2013a). However, in order to control the type, quality and nutrition of foods their clients consume, shelters must be engaged with the cooking and procurement processes.

- iv. *Accountability: Measuring program application*
 - *Assessing food service structure*

The Toronto Shelter Standards are part of a three-part quality assurance process put in place by the Shelter, Support and Housing division of City of Toronto, with Standards development as the first stage (Personal Communication, May 20, 2014). The quality assurance process is in place to ensure efficiency and accountability of public service provisioning. The second part was the creation of a detailed scorecard utilized to ensure that shelters are able to meet the Standards (Personal Communication, May 20, 2014). The results of the scorecard were reviewed. The procedure uncovered issues around shelter access, LGBTQ community needs and client complaint process (Personal Communication, May 20, 2014), but no policy development was recognized around the food standards. The division regularly utilized the scorecard to ensure shelter compliance and in case of issues arising, shelters were requested to remediate (Personal Communication, May 20, 2014). The final part of the quality assurance process is the revision and reformation of the Shelter Standards (Personal Communication, May 20, 2014). However,

this part of the process was initiated 12 years after the publication of the Standards in 2002 (Personal Communication, May 20, 2014). Though a timeline was not presented for the revision process, city staff and shelter staff have stated that the 12-year wait is too lengthy (Personal Communication, May 20, 2014).

As it stands, the accountability processes in place include the scorecard, and the scheduled and random audits created by City of Toronto staff that ensures shelter compliance with their contractual obligations and the Toronto Shelter Standards (Personal Communication, May 20, 2014). In the case of the Food Safety and Nutrition section, there is a gap in addressing accountability and follow up to ensure that food service and meals comply with the Standards and Canada's food guide. A review agency officer with Shelter, Support and Housing division identified that their task during onsite audits, particularly regarding the food section, is to review past menus and look over the functionality of the kitchen (Personal Communication, May 20, 2014). Their role does not include the examining of the nutritional quality of the food served, sampling the food, or reviewing meal service procedures (Personal Communication, May 20, 2014). The officer also stated that the scorecard could be quite prescriptive, and includes requirements such as lids on trashcans (Personal Communication, May 20, 2014). However, the officer also recommended that this level of involvement is counterintuitive, that the Shelter Standards should focus on larger and broader guidelines. Many organizations require mandates to be clearly identified to outline their vision. While the officer provides a valid point, the current shelter standards do not include issues of hunger and nutrition as part of their broader mandate despite the mandatory provisioning of food services at every City funded shelter. How can shelters be held accountable for the wellbeing of their residents if their nutrition levels are not identified as a mandate?

The Toronto Shelter Standards unites the work of various front line personnel from shelters, non-profits, and city divisions. Networks of organizations now deliver various public services. City officials identify what the various organizations need to do to meet the requirements of the public. Though there was a large and involved process in the creation of the Toronto Shelter Standards that included feedback from various invested and interested community members, organizations and officials, there remains a gap in this level of engagement with regards to the accountability piece. As it stands, there is a shortage of processes that review and revise the Food Safety and Nutrition section of the Standards.

To ensure that the accountability process is inclusive, a new format is needed beyond the scorecard and audit system. In today's neoliberal understanding of accountability, there is an undercurrent of blame and punishment. The process is not focused on improving public services but on identifying errors and their perpetrators (Whitaker, Altman-Sauer and Henderson, 2004). In the case of public service programs like homeless shelters, they require multiple stakeholders especially when programs are large, broad and their conditions are highly variable. Government officials, nonprofits, shelters, and clients have to learn from each other to create a collaborative system. An article titled, *Mutual Accountability between Governments and Nonprofits: Moving Beyond "Surveillance" to "Service"* examines the tensions between the adversarial notions of accountability and shifting them into new cooperative processes (Whitaker, Altman-Sauer and Henderson, 2004). Many public service programs do not fit the traditional models of 'democratic' accountability. The article aims to address those challenges by presenting the framework of mutual accountability (Whitaker, Altman-Sauer and Henderson, 2004). This framework will assist government officials, nonprofit organizations and their clients to concentrate on how their work for and with each other can advance public services (Whitaker,

Altman-Sauer and Henderson, 2004). Though City of Toronto shelters are run by the city, partially funded by the city, or run by non-profits, the mutual accountability process is productive in bridging the various levels in creating an accountability process that works. The authors propose four overarching questions to consider shifting the current neoliberal accountability process, how the responses to the questions are put into practice represent accountability (Whitaker, Altman-Sauer and Henderson, 2004).

Table 5: The four questions of accountability

Process	Question
Responsibility	Who is expected to carry out which actions or produce what results for whom?
Discretion	Who is expected to invoke, interpret, or alter those responsibility expectations?
Reporting	Who should provide what information to whom about how responsibilities are carried out?
Reviewing and Revision	Who is expected to use what information to make decisions about the future of the relationship?

The first question is on responsibility; it sets up the various roles and the type of results needed. The authors outline the main elements of the responsibility relationship. Firstly, there are performance expectations, secondly, the person who must perform them (agent), and thirdly, the person who expects the agent to execute (principal) (Whitaker, Altman-Sauer and Henderson, 2004). The traditional one-way model of accountability assumes that the agent serves one main principal. However in the case of complex and layered public service programs this is often not the case. The roles in the responsibility relationship are more fluid and overlap. As the authors assert, every member of the relationship is simultaneously the agent and the principal for others and themselves (Whitaker, Altman-Sauer and Henderson, 2004). Each person has performance expectations of those who have these expectations of him or her. Public service contracts already

utilize a minor form of mutual accountability. The contracts create and outline the expectations for our own and other's responsibilities during the bargaining process (Whitaker, Altman-Sauer and Henderson, 2004). The act of committing to expectations allows stakeholders to have a personal investment in the work and be accountable for it. An active and honest conversation that engages all stakeholders and allows them to advocate for their interests and views is imperative. In the meantime, all parties must remain open to listening and understanding the views of others. The authors call for the involvement of service recipients to ensure their representation in the deliberation of the responsibility expectations, particularly for service delivery. The expectation of responsibility becomes mutual when all participants have the same set of expectations. The development of said expectations as a group emphasizes a shared understanding and a reciprocal sense of expectations that eliminates hierarchies (Whitaker, Altman-Sauer and Henderson, 2004).

The second question outlines, who can initiate the actions to undertake performance expectation? A key matter in principal-agent relationships is how much discretion each agent has in carrying out the tasks for their principal(s) (Whitaker, Altman-Sauer and Henderson, 2004). The contracts outlined by city officials with their various partners can list performance expectations broadly or more specifically. In the case of Toronto's shelters, they reside in a space that occupies both sets of expectations. The Shelter Standards expect specific service outputs such as the provisioning of an assigned bed, and access to meals. However, there is also an expectation of shelters to transform current conditions such as the improvement of the safety and wellbeing of homeless individuals. Though the authors frame discretion as an either/or with regards to expectations, in the case of shelter food environments, these expectations blur the lines between service provisioning and broader changes to community conditions. Depending on the

contract, shelters must provide a set number of meals to their clients, however, there should be an added community condition stipulation that ensures that the meals are healthy and can add to their overall physical and mental wellbeing. Discretion concerns the day-to-day fulfilling of performance expectations. Thus, it is necessary to clearly outline expectations and responsibilities towards each other to ensure which tasks are performed and by whom to achieve the results necessary in these public service programs (Whitaker, Altman-Sauer and Henderson, 2004).

The reporting question focuses on providing information about performance and ensuring that agents are carrying out their tasks (Whitaker, Altman-Sauer and Henderson, 2004). Reporting on programs performance and if it is meeting its goals is challenging, particularly in a shelter food setting where a count of meals served provide an overview of quantity not quality. There is a need for a fuller picture of how these programs are supporting their clients and their needs, thus requiring richer and more rounded information (Whitaker, Altman-Sauer and Henderson, 2004). One important facet of mutual reporting is for the parties involved to consent on the measures used to track performance (Whitaker, Altman-Sauer and Henderson, 2004). The use of inclusive consultation on the type of information tracked will assist in bolstering program effectiveness, and develops confidence in the data analysis. Another aspect is for all the participants to report relevant information to others. The authors state that the act of sharing pertinent data about one's activities and observations encourages others' understanding of one's own work and generates a shared sense of ownership (Whitaker, Altman-Sauer and Henderson, 2004).

Lastly, who do the participants expect to evaluate their relationships and make the necessary decisions about altering its structure? (Whitaker, Altman-Sauer and Henderson, 2004).

Currently, accountability is focused on city officials' actions to monitor the compliance of shelter staff and operators with their Standards, rather than on evaluating how the relationship serves the public, or how it can improve to serve them further. As the authors assert "traditional approaches to accountability are unidirectional" (Whitaker, Altman-Sauer and Henderson, 2004, p.123). In public services, there is a need for close and continuous communication and mutual fine-tuning from both the service provider and the client (Whitaker, Altman-Sauer and Henderson, 2004). In mutual accountability, city officials remain as representatives of public interests through their political and administrative roles and decisions. However, they do not hold the sole responsibility for accountability, it becomes a collective endeavor (Whitaker, Altman-Sauer and Henderson, 2004). The authors conclude with steps to recommend for the execution of mutual accountability. They state that influential stakeholders must be open to sharing the decision-making (Whitaker, Altman-Sauer and Henderson, 2004). Also accountability expectations require a slow and thorough process of deliberation and trials (Whitaker, Altman-Sauer and Henderson, 2004). And participants are required to recognize the various practical perspectives necessary for the success of the program (Whitaker, Altman-Sauer and Henderson, 2004). Lastly, taking the leap and applying mutual accountability by allocating the necessary resources for its successful implementation (Whitaker, Altman-Sauer and Henderson, 2004). When dealing with accountability in the performance and application of aspects of public service programs that connect with multiple stakeholders, it is necessary to find a process that helps to navigate their complexities and provides inclusive processes. The Food Safety and Nutrition section can use a framework such as mutual accountability to ensure that the standards are fulfilling their objectives and service requirements for shelter users. A review agency officer identified the inconsistencies in food services across the entire system by stating "you will find some places

that had really good food, some places that had okay food, and some places where the food wasn't very good" (Personal Communication, May 23, 2014). The consistency piece is lacking to ensure that each shelter is providing food that is nutritious and healthy for their residents. It is necessary to create a comprehensive program that has accountability measures to follow up on meal planning, food quality and nutrition, and service efficiency.

- v. *Nutrition and health*
 - *Food as primary health intervention*

Three years ago, a shelter client contacted me regarding the food served at his local shelter. He needed a little assistance in constructing a menu that follows Canada's Food Guide and put nutrition first. After a few recommendations, the men put together a food advisory committee that outlined what some of the issues are and requested some changes such as increased servings of vegetables and healthier food options (Personal Communication, May 23, 2014). Shelter operators sat down with them and listened to their plan. Although some requests could not be met due to cost restrictions, others were implemented at the shelter (Personal Communication, May 23, 2014). Key changes included more menu varieties and a reduction in high carbohydrates, and high fat foods. There were more changes to be made, however it was a good start in initiating better food service and meals for shelter users.

Shelter operators and city dietitians have identified meal planning as a challenge (Personal Communication). Toronto Public Health dietitians provide assistance to shelters by facilitating workshops on food and nutrition and discussing their menus – however they will not sign off on them (Personal Communication). This implies, that Toronto Public Health Dietitians cannot approve the health and nutrition of these menus. These dietitians are a resource and an asset for shelter staff, however they are not effectively utilized. Their services are not heavily advertised because it is not their primary focus (Personal Communication, June 20, 2014). One

of the dieticians discussed her experiences in working with shelter operators regularly, and has provided a unique front line perspective on the issues shelter operators and clients face regarding their food and nutrition programs. She states that if shelter clients are not consuming the ‘mainstream’ foods, their nutrition is compromised due to the options available (Personal Communication, June 20, 2014). Most shelters plan their meals as meat, starch and a vegetable (Personal Communication, June 20, 2014). In the case of a vegetarian client, he/she is then provided with a starch and a vegetable, as opposed to an alternative to meat proteins (Personal Communication, June 20, 2014).

Similarly in the case of shelter clients who are pregnant or nursing, many are identified as requiring particular supplements but are instead given larger portions of food (Toronto Public Health, 2013). However, most of the data on the nutrition and health of pregnant women in Toronto is not explored fully. Homeless women face added dietary risks and typically seek shelter and other services late into their pregnancy (Toronto Public Health, 2013). There is a limited period to provide the mother and fetus with the necessary nutrition and supports to guarantee a healthy pregnancy (Toronto Public Health, 2013). In fact, conditions like LBW are often dependent on the nutritional status of the mom at conception.

Information gathered by Toronto Public Health, from the Healthy Pregnancy and Nutrition in Shelters Symposium, provides more details on the prenatal nutrition health issues according to clients, shelter staff and Public Health Dieticians. Dr. Joyce Bernstein, an Epidemiologist with Toronto Public Health, addressed the challenges of conducting a precise tally of fetuses born to under-housed or homeless mothers. She identified the most recent estimate of approximately 300 babies being born into homelessness annually in Toronto (Toronto Public Health, 2013). There are numerous implications to birth into homelessness.

Keynote speaker Dr. Prakesh Shah, Neonatologist and Clinical Epidemiologist highlighted the significance of nutrition for healthy pregnancy results and the negative impact that maternal malnutrition could have on the fetus and in setting up the offspring for future health risks, such as metabolic syndrome and its implications (Toronto Public Health, 2013). The symposium also provided data on the programs and services that work well for pregnant homeless women. These include, the added resources certain shelters provide to help meet the increased nutritional needs of pregnant women such as healthy meals and snacks and extra food servings (Toronto Public Health, 2013). The attendants also identified that shelter staff do their best to accommodate pregnant women within their limited resources (Toronto Public Health, 2013). One of the services shelters provide that assist pregnant residents includes the provisioning of additional funding for meals and snacks. There is an existing relationship between shelter staff, and city officials who support the needs of pregnant residents. For example, shelter staff refers pregnant women to prenatal services including Toronto Public Health HARP/HBHC, public health nurses, Healthiest Baby Possible dietitians and CPNP prenatal groups for further support (Toronto Public Health, 2013). A discussion with a Toronto Public Health Dietician who focuses on prenatal support for low-income and homeless women identified her role in bridging access to these programs for clients. Dieticians in this role also provide one-on-one support, education, advocacy, financial counseling and support (Personal Communication, June 20, 2014). One of the programs that Toronto Public Health Dieticians promote is Ontario Works (OW). At emergency shelters, pregnant women can apply for OW and can be qualified for pregnancy or breastfeeding allowance (Toronto Public Health, 2013). The TPH prenatal programs (HBP, HBHC, HARP) and CPNP mentioned above provide prenatal vitamins and gift certificates for food. Homeless pregnant women who utilize these programs may have an opportunity to buy

extra snacks or foods that they can stomach considering the discomforts of pregnancy (Toronto Public Health, 2013). The side effects of pregnancy include poor appetite, weight loss, mild to severe nausea, vomiting and/or intolerance to foods and smells, and unstable moods.

Additionally, many pregnant women's conditions are exacerbated by addiction challenges, coping with withdrawal symptoms and poor nutritional status related to addictions. Several homeless women reduce or stop using substances during their pregnancy, which can result in various difficult physical and dietary issues (Toronto Public Health, 2013). Occasionally shelters keep an emergency food supply that pregnant residents can access to supplement their meal times. In case pregnant residents purchase further foods or snacks, finding secure and accessible storage for the food can be a challenge. Most shelters do not provide food storage thus items purchased can be taken or removed. Other shelters do not allow food storage making flexible eating habits and supplementary foods inaccessible. Overall, homeless women have limited access to cooking equipment and/or a kitchen (Toronto Public Health, 2013). Some shelters or community agencies may not have staff available or may have processes that limit the use of the kitchen by their clients. If pregnant residents are able to access kitchens, they can utilize their gifts and OW nutrition funds to purchase items of their choosing, and prepare them according to their needs. Particular shelters where clients prepare their own meals, do not allow residents to use food banks for additional food items (Toronto Public Health, 2013). Unfortunately, pregnant clients are not exempt from this limitation, despite their higher nutritional risk and food access barriers. Furthermore, despite the access to kitchens, fixed meal times prevent 24-hour access to food after hours when clients are hungry, able or ready to eat. Clients attending the symposium identified limited food options, menu alternatives, or additional food for pregnancy as a concern. Special dietary needs may not be met such as lactose intolerance, and food allergies.

Furthermore, pregnant clients expressed the lack of additional servings at meal time or snacks as per the Toronto Shelter Standards. Lastly, access to healthy foods is limited or inconsistent in shelters leading to clients skipping meals (Toronto Public Health, 2013). One of the broader findings at the Symposium is that the Nutrition Standards in Shelters apply to all city funded shelters but the implementation of standards is at the discretion of each shelter and within their funding and resource limitations. Carol Latchford, Director of Client Services for the Red Door Family Shelter, discussed the Red Door's policy of opening kitchens for client use, cooking culturally appropriate food, and increasing food voucher amounts in the last trimester for use at the shelter's onsite food bank. She also identified the importance of integrated food service, approaching the issues of healthy nutrition during pregnancy within the context of healthy food for all (Toronto Public Health, 2013).

Some shelters request that City of Toronto dieticians visit a shelter and provide nutrition education for their residents. However, shelters do not utilize this service regularly (Personal Communication, June 20, 2014). When dieticians speak to the clients, one of the challenges they face is that many of them have considerable challenges, and food and nutrition, especially if it's provided in a shelter setting, becomes secondary to their other issues (Personal Communication, June 20, 2014). Therefore, there is an added reliance on shelter operators to think about the food and nutrition more thoroughly to advance structural interventions that don't depend heavily on individual agency. Many of the concerns of shelter operators expressed to city dieticians are food workers not knowing how to feed their diabetic clients (Personal Communication, June 16, 2014). There are also many people with different religious requirements. The Standards and Canada's Food Guide provide a general approach, but not in a format that can be readily translated into a plate (Personal Communication, June 16, 2014). Particularly when Canada's

food guide is not necessarily fitting for all diabetics or persons with various cardiovascular conditions (Personal Communication, June 16, 2014). Staff food decisions are usually guided by the overall mandate of the institution (Miller, 2013a). If shelter food providers receive the message that food service needs to be fast, filling and consistent, then these directives will be prioritized above nutrition and culturally appropriate foods (Miller, 2013a).

On a more positive note, certain multi-centre organizations such as the Christie-Ossington Neighbourhood Centre identify food as a means for healing (Miller, 2013a). They have integrated food and nutrition into all facets of the centre, and all employees recognize the organization's focus on healthy food (Miller, 2013a). Many multi-centre organizations also involve shelter staff, and residents in food preparation and planning and have a community garden program to provide produce for their kitchens (Miller, 2013a). The reality of a shelter environment includes various health issues. Shelter clients with substance addictions frequently substitute addictive diet choices, those high in sugar and fat (Miller, 2013a). Some shelter staff has identified the challenges in providing alternatives to their high sugar or fat diets for these particular residents. However, these are part and parcel of the realities that shelter cooks face, and they must be flexible in meeting their clients' needs. Overall, shelters feel as though they are "fighting upstream to offer what may seem like an unfamiliar diet of healthy foods" (Miller, 2013a, p.5).

Research indicates that hypertension, hyper-cholesterolemia, and diabetes are less managed among homeless populations, leading to significant morbidity and mortality (Davis, Holleman, Weller, & Jadhav, 2008). A survey of homeless individuals in Canada identified that 36% who have been advised to follow special diets, only 38% actually follow them (Research Alliance for Canadian Homelessness Housing and Health, 2010). In Toronto, a study of 50

diabetic homeless individuals reported that 72% of them had difficulty managing their illness (Davis, Holleman, Weller, & Jadhav, 2008). Most of them identified shelter meals as the main barrier, and detail diets high in starch, sugar, fat, low amounts of fruits and vegetables and few good quality alternatives (Davis, Holleman, Weller, & Jadhav, 2008). Similar Toronto based studies asserted that participants described their challenges as, “I can’t schedule anything. I must revolve around the shelter schedule, so nothing is consistent” (Hwang & Bugeja, 2000, p.163). Also, “I can’t time my insulin with my food; I’m supposed to take insulin half an hour before my meals and usually I can only get it 10 minutes before” (Hwang & Bugeja, 2000, p.163).

Nutrition is also imperative for the psychological well being of homeless populations. Studies have demonstrated that individuals who reported food insufficiency also suffered from mental health problems. The study’s crude odds ratios demonstrated a relationship between food insufficiency and emotional disorder, and depression. Once the research is adjusted for factors such as age and education, the only association that remained was food insufficiency (Anne-Marie Hamelin, 2009). Ensuring appropriate nourishment in foods served at shelters aids in managing mental health disorders, and physical health diseases. The ability of charitable food service in Toronto is in question in addressing these challenges. Thus, a need for a nutritionist or a dietitian as part of an education and accountability process is critical to navigate the intricacy of meal preparation, particularly for a highly diverse and marginalized group with differing needs. Charitable food programs need to be part of broader accountability process to ensure the health and safety of homeless individuals. Also, food discrepancies can be managed and avoided if a system was in place that aided shelter staff in their food planning.

Since food insufficient homeless individuals reported high odds of poor physical health and increasing cases of chronic conditions such as obesity, anemia, allergies, chronic bronchitis,

diabetes, emphysema and heart disease (Anne-Marie Hamelin, 2009). Shelters have to expand their focus beyond access, and contribute to better health and nutrition. The Koh, Hoy, O'Connell, & Montgomery study focuses on the prevalence of obesity, however the authors provide possible reasons for the data. The hunger-obesity paradox is a concept that has developed in the last decade describing the weight gain amongst food insecure persons (Koh, Hoy, O'Connell, & Montgomery, 2012). In the United States, the existing literature establishes that the highest rate of obesity persists amongst low-income groups (Koh, Hoy, O'Connell, & Montgomery, 2012). In the case of homelessness, the study recommends multiple reasons for the hunger-obesity paradox. Firstly, lack of funds may lead homeless persons to cheap, energy dense but low nutrient foods with a higher energy intake (Koh, Hoy, O'Connell, & Montgomery, 2012). Secondly, some research has speculated that “obesity can be an adaptive response when people do not consistently have enough to eat” stemming from continuous variation in food availability causing people to eat larger quantities than normal when food is available eventually resulting in an increase in weight (Koh, Hoy, O'Connell, & Montgomery, 2012, p.952). Lastly, diet inconsistency particularly in nutrient quality and quantity may cause physiological changes that cause the body to conserve energy and store more calories of fat to compensate for periods of food scarcity (Koh, Hoy, O'Connell, & Montgomery, 2012). Additional considerations associated with homelessness can contribute to increased prevalence of obesity; these include a largely sedentary lifestyle, low levels of sleep, and stress (Koh, Hoy, O'Connell, & Montgomery, 2012). These explanations are reasonable, however the exact mechanics of the hunger-obesity paradox are still unclear and studies remain inconclusive, and do not focus on the distinct experiences of homeless populations.

Lenoir-Wijnkoop et.al examine the role of nutrition and its ability to decrease the public health burden by tackling nutrition deficiencies, and encouraging better-quality diets. Their focus is on non-communicable diseases, especially chronic nutrition diseases.

The study promotes the merging of health economics and nutritional sciences to form the discipline of nutrition economics (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). In short, the authors propose that nutrition economics promotes the initiation of policy-relevant data. Nutrition economics is a budding sub-branch of health economics that was introduced in 2010 by multi-disciplinary academics (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). They defined it as “a discipline dedicated to researching and characterizing health and economic outcomes in nutrition for the benefit of society” (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013, p.777). Due to the importance of nutrition on non-communicable diseases it becomes imperative to address food and diet as a prevention measure in health strategies (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). The authors assign numerous tasks to nutrition economics on a policy level. Firstly, their role in assessing the impact of diet on health conditions and disease prevention; secondly to analyze options for shifting dietary choices that include, “regulatory measures, social marketing, differential pricing, direct service provision and negotiations with industry” (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013, p.778). Though the objectives of this discipline are to the benefit of society, the rhetoric in the tasks is loaded. The use of the language *shifting dietary choice* echoes neoliberal discourse of personal responsibility that can dismiss the affects of structural factors on access to healthy and nutritious foods. However, if the task is framed in a broader message of *shifting dietary availability*, then it permits a more extensive and inclusive discussion. Particularly of homeless populations whose access to food is seldom a calculated or planned act of choice but a set of negotiations and

compromises. The authors assert that the role of governments in eradicating hunger is a sound investment that will generate economic and social benefits (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). With a focus on childhood nutrition, the authors state that investing in nutrition will not only benefit the child in the present but also future generations (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). A study of 245 health interventions examined by the authors reports that a combination of lifestyle changes and allied health interventions that include nutrition intervention, are significantly more cost-effective on average than medical interventions, pharmaceuticals or vaccinations (Lenoir-Wijnkoop, Jones, Uauy, Segal, & Milner, 2013). The paper does not outline in detail the demographic, race, gender or economic status of the group studied, however this does not dismiss – despite some limitations of its applicability to homelessness- the importance of the findings. Governmental institutions are required to provide adequate and applicable health strategies. This method can provide added awareness of the benefits of high quality diet and the necessary cost-efficient and effective policies that can aid in the execution of these goals. The use of economics to address efficiency is contentious, however in recent years, many ecological and environmental issues have utilized this method to influence policy directions. It is possible that the infancy of the discipline and its aim to appeal to all combinations of public health interventions through economics lacks the nuances necessary for more direct application.

Policy Recommendations: *Reforms to Toronto Shelter Standards Food Safety and Nutrition section*

Policy Statement and Guidelines

The first edition of the Toronto Shelter Standards requires additional details regarding the operation of meal services, the nutritional value of foods and a review process that ensures consistency and reliability of shelter food services. This section will expand on the existing

standards and provide policy and program recommendations. To begin, the shelter standards have a commitment to ensuring that “shelter service is delivered in ways that help homeless people to gain access to housing and support services, provide choices, respect diversity and ensure public value for funding” (Shelter, Housing & Support , 2002, p.5). This vision demonstrates that the main focus of shelter services remains on housing and settling persons experiencing distress. However, shelters have expanded and taken on a larger role in re-establishing the health and overall wellbeing of their residents. The current mandate is limited and needs to address the changing landscape of social service providers and the increasing intersectionality in the programs they offer. Despite being the second most important reason for residents to seek shelters, food continues to be rarely mentioned in the City’s mandate. Creating an organizational vision that addresses the importance of health and wholesome eating will catalyze the changes recommended below, and will demonstrate an overall commitment to these matters. If an organization will not incorporate these guidelines or performance measures then shelters, staff and city personnel are less likely to foster, implement and assess these priorities. If these priorities are not bolstered in the Shelter Standard mandates and vision, then food will continue to be invisible. Studies of Toronto Community Food Programs found that much like their clients, when there are budgetary restrictions, food is the first to be negatively affected, which forces the agencies to further rely on donations and minimize their ability to maintain a higher quality of food service (Miller, 2013a). Addressing the health and dietary needs of shelter residents becomes a challenge.

Adding a health, food and nutrition lens to the current Shelter Standards will shed light on the processes and policies that require amendments. Though the Toronto Shelter Standards included program management in its document, it does not focus on food service management to

ensure a smooth, cohesive and inclusive process. Staff may need added training to develop their culinary knowledge. They may also require additional expertise in inventory management, and seeking and assessing food procurement options. Examining these areas will increase efficiency, reduce inflating food budgets and ensure the availability of nutritious meal options. The recommendations proposed aim to work within the existing perimeters set by the funding contracts; they do not introduce major mandate changes or re-allocation of City resources. The recommendations follow two analytical frameworks; they advise an efficiency approach that involves the introduction of minor changes to current processes and procedures, and a substitution approach that proposes either the replacement of particular practices or the development of practices to replace inadequate ones (Toronto Food Policy Council, 1994). These changes allow for the implementation of stronger review and management systems that increase the opportunity for diverse menus that offer wholesome options, fresher food, and culturally appropriate selections.

Interagency Relations

The Shelter Standards need to include food programming as part of their guidelines, and work with shelter staff, community food organizations and Toronto Public Health to introduce policies around implementing these programs in city funded shelters. If the first and foremost role of shelters is to transition homeless individuals into stable housing, then they must invest in the skills and training that supports their health, and nutrition in their new housing situation, and minimize relapsing into the shelter system. Despite the extensive system employed in constructing the Shelter Standards, the current implementation is completed in isolation. The various stakeholders such as community food organizations, Hostel Services, shelter staff and the service users and other City agencies rarely collaborate as a group to address the current food

and nutrition challenges. Due to the layered and interconnected scope of this issue, it is necessary for all stakeholders to engage regularly. The recommendations offer four potential inter-organizational relationships that could be cultivated to support the essential work of food service operators in shelters, and ensure a robust implementation of the Shelter Standards.

The City of Toronto agencies include The Purchasing and Materials Management Division. Thus it stands to reason to include the division in the procurement processes of City funded shelters. Hostel Services ought to utilize existing City resources and foster new partnerships with community food programs. These relationships are important assets and will minimize the process of formulating a more locally focused, diverse and efficient procurement process. As leaders of City shelter services, the Hostel Services division should launch these engagement opportunities.

Sharing the review process between Agency Review Officers and Toronto Public Health Dieticians will help in splitting the workload, increasing accountability and maximizing on the skills each division provides. The reality is, even when Agency Review Officers include food and nutrition in their audits and checklists, their focus is broader, and their knowledge and training is not comparable to certified dieticians in determining the complex nutrition needs of shelter users who vary in age, gender, health conditions, and dietary restrictions. Introducing an annual or bi-annual review process that includes Toronto Public Health officials will increase interagency work relations and address the intersectional needs of shelter food services. Both divisions are familiar with the Shelter Standards, and work together in training shelter staff. Thus, extending this relationship further is part and parcel of each divisions' roles.

The recommendations also put forth the opportunity to expand existing partnerships. Hostel Services has introduced The Toronto Hostels Training Center in the mid 90's to provide

training for shelter staff, board members, volunteers and students. Through this program, Toronto Public Health Dieticians and Hostel Services established mandatory basic food and nutrition training. Together, with the aid of community meal program chefs, additional classes and curriculums can be presented to support the development of shelter kitchen staff and improve the quality and nutrition levels of meals served. The current edition of the Shelter Standards has not been revised in over 12 years. To ensure that the Standards are up to date and relevant, the dialogue between the various organizations needs to be open for feedback and potential amendments.

Shelter food operations: Food procurement, infrastructure, review and education

- *Food purchasing and distribution*

1. New system of tendering for suppliers

An incongruity of the Shelter Standards stems from its highly prescriptive and detailed approach to certain aspects of shelter living, while, the management of food service is vaguely described and left to the shelters' interpretation of Canada's Food Guide. In a report on community food procurement in Toronto, the authors found it imperative for community agencies to address how and where their food is purchased to examine gaps and inefficiencies and introduce initiatives that expand procurement options and improve access to healthy foods (Miller, 2013a). Re-evaluating food procurement options could assist in increasing the nutritional quality of shelter meals and decrease costs (Miller, 2013a). This recommendation aims to support the Standards' mandate on financial viability and the importance of providing stable and continuous services to homeless individuals.

The food procurement processes amongst shelters are diverse. Shelters operate their in-house kitchens with hired cooks, or cater their dining services. They also utilize a variety of suppliers from major distributors to discount chain grocery stores, food banks, and other local

stores (Miller, 2013a). However, a study on Toronto shelters found that the majority of food supplied is either purchased at chain grocery stores, or donated from food banks (Miller, 2013a). Larger shelters employ major food distributors such as Sysco and Gordon Food Services. Choosing suppliers is often an arbitrary process. It is either a result of an existing long-standing contract, or a supplier that the cook is acquainted with from a previous workplace (Miller, 2013a). The study also found that shelters have little time and resources to compare prices across suppliers, which results in price increases being accepted year after year without adequate reconsideration. This is particularly the case where large suppliers or caterers have a sales force that can influence the purchasing process. Kitchen staff can become dependent on their supplier relationship. Thus, caution is necessary - despite not being regularly exercised - to supervise price increases stemming from dependency (Miller, 2013b). Distributors begin by offering competitive prices and high quality ingredients, however without regular monitoring, prices tend to go up and quality goes down. Other shelters continue to rely on chain grocery stores for supplies. This affects their bottom line negatively as shelters pay retail as opposed to wholesale prices. Although large chain grocery stores have discounts, coupons and advertisements to draw in customers, price assessments find that retail pricing between large and small stores do not differ significantly, suggesting a lack of competition in the retail environment (Miller, 2013b).

The shelter procurement case study aggregated the benefits and challenges that distributors face when supply shelters (Miller, 2013b).

Assets and Challenges of Shelter environments

Assets	Challenges
Recurring meals	Budget variations or cuts
Long-term resident populations (menu-planning for specific diets, ethnocultural food)	Specific health issues
Budgets that are fairly robust (ability to pre-pay)	Client demands or expectations

Regular cycle of meals (ability to plan and to get community input)	Established supplier dependence
	Transition in staff responsibilities
	Relation between donated food and shelter budget for food

Table 2

The strength of these assets and challenges will vary from shelter to shelter, but overall it paints an optimistic picture. The assets, if maximized can lead to more efficient management of the challenges of shelter environments. For example, despite the varied health issues of shelter residents, the stability of resident populations minimizes the element of surprise, and provides shelter staff with the time to manage these challenges in conjunction with adequate resources and training. Some of the elements addressed in the table apply to other sections of the recommendations and will be discussed in further detail below. To capitalize on the assets outlined above, the Shelter Standards must impose a regular system of food procurement management similar to educational institutions. An analysis of the cost per meal and a price comparison from a variety of suppliers demonstrated disparity in spending and price of ingredients. Food service operators such as Aramark, Chartwells and Sodexo apply by presenting a Request for Proposal that outlines the services, budgets, goals and objectives of the service operator while reconciling the requirements of the education institutions. Similarly shelters can implement a relationship with their distributors and caterers that include reviewing contracts annually to examine their food spending, and costing, menu cycles, and operational budgets. Thus working together to build a procurement system that supports the mandates of shelters, the Standards and the needs of the residents. Toronto’s shelters provide “almost twice as many meals as drop-in centres on average; however, average food budgets (many of which are based on a per diem from the city) are almost six times as large as drop-in centres” (Miller, 2013a, p.11). Furthermore, these figures do not include labour, infrastructure, or any other added expenses.

The compounded effects of inexperience and ignorance of procurement options as well as nutrition issues can be counterproductive for shelters in achieving the best service possible.

2. Aggregating tenders across shelters

Shifting the current food flow and starting from the source will minimize costs and support Ontario producers. City-funded shelters can aggregate their buying power to work with local farms, and benefit from these new procurement relations. For example, creating a credit account with a specific distributor for all participating shelters will allow that distributor to offer volume deals for more affordable pricing of locally sourced produce. For the objectives of shelter aggregation to be successful, aggregation of farmers and producers must also occur. The use of progressive and dedicated distributors of locally grown foods is necessary. Distributors such as 100km Food Inc. are a Toronto based company that provides “a dedicated channel for the sales, marketing and distribution of...fresh, harvested-to-order, in-season fruits and vegetables, farm-fresh dairy, free-run eggs, artisanally milled grains and flours, and pantry staples like Ontario maple syrup, honey and dried beans” (100km Foods Inc., n.d). Utilizing distributors like 100km will increase and simplify the access to seasonal, and locally grown foods. As stated previously, shelters benefit from greater funding stability; their cycle format works well to promote new partnerships with local producers. These new procurement recommendations aim to build fresh local supply networks, partnerships and potential social enterprises. Shelters can connect with each other and/or other community meal programs to learn and introduce a stronger procurement system. However, for this initiative to launch across the board and have the impact and effect necessary the Standards have to include supply efficiency and procurement to cut the dependency ties to established distributors.

3. Diversifying supply options

Similar to restaurants, shelters are able to utilize produce that is fresh yet damaged or broken as it will be chopped and prepared. Apples, or lettuces in sizes smaller than preferred sizes for retail, are also practical and money saving option for shelter food services. Though Ontario does not employ a food grading system for produce other than potatoes, retailers have their own informal standards that shape their produce choices (Miller, 2013a). Shelters can provide new supply options for local Ontario farmers and producers. Shelters can access produce that is not necessarily acceptable to retailers, but is fresh and compatible in food service operations. Produce that may not fit a supermarket's preferences for uniform and cosmetically appealing products are usually composted or plowed back into the field as fertilizer (Miller, 2013a). Implementing Local food procurement policies and practices are not new to Toronto's departments. In 2008 the City implemented a Local Food Procurement Policy in an effort to minimize greenhouse gas emissions linked with foods purchased for municipal operations while simultaneously supporting local farmers and producers (Toronto Environment Office (TEO, 2010). The Purchasing and Materials Management Division and other City Divisions have put together the following policy "when purchasing food (for purchases greater than \$3,000) shall include language in all Request for Proposals (RFPs) and Request for Quotations (RFQs) to increase the percentage of food that is grown locally" (TEO, 2010, p.1). The Director of the Toronto Environment Office was assigned to work with the other City divisions that offer food services - including Hostel Services - to establish the approach necessary to accomplish a local food procurement target of 50% local food. The policy launched a pilot project at Municipal Child Care Services. A division that provides social services to "Toronto families and communities at risk, providing care for approximately 4,000 children through the operation of 57 child care centres and one home child care agency" (TEO, 2010, p.4). Food services and

nutrition are an essential part of the serviced provisioned by Municipal Child Care Services. They offer lunch, snacks and various food programming. Much like shelters, child care centres are diverse. Some centres contain onsite food preparation facilities, and others cater their meals externally (TEO, 2010). The pilot was deemed a success with an increase in local food procurement of a total of almost 42% local food content in their menus (TEO, 2010). The pilot project was supported by the City with the allocation of an additional \$15,000 towards their new purchasing agreement (TEO, 2010). Utilizing the Local Food Policy, City divisions including Hostel Services are responsible for shelter meal services. Though not all shelters are city-owned, many are City funded. Hostel Services can utilize its contracts as leverage for the implementation for more efficient, transparent and diverse purchasing system.

- *Food Service Infrastructure*
 - a) Updating kitchen infrastructures

Most shelters have fully functional kitchens for all types of food preparations. They were built to include meal services as part of their operations. However, due to lack of funding or use, the infrastructure requires updating or the reimplementation of a fully operational food service program. The degree of access to appropriate infrastructure differs from shelter to shelter. Certain shelters do not have kitchens with the capacity of commercial production and must deal with the challenges of residential grade appliances for large-scale food service. Meanwhile, other shelters benefit from roomy, yet underutilized kitchens, particularly those that cater their lunches. Additionally, shelters have inadequate infrastructure to administer a food procurement system or meal services. The Shelter Standards were implemented without addressing the infrastructural challenges shelters face. Introducing standards such as Canada's Food Guide as a menu and nutrition resource for shelters requires larger food budgets and additional food preparation skills and equipment. If shelters are expected to meet the Food Safety and Nutrition

Standards, then they must be provided with the resources to successfully meet them. Moreover, the lack of adequate infrastructure imposes challenges on shelter cooking staff, and minimizes their ability to use and expand their food preparation skills. Fresh, unprocessed foods require space and equipment that is not readily available in many shelter kitchens thus creating an added dependency on processed or catered meals, which further contributes to the deskilling of shelter cooking staff.

The City of Toronto introduced a Food Access Program that funded the purchase of kitchen infrastructure. The program sponsored 77 varied food related projects that took place in schools, social organizations and faith centres. The City supported these projects through grants, many of which were used for community kitchen upgrades. The Food Access Program improved the City's relationship with communities and enabled the creation of food accessibility programming. The City has historically supported similar programs via grants, staff hours, and in-kind contributions of services and space (Toronto Food Policy Council, 1996). The Shelter Standards require an infrastructure management program that allows shelters to administer their infrastructure needs. Much like the Food Access program, the City can introduce a similar process for shelters. Shelters with existing kitchens can apply for City funding that can be allocated towards repairing, replacing, or purchasing kitchen equipment. Shelters without kitchens, but wishing to have scratch cooking as opposed to catering, can connect with existing City or community kitchen spaces for larger scale food preparation. The infrastructure management program can be a tool for shelters to share the challenges, resources, and solutions regarding their current food preparation and service environments.

b) Introducing basic resident food preparation spaces

Studies on eating habits of homeless youth and pregnant and nursing women and mothers have demonstrated the lack of infrastructure for food preparation for residences as well. Some shelters promote a certain degree of food preparation and consumption independence that is greatly appreciated by their clients. Pregnant and nursing women are provided with a food stipend from Ontario Works. However, many women cannot take advantage of this benefit fully due to lack of access to safe storage and proper food production space. Similarly, shelters that serve mothers and children have made similar requests to prepare favorite foods for their children, or snacks. Introducing a small cooking and storage station will make a significant difference in the lives of clients. Not only will it foster independence, but it will provide mothers and children a semblance of normalcy in a time of crisis by cooking family preferences, and support the diverse food schedules of their residents. The Shelter Standards cannot exist in a vacuum, but require programs and supports that work to promote and implement them successfully.

- *Investing in food service shelter staff*

A consistent issue expressed by shelter staff, researchers and Public Health Dieticians, is the lack of adequate staffing. One of the results from the Community Food Procurement project found that many of Toronto's meal programs – including shelters - are unable to meet their healthy eating goals due to a lack of funding and adequate labor dedicated to food service. Agencies are faced with the challenge of allocating time from cooking staff on examining food procurement. Furthermore, funding instability creates a high turnover rate or loss of staff (Miller, 2013a). The project also found that undertrained volunteers frequently administer many of the food programs in the city. As for the agencies that have food and kitchen staff, they are generally paid at a lower grade and undervalued in comparison to other staff members (Miller, 2013a).

Shelters contracts, job descriptions and budgets must be re-evaluated to increase efficiency and ensure that the meals served meet the requirements of the Standards. Shelters have the advantage of longer-term residents, a regular menu cycle, and reasonable food budgets. The current shelter budgets are comparative to other community food programs. Despite serving double the meals as drop-in centres, their budget are six times higher. Thus, with further investigation into the current budgets, it may be possible to create re-allocations that support minor staffing changes for shelter kitchen staff.

The Community Food Procurement project found that considerable improvements result in organizations that empower and invest in their food service employees. Practices implemented by various community food programs demonstrate the importance of utilizing resources in a more efficient manner by coordinating and managing supply options and allocating staff to the task (Miller, 2013a). In addition to procurement, improved coordination of overall food provisioning, from menu cycles to meal execution to food service will allow shelters to provide more wholesome meals. It is necessary to take the time and break down each task and translate it into a job description with added responsibilities, higher value, and an increased salary. A few community chefs interviewed by the Toronto Community Project noted that food programming and meal service operations are ranked lower in comparison to other programs (Miller, 2013a). Therefore, observing the gaps in each shelter and re-allocating tasks and roles more efficiently could lead to improved service. Without access to shelter contracts and finances, it is challenging to examine the scope of these changes, however, it is important to tackle. As addressed previously, food service provisioning is not a front line service; it is a crucial part of the solution with lasting health and nutrition benefits.

Review Process

i. *Agency Review Officers as general Shelter Standards review body*

Agency Review Officers perform regular and random audits of city-funded homeless shelters. Their role is to administer the contracts and ensure that shelters are complying with the Shelter Standards. They are also front line personnel, and the main point of contact for shelter staff and users. The officers are mandated to offer information, training, develop programming and support to shelters. When officers visit the various locations, their main purpose is to monitor the program and to confirm that execution follows the conditions of the funding contracts (Shelter, Housing & Support , 2002). For an Agency Officer, Food Safety and Nutrition is one of the Standards to follow. As discussed previously, the Standards require meals to comply with Canada's Food Guide. However, no review system is in place that includes taste testing, or evaluating the nutrition of the meals served. The current process is a simple menu review, subsequent to observing the menu of meals served (Personal communication, April 2014).

Agency Review Officers currently do not review the menus, and food operation systems of shelters funded by the City. However, as part of the recommendation presented above, officers require basic food and nutrition training to understand the menu expectations put forth by the Standards and ensure that they are being implemented. It is recommended that Agency Review Officers undergo the introductory shelter training on food to ensure that they are armed with the knowledge to review food operation structures. Food training should be as embedded as food provisioning in shelter operations. Agency Review Officers require a more detailed evaluation process that can accurately examine the quality, and quantity of foods served according to the requirements of the food standards. The Agency Review Officer interviewed highlighted a general understanding of the importance of food to shelter users. However, he/she were not

necessarily qualified in examining past menus. Shelters are not required to submit recipes alongside the menus, which would offer a full picture of meal composition, food preparation and ingredients.

Regarding changes, Agency Review Officers need to be included in the current food training process administered by Toronto Public Health Dietitians. If they are to enforce the standards, they have to be armed with the knowledge and skills to do so. The Toronto Shelter Standards provide a list of mandatory training required for shelter staff supervising and/or directly involved with food. Considering that Agency Review Officers supervise standard implementation at each shelter, including food, then it stands to reason that officers be trained. Toronto Public Health dietitians already lead these food and nutrition workshops for shelter staff; opening them up to include the officers will be very beneficial in increasing the efficiency and effectiveness of the Food Safety and Nutrition Standards. Further amendments will be needed to support an overall shift in the quality and quantity of foods served, however the review and accountability process is essential to the functionality of the standards.

ii. *Toronto Public Health Dietitians as Food Safety and Nutrition review body*

The dietitians at Toronto Public Health are involved in the training of shelter staff on food safety, menu planning, Canada's Food Guide and nutrition. They advise shelter staff as per the curriculums of these pre-prescribed workshops. They support Toronto Hostel Services through their role as instructors. During the menu planning classes, shelter staff are required to bring one recipe to duplicate and share amongst all shelters in attendance. The dietitians are not expected to provide recipes, or advise on them beyond the workshops. When probed further, they did not provide a specific reason for input limitations on menus other than it is beyond the scope of their roles. Nevertheless, considering their skill set, advisory role in revisions of the new standards

and existing relationship with Hostel Services and shelter staff, Toronto Public Health dieticians can expand their relationship to include reviewing menus and nutrition of meals on a more regular basis. The current training is the only official forum for dieticians and shelter staff to exchange information and knowledge. Furthermore, there is a gap in monitoring the implementation of Canada's Food Guide and the Shelter Standards on the meals served in shelters. The nutrition needs of residents are not regularly met. Therefore, building on the existing relationship between Public Health Dieticians and Hostel Services, it is recommended that an annual review process be employed in collaboration to address this issue. The dietician can audit menus, review food quality and quantity and taste test meals. The audits will also include a reporting system that imparts a set of recommendations for improvements and highlight the processes that are successfully ensuring the standards are followed. This recommendation works in parallel with the previous one. However, each one examines the application of the shelter standards with differing levels of scrutiny and deriving from their particular set of expertise. Dieticians by trade will be able to take on a micro interrogation of the various aspects of food services at shelters.

iii. *Service user review system*

Shelter users are provided with a few ways to provide feedback on the services offered at city-funded shelters. The Standards suggest resident input in all areas of programming including: planning, development, policy and evaluation (Shelter, Housing & Support , 2002). The Standards suggest how shelters can include exit interviews, surveys, focus groups and meetings. The focus is on communication mechanisms between the board of directors and shelter users. The Standards also recommend these processes include: client advisory committees, newsletters, and the posting of board and committee minutes on resident specific topics in an accessible

location (Shelter, Housing & Support , 2002). As detailed previously, shelters are also obligated to run monthly meetings for residents. The variety and flexibility of fora for communicating with shelter staff and boards of directors allows for each shelter to tailor their communication processes to their residents and environments. However, the Shelter Standards do not outline other methods or resources for reviewing the services beyond contacting Agency Review Officers with feedback. The point of contact between Toronto Hostel Services and clients regarding the Shelter Standards, and shelter services are limited, and do not address food specifically. Despite being a necessary provision, food services need to be reviewed adequately and regularly not only by nutrition experts, shelter staff and city staff, but also by the clients.

Institutional food service operators generally perform dining services surveys to connect with their clients. These surveys are performed annually to gauge client satisfaction with menu options, variety, quality of meals prepared, and food procurement. Implementing annual or bi-annual dining surveys are a potential tool for clients to voice their concerns, highlight the positives and make recommendations. Major institutions such as schools to investigate food options on their campuses have used these surveys. The surveys can be done in hard copy by a task force of stakeholders such as residents, dietitians, shelter staff, city staff and non-profits who will compile the information into a report. This method, if completed properly, can open the dialogue on the food challenges shelters face. As it stands, residents are not involved in reviewing services targeted at them. Therefore, it is important for transparency and accountability to ensure at minimum that residents are part of the conversation on the implementation of the Shelter Standards. Creating Food Advisory Committees are another method to include residents in the operation of their shelters. In the example stated previously, the residents took on the task of creating recommendations, and negotiating them with shelter

staff. An added tier to the process is to include city staff in the reviews put together by residents to include all relevant parties in the discussion. The current review system of the Shelter Standards is closed and isolated amongst different and disconnected departments and groups. However, to ensure efficiency and reduce exclusion, the various platforms must be opened to a fuller dialogue that addresses the food and nutrition conditions in shelters.

Food Training and education

i. Training for shelter staff and users and Hostel Services personnel

Training is one of the largest challenges cited across all levels. The training available targets newly employed shelter kitchen staff. There is a shortage of training and skill development that addresses the various levels and stages within the shelter environment. Shelters are diverse, some with fully functioning kitchens and training for residents, others simply cater their meals. Each environment and setting comes with its own set of challenges that need to be addressed. Furthermore, the varied needs of shelter residents - from physical and mental health conditions, to dietary and religious restrictions - require a great range of expertise and food skills. Most importantly, kitchen staff needs to be capable in engaging with their residents through food. Toronto Public Health Dieticians interviewed remarked on the frequency of questions by shelter cooking staff regarding the nutrition needs of persons with chronic illnesses and the challenges of translating that into a menu cycle over the long term (Personal communication, May 2014). Their initial training is useful; however, the cooks experience stagnation and require new cooking techniques to encourage growth. Additionally, kitchen staff are not trained on supplier relations, albeit catering or distribution. Depending on the size and the capacity of the shelter, supplier relations are tasked to the cooks, a kitchen coordinator, or as part of a larger administrative coordinators' task list. Thus, an important review and efficiency skill may not be

attended to adequately if the personnel is untrained or overworked. Promoting the development of shelter staff, and ensuring that they are connected to the larger community food programming community, will minimize isolation and increase the knowledge exchange leading to higher quality meals and more nutritious offerings.

Despite being subject to budget cuts, shelters benefit from a quite stable kitchen staff. Their duties vary from “basic cooking and food provision to coordinating social engagement, healing and skills training through food for the residents” (Miller, 2013b, p.1) These tasks require added training to coincide with the complexities of the position. The Shelter Standards should introduce additional, more tailored training for shelter food service operations. Through The Toronto Hostels Training Centre, Toronto Public Health Dieticians provide their two food services mandated training sessions. Utilizing the same structure, and an existing collaboration, more detailed training sessions could be provided. The current basic classes would continue with the addition of two levels, intermediate and advanced. The new levels will address further details in food preparation, procurement and nutrition. Adding new workshops that offer more advanced training will promote the growth of kitchen staff and better the quality and nutrition levels of foods served. Hostel Services, Toronto Public Health and local Community Food organization can work together to construct the curriculum for the intermediate and advanced levels. Kitchen staff require added training on procurement, pricing, wholesome and fresh cooking, and cultural meals. Training on scratch cooking will not only produce fresher food but also will also reduce food expenses and increase health values. The Shelter Standards must build a strong training system to bolster the requirements of shelter residents and support shelter staff.

Only 20% of shelters provide their residents with food preparation skills. Community Food Centres include food programming as part of their broader service provisioning and have

shared the benefits of communal cooking. For kitchens with the capacity to hold food programming, it would be valuable to introduce food preparation for residents. Major organizations such as FoodShare and Community Food Centres Canada have the experience and skills to assist shelters that aim at initiating food programming. Shelters can build new partnerships, learn from years of expertise, and connect with other charitable meal programs in the city. The Community food procurement study has found that "while funding for emergency, transitional and supportive housing has increased, funding for food programs that help people to establish themselves permanently in independent housing has been reduced" (Miller, 2013, p.). Therefore, residents who transition out of the shelter system are provided with housing, yet without the skills to prepare their own meals. In fact, many ex-residents continue to utilize charitable meal programs to supplement the hunger and/or loneliness experienced in their new housing situation. Food programs not only offer food preparation skills, but they assist residents in tailoring their meals to their various health conditions, and prepare foods that are healthful. They also train residents to manage food finances and grocery shopping to prepare them for living independently. Some programs aim at preparing residents to potentially work for the food industry. Many community food organizations focus on the importance of participation as a step towards better nutrition and food skills. Shelters can involve residents during the weekends and prepare a meal together, or allow them to prepare their own meals. A women's shelter in Toronto reduced their weekend staff to allow their residents to prepare familiar meals, expand their agency and participate in shelter food operations.

Nutrition and Meal planning

- i. *Integrating nutrition, efficiency and seasonality in menu cycles*
 - a) Integrating seasonality in menu cycles

Shelters have to expand the focus of their food service operations beyond access, and contribute to better health and nutrition. Beyond Canada's Food Guide, the Shelter Standards section on food does not provide adequate details on how the guide can be applied. The Toronto Shelter Standards are a step towards creating a manual that addresses the ad hoc nature of homelessness responses. However, the low nutritional level of meals served indicates that homeless individuals cannot rely on these programs to meet their nutritional requirements. Changes in food selection are required. And merely increasing portion sizes, as per the recommendations in the standards, will not impact the micronutrient levels of meals in most programs. Studies have found that most homeless persons in Toronto require increased servings of milk products, fruits and vegetables (Dachner, Tarasuk, 2013). Improving the nutritional quality of meals presented necessitates additional resources, and better programming.

Most shelters construct an annual menu either for caterers or their in-house kitchen staff. The menu is not discussed with residents, Hostel Services staff or Toronto Public Health Dieticians. However, if residents have concerns regarding the menu they can discuss them during the meetings or they can contact an Agency Review Officer. The mandatory training for shelter food service providers is a one-time opportunity to resource share with other food providers on menu ideas. As addressed in a previous recommendation, building a stable menu cycle is important to the procurement piece. If shelters are able to plan menus in advance then they can minimize volatility with regards to cost, quality, quantity, nutrition, dietary restrictions and variety. The current annual menu is unclear, lacks variety, and does not fully meet the nutrition needs of a diverse homeless population. It would be best to introduce a 4-month, seasonal and locally focused menu cycle, 3 times a year that identifies dietary restrictions. Introducing this format will offer multiple advantages to a range of stakeholders. First of all, creating a menu 3

times a year will ensure that the menu cycle meals better follows the seasonality of food grown in Ontario, and support the application of Toronto's Local Food Procurement Policy. As addressed above, there are additional benefits of seasonal, local eating as found by the Medical Officer of Health; these social and economic benefits include sustaining Ontario farmers, increased food security, and constructing a robust local agriculture economy (TEO, 2010, p.2).

b) Integrating dietary restrictions and health needs

The suggested menu format will offer the variety needed for shelter residents and reduce repetitiveness. Additionally, including color-coded identifiers or labels on the menus that can classify the meals such as vegetarian, contains nuts, halal, made without gluten, or diabetes friendly will assist shelter residents in navigating their meal options according to their dietary restrictions. Shelters do not necessarily have to prepare an entirely separate meal for these groups, however, they have to address the issue of residents skipping meals or only eating particular portions due to their dietary restrictions, and the affects of that on their overall nutritional intake. One of the benefits of creating such a menu is its ability to demonstrate the gaps in the meals served. One can simply look over the colors or labels and clearly identify the excess or shortage of meals that address a particular dietary need. This will catalyze a conversation not only amongst shelter staff, but also with shelter residents about their food preferences and requirements.

The current structure recommends added portions for pregnant women, and the elderly to achieve their nutritional requirements. However, the menus have to be built to be nutritious to begin with for that Standard to be applicable. The training recommendation suggested above will lead to better menu execution, and the review system proposed previously will ensure adequate implementation. These recommendations work hand in hand in a layered effect to lead to higher

quality, seasonal, diverse and nutritious food. Lastly, this menu will assist in reconnecting the residents with their food and learning about what and when are certain foods grown and made available. Creating a new menu 3 times a year can be time consuming, however it is a practical solution to the challenges and issues expressed by shelter residents, and will empower kitchen staff in contributing to their residents' overall wellbeing. Applying a 3-month, annual menu cycle will support the procurement recommendations proposed above, and obliges kitchen staff to take the time and calculate costs, and review supply options for maximum efficiency and price viability.

ii. *Translating Canada's food guide into a shelter environment*

Canada's food guide is an important document that is utilized extensively in government and non-government fora. It provides a considerable amount of information regarding nutrition. The guide, however, is not necessarily accessible to laypeople. How can a shelter resident who is unable to make independent food choices navigate Canada's food guide? This is where shelter kitchen staff, residents and Toronto Public Health Dieticians can translate Canada's Food Guide in a shelter environment.

Various doctors and researchers disagreed with particular recommendations of the 2007 Canadian food guide. The Canadian coordinator for the Centre for Science in the Public Interest, Bill Jeffery, was disconcerted over the changes in the guide (Kondro, 2006). The new guide lowered the consumption of fruits and vegetables from a daily recommendation of 5 to 10 servings to 5 to 8 and increased the consumption of meat from 2 to 3 as advised in the 1992 edition to 4 servings. Another vocal critique of the 2007 edition is Dr. Yoni Freedhoff who opposed the guide's recommendation of drinking half a cup of juice and placing it in the same category as a piece of fruit with all its fiber, vitamins, minerals and nutrition (Kondro, 2006). Dr.

Freedhoff argues that the current nutritional value of fruit juices is equivalent to many sodas due to high levels of sugar. In fact, it is on those grounds that developed countries like Australia have removed fruit juices from their food guide (Pratt, 2012).

Another issue with Canada's present food guide is its use of dated 1997 portion sizes that are smaller than the current average portion sizes in packaged foods (Pratt, 2012). For example, the recommended portion for bread is not readily available through current products; only particular 'diet' brands of bread adhere to the portions outlined in the guide. Therefore, if a sandwich is prepared, the grain intake will be higher than the guide's recommendation due to the disparity between the document and the industry's portion sizes (Pratt, 2012). Lastly, an absent aspect of the food guide is food preparation. Many foods lose their nutrient levels if they are prepared improperly. Many shelter meals may include vegetables, however they are prepared in high fat casseroles that reduce the health benefits of the produce. A Toronto Public Health Dietician stated that Canada's Food Guide instructions are challenging to envision on a plate (Personal communication, May 2014). Shelter Staff require an applicable translation of the Guide, particularly with regards to meal planning. The Meal Planning Checklist provided by Canada's Food Guide is created for a single user who has a certain level of control over their meals and is not compatible for large scale food service, or a shelter food environment. The Shelter Standards can work alongside Health Canada, Toronto Public Health and community food programs to render the current Food Guide compatible for Shelters. A comparable initiative has been taken previously. Health Canada has partnered with indigenous persons, and nutrition advisory groups to create a more tailored document for use by Canadian Aboriginal populations. In fact, Health Canada also created a presentation dedicated to training nutrition educators on eating well via Canada's Food Guide aimed at First Nations, Inuit and Métis (Health Canada,

n.d.a). Similarly, Health Canada can create a document that serves the health needs and particular conditions of shelter populations. It is unreasonable to expect shelter food staff to prepare meals according to the Guide without a full understanding of its applicability. The Standards must include a resource to navigate a tool created and tailored for individuals or small families at best. Implementing changes to the Food Guide is beyond the scope of the paper; nevertheless it was imperative to address some of the challenges and discrepancies outlined in the literature. However, it is recommended that the Guide be examined and applied in a shelter environment to ensure that the meals offered do follow the portions, and suggestions offered.

Meal service structure

i. Food environment and meal times

The environment and system within which meal services are deployed are as important as the food served. Every shelter serves and sets up their meals differently, and certain systems can lead to conflict, for example, leaving lineups unattended, running out of meals, and lack of food options. Shelters house a variety of residents with diverse eating habits and schedules. To ensure inclusivity, the Standards must provide guidelines for meal service timing, and meal hall environments. The long cafeteria lines, crowded, noisy eating halls, and lack of adequate seating for residents such as young children lead to inconsistency in meals. Large shelters might stagger meal times to avoid extensive lines and permit families with small children to eat first (Taylor & Koblinsky, 1994). The one-size fits all in shelter food programming affects these measures. Some solutions have been implemented that can work in organizing meal service environments such as a ticket for meal system. Shelter residents are provided with single redeemable tickets that can be used at meal service. This format ensures that every resident acquires at least one meal (Miller, 2013a, p.14).

Valerie Tarasuk interviewed homeless youth in Toronto about their food and nutrition (Dachner, Tarasuk, 2013) They emphasized the importance of serving food in a manner that respects and addresses their needs and preferences. She highlights that youth require further meal and snack options compared to adults, thus shelters must address these desires. Tarasuk makes a few recommendations that would not only work for youth, but shelters housing mothers, and families (Taylor & Koblinsky, 1994). She suggests creating snack spaces that allow youth to make their sandwiches or salads. Introducing spaces for food storage and preparation with basic pantry staples will allow residents to independently arrange a small meal or snack. This will benefit residents and shelters by providing alternative meal options, enabling residents to bring their own favorite food items, possibly make better and more wholesome food choices, redirecting leftovers from previous meal service, and encouraging independence and agency. Tarasuk adds, “This stands in stark contrast to the passive and sometimes demeaning experience of eating in charitable meal programs” (Dachner, Tarasuk, 2013, p.144).

Studies on meal programs in Toronto have found that they are scheduled around other services instead of food being a focus in and of themselves (Taylor & Koblinsky, 1994). Meals are offered according to the programs’ hours of operations as opposed to their client’s food needs. Many shelters serve their meals at earlier hours of the day, during the week and at the same times thus creating unnecessary overlap, and minimizing access to nutritious food later in the evenings and on weekends (Taylor & Koblinsky, 1994). It is necessary for meal scheduling to be coordinated not only within the shelter itself but amongst other shelters to ensure adequate accessibility to food and nutrition each day. Shelters and other meal programs must acknowledge the importance of their food services and address their ad-hoc and uncoordinated delivery. These

organizations should connect with one another and Hostel Services to create a master calendar, or map that is visible, accessible and user friendly for homeless individuals to navigate.

Most importantly, this will assist in helping these organizations identify the gaps in food access in Toronto for their clients. The end result would be the provisioning of three nutritious, culturally diverse, satisfying meals every day of the week.

Other studies of shelter food services have found that many shelters serve meals very early in the morning, for example breakfast as early as 6:30 a.m., and dinner as late in the evening as 7:30-8 p.m (Taylor & Koblinsky, 1994). In the case of shelters with children and youth, these hours can be challenging and difficult to meet, similarly for residents with certain health conditions such as diabetes, and/or a medication schedule (Taylor & Koblinsky, 1994).

Therefore, creating staggered meal times will allow residents with various needs to access meal services according their requirements. Extending food service can be a challenge, especially for shelters that offer three meals, and prepare all their foods. However, it is possible to offer a smaller reduced meal for the additional time period. Shelters can modify this recommendation to suit their capacities, resident needs, staffing and space. The reality is food services are in place not only to battle hunger and increase food accessibility, but as a secondary line of defense to minimize chronic health condition in the long-term.

Conclusion: Not complete!

The Toronto Shelter Standards are a step towards creating a coherent approach to currently fragmented homelessness responses. However, the inconsistent nutritional quality of meals served indicates that homeless individuals cannot rely on these programs to meet their necessary dietary intakes. Changes in food selection are required. However, merely increasing portion sizes will not impact the micronutrient levels of meals in most programmes since they

require increasing servings of milk products, fruits and vegetables. Improving the nutritional quality of meals thus requires additional resources. Shelter staff are operating within constraints of restricted food budgets, unpredictable food donations, and limited food service training. Enrolling the professional help of nutritionists will help staff serve a variety of nutritious, tasty foods low in fat, high in fiber, and appeal to the various residents' appetites such as children and medical conditions such as diabetes. Few felt that shelter meals were both nutritious and tasty. Countless studies reported variation in food service that fluctuated due to food donations and rotating cooks (Davis, Holleman, Weller, & Jadhav, 2008). A national assessment of nutritional status of homeless individuals in Canada has not been explored, however, studies of homeless individuals in developed countries has demonstrated prevalent dietary inadequacies. The growing number of homeless individuals is creating challenges throughout Canadian communities and requires effective policy solutions.

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