

How To: End Homelessness in the Yukon

In 2017, the first Community Action Plan to End and Prevent Homelessness in the Yukon was created. Since then, we've made great strides, including the development of 135 new transitional and permanent affordable units by NGOs, First Nations governments and the Government of Yukon¹; better coordination of services; and improved data collection. Despite this progress, homelessness persists. The population is growing, rents have increased by 42 per cent², a pandemic happened, the drug supply has become more toxic and devastating, and people are feeling unsafe downtown.

Through months of consultation, data analysis, and service provider visits, an updated plan is underway. Below is a quick reference guide highlighting key actions and approaches which will be included in the updated plan. Some steps are in progress and some require renewed energy and reprioritized investment. The full technical document including all recommendations, will be released later this fall.

Step 1: Assemble and collaborate with a team of experts. We have been doing this since 2017, and are working on ways to be more effective. This team of experts should include people with lived expertise of homelessness, direct service providers, policy makers, Yukon First Nations leaders, system coordinators, and government workers. We must ensure Yukon First Nations Governments and Indigenous service providers are central to decision-making and leadership. (See strategic priorities 2 & 3).

Step 2: Collect the data. Use the data. Service providers are in the process of implementing a shared database so that workers can better coordinate care and quickly match people with appropriate housing when it becomes available. This system allows the team of experts to understand why people are becoming homeless, how much housing we need, and what kind of support people might need to stay housed. Between April and September 2025, 23 households were connected to housing through the database. (See strategic priority 2).

Step 3: Start by finding, building, acquiring, or subsidizing 178 units. An average of 178 households experienced homelessness each month last year³. We could end homelessness today with 178 units. **But if we don't stop there we can work towards the 2,000 homes needed in the Yukon to meet the affordability need⁴.** Housing needs to be affordable for seniors on a fixed income, for young people working minimum wage, and parents with many mouths to feed. This means defining affordability based on someone's income, not market rates.

Make sure local and territorial capital development planning is informed by what the data says the needs are. (See strategic priority 1). Why? Because homelessness is a housing problem. In cities around the world, high rents and low vacancy rates are the cause of high rates of homelessness; it's not rates of mental health or addiction⁵. For five consecutive Point in Time Counts in the Yukon, the top barrier to housing for people

¹ Sim, C. (2025). Environmental Scan for Safe at Home a Community-Based Action Plan to End and Prevent Homelessness in Whitehorse, Yukon. Prepared for Yukon Anti-Poverty Coalition.

² Yukon Government Health and Social Services (2024) Housing with services needs assessment.

³ According to By Name List Data from March 2024 – March 2025.

⁴ Housing Assessment Resource Tools (2021). University of British Columbia. Retrieved from <https://hart.ubc.ca/housing-needs-assessment-tool/>

⁵ Colburn, G., & Aldern, C. (2022). Homelessness is a Housing Problem. University of California Press.

experiencing homelessness is low income and high rent⁶. More than 80% of people who are homeless in Whitehorse have been homeless for 6 or more months⁷. This suggests that once someone loses their housing, there are limited options for them. More housing = less homelessness.

Step 4: Invest resources in upstream support rather than solely emergency response. Shelter workers and outreach teams can be a lifeline for people. But when they are focused on meeting survival needs and responding to crises, they are not always able to help people do the things they need to find housing – like fill out applications, get ID, file taxes, and make calls to landlords.

People are getting stuck in the shelter system. Data from the 2024 Point in Time Count and community housing waitlist show a persistent reliance on shelters and transitional housing, and overlap between people experiencing long-term homelessness and those staying in emergency or transitional housing⁸. When shelter staff and outreach workers have time to do housing-focused care planning, people can more easily resolve their homelessness. (See strategic priority 1).

Step 5: Support people to stay housed. My tap is leaking- what do I do?! How do I make a budget so I can afford rent and groceries? How do I politely ask guests to leave when I want to go to bed? Many people who have been experiencing homelessness for long periods of time need support to learn how to be a good neighbour and tenant again. This is also true for young people who have experienced homelessness and may have never had a lease in their name or an apartment of their own. For an average of 69 people last year, this support to stay housed likely means permanent supportive housing with more intensive care management⁹. (See strategic priorities 1 & 4).

For an average of 94 people last year, support to stay housed may require regular check-ins from a housing stability worker for 3-12 months¹⁰. Eviction was a factor in 53% of people's housing loss¹¹ and rural communities told us about the lack of local support to help people stay housed. When people are consistently connected to the support they need, their likelihood of becoming homeless decreases.

Ensuring people are housed and supported could save up to \$8.5 million a year. For every \$10 invested in Housing First focused supports, governments save \$21.72 in reduced emergency shelter use, hospital visits, and police interactions¹². Based on national estimates, the cost of operating supportive housing is \$24,000 per person per year¹³. Last year, there was an average of 163 people who needed some form of support.

⁶ Point in Time Count Findings (2024). Retrieved from https://yapc.ca/assets/documents/PiT_Infographic_2024_-_8-5x14.pdf

⁷ According to By Name List Data.

⁸ OrgCode (2025). Strategies Summary Support Document.

⁹ According to By Name List Data.

¹⁰ According to By Name List Data.

¹¹ Point in Time Count Findings (2024). Retrieved from https://yapc.ca/assets/documents/PiT_Infographic_2024_-_8-5x14.pdf

¹² Paula Goering, Scott Veldhuizen, Aimee Watson, Carol Adair, Brianna Kopp, Eric Latimer, Geoff Nelson, Eric MacNaughton, David Streiner & Tim Aubry (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>

¹³ City of Toronto (2021) Operating budget briefing note: current plans for urgent new supportive housing and funding required from other orders of government. Retrieved from: <https://www.toronto.ca/legdocs/mmis/2021/ex/bgrd/backgroundfile-163731.pdf>

That's \$3.91 million annually to provide supportive housing for people who need it - an investment that could result in more than double the return in reduced public system costs.

Not only is supportive housing a good financial investment, it creates community safety. Safety starts with having a place to call home, a sense of purpose, and a feeling of belonging. In St Thomas Ontario, the police service attributes a 14% reduction in the number of police calls in the downtown area to the opening of 61 units of supportive housing¹⁴.

Step 6: Give people a real chance at recovery. When people are discharged from the hospital, treatment, or corrections, without a place to go, it is incredibly hard for them to pursue their goals for health and wellness. Imagine trying to get better after surgery if you were sleeping on a mat on the floor with a bunch of strangers, or hopping from couch to couch. People need a bed of their own, a door that locks, and maybe a house plant or two to help them heal. Research indicates additional interim housing options and better discharge planning would solve this problem¹⁵. (See strategic priority 1).

Recent research from Toronto compared healthcare costs for housed and unhoused individuals. It found that the average one-year cost of healthcare for someone without housing was \$12,209, compared to just \$1,769 for someone who was housed¹⁶. That's nearly seven times the cost. This disparity remains substantial at six times the cost even after controlling for histories of healthcare for mental health, substance use, and other chronic conditions. Without housing, other systems incur more costs and are not effective at achieving the outcomes they intend to.

Step 7: Make sure workers have the training they need. Training should be culturally relevant to Yukon First Nations and informed by people who have lived experience. (See strategic priority 3).

People with lived experience consistently stress the importance of spaces and services that feel safe, welcoming, and culturally affirming and the research indicates that culturally grounded housing improves health, stability and connection for tenants¹⁷.

Step 8: Track progress. Create a dashboard to share data transparently with the community. The team of experts should be using this data regularly and adjusting programs, strategies, and funding according to what's working. This dashboard can be used to share successes and to hold each other accountable to achieving what we all want: a safe, affordable Yukon, where everyone has a place to call home. (See strategic priority 2).

¹⁴ City of St. Thomas Police Service (2025). Calls for service declining in downtown core: supportive housing and outreach making an impact. Retrieved from <https://stps.on.ca/calls-for-service-declining-in-downtown-core-supportive-housing-and-outreach-making-an-impact/>

¹⁵ Backer, T. E., Howard E. A., & Morgan, G. E. (2007). The role of effective discharge planning in preventing homelessness.

¹⁶ Richard, L., Carter, B., Nisenbaum, R. et al. Disparities in healthcare costs of people experiencing homelessness in Toronto, Canada in the post COVID-19 pandemic era: a matched cohort study. BMC Health Serv Res 24, 1074 (2024). <https://doi.org/10.1186/s12913-024-11501-2>

¹⁷ University of British Columbia, Housing Research Collaborative. (2020). Urban Indigenous Housing in British Columbia. Retrieved from <https://www.hrc.ubc.ca/wp-content/uploads/2025/02/Urban-Indigenous-Housing-in-BC.pdf>