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Breaking Siloed Policies: Applying a Gender-Based Analysis Plus (GBA+) to Homelessness during Pregnancy in Canada

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Abstract: Amongst women and gender diverse (WGD) populations experiencing homelessness in Canada, one of the most vulnerable and understudied subgroups are those who are pregnant. A key barrier to accessing housing for this population are policies that lead to siloed sector work and complicated and inaccessible services. Frequent relocation and fragmented access to essential prenatal and postnatal support are the result. Experiences of homelessness for WGD people are distinct from that of cisgender men; the former tend to experience 'hidden homelessness' and are more likely to rely on relational, precarious, and sometimes dangerous housing options. The homelessness sector, its policies, and services tend to be cis-male-centric because of the greater visibility of homelessness in cis-men and fail to meet pregnant WGD people's needs. This paper describes the findings from a one-day symposium that was held in Toronto, Canada, in June 2023 that aimed to address the siloed approach to housing provision for pregnant WGD people experiencing homelessness. A key focus was to understand how to incorporate a gendered and intersectional discourse into practice and policy. Adopting a gender-based analysis plus (GBA+) approach within policymaking can help illuminate and address why certain groups of WGD people are disproportionately affected by homelessness, including Indigenous Peoples, recent immigrants, racialized people, and those experiencing intimate partner violence, poverty, and substance use.

Keywords: homelessness; pregnancy; women and gender diverse people

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1. Introduction

Homelessness is a complex social problem that is becoming increasingly widespread in Canada. Definitions of homelessness are highly contentious and debated (Schwan et al. 2021). For this paper, homelessness is defined as "the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Gaetz et al. 2012, p. 1). Homelessness is also a deeply gendered phenomenon (Watson 2023). Among all populations experiencing homelessness, women with children are one of the fastest-growing subgroups in high-income countries including Canada, Australia, the United Kingdom, and the United States (Phipps et al. 2019). Estimates suggest that 36% of people experiencing homelessness in Canada identify as women (Schwan et al. 2020); however, many policy decisions are based on cisgender men and male-centric ideas about homelessness (Bretherton and Mayock 2021). The Government of Canada (2024) defines cisgender as "a person whose gender identity corresponds to their sex assigned at birth." (np). This paper uses the term 'women' to represent any person who self-identifies as a woman, and 'gender diverse people' to represent individuals who identify beyond the male/female binary (United Nations 2022). Both groups experience unique and intersecting gendered barriers to access adequate

housing. Among the most vulnerable and understudied subgroups of women and gender diverse (WGD) people experiencing homelessness in Canada are those who are pregnant. Homelessness during pregnancy is particularly concerning because it can lead to numerous long-term negative outcomes for both the pregnant person and their infant, including depression and preterm birth, respectively (McGeough et al. 2020; St. Martin et al. 2021). The aim of this paper is to outline the results of a one-day symposium held in Toronto, Canada, in June 2023, which aimed to tackle the fragmented approach to housing provision for pregnant WGD people experiencing homelessness.

1.1. Gendered Homelessness: An Overview in Canada

The number of WGD people experiencing homelessness in Canada is vastly underestimated. There are two main reasons for this underestimation. First, there is limited scholarly research available on the topic (Schwan et al. 2020). Second, typical homeless enumeration approaches used in Canada, such as Point-in-Time Counts, are typically male-centric given that they often only measure street homelessness and shelter usage (Schwan et al. 2021). In many countries, WGD diverse people are less likely to use conventional shelters, drop-in spaces, public spaces, or other homeless-specific services (Baptista and Marlier 2019). They are more likely to experience 'hidden homelessness' (Andermann et al. 2021; Baptista and Marlier 2019; Schwan et al. 2020) in that they tend to rely on relational, precarious, and sometimes dangerous housing options including couch surfing, staying in exploitive relationships, or trading sex for housing (Bretherton 2017). It is estimated that at least 7% of all Canadian women have reported experiences of hidden homelessness at some point in their lives (Rodrigue 2016). Hidden homelessness is defined as a person who temporarily is living with others without any guarantee of ongoing or permanent housing (Canadian Observatory on Homelessness 2017). Data for gender diverse people's experiences of homelessness are not available. Over the past decade, homelessness among women in Canada has been steadily rising and is highest during childbearing years (15–39 years; Uppal 2022). Recent data suggest that nearly 90% of families within emergency shelters in Canada are headed by single women (Employment and Social Development Canada (ESDC) 2019). Pathways into homelessness for WGD people are complex and involve, but are not limited to, the feminization of poverty, intimate partner violence, lack of affordable housing, gender-based discrimination, substance use, mental health issues, and intersecting forms of marginalization, such as racism, ableism, and transphobia (Schwan et al. 2020).

Intimate partner violence is a major public health issue in Canada that can be seen as both a cause and consequence of homelessness and housing insecurity for many WGD people and their children (Schwan et al. 2020; Vecchio 2019). According to the Canadian Femicide Observatory for Justice and Accountability (2018), one woman or girl is killed on average every 2.5 days in Canada. WGD people who are victims of abuse and violence endure severe trauma, which can either trigger or exacerbate mental health and substance use issues, thereby complicating their recovery process (Schwan et al. 2020). WGD people and their children fleeing violence require safe housing and adequate support services. Unfortunately, shelters and transition houses throughout the country lack sufficient beds and resources to meet the growing need.

Across Canada, there are approximately five times fewer women-specific emergency shelter beds compared to co-ed or cis-male specific shelter beds (13% versus 68%, respectively; ESDC 2019). Women tend to avoid co-ed shelters for fear of violence, or because of prior experiences of violence within shelter spaces (Bretherton 2017; National Inquiry into Missing and Murdered Indigenous Women and Girls 2019). In general, gender-based violence shelters are insufficiently resourced to handle the scale of demand. Data from Statistics Canada indicate that these shelters turn away almost 1000 women and their children each day, forcing many women and their children to return to situations of violence and precarity (Vecchio 2019). Discrimination by landlords is also a significant issue that exacerbates the challenges WGD face in securing safe and affordable long-term housing (Gupta 2022). Overall, WGD people at risk of homelessness face multiple systemic and

structural barriers including lack of population-specific emergency, transitional, and long-term supportive housing, unaffordable rental housing, and long waitlists for subsidized housing (Gulliver-Garcia 2016; Vecchio 2019).

1.2. Homelessness during Pregnancy: The Canadian Context

Canada has a long history of heteronormative, patriarchal, and neoliberal approaches to service provision, which can cause feelings of fear and mistrust among pregnant WGD people and thereby prevent their access and use of relevant services (Chyzzy et al. Forthcoming; Schwan et al. 2020). For example, pregnant WGD people facing homelessness may fear losing their infant to family protection services (Krahn et al. 2018) because homelessness may be perceived as an indicator of adverse parenting behavior or neglect (Warren and Font 2015). Over the past two decades, provincial governments across Canada implemented policies called "birth alerts", in which a pregnant person's personal information was shared between social workers and healthcare workers without consent (McKenzie 2021). This practice allowed hospitals and child welfare agencies to flag pregnant people deemed to be "high-risk" (such as those experiencing homelessness) prior to the delivery of their baby, often leading to infants being apprehended (Migdal 2019). This controversial practice has disproportionately affected racialized people, causing immense suffering and harm (Howells 2020). Although "birth alerts" were officially stopped in Ontario in 2020 and in other Canadian provinces in 2019 and 2021 (with the exception of Quebec; Malone 2022), they still reportedly occur in some areas of Ontario (Thompson 2022) and have left a lasting legacy among many communities.

Current data based on the Toronto Birth Count show that over 300 infants are born into homelessness every year in Toronto, Canada (Shah et al. 2017). This birth count was developed by the Young Parents No Fixed Address (YPNFA) network using an innovative data collection method. Seventeen YPNFA member agencies monitored births among their clients facing homelessness, documenting each baby's initials and birthdate (Shah et al. 2017). After consolidating and removing duplicates from these records, YPNFA estimated that between 275 and 315 babies were born annually to underhoused mothers served by their agencies from 2012 to 2014 (Bernstein 2013). These figures starkly contrasted with provincial data from the Ontario Ministry of Health and Long-term Care (MOHLTC), who only reported 0 to 7 births into homelessness in Toronto between 2000 and 2015 (Shah et al. 2017). This difference is related to the fact that MOHLTC data are based on hospital discharges, which relies on self-disclosure of homelessness by parents (Shah et al. 2017). Using the self-disclosure method of data collection, it is likely that parents were hesitant to self-disclose their homeless status due to fear of apprehension of their child (Shah et al. 2017).

A key challenge for pregnant people in Toronto is that as their status changes during the perinatal period (from pregnancy to parenting), they are often forced to move within the shelter system because most shelters have eligibility requirements that draw distinctions between being pregnant and having children. In a recent study, (Chyzzy et al. Forthcoming) explored the experiences of homelessness and food insecurity among pregnant people in Toronto during the COVID-19 pandemic. The study found that participants moved on average 3.4 times (range 2–7 times) within an 8-month period while pregnant or within the first few months following the birth of their baby. These frequent relocations negatively affected participants' mental health (e.g., caused feelings of stress, anxiety, and depression) and led to gaps in accessing essential prenatal and postnatal support (Chyzzy et al. Forthcoming).

When emergency shelters are available, they do not provide an optimal living environment for pregnant women or someone who has recently given birth. There is often limited physical space, activities are highly monitored, and many shelters have strict rules, including mandatory attendance at programming, which can feel stifling and oppressive (Azim et al. 2018; Chyzzy et al. Forthcoming). Additionally, competing survival priorities and other demands, such as getting to work or attending doctors' appointments, can make program attendance difficult (Chyzzy et al. Forthcoming). In many cases, there is also a lack of culturally appropriate care in shelters and transitional housing to provide services that meet different

ethnic, cultural, and linguistic needs (Vecchio 2019). Women and gender diverse people who are pregnant need housing and support services that recognize their strengths and provide choice and opportunities for independent parenting (Schwan et al. 2020).

1.3. Applying a Gender-Based Analysis Plus (GBA+) Lens to Homelessness

Gender-based Analysis Plus (GBA+) was created by the Status of Women Canada (SWC) as a tool for assessing how legislation, policies, and programs impact diverse groups of people (Cameron and Tedds 2020; Status of Women Canada (SWC) 2017). The Status of Women Canada (SWC) (2017) provides the following description of GBA+:

> Although gender is usually conceptualized as a binary (girl/woman and boy/man), there is considerable diversity in how individuals and groups understand, experience, and express gender. The "plus" in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences. We all have multiple identity factors that intersect to make us who we are; GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability (page 2).

GBA+ recognizes that people are diverse and that policies affect different groups in varying ways (Cameron and Tedds 2020). A Gender-Based Analysis Plus (GBA+) lens can be applied to homelessness among WGD people to inform how heteronormative systems of racialized, classed, and gendered oppression reinforce each other (Government of Canada 2022; Schwan and Ali 2021).

2. Materials and Methods

A one-day symposium entitled Homelessness During Pregnancy Symposium (herein referred to as the Symposium) was held in June 2023 in Toronto, Canada. The overall goal of the Symposium was to share and mobilize knowledge about the diverse and unique housing needs of WGD people facing homelessness during pregnancy in Canada. The four objectives of the Symposium were the following: (1) to mobilize experiential knowledge from people with lived experience and service providers and research knowledge from the academic and gray literature about homelessness during pregnancy; (2) to identify gaps in existing knowledge and reach a consensus about priorities for future policy development and scholarly research; (3) to disseminate key messages to service providers, researchers, and policymakers to prevent and address homelessness during pregnancy; and (4) to establish collaborative, interdisciplinary, and reciprocal partnerships for future research and practice.

2.1. Ethical Considerations

This research was approved by the Research Ethics Board at Toronto Metropolitan University (REB 2024-260). No identifying data were collected from attendees at the Symposium.

2.2. Symposium and World Café

The concept for the Symposium was initially conceived following discussions between the lead author and the YPNFA sub-committee called PATHS (Providers Advocating Towards Housing Sustainability). The research team collaborated with YPNFA to plan and deliver the Symposium. YPNFA is a network of over 40 social service agencies in Toronto that support pregnant people under the age of 29 who are facing homelessness during pregnancy.

The Symposium comprised panel presentations and academic presentations. In the morning, panel presentations included discussions by people with lived experience of homelessness during pregnancy and service provider experiences who work with this population. This allowed researchers and policymakers to hear these expert voices and most pressing concerns related to housing. Academic presentations were provided by leading researchers in Canada in the area of women's homelessness.

The afternoon involved collaborative dialogue and consensus-making using a World Café model to identify key gaps, practice concerns, and policy limitations based on the morning presentations. World Cafés are a versatile participatory method widely used to address community issues and engage diverse community members in small group discussions (McGrath et al. 2023). They create a setting for meaningful conversations and foster an inclusive environment (McGrath et al. 2023). Our World Café ran for a total of three hours. Attendees were divided into discussion groups and each group had at least one representative from policy, practice, and lived experience. Discussions were focused on two separate topics: (1) barriers and challenges to homelessness during pregnancy; and (2) recommendations and opportunities for housing during pregnancy and after birth. A facilitator supported collaborative discussion and kept track of the time. Tables contained large sheets of paper, pens, markers, and pencil crayons so group members could choose to talk, draw, or write their thoughts. At the end of the World Café, the main follow-up recommendations were summarized in a closing plenary session.

2.3. Data Analysis

We used qualitative content analysis with an inductive approach (Elo and Kyngäs 2008) to identify and synthesize all notes from the World Café. The analysis process involved the following: (1) two research assistants and one research coordinator preparing the raw data and generating initial themes and subthemes; (2) the lead author thoroughly reviewing the data to refine the initial themes and subthemes; and (3) the entire research team reviewing, revising, and validating the themes and subthemes. One author served as a facilitator during the World Café and reviewed the findings to ensure they accurately reflected the discussions.

3. Results

A total of 61 people attended the Symposium, including people with lived experience of homelessness during pregnancy or after the birth of their baby (n = 15), service providers who work on a daily basis with this population (including midwives, nurses, physicians, social workers, doulas, child and family service workers, outreach workers, housing workers, and other social service providers, n = 29), researchers and students (n = 8), and policymakers who are responsible for housing, shelter, and homelessness portfolios (n = 9). Some of the participants occupied multiple social locations (e.g., being both a person with lived experience and a service provider). Themes that emerged from the World Café discussions were grouped into the two key topic areas: barriers and challenges (Table 1), and recommendations and opportunities (Table 2).

Table 1. Overview of barriers and challenges.

Theme	Subthemes
1. Systemic and Structural Barriers	Siloed and Inaccessible Systems Inconsistent Services Navigation Difficulties
2. Access and Resource Constraints	Lack of Affordable Housing and Shelters Technological and Logistical Challenges Funding and Resource Limitations
3. Psychosocial Barriers	Trauma and Retraumatization Fear and Stigma Colonial and Paternalistic Perspectives

Table 2. Overview of recommendations and opportunities.

Theme	Subthemes
1. Integrated Support Services	Collaborative Intersectoral Care Centralized Services with Peer Navigators
2. Policy and System Enhancements	Flexible and Trauma-Informed Policies Incentivizing and Expanding Housing Solutions
3. Funding and Resource Allocation	Strategic Funding Use Community-Based Solutions
4. Increased Research and Advocacy	Research and Data Collection Political Engagement
5. Empowerment and Education	Youth Empowerment Training and Development

3.1. Barriers and Challenges

Theme 1: Systemic and Structural Barriers

Siloed and Inaccessible Systems: One of the main challenges that thematically dominated the World Café was how care and services function in silos. Key collaborators agreed that since many programs and policies operate in isolation, information is not shared freely, and available services and funding can be left unknown to those who most need it. These silos have led to missed opportunities and fractured service provision and hindered access to comprehensive prenatal and postpartum support. This fragmentation is compounded by policies that do not consider the unique needs of pregnant individuals. For instance, rigid bureaucratic processes and documentation requirements can delay or entirely obstruct access to essential services, creating unnecessary hurdles for those in urgent need of support.

Inconsistent Services: The quality and availability of housing services can vary greatly across different urban and rural regions as well as between providers, leading to inequities in care. Service providers reported that many programs were only temporarily funded, which resulted in piecemeal attempts to try to address a client's housing issue and, oftentimes, resulted only in temporary or minor improvements. This lack of continuity between services also resulted in gaps in prenatal and postpartum care for both the birthing parent and their infant. This variability in service quality left individuals feeling unsupported and overwhelmed.

Navigation Difficulties: Navigation difficulties also presented a significant barrier. The complexity of navigating the service system was heightened by the siloed programs, inconsistent access to information, and a lack of clear guidance. Without a cohesive system or designated navigator to assist them, individuals were forced to navigate services on their own, which was both daunting and retraumatizing. The absence of a streamlined process or centralized support exacerbated the challenges faced by those seeking assistance. Additionally, navigational difficulties for recent immigrants to Canada were noted due to language barriers and the challenges to obtain government identification documents.

Theme 2: Access and Resource Constraints

Lack of Affordable Housing and Shelters: The severe lack of long-term, affordable housing in Toronto, Canada, was noted as a major issue that directly affects the ability of pregnant individuals to secure stable and supportive living arrangements. The lack of family shelters for people who have given birth and are parenting their infant was also strongly noted, since many shelters allowed clients who were pregnant; however, they were forced to move to a different shelter or even to motel/hotel rooms that were far from their service providers after the delivery of their baby.

Technological and Logistical Challenges: The lack of stable internet access, phone access, or a private space created additional barriers when individuals were trying to find housing.

The reliance on public spaces, such as libraries, for confidential meetings makes it harder for individuals to engage with necessary services discreetly.

Funding and Resource Limitations: Participants mentioned that the competitive nature of funding often meant that resources were spread thin, resulting in understaffed shelters and limited availability of perinatal support services. This scarcity of resources led to inadequate support for frontline workers, who were often stretched thin and unable to provide the comprehensive care needed by individuals who are pregnant and facing homelessness.

Theme 3: Psychosocial Barriers

Trauma and Retraumatization: Many people with lived experience and service providers noted that retraumatization was a common experience when individuals were required to repeatedly share their personal stories to access services and programs that are siloed. This lack of trauma-informed care within the system heightened the emotional toll of homelessness on clients.

Fear and Stigma: There were repeated comments about the fear of child apprehension and stigma surrounding homelessness and young parenthood that discouraged individuals from seeking help. The judgment and stigmatization of these groups created additional barriers, making it harder for them to access the support they need. The inconsistency of services also contributed to widespread confusion and mistrust for people trying to access these services.

Colonial and Paternalistic Perspectives: Participants considered the historical roots of colonialism and paternalism as being factors that affected both the availability and quality of services, often manifesting in a lack of dignity and respect toward individuals seeking assistance. This was reflected in the perceived expectation that individuals should be grateful for minimal help, which undermines their sense of worth and complicates their access to necessary support.

3.2. Recommendations and Opportunities

Theme 1: Integrated Support Services

Collaborative Intersectoral Care: A major recommendation noted by participants was the need for collaborative intersectoral care that is holistic and could address both immediate and long-term needs. This could involve ensuring a seamless transition from temporary shelters to permanent housing, as well as the provision of ongoing support. For instance, coordinated care teams could manage housing, healthcare, and social services, while transitional housing programs could offer built-in ongoing support to help individuals secure stability.

Centralized Service Centers: Developing central service centers, where individuals could access multiple essential services at one location, was noted as a crucial need. Peer support programs could be offered at these centers to offer empathetic, practical assistance in navigating the system. By establishing multi-service centers that provide housing, health, and job support and employing peer navigators to guide clients through complex processes, individuals can receive comprehensive help.

Theme 2: Policy and System Enhancements

Flexible and Trauma-informed Policies: Service providers and people with lived experience discussed the need to create flexible and trauma-informed policies to ensure that service delivery adapts to the unique needs of individuals with trauma histories. For example, policies should allow for flexibility based on individual circumstances.

Incentivizing and Expanding Housing Solutions: Participants noted that the possibility of incentivizing and expanding housing solutions could bridge gaps between social assistance and living costs. This could involve tax incentives for landlords offering affordable rents, developing new affordable housing units, and increasing rent subsidies. Implementing strategies tailored to high-cost living cities and enhancing the availability of family shelters and long-term housing are also crucial steps.

Theme 3: Funding and Resource Allocation

Strategic Funding Use: Efficient and transparent funding allocation is necessary to address areas of highest need and ensure an equitable distribution of resources. Prioritizing funding for critical areas like affordable housing and implementing transparent funding practices can enhance the impact of available resources. Additionally, participants noted that the perinatal period (between the time a person becomes pregnant until their baby is at least one year old) should be deemed a priority population for all housing and shelter policies.

Community-Based Solutions: Utilizing community resources and forming partnerships with the private sector can further support public funding, which can create supportive environments for individuals facing multiple challenges. Collaborations with local non-profit organizations, along with leveraging private sector funds to bolster public services, can significantly improve support systems.

Theme 4: Increased Research and Advocacy

Research and Data Collection: Participants voiced a need to collect and analyze comprehensive data on specific populations, such as those facing pregnancy and homelessness, so as to help refine policies and tailor services. For instance, obtaining accurate information about 'hidden homelessness' among pregnant individuals and conducting surveys to assess housing and support needs are crucial for effective policymaking.

Political Engagement: Participants highlighted the importance of engaging with policymakers to address systemic issues and advocate for human rights-based approaches to housing and social support in order to drive meaningful change. For example, service providers, experts with lived experience, and researchers can play a significant role in lobbying for policy reforms that can enhance access to housing and support.

Theme 5: Empowerment and Education

Youth Empowerment: Investing in educational programs that empower youth to understand their rights and advocate for themselves can support youth-led initiatives for systemic change. For example, creating leadership training programs for youth can build their capacity to drive social justice.

Training and Development: Participants noted that continuous education and training for service providers is crucial to effectively managing the complex needs of their clients and enhancing service providers' ability to address diverse challenges effectively. Trauma-informed care training for service providers is of particular importance.

4. Discussion

The Symposium facilitated a multidirectional flow of interdisciplinary knowledge and fostered the development of reciprocal relationships between key collaborators about the unique housing needs, during pregnancy and after childbirth, for WGD individuals experiencing homelessness. Overall, the findings from this Symposium confirm that failing to address the needs of pregnant WGD people experiencing intersecting issues of intimate partner violence, parent–child separation, precarious housing, and homelessness produces a vicious cycle whereby children of homeless mothers become the homeless adults of tomorrow (Schwan et al. 2020). Collaboration among the housing and child protection sectors is crucial to prevent the cycle of homelessness (Nichols et al. 2017). Policies for preventing women's homelessness and ending housing instability and violence may be the key to solving adult homelessness, chronic homelessness, and intergenerational homelessness (Schwan et al. 2020).

In the Canadian context, siloed policies in shelters and fragmented social services create barriers for pregnant people experiencing homelessness to access essential prenatal and postnatal support (Chyzzy et al. Forthcoming). To address these siloed policies, there is a critical need for continued knowledge exchange between key partners such as people with lived experience, service providers, researchers, and policymakers. Building on the findings from this Symposium, housing and social support services for pregnant WGD people need

to recognize the strengths of mothers, foster resilience, and provide opportunities for independent parenting (Phipps et al. 2019). Housing First interventions should be adapted to ensure WGD people's safety is protected and their unique needs are addressed (Krahn et al. 2018; Milaney et al. 2020). Housing First is an approach that offers affordable housing along with case management services without prerequisite conditions (e.g., sobriety), which is recognized as a 'best practice' for sustainably ending homelessness among individuals with complex physical and mental health challenges (Milaney et al. 2020).

To be able to strengthen practice, research, and policymaking related to pregnant WGD people experiencing homelessness in Canada, researchers need to draw on intersectional, gender-based theoretical lenses that will allow for an in-depth examination of the structural factors contributing to the 'hiddenness of homelessness' among pregnant WGD people. Our findings are congruent with research demonstrating "data siloing" in Australia, indicating that while some homelessness services gather data on pregnancy, this information is often not easily accessible or shared across service contexts (Murray et al. 2018). For instance, specialist women's services, such as those dealing with family violence, and health and hospital services are more likely to collect such data but there is no known system for aggregating this information across sectors in Australia (Murray et al. 2018). Our findings did not make specific mention of the intersecting experiences of WGD pregnant and parenting individuals. For example, there was no mention of the ongoing exclusion, violence, and trauma experienced by gender diverse people including Black, Indigenous, and people of colour. However, our GBA+ lens acknowledges that systemic inequities are compounded by racism, ableism, and other forms of discrimination which are drivers of poverty and homelessness (Schwan et al. 2020).

5. Future Research and Advocacy

The Symposium highlighted two key interrelated findings for future research: (1) there is a lack of accurate information about 'hidden homelessness' among pregnant WGD people in Ontario, Canada; and (2) there is an urgent need to clarify the intersecting and structural factors that lead to homelessness among pregnant WGD people. Future research should aim to better understand the extent of hidden homelessness during pregnancy in Canada, given that inaccurate estimates of the number of pregnant people experiencing hidden homelessness make it very difficult to advocate for appropriate funding levels and the development of new programs and policies to support them. For example, it is important to understand the experiences of pregnancy for those who are unsheltered versus those who are experiencing hidden homeless and identify strategies for service delivery and housing for both groups. Additionally, it is important to understand how the shelter system can better adapt to the unique needs of pregnant WGD people.

Given the evidence that pregnant peoples' experiences of housing instability and violence create the conditions for intergenerational and chronic homelessness, addressing the unique needs of this population will create the groundwork for solving homelessness more broadly (Schwan et al. 2020). Future research must incorporate a GBA+ approach to acknowledge intersecting identities including gender identity, race, ethnicity, religion, age, and mental or physical disabilities. Advocacy efforts for policy and structural changes must ensure a commitment to reconciliation and recognize that the people who are most deeply impacted by public systems are those who sit at these intersecting identities. Integrating a GBA+ approach into policy changes will allow for the evaluation of government processes, structures, institutions, and norms, with the goal of eliminating discrimination and bias, such as heteronormativity, colonialism, misogyny, and ableism (Cameron and Tedds 2020). Finally, any revisioning of system approaches must be grounded in the voices of people with lived experience of homelessness during pregnancy to fully address their realities and priorities.

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