A home for everyone is key

2018 State of Homelessness in Northumberland County



Northumberland's Registry Week Results, April 2018

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Northumberland County would like to thank those who completed a survey during Registry Week, for sharing your experiences and contributing to Northumberland's efforts to solve homelessness in our community.

Message from Advisory Committee

In 2016 the Northumberland County Community Homelessness Advisory Committee was formed to better understand, measure and track changes in local homelessness. The collective goal of the group was to measure the scope of homelessness across the County and use local information and evidence-informed practice to plan improved service responses for individuals and families in need of support. Local service providers and decision makers continue to be committed to designing and implementing a coordinated and responsive support system that works toward ending chronic homelessness in Northumberland County.

In January 2017, the Ministry of Housing amended the Housing Services Act of 2011 to include local enumeration of people experiencing homelessness as a provincial requirement. This amendment is designed to help better understand the scale and nature of homelessness across the province and inform current and future policy and program design. The requirement ensures that each municipality completes an enumeration every two years, in March, April or May. The Northumberland County Community Homelessness Advisory Committee, in compliance with this provincial requirement, completed its local count of homelessness during the week of April 16th - 20th, 2018.

The following report provides the "snap shot" findings from the week in which Northumberland County Community and Social Services staff, partner agencies' staff and volunteers collaborated with the goal of talking to as many individuals and families as possible who are experiencing homelessness. The key to understanding the needs of our community and a way forward to reduce homelessness and poverty, is to hear directly from those who are living without housing or with unstable housing.

Going forward, local service providers and municipal decision makers are committed to utilizing this valuable data to inform, design and implement a coordinated and responsive support system that works to end chronic homelessness in Northumberland County.

The Advisory Committee would like to thank all who contributed to and informed the process that brought the 20,000 Homes Campaign to life in Northumberland County. We would especially like to thank all of the people who took the time to complete a survey or take part in an interview.

Background and Purpose

The "Northumberland Housing and Homelessness Plan 2014-2023: Striving to Meet Community Needs" states:

"The County is committed to working towards ending long-term homelessness through a housing first approach which emphasizes preventive measures that stabilize people's housing, and provide affordable housing with appropriate support services." ¹

To end long-term homelessness in Northumberland County, a better understanding of homelessness as it affects individuals and families is required. In an effort gain an understanding of homelessness and consolidate and improve efforts toward more effective homelessness response, Northumberland County joined the 20,000 Homes Campaign in September 2016. The 20,000 Homes Campaign is an initiative of the Canadian Alliance to End Homelessness focused on ending chronic homelessness in 20 communities and housing 20,000 of Canada's most vulnerable homeless people by July 2020. ²

In November 2016, Northumberland County hosted its first 20,000 Homes Registry Week, a 4-day initiative to collect person-specific information about the health and housing needs of individuals and families experiencing homelessness. This methodology includes training agency staff and volunteers to survey individuals and families who are experiencing homelessness. The survey gathers person-specific information that helps to identify and prioritize health, housing and support services for those experiencing homelessness, while also prioritizing housing for the most vulnerable individuals in the community. In 2016, 302 individuals completed the Registry Week Survey. In total, 58 individuals and 17 families identified as experiencing homelessness, while 179 individuals and 48 families identified as at risk of homelessness. As part of the 2016 Registry Week Northumberland County Council committed to housing 3 of the most vulnerable individuals in the community in an initial effort to structure an improved response to homelessness.

In September 2017, the Ministry of Municipal Affairs and Housing mandated that all Consolidated Municipal Service Managers complete homelessness enumeration projects every 2 years, beginning in 2018. This provincial initiative aims to improve understanding of homelessness across the province. Consequently, Northumberland County used the Registry Week methodology to complete a 2018 enumeration from April 16th- 20th, 2018. The 2018 Registry Week allowed Northumberland community partners to identify and connect with individuals and families who are experiencing homelessness and begin to create a comparative understanding of homelessness from year to year. This allows the community to track the inflow and outflow to and from homelessness across the region and enables the system at large to track trends and changes, that can inform future investments and program improvements.

Registry Week 2018

Registry Week 2018 was held from April 16th-20th, when trained volunteers and agencies completed short housing and health surveys with individuals and families experiencing homelessness in Northumberland County. The survey tool, a short evidence-based assessment called the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), is being used across Canada and the United States as a brief triage tool to measure an individual or family's depth of need. The VI-SPDAT is a self-reporting tool and consequently, information cannot be confirmed or corroborated.

While the VI-SPDAT does provide person-specific information regarding an individual's unique needs for housing and supports, consistent local use of the tool provides data for a larger overall picture of homelessness at the community level by looking at needs and acuity on a macro-level. This allows the community to not only tailor individual responses to homelessness, but also restructure and invest in service responses that are appropriate for the unique needs of those experiencing or at risk of homelessness in Northumberland County on a larger scale.

Key Registry Week 2018 Findings

During Registry Week 2018, volunteers were able to connect with 51 individuals and 10 families who were experiencing homelessness. Homelessness, as defined by the Canadian Observatory on Homelessness includes people who are completely unsheltered, living in emergency shelter, or provisionally accommodated without permanent tenancy (See Appendix A: Canadian Definition of Homelessness). The survey respondents who identified as experiencing homelessness included:

- 11 youth (age 16-24),
- 41 adults (age 25+) and,
- 10 families (with a total of 21 children under 18 living with parents)

Key Registry Week 2018 Findings (cont'd ...)

In total, 18% of survey respondents were between 16-24 years, 68% were older than 25 years and 16% were families. The youngest respondent was 17 years old, and the oldest survey respondent was 73 years old. The average age of survey respondents was 40 years old. Seniors (those who are 55+) accounted for 23% of all survey respondents, and older adults (age 60+) accounted for 65% of all senior survey respondents.

Other key demographic information:

- 26% of households identified as Indigenous or having Indigenous ancestry,
- 5% served in the Canadian Military or RCMP,
- 19% indicated that they had moved to the area within the last year,
- 19% of respondents have been incarcerated within the past 6 months and,
- 100% of all families who reported experiencing homelessness indicated that they were single parent families.

Depth of Need (VI-SPDAT Assessment Scores):

The VI-SPDAT tool assigns a score to each household that guides the level of support and housing intervention recommended for housing stability.

Youth (age 16-24):

- 18% scored low (no housing intervention or case management recommended),
- 45% scored moderate (recommended for rapid re-housing), and
- 36% scored high (recommended for permanent supportive housing).

Adults (age 25+):

- 7% scored low,
- 34% scored moderate, and
- 59% scored in the highest acuity.

Families:

- 0% scored low,
- 10% scored moderate, and
- 90% scored in the highest acuity range.

It is important to highlight that the majority (60%) of all survey respondents were assessed as high acuity, 32% were assessed to have moderate acuity and 8% of all survey respondents scored with low acuity. These acuity summaries are significantly different than those from Registry Week 2016. Please see Table 1 to see the significant shift in percentage of survey respondents with high acuity.

Length of Time Homeless

The average number of months since respondents had lived in permanent stable housing was 1.5 years (18 months). Specific populations report longer lengths of time homeless including those aged 25 and older, who reported an average of 25 months without permanent housing. A total of 26% of all survey respondents indicated that they had been without permanent housing for more than 2 years including 69% who also scored with high acuity on the VI-SPDAT. In addition, 63% of survey respondents indicated being homeless for 6 or more months in the past year, a marker for chronic homelessness.³

Housing History

The survey tool asks participants to indicate where they most frequently sleep and explores some of the causes of homelessness. Couch surfing or staying with friends (often referred to as 'hidden homelessness') was indicated as the most frequently sleeping arrangement for 31% of total respondents, while temporary shelter at motels accounted for 21% of respondents and 11% reported sleeping outside.

More than half of all survey respondents indicated that they had lost their housing due to one or more experiences of relationship abuse or some form of trauma including:

- 63% of adults and 80% of families reported that they were experiencing homelessness because of an experience of emotional, physical, psychological, sexual or other type of abuse or trauma, and
- 64% of youth reported that they were experiencing homelessness because of an unhealthy relationship or abusive relationship either at home or elsewhere.

The VI-SPDAT measures the impact of health complications on housing stability. This section of the survey asks participants if their housing has been affected by their health challenges. Survey respondents indicated that;

- 66% had to leave an apartment or other housing due to their physical health
- 21% have lost their housing due to substance use,
- 23% have lost their housing because of a mental health concern,
- 8% have lost housing due to a past head injury,
- 11% have lost housing because of a learning disability, developmental disability or another impairment and,
- 16% indicated a mental health concern that makes it hard to live independently.

Key Registry Week 2018 Findings (cont'd ...)

It is assumed that these numbers are low because of the self-reporting nature of the VI-SPDAT tool, and the commonly held belief that mental illness, substance use and disability are often under-reported.

Health and Crisis Services

The VI-SPDAT includes a series of questions that asks residents about their use of health services, and interactions with crisis services. When asked how many times in the last 6 months survey respondents interacted with hospital and crisis services, they reported:

- 172 visits to the Emergency Room,
- 58 rides in an ambulance,
- 32 hospitalizations,
- · 208 interactions with police, and
- 74 interactions with other crisis services.

Among all respondents, frequent users (3 or more interactions with health/crisis services in the last 6 months) accounted for 85% of reported emergency room visits, 55% ambulance trips, 53% hospitalizations and 73% of interactions with a crisis service. More than half (52%) of all households reported that they avoid getting help when they are sick or not feeling well and 64% of seniors (55+) reported that they had a chronic health issue.

Comparison of Key Characteristics of Survey Participants between 2016 and 2018

Table 1 below summarizes a comparison of key survey results from Registry Week data collected in 2016 and 2018.

Table 1: Comparison of Key Characteristics between 2016 and 2018Registry Week Enumeration

Key Characteristics	2016	2018
16-24 years old	19%	19%
25-59 years old	71%	71%
60+ years old	10%	10%
Chronically Homeless	48%	63%
Episodically Homeless	16%	6%
Individuals who have been homeless for more than 2 years	33%	16%
Scored low acuity (0-3) on VI-SPDAT Assessment	11%	8%
Scored moderate acuity (4-7) on VI-SPDAT Assessment	53%	32%
Scored high acuity (8+) on the VI-SPDAT Assessment	36%	60%
Indigenous Identity or Ancestry	27%	26%

Northumberland County is mandated to participate in bi-annual homelessness enumeration projects starting in 2018, in order to meet expectations outlined by the Ministry of Municipal Affairs and Housing. These enumeration projects will help build data sets that Northumberland County can use to track trends and identify any significant changes within the homeless population in the County. These data sets, in turn, will help with ongoing planning for homelessness response and future investments in housing interventions.

Registry Week 2018 aimed to better understand the needs of individuals and families experiencing homelessness who were located by volunteers during the week of April 16th to April 20th. Using evidence-based assessment tools and methods, the level of acuity and names of 50 individuals and 10 families were collected.

The Advisory Group

Prior to Registry Week, Northumberland County Community & Social Services partnered with community agencies to form an Advisory Group to help support the community efforts in ensuring a successful enumeration. The agencies involved with the Advisory Group have a range of experience in homelessness response within Northumberland County, often offering direct support in some capacity to individuals and families in the community who are acutely homeless. The Advisory Group helped to identify locations to survey, shared communications among their staff, clients, and the general public and provided staff time to conduct surveys with anyone who presented as experiencing homelessness in their agencies. To see a list of Advisory Group members please see Appendix B: Advisory Group Member List.

The Survey Tool

The 2018 Registry Week survey tool was comprised of five distinct parts;

- 1. The Survey Screener
- 2. The "At-Risk of Homelessness" Follow-Up
- 3. The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
- 4. The Ministry of Municipal Affairs and Housing (MMAH) Ontario Enumeration Survey and;
- 5. Local Context Questions.

The survey screener helped volunteers to determine which pieces of the survey an individual would complete (See Appendix C: Survey Screener). The screener questions identified participants as having secure or permanent housing, therefore being 'screened out,' or participants without permanent and secure housing, therefore being 'screened in'. Any participant that was screened in was invited to complete the rest of the survey.

The methodology for the 2016 Registry Week included a full prevention version of the VI-SPDAT to better understand the needs and experiences of households at-risk of losing their housing. In planning for Registry Week 2018, the Advisory Committee decided not to complete the full Prevention VI-SPDAT assessment, as community partners did not have the capacity to follow-up with all 179 individual and 48 family respondents who indicated being at risk of homelessness in 2016. Instead, in 2018, volunteers asked people who indicated that they had current housing to complete a short 4 question survey to determine if their housing would be in jeopardy within the next 3 months (See Appendix D: At-Risk Questions). Individuals who completed the prevention questions were also invited to leave contact information so that Northumberland County Community & Social Services could follow up and provide homelessness prevention supports to help to stabilize their housing.

Households who screened in as experiencing homelessness were invited to complete the full survey, including the VI-SPDAT assessment, the MMAH section, and local context questions.

The VI-SPDAT is a short self-reported assessment tool that gathers person-specific information and measures an individual's depth of need, or level of acuity (See Appendix E: VI-SPDAT- Single Adult Version). The survey acts as a triage tool, helping to identify who is most at risk of serious negative outcomes related to homelessness by gathering a quick snapshot of an individual's health and social needs. The tool measures three levels of acuity:

- Low Acuity (1-3)- Affordable Housing: Individuals do not require intensive supports but may still benefit from access to affordable housing
- **Mid Acuity (4-7)- Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioural concerns but who are likely to be able to achieve housing stability with moderate to short term access financial and or/support services
- **High Acuity (8+)- Permanent Supportive Housing:** Individuals or families who needs permanent housing with ongoing access to services and case management to remain stably housed

During Registry Week 2018, three different versions of the VI-SPDAT tool were administered. The three different versions include:

- Youth VI-SPDAT: Survey tool for youth age 16-24, with additional questions focused on specific factors that affect youth homelessness
- Adult VI-SDPAT: Survey tool for individuals age 25 or over

The Survey Tool (cont'd ...)

• **Family VI-SPDAT:** Survey tool for a household with children either present in the family, or where children are expected to return once the household secures housing. This family version includes an additional section that accounts for the complexities and added vulnerabilities that occur when children are involved.

The third section of the survey was the MMAH Ontario Enumeration Survey (see Appendix F: Ontario Enumeration Survey). This mandated section of the survey was developed by MMAH staff and housing experts to consistently track homelessness trends and patterns across the province. The data from this section of the survey was submitted to the MMAH after personal information and identifying markers were removed.

The final section of the survey tool included some local context questions that were developed by the Northumberland Registry Week Advisory Group (see Appendix G: Additional Local Questions). The Advisory Group identified key indicators and trends to track over time to gain a better understanding of homelessness specific to Northumberland County.

Participation in the survey was voluntary and any survey completion required the individual to provide informed consent (See Appendix H: Registry Week 2018 Consent). Individuals could determine if they wished to share personal, identifying information such as their name, date of birth, and contact information or complete the survey anonymously. Agencies agreed that access to services would not be hindered regardless of survey participation. Any information that is shared publicly in this report, or as a report to local, provincial or federal government bodies has been de-identified to protect the privacy of individuals who were surveyed.

Registry Week 2018 Process

Over 60 trained volunteers and community agency staff administered the survey throughout Registry Week. Survey locations were selected with input from the Advisory Group and included agencies who provide supports and services to those experiencing homelessness, as well as geographic areas where homeless individuals and families were seen or known to frequent.

In total, 24 agencies and community food banks were survey sites in Northumberland County, while an additional 2 community dinners, 5 motels, and 5 walking routes were attended. Northumberland County Community & Social Services also invited individuals and community agencies to complete a survey over the phone for those who had barriers to accessing survey locations.

The comprehensive list of survey locations can be found in Appendix I: Survey Locations. All responses to the surveys were recorded exactly as given by the respondent and all respondents were given a \$2 gift card for completing the "At-Risk of Homelessness Survey" or a \$10 gift card for participants who completed full 'Homelessness' survey. When considering the survey methods and process used to collect the data, the following eight limitations should be considered for their potential impact on the final results:

- 1. The data provides only a snapshot of those currently experiencing homelessness: The total number of individuals and families who were surveyed are not a full or accurate depiction of the number of individuals who are experiencing homelessness in the community. Instead, Registry Week data is only a snapshot of the number of homeless individuals and families located during that specific week. There are people that were not surveyed and who are experiencing homelessness and did not present to a survey location, so consequently, are not known to the system. Some reasons to explain this could include those experiencing homelessness being unaware of Registry Week, a lack of access to transportation, prior negative experiences with services, etc. The number of individuals surveyed during Registry Week are most likely an underrepresentation of the number of people experiencing homelessness in Northumberland County.
- 2. Self-Identifying nature of the survey: The VI-SPDAT is a self-reporting assessment tool, relying on survey respondents to report their own experience. The answers are recorded exactly as they are shared, without any changes by the interviewer, even if they have some insight into the specific individual and disagree with an answer that was provided. Some of the survey questions require the respondent to share very personal information and experiences which they may choose not to share with someone they don't have an existing relationship with. The data collected in the Registry Week process cannot be corroborated or confirmed.
- 3. Perceptions of homelessness: It was reported that some individuals and families were either hesitant to identify as homeless or do not consider themselves homeless, even when their living situation fits within the definition of homelessness. This is a common occurrence, specifically with those who are "couch surfing" who often believe that they have shelter and therefore are not homeless. According to the definition of homelessness, any individual staying in an accommodation without security or permanency of tenancy is considered homeless. The Registry Week approach relied heavily on volunteers connecting to people who were known to be homeless or survey locations based on areas where homeless individuals and families are known to congregate. Some individuals and families may have chosen not to attend survey locations based on their perception that they are not homeless or did not want to be identified as such.

- 4. Timing of Registry Week: During the week prior to Registry Week, Northumberland County was hit by a severe ice storm, which impacted the ability of service agencies to locate individuals who were visibly seen to be experiencing homelessness. Prior to the ice storm, individuals were seen sleeping outside at beaches in the County but during Registry Week the beaches were flooded, and individuals were not able to be found at those locations. Despite best efforts to complete walking routes in areas where individuals were known to be sleeping outside, the weather made it extremely difficult to locate those individuals.
- **5. Geographical size of the area:** The geographical size of the Northumberland County is 1905km², with small urban centres and many small rural communities.⁴ It was impossible to cover all areas of the region due to volunteer and outreach capacity limitations. To address this, the Advisory Group provided input into survey locations that were thought to be places where the most individuals could be identified. An effort was made to have at least one survey location in every lower-tier municipality within Northumberland County. In addition, service providers were asked to connect with any clients known to be homeless in the community prior to, and during Registry Week.
- 6. Survey Location Misconceptions: Survey locations were set up across Northumberland County in food banks, agencies and public spaces. When identifying what community an individual is from, the specified location where the survey was completed is used. This method, while the best option, can be misleading as some individuals may travel to access services in the area. This is especially the case in rural communities where there are very few service area options and as a result, the specified survey location may not be the home community of the survey respondent.
- 7. Rural Homelessness: It has been acknowledged that the nature of rural homelessness is vastly different compared to that seen in urban settings. The most obvious signs of homelessness in many urban areas are individuals sleeping outside in visible spaces. Conversely, in rural areas, homelessness isn't as easily observable and is often in the form of individuals staying temporarily with family or friends or staying outside in wooded areas.⁵ It is often considered to be "hidden homelessness" due to the less visible presentation. While many efforts were made to identify individuals, who are experiencing hidden homelessness, it should be recognized that there were a number of individuals and families who were not surveyed, simply because they were not visible or seen to be experiencing homelessness.

Registry Week 2018 Limitations (cont'd ...)

8. Emergency Shelter: During Registry Week, the local emergency shelter was temporarily closed and the only available shelter in Northumberland County was dedicated to persons fleeing violence. Some individuals who would typically be found at shelter were instead found at Motels through the County-funded motel program or the Cobourg Police Warming Room, but in many cases were unable able to be found. Emergency shelters often act as a central location where people experiencing homelessness connect not only for shelter, but additional supports. The lack of an accessible shelter limits consistent contact with people experiencing homelessness and they are more likely to move from the community, live outside, or stay temporarily with friends or family and become more difficult to locate.

The results from Registry Week 2018 highlight the complexity and level of acuity for many people experiencing homelessness in Northumberland County. There are particular results from the enumeration that warrant further consideration, particularly when planning interventions and strategies to address homelessness in Northumberland:

1. High Acuity Among People Experiencing Homelessness:

Generally, in communities across North America, outcomes from the widespread use of the VI-SPDAT assessment tool have found that only a small proportion (usually around 5%) of the homelessness population have a high depth of need;⁶ however in Northumberland County, 60% of all survey respondents experiencing homelessness have high acuity scores based on their responses to the VI-SPDAT. Of particular concern is the 90% of all families surveyed who scored in the high acuity range. When comparing this to the acuity of those identified during the 2016 Registry Week, the number of households who scored in the high acuity range has increased by 24%. This increase is important to account for when community partners are planning for and investing in housing interventions as high acuity individuals and families require more intensive and longer term supports to move toward housing stability.

2. Youth Homelessness

Across Canada, there is recognition that youth age 16-24, experiencing homelessness warrant youth-specific approaches to resolve homelessness.⁷ Youth experiencing homelessness as identified during Registry Week 2018, included a total 18% of all survey respondents, plus one youth led-family. Through connections with guidance departments at high schools, we know that an additional 34 students were identified to be experiencing homelessness or at risk of homelessness in Northumberland County during Registry Week 2018. Youth are typically hard to engage and locate, as many are quite transient, couch surf or live rough and often go long periods of time without anyone knowing they are homelessness enumeration projects are considered an under-representation of the population and should be regarded as a small snap shot of youth homelessness in Northumberland County.

Registry Week 2018 Analysis (cont'd ...)

3. 100% of Homeless Families are Single Parent Households

Every family that was identified as experiencing homelessness during Registry Week reported being a single parent family. Single parent households often have intensified barriers to housing stability including limited finances, limited access to transportation, limited access to affordable child care and limited resources for support. It is notable that 64% of families reported that the lack of affordable housing was a barrier to securing a permanent place to live and 55% reported that their finances were a significant barrier to housing stability.

4. Over-Representation of Indigenous People and People with Indigenous Ancestry

According to 2016 Census data, the total population of Northumberland County that identified as Indigenous is 2.7%,⁸ however, 26% of all survey respondents experiencing homelessness identified as being Indigenous or having Indigenous ancestry. The Indigenous population is highly over-represented in the homeless population in Northumberland. In 2017, the Canadian Observatory on Homelessness, together with elders, Indigenous leaders and scholar Jesse Thistle PhD, published the Indigenous Definition of Homelessness in Canada. It acknowledges that "unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described through a composite lens of Indigenous worldviews. These include: individuals, families, and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities." ⁹

5. Relationship Breakdown Leading to Homelessness

An extremely high proportion of survey respondents, 90% of families and 63% of adults reported that their current homelessness was caused by a relationship break down, an unhealthy or abusive relationship or because other family or friends caused eviction. A total of 36% of youth reported that their current state of homelessness is due to friends or family who caused them to become homeless.

6. Prevalence of Experience of Abuse or Trauma Causing Homelessness

A high number of survey respondents, 80% of families and 63% of adults, reported that their current state of homelessness was caused by an experience of abuse or trauma. In addition, 64% of youth survey respondents indicated that their current state of homelessness was due to an unhealthy or abusive relationship at home or elsewhere.

7. Physical Health Factors Affecting Housing

The VI-SPDAT examines the various health related factors that could be affecting an individual's ability to both find and maintain housing. When examining physical health related factors, 76% of all survey respondents reported that their ability to maintain stable housing would be impacted by their physical health. Analyzing that data further, 80% of individuals, 55% of youth and 80% of families all indicated a physical health factor would impact their housing.

8. Cost of Emergency Services Usage and Frequent Users of the Health Care System

Cost of emergency and other health service usage is calculated by tabulating the reported numbers of ambulance trips, visits to a hospital emergency room and/or hospitalizations and applying average cost calculations. The total reported cost of emergency service use over 6 months for all survey respondents during Registry Week 2018 is \$276,024. Frequent users of the health system are defined as any individual who uses a crisis or health service 3 or more times in the past 6 months. Frequent users cost the health care system \$181,299 over 6 months time, 74% of the total health care related costs. Research has shown that by adopting a Housing First approach, individuals rely less heavily on emergency services and instead access community-based supports, which cost significantly less.¹⁰ Please see infographic on page 31 for more information.

Homelessness affects a diverse cross-section of the population and it is estimated that between 136,000 and 156,000 Canadians use an emergency shelter each year and approximately 35,000 Canadians experience some form of homelessness on any given night.¹¹ This number is most likely an under-representation as those who are experiencing hidden homelessness are unlikely to be identified, especially in rural communities where hidden homelessness is quite extensive. Housing instability and rural homelessness are emerging as prevalent and increasing social challenges across Canada's rural communities.¹²

Here are the findings from the 2018 Registry Week (April 16-20) in Northumberland County:



respondents indicated that lack of housing was a barrier to them finding housing



4/**%** of all survey respondents indicated that one of their barriers to housing was finances



SECTION 6: Registry Week 2018 - Summary



Youth Homelessness refers to individuals between the ages of 16-24 who are living independently of parents and/or caregivers but do not have the means or ability to acquire a stable, safe or consistent residence. The National Advisory Committee on Homelessness notes that youth homelessness is an area of specific concern due to the extreme vulnerability and high level of risk faced by young people experience homelessness.¹³

Here are the findings from the 2018 Registry Week (April 16-20) in Northumberland County:



36% 🗸

64% ·

45%

36% of all youth survey respondents were **chronically homeless**, which means they have been experiencing homelessness for 6 months or more within the past year.

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Is your current state of homelessness because your family or friends caused you to become homeless?

Is your current state of homelessness because of an unhealthy or abusive relationship, at home or elsewhere?

Have you ever been in foster care or a group home?

Cost of Medical Services for Youth Frequent Users in the past 6 months



A **Frequent User** is defined as someone who uses a health or crisis service 3 or more times within the last 6 months. **Youth Frequent Users** accounted for 87% of total interactions with health and crisis services.



Additional findings from the 2018 Registry Week (April 16-20) in Northumberland County include:



SECTION 6: Registry Week 2018 - Adults



Is your current state of homelessness in any way caused by a relatonship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?



Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by any other trauma you have experienced?



63% v



of Adult survey respondents had mental health concerns



of Adult survey respondents had physical health concerns



of Adult survey respondents had substance abuse concerns

Frequent Usage of Health and Crisis Service by Homeless Adults

* Frequent User is defined as someone who uses a crisis service (ie. ER visits, ambulance trips, hospitalization, crisis service) 3 or more times in the last 6 months.



Families are defined as any household with children or where children are expected to return once the family is housed. A recent national study underlines that child and youth homelessness often leads to chronic adult homelessness, criminality, experiences with the child welfare system, and worsening mental health. Childhood stressors and trauma such as family breakdown, poverty, conflict and abuse are not only known to be contributing factors to child and youth homelessness but also childhood homelessness itself has been linked as a pathway to adult homelessness.¹⁴

Here are the findings from the 2018 Registry Week (April 16-20) in Northumberland County:



SECTION 6: Registry Week 2018 - Families



Frequent Usage of Health and Crisis Service by Homeless Families



These family Frequent Users accounted for

40% of the families surveyed were Frequent Users of a Health or Crisis Service

> A Frequent User is defined as someone who uses a health or crisis service 3 or more times within the last 6 months.

92% of family ER visits 54% of family Crisis Service interactions

Common Assessment

Developed by Org. Code Consulting, the Vulnerability Index Service Prioritization Decision Assessment Tool (VI-SPDAT) is an evidence-based tool that gathers person-specific information and measures an individual's level of acuity, or depth of need. The survey acts as a triage tool, providing a quick snapshot of an individual's health and social needs to help identify the most appropriate housing and support interventions to resolve homelessness. The tool measures three levels of acuity, low, moderate or high. Generally, in communities across North America, widespread outcomes from the VI-SPDAT assessment have found that a small proportion (around 5%) of those assessed have a high acuity.¹⁵

Comparatively, in Northumberland County, 60% of all survey respondents scored in the **highest acuity range**, an increase of 24% from those who scored with high acuity in 2016.



26% of ALL survey respondents reported being without permanent housing for 2 or more years.

Cost of Homelessness

Examination and estimation of the cost of homelessness in Canada aims to compare public spending on health, social and judicial services to the cost of an individual or family becoming stably housed. The Canadian Observatory on Homelessness and the Canadian Alliance to End Homelessness estimate the total cost of homelessness to be over \$7 billion annually to the Canadian economy.¹⁶

Questions administered through the 2018 Registry Week survey tabulate self-reported use of emergency services and consequently, the total cost of emergency service use over 6 months can be estimated. Reports on emergency service use by individual survey respondents experiencing homelessness demonstrate that homelessness costs us all, in dollars and cents. Research has shown that by adopting a Housing First approach, individuals rely less heavily on emergency services and instead access community-based supports, which cost significantly less.

Here are the findings from the 2018 Registry Week (April 16-20) in Northumberland County:

37% of ALL survey respondents were Frequent Users of an Crisis Service * Frequent User is defined as someone who uses a crisis service (ie. ER visits, ambulance trips, hospitalization, crisis service) 3 or more times in the last 6 months. **Frequent User Interactions** of Total Interactions with a 25with a Crisis Service in the last Crisis Service in last 6 months 6 months by all survey respondents Total Healthcare Costs incurred by Hospitalizations ER visits Ambulance trips **Frequent Users** \$90,846 \$7,680 \$82,773 \$181,299 **Costs per Frequent User:** Total Healthcare ER visits \$618, ambulance trips \$240, hospitalizations \$4,869 Costs incurred by all = \$276,024of ALL survey respondents account for Healthcare Costs * 24% of ALL survey respondents also talked to the police 3 or more times in last 6 months.

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³ Employment and Social Development Canada, "Homelessness Partnering Strategy Directives 2014-2019- Directive 1", last modified August 15, 2016, www.canada.ca/en/ employment-social-development/services/funding/homeless/homeless-directives.html#d1

⁴ Statistics Canada, "2016 Census Division of Northumberland, CTY", last modified April 23, 2017, www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cd-eng.cf m?GC=3514&GK=CD&LANG=Eng&TOPIC=1

⁵ Hall, Barbara, "Enumeration of the Homeless Population in Rural Communities", MPA Major Research Papers: 170 (Western University, 2017), accessed August 1, 2018, https://ir.lib.uwo.ca/lgp-mrps/170

⁶ Northumberland County, "A Home For Everyone is Key: 2016 State of Homelessness in Northumberland County", (Cobourg: Northumberland County, 2016) 62.

⁷ Employment and Social Development Canada, "Final Report of the Advisory Committee on Homelessness on the Homelessness Partnering Strategy", last modified May 17, 2018, www.canada.ca/en/employment-social-development/programs/communities/ homelessness/publications-bulletins/advisory-committee-report.html

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⁹ Thistle, J, "Indigenous Definition of Homelessness in Canada", (Toronto: Canadian Observatory on Homelessness Press, 2017), 6.

¹⁰ Calculations are based on the same numbers used by Dr. Kristy Buccieri in her report, "City of Kawartha Lakes Homelessness Partnering Strategy Evaluation: Infographic Report #4: Trent University, July 2018. The cost calculations are based on costs of Emergency Department admission and Hospitalization at Ross Memorial Hospital in City of Kawartha Lakes, and average length of stay of hospitalization as a medical inpatient as reported in the Health Data Branch Web Portal for the Ministry of Health and Long-Term Care (HSIMI). Cost for ambulance trips is based o the amount charged to individuals not covered by OHIP. Emergency room admission is calculated at \$618/visit, Ambulance ride at \$240/ride and hospitalization as an inpatient as \$4869/admission.

¹¹ Employment and Social Development Canada, "Final Report on Homelessness on the Homelessness Partnering Strategy".

¹² Turner, Alina, "Why Is Rural Homelessness Different?", Homeless Hub, last modified July 9, 2014, http://homelesshub.ca/blog/why-rural-homelessness-different

¹³ Employment and Social Development Canada, "Final Report on Homelessness on the Homelessness Partnering Strategy", 24.

¹⁴ Aleman, Ambar, "Child & Family Homelessness in Canada", Homeless Hub, last modified May 30, 2016, http://homelesshub.ca/blog/child-family-homelessness-canada

¹⁵ Refer to Note 6.

¹⁶ Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver, "The State of Homelessness in Canada 2013", (Toronto: Canadian Homelessness Research Network Press, 2013), 8.

Characteristics of Chronic, Episodic, Transitional Homeless Population Groups (n=62)

Characteristic	# Chronic (n=40)	Episodic (n=3)	Transitional (n=18)
Age 16-24	5	2	5
Age 25-60	31	1	10
Age 61+	4	0	3
Male	19	0	9
Female	19	3	9
Gay, Bisexual, Pansexual	4	1	2
Individual	32	3	16
Single Parent with Children			
under 18	8	0	2
Involvement with Child Welfare			
System	6	0	1
Indigenous Identity/Ancestry	12	1	3
Hidden Homeless	22	2	5
Staying at Shelter	5	0	4

Health and Acuity of Chronic, Episodic, Transitional Homeless Population Groups (n=62)

Characteristic	Chronic	Episodic	Transitional
Physical Health	32	3	12
Substance Use	9	2	4
Mental Health	15	0	6
Tri-Morbid	6	0	1
Low Acuity	0	1	4
Moderate Acuity	11	0	8
High Acuity	29	2	6
Frequent Users	22	0	10

Characteristic	Age 16-24	Age 25-	Age 55+	% of 16-	% of 25-	% of
	(n=12)	54 (n=36)	(n=14)	24	54	55+
Male	6	15	7	50%	33%	50%
Female	6	20	6	50%	56%	43%
Gay, Bisexual,	4	2	1	33%	6%	7%
Pansexual						
Individual	11	27	14	92%	75%	100%
Single Parent with	1	9	0	8%	25%	0%
Children under 18						
Indigenous	4	9	3	33%	25%	21%
Identity/Ancestry						
Hidden Homeless	5	12	2	42%	33%	14%
Staying at Shelter	1	6	2	8%	17%	14%
Chronically Homeless	5	26	9	42%	72%	64%
Episodically Homeless	2	1	0	17%	3%	0%
Involvement with	0	8	0	0%	22%	0%
Child						
Welfare System						
Low Acuity	2	1	2	17%	3%	14%
Moderate Acuity	5	10	5	42%	28%	36%
High Acuity	5	25	7	42%	69%	50%

Health and Acuity of Youth, Adult and Older Adult Population Groups (n=62)

Characteristic	# Age 16-	# Age 25-	# Age 55+	% of 16-24	% of 25-	% of
	24	54			54	55+
Physical Health	8	29	11	67%	81%	79%
Substance Use	4	10	1	33%	28%	7%
Mental Health	5	14	2	42%	39%	14%
Tri-Morbid	2	5	0	17%	14%	0%
Low Acuity	2	1	2	17%	3%	14%
Moderate Acuity	5	10	5	42%	28%	36%
High Acuity	5	25	7	42%	69%	50%
Frequent Users	4	20	8	33%	56%	57%

Characteristic	# Indigenous (n=16)	# Non-Indigenous (n=44)	% Indigenous	% Non- Indigenous
Age 16-24	4	8	25%	18%
Age 25-60	11	30	69%	68%
Age 61+	1	6	6%	14%
Male	8	19	50%	43%
Female	8	23	50%	52%
Gay, Bisexual, Pansexual	4	3	25%	7%
Individual	15	35	94%	80%
Single Parent with Children under 18	1	9	6%	20%
Chronically Homeless	12	26	75%	59%
Episodically Homeless	1	2	6%	5%
Hidden Homeless	5	13	31%	30%
Staying at Shelter	2	7	13%	16%
Involvement with Child Welfare System	7	9	44%	20%

Characteristics of Indigenous Identity and Ancestry vs Non-Indigenous Identity (n=62)

Health and Acuity of People with Indigenous Identities and Ancestries vs Non-Indigenous Identity (n=62)

Characteristic	# Indigenous	# Non-Indigenous	% Indigenous	% Non- Indigenous
Physical Health	14	32	88%	73%
Substance Use	4	10	25%	23%
Mental Health	6	14	38%	32%
Tri-Morbid	2	4	13%	9%
Low Acuity	0	5	0%	11%
Moderate Acuity	2	17	13%	39%
High Acuity	14	22	88%	50%
Frequent Users	7	24	44%	55%
Characteristic	# Individual Households (n=52)	# Family Household s (n=10)	% of Individual Households	% of Family Households
--	--------------------------------------	--------------------------------------	-------------------------------	---------------------------
Age 16-24	11	1	21%	10%
Age 25-60	34	9	65%	90%
Age 61+	7	0	13%	0%
Male	25	3	48%	30%
Female	25	7	48%	70%
Gay, Bisexual, Pansexual	5	2	10%	20%
Indigenous Ancestry or Identity	15	1	29%	10%
Chronically Homeless	32	8	62%	80%
Episodically Homeless	3	0	6%	0%
Hidden Homeless	14	5	27%	50%
Staying at Shelter	7	2	13%	20%
Involvement with Child Welfare System	13	0	25%	0%

Health and Acuity of Individual and Family Households (n=62)

Characteristic	# Individual Households	# Family Households	% of Individual Households	% of Family Households
Physical Health	40	8	77%	80%
Substance Use	14	1	27%	10%
Mental Health	18	3	35%	30%
Tri-Morbid	6	1	12%	10%
Low Acuity	5	0	10%	0%
Moderate Acuity	19	1	37%	10%
High Acuity	28	9	54%	90%
Frequent Users	26	6	50%	60%

Characteristic	# Low	# Moderate	# High	% of	% of	% of
	Acuity	Acuity	Acuity	Low	Moderate	High
	(n=5)	(n=20)	(n=37)	Acuity	Acuity	Acuity
Age 16-24	2	5	5	40%	25%	14%
Age 25-60	2	12	29	40%	60%	78%
Age 61+	1	3	3	20%	15%	8%
Male	0	11	17	0%	55%	46%
Female	5	8	19	100%	40%	51%
Gay, Bisexual,	0	1	6	0%	5%	16%
Pansexual						
Indigenous	0	2	14	0%	10%	38%
Ancestry or						
Identity						
Individual	5	19	28	100%	95%	76%
Single Parent with	0	1	9	0%	5%	24%
Children under 18						
Chronically	0	11	29	0%	55%	78%
Homeless						
Episodically	1	0	2	20%	0%	5%
Homeless						
Hidden Homeless	0	8	11	0%	40%	30%
Staying at Shelter	1	3	5	20%	15%	14%
Involvement with	0	3	10	0%	15%	27%
Child Welfare						
System						

Characteristics of Low, Moderate and High Acuity Households (n=62)

Characteristic	# Low Acuity	# Moderate Acuity	# High Acuity	% of Low Acuity	% of Moderate Acuity	% of High Acuity
Physical Health	3	12	32	60%	60%	86%
Substance Use	0	4	11	0%	20%	30%
Mental Health	0	3	18	0%	15%	49%
Tri-Morbid	0	0	7	0%	0%	19%
Frequent Users	2	9	21	40%	45%	57%



Canadian Definition Of Homelessness

DEFINITION

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.

Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. That is, homelessness encompasses a range of physical living situations, organized here in a *typology* that includes 1) **Unsheltered**, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) **Provisionally Accommodated**, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.

The *problem* of homelessness and housing exclusion refers to the failure of society to ensure that adequate systems, funding and support are in place so that all people, even in crisis situations, have access to housing. The goal of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible and suitable in size), and includes required services as needed (supportive), in addition to income and supports.

Numerous populations, such as youth, individuals from different ethno-cultural backgrounds, families, newcomers to Canada, people impacted by family violence, the elderly, etc., experience homelessness due to a unique constellation of circumstances and as such the appropriateness of community responses has to take into account such diversity. The over-representation of Aboriginal peoples (including First Nations, Métis, and Inuit peoples), for instance, amongst Canadian homeless populations, necessitates the inclusion of their historical, experiential and cultural differences, as well as experiences with colonization and racism, in their consideration of homelessness.

The Canadian Observatory on Homelessness (COH) (formerly the Canadian Homelessness Research Network) established a working group with leaders from the areas of research, policy and practice, to develop, refine and test a new definition. The CHRN Working Group included: Dr. Stephen Gaetz, Director, Canadian Observatory on Homelessness, York University; Carolann Barr, Executive Director, Raising the Roof; Anita Friesen, Senior Policy Advisor, Program Policy and Planning, Family Violence Prevention and Homeless Supports, Alberta Human Services; Bradley Harris, Social Services Consultant, The Salvation Army; Charlie Hill, Executive Director, National Aboriginal Housing Association; Dr. Kathy Kovacs-Burns, Associate Director, Health Sciences Council, University of Alberta; Dr. Bernie Pauly, Associate Professor, School of Nursing, University of Victoria; Bruce Pearce, President, Canadian Housing Renewal Association; Alina Turner, VP Strategy, Calgary Homeless Foundation; Allyson Marsolais, Project Manager, Canadian Observatory on Homelessness.

TYPOLOGY

(OPERATIONAL CATEGORY		LIVING SITUATION	GENERIC DEFINITION
TERED	This includes people who lack housing and are not accessing emergency shelters or	ck housing and are not private space		 Public space, such as sidewalks, squares, parks, forests, etc. Private space and vacant buildings (squatting)
1 UNSHELTERED	extreme weather conditions. In most cases, people are staying in places that are not designed for or fit for human habitation.	1.2	People living in places not intended for permanent human habitation	 Living in cars or other vehicles Living in garages, attics, closets or buildings not designed for habitation People in makeshift shelters, shacks or tents
LTERED	This refers to people who, because they cannot secure permanent housing, are accessing emergency shelter and system supports,	2.1	Emergency overnight shelters for people who are homeless	These facilities are designed to meet the immediate needs of people who are homeless. Such short-term emergency shelters may target specific sub-populations, including women, families, youth or Aboriginal persons, for instance.
CY SHEI	generally provided at no cost or minimal cost to the user. Such accommodation represents	2.2 Shelters for individuals/families impacted by family violence		These shelters typically have minimal eligibility criteria, offer shared sleeping facilities and amenities, and often expect clients to leave in the morning. They may or may
2 EMERGENCY SHELTERED	an institutional response to homelessness provided by government, non-profit, faith based organizations and / or volunteers.	2.3	Emergency shelter for people fleeing a natural disaster or destruction of accommodation due to fires, floods, etc.	not offer food, clothing or other services. Some emergency shelters allow people to stay on an ongoing basis while others are short term and are set up to respond to special circumstances, such as extreme weather.
Deople, who are homeless and w shelter, access a offers no prosp Those who are accommodated temporary hou government or	This describes situations in which people, who are technically homeless and without permanent shelter, access accommodation that	3.1	Interim Housing for people who are homeless	Interim housing is a systems-supported form of housing that is meant to bridge the gap between unsheltered homelessness or emergency accommodation and permanent housing.
	offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by government or the non-profit sector, or may have independently	3.2	People living temporarily with others, but without guarantee of continued residency or immediate prospects for accessing permanent housing	Often referred to as 'couch surfers' or the 'hidden homeless', this describes people who stay with friends, family, or even strangers.
ΙΑΓΓΥ Α	made arrangements for short-term accommodation.	3.3	People accessing short term, temporary rental accommoda- tions without security of tenure	In some cases people who are homeless make temporary rental arrangements, such as staying in motels, hostels, rooming houses, etc.
ROVISION		3.4	People in institutional care who lack permanent housing arrangements	People who may transition into homelessness upon release from: Penal institutions; Medical / mental health institutions; Residential treatment programs or withdrawal management centers; Children's institutions / group homes.
Μ		3.5	Accommodation / reception centers for recently arrived immigrants and refugees	Prior to securing their own housing, recently arrived immigrants and refugees may be temporarily housed while receiving settlement support and orientation to life in Canada.
AT-RISK OF HOMELESSNESS	Although not technically homeless, this includes individuals or families whose current housing situations are dangerously lacking security or stability, and so are considered to be at-risk of homelessness. They are living in housing that is intended for permanent human habitation, and could potentially be permanent (as opposed to those who are provision-	4.1	People at imminent risk of homelessness	 Those whose employment is precarious Those experiencing sudden unemployment Households facing eviction Housing with transitional supports about to be discontinued People with severe and persistent mental illness, active addictions, substance use, and / or behavioural issues Breakdown in family relations People facing, or living in direct fear, of violence / abuse
t (v st	ally accommodated). However, as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, and / or the inappropri- ateness of their current housing (which may be overcrowded or does not meet public health and safety standards) residents may be "at risk" of homelessness.	4.2	Individuals and families who are precariously housed	Those who face challenges that may or may not leave them homeless in the immediate or near future. CMHC defines a household as being in core housing need if its housing: "falls below at least one of the adequacy , affordability or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)."

For a more detailed typology of the Canadian Definition of Homelessness, go to: www.homelesshub.ca/homelessdefinition

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A special thank you to Bonnie Burgess of Northumberland County for her logistical and graphic design support and expertise during the 2018 Registry Week and with this final report.

Northumberland County

INTRODUCTORY SCREENING

(Surveyor complete - following Introductory Script, Screening, and Verbal Consent)

If YES [Go to A]

If NO: [Go to B]

Hi my name is _____, I am a volunteer with the Northumberland County Registry Week. This week we are meeting with people who do not have a permanent place to live, are couch surfing, living outside or who are homeless. We want to better understand housing needs in Northumberland County.

Do you have a moment for me to ask you three questions?

If NO: Thank and tally

SCREENING

A. Have you answered a survey this week with a person with a badge like this?

If YES: Thank and tally

B. Where are you staying tonight? / Where did you stay last night?

DECLINE TO	SOMEONE ELSE'S PLACE	EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER
ANSWER	->ASK C1 AND C2	TRANSITIONAL SHELTER/HOUSING
-> [THANK & TALLY		PUBLIC SPACE (E.G., SIDEWALK, PARK, FOREST, BUS
RESPONSE]	MOTEL/HOTEL	SHELTER)
	->ASK C2	VEHICLE (CAR, VAN, RV, TRUCK)
□ OWN		MAKESHIFT SHELTER, TENT OR SHACK
APARTMENT/	HOSPITAL, JAIL, PRISON,	ABANDONED/VACANT BUILDING
HOUSE	REMAND CENTRE	OTHER UNSHELTERED LOCATION
-> ASK D.2	->ASK C2	RESPONDENT DOESN'T KNOW [LIKELY HOMELESS]
		-> ASK D.1

- C1: Can you stay there as long as you want or is this a temporary situation?
- C2: Do you have your own house or apartment you can safely return to?

AS LONG AS THEY WANT-> ASK D.2.	□ YES -> ASK D.2
TEMPORARY -> ASK C2	□ NO -> ASK D.1
DON'T KNOW ->ASK C2	DON'T KNOW -> ASK D.1
DECLINE -> [THANK & TALLY RESPONSE]	DECLINE -> [THANK & TALLY RESPONSE]

-or-

D. SCREENED IN (homeless)

D.1 If a person screens in (homeless), ask:

Are you willing to participate in the full survey? It will take about 10 minutes.

□ YES □ NO

If YES: Continue with Section F: Full Survey Intro If NO: Thank and tally

D.2 If a person screens out (not homeless), ask:

SCREENED OUT (not homeless)

Can I ask you 3 more questions about your housing?

 YES
 NO

 If YES: Continue with Section E: Prevention below

 If NO: Thank and tally



. Are you worried about losing you □ YES	P nousing in the next 2-3 months: □ NO
If YES: Go to #2	If NO: Thank and Tally.
2. What are the two main reasons yo	
List here:	
B. Do you need any help to prevent y	
\Box YES	\Box NO
If YES: Go to 3A.	If No: Thank, Tally & Give Resource Card
3A. Are you getting any help with y	your housing already? If yes, where? Go to 3B after.
List here:	
 IF NO: Thank and Tally. Offer Thank the individual and prov Prevention Consent I understand that by signing below, I g contact me for the purpose of connect 	gn below mark their name and contact information down. r a Resource Card with a list of service agencies. ride them with a \$2 gift card for their time. give Northumberland County Social Services staff permission t cting me to services that could help me to prevent my housing stored by the County of Northumberland Community and Social
First and last name: (please print)	
Phone Number:	Email address:
Signature:	Date:
First and last name of witness (plea	ase print):

the *Housing Services Act 2011* section 19.1 for the purpose of enumeration (count) and will be used to evaluate homelessness programs and services. Questions about this collection should be directed to the Customer Services and Program Support Manager at the Northumberland County Community & Social Services, 555 Courthouse Rd, Cobourg, ON or call 1-800-354-7051.



CANADIAN VERSION 2.0

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Interviewer's Name	Agency and/or Contact #	Team
		□ Staff□ Volunteer
Survey Date DD/MM/YYYY/	Survey Time : AM/PM	Survey Location

1. Where are you staying tonight? / Where did you stay last night? (copy from screener)

DECLINE TO	SOMEONE ELSE'S PLACE	EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER
ANSWER		TRANSITIONAL SHELTER/HOUSING
	MOTEL/HOTEL	PUBLIC SPACE (E.G., SIDEWALK, PARK, FOREST, BUS
OWN		SHELTER)
APARTMENT/	HOSPITAL, JAIL, PRISON,	VEHICLE (CAR, VAN, RV, TRUCK)
HOUSE	REMAND CENTRE	MAKESHIFT SHELTER, TENT OR SHACK
		ABANDONED/VACANT BUILDING
		OTHER UNSHELTERED LOCATION
		RESPONDENT DOESN'T KNOW [LIKELY HOMELESS]

Basic Information

First Name	Nickname	Last Name				
Date of Birth	Age	Consent to participate				
DD/MM/YYYY //		Yes	No			
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.						
IF THE PERSON IS OUTEARS OF AGE ON OLDER, THEN SCORE 1.						

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	□ Shelters □ Couch S □ Outdoo □ Other (s	ourfing rs specify):		
		ŭ		
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE				
1.				
2. How long has it been since you lived in permanent stable housing? (please specify days/months/years)		Declined		
3. In the last year, how many times have you been homeless? Declined				
IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF				
HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.				

B. Risks

 In the past six months (since November), how many times have you **(Please enter a number in the boxes, not a yes or no) 					
a. Received health care at an emergency department/room	?		Declined		
b. Taken an ambulance to the hospital?			Declined		
c. Been hospitalized as an inpatient?			Declined		
d. Used a crisis service, including sexual assault crisis, ment health crisis, family/intimate violence, distress centers ar suicide prevention hotlines?			Declined		
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime of because the police told you that you must move along?		Declined			
f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?					
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, EMERGENCY SERVICE USE.	THEN	SCOR	E 1 FOR	SCORE	
5. Have you been attacked or beaten up since you've become homeless?	Y	N	Declined		
6. Have you threatened to or tried to harm yourself or anyone Y N Declined else in the last year?					
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.					
7. Do you have any legal stuff going on right now that may resul in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?					

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.				SCORE:
8. Does anybody force or trick you to do things that you do not want to do?	Y	N	Declined	
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.				

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money?	Y	N	Declined	
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Y	N	Declined	
IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY				
MANAGEMENT.				
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Y	N	Declined	
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.				
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	Y	N	Declined	

IF "I	NO," THEN SCORE 1 FOR SELF-CARE.				SCORE:
14.	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	Y	N	Declined	
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.					

D. Wellness

-		1	1		
15.	Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	Y	N	Declined	
16.	Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Y	N	Declined	
17.	Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	Y	N	Declined	
18.	When you are sick or not feeling well, do you avoid getting help?	Y	N	Declined	
19.	FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	Y	N	N/A or Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.					
		_, _ , , ,	•		
20.	Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	Y	N	Declined	

SECTION 9: Appendix E

21.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.					
22.	Have you ever had trouble maintaining your housing, or beer apartment, shelter program or other place you were staying,				
	a. A mental health issue or concern?	Y	N	Declined	
	b. A past head injury?	Y	Ν	Declined	
	c. A learning disability, developmental disability, or other impairment?	Y	N	Declined	
23.	Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	Y	N	Declined	
IF "Y	'ES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.				SCORE:
	HE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBST	ANCE	USE A I	ND 1 FOR	SCORE:
MEN	ITAL HEALTH , SCORE 1 FOR TRI-MORBIDITY.				
24.	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Y	N	Declined	
25.	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	Y	N	Declined	
IF "Y	YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	-	-	-	SCORE:
26.	YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	Y	N	Declined	

Appendix E (cont'd ...)

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Follow-Up Questions

On a regular day, where is it easiest	place:
to find you and what time of day is	time:: or
easiest to do so?	Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: () email:

Ontario Enumeration Survey

1. What family members are staying with you tonight? [Indicate survey numbers for adults. Check all that apply]

OTHER ADULT
DECLINE TO ANSWER

For the next questions, "homelessness" means any time when you have been without a secure place to live, including sleeping in shelters, on the streets, or living temporarily with others.

2.	In total, how much time have you been homeless over the past year? [Best estimate]	 Length(days/weeks/months) Don't Know Decline to answer
3.	What happened that caused you to lose your housing most recently?	 Illness or medical condition Addiction or substance use Job loss Unable to pay rent or mortgage
	[This is an open question with categories provided]	 Evicted other reason (not financial) Experienced abuse by: parent / guardian Experienced abuse by: spouse / partner Conflict with: parent / guardian Conflict with: spouse / partner Incarcerated (jail or prison) Hospitalization or treatment program Unsafe housing conditions Other reason:
4.	Do you identify as Indigenous or do you have Indigenous ancestry with or without status? This includes First Nations with or without status, Métis, and Inuit. [If yes, please follow up to specify]	 Yes First Nations (with and without status) Inuit Métis Have Indigenous ancestry No Don't Know Decline to answer

 5. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with? [Do not list categories. Select all that apply] 	 Aboriginal or Indigenous Arab Asian (e.g., Chinese, Korean, Japanese, etc.) South-East Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) West Asian (e.g., Iranian, Afghan, etc.) Black or African-Canadian Filipino Hispanic or Latin American White (e.g., European-Canadian) Don't Know Decline to answer
6. What gender do you identify with? [Show list to respondent. Do not read categories unless asked]	 Male / Man Female / Woman Trans female / Trans woman Trans male / Trans man Two-spirit Genderqueer / Gender non-conforming Not listed: Don't Know Decline to answer
 7. How do you describe your sexual orientation, for example Straight, Gay, Lesbian? [Show list to respondent. Check all that apply] 	 Straight/Heterosexual Gay Lesbian Bisexual Two-spirit Queer Questioning Not listed: Don't Know Decline to answer
8. In what language do you feel best able to express yourself?	 English French No preference Neither (please specify) Don't Know Decline to answer

9. Have you ever had any service in the Canadian military or RCMP? (Military includes Canadian Navy, Army or Air Force)		 Yes, Military Yes, RCMP No Don't Know Decline to answer 		
10. Do you identify as having any of the following?				
Chronic/Acute Medical Condition Yes No Don't Know Decline to answer	Physical Disability Yes No Don't Know Decline to answer	Addiction Yes No Don't Know Decline to answer	Mental Health Issue Yes No Don't Know Decline to answer	
 11. Have you ever been in foster care and/or a group home? If yes, how long ago was that? *(Refers to the length of time since leaving foster care or a group home) 		 Yes No Don't Know Decline to answer Length (in years) 		
12. What are your sources of income? [Read list and select all that apply]		 Employment Informal / Self-Employment (e.g., bottle returns, panhandling) Employment Insurance Welfare / Income Assistance Disability Benefit Seniors Benefits (e.g., Canadian Pension Plan/ Old Age Security / Guaranteed Income Supplement) GST Refund Child and Family Tax Benefits Money from family and friends Other source: No income Decline to answer 		

Additional Local Questions

1.	Did you move to the Northumberland region in the past year?	 ☐ Yes ☐ No ☐ Don't Know ☐ Decline to answer
2.	If yes, where were you living before coming here?	□ □ Don't Know □ Decline to answer
3.	Did you come to Canada as an immigrant or refugee within the past 5 years?	 ☐ Yes ☐ No ☐ Don't Know ☐ Decline to answer
4.	Have you been in jail and/or prison in the past 6 months?	 ☐ Yes ☐ No ☐ Don't Know ☐ Decline to answer
5.	Do you have timely and regular access to a primary healthcare provider (a family doctor, nurse practitioner)?	 Yes No Don't Know Decline to answer Other:
6.	What is the highest level of education that you have completed?	 Elementary School (Grades 1-6) High School (Grades 8-12) Other: Don't Know Decline to answer
7.	What are the two things that are keeping you from securing a permanent place to live?	

Thank you for taking the time to complete this survey with me. I really appreciate it. Here is a gift card as a thank you for your time.



PARTICIPANT CONSENT | NORTHUMBERLAND COUNTY | 20,000 HOMES CAMPAIGN

Consent:

If you give your consent (permission), the information you share today will be collected and stored by Northumberland County Community and Social Services Department. All of your personal information will be protected, and only used as described below.

How is your Personal Information used?

Northumberland County Community and Social Services wants to help you find affordable housing and/or housing supports by linking you with agencies who can help.

Your personal information will also be used to create a list called the Northumberland By Name List (BNL). The BNL is an up-to-date list of all individuals and families experiencing homelessness in Northumberland County. The goal of the BNL is to match homeless individuals and families to housing and support services as quickly as they become available. When housing is not available, agencies will work with individuals and families to find other solutions.

Your personal information will be seen only by agencies who are able to offer you help. Everyone who will see your information has agreed to protect your information and keep it strictly confidential.

How is your Non-Identifiable Information used?

Non-identifiable means that your information has had your name, date of birth, and any contact information removed. This non-identifiable information will be used to help Northumberland County and community partners understand homelessness better and to help politicians and funders to understand the needs in our community.

You will still be eligible for service by Northumberland County Community & Social Services even if you do not want to give consent.

This consent will be valid for 12 months. At any time, you can take back your consent by emailing <u>20KHomes@northumberlandcounty.ca</u> or calling 1-800-354-7050. If you change or remove consent, we will not collect or share any further information about you.

SECTION 9: Appendix H

Northumberland County



PARTICIPANT CONSENT | NORTHUMBERLAND COUNTY | 20,000 HOMES CAMPAIGN

Consent:

I understand that the following agencies, who work in partnership with Northumberland County on homelessness programs and supports will have access to my information,

- Northumberland County Community and Social Services
- Northumberland Hills Hospital Mental Health Services
- Cornerstone Family Violence Prevention Centre
- Greenwood Coalition
- Salvation Army Family & Community Services
- The Help Centre
- Fourcast (Four Counties Addiction Services Team)

I understand that Northumberland County staff or one of the agencies working in partnership with the County may contact me to connect me to available supports.

I AGREE WITH THE ABOVE AND CONSENT TO MY PERSONAL INFORMATION BEING COLLECTED, USED, STORED, AND SHARED AS DESCRIBED IN THIS CONSENT FORM.

My signature (or mark below) indicates that I have read (or have been read to) all of the information provided above and give permission to Northumberland County Community and Social Services to collect my personal information, add it to the Northumberland By-Name List and use my information as described above.

Date:
t and last name of witness (please print)
Date:

(Municipal Freedom of Information and Protection of Privacy Act) Because you are sharing your personal information, I have to explain that all personal information is collected under the

authority of the *Housing Services Act 2011* section 19.1 for the purpose of enumeration (count) and will be used to evaluate homelessness programs and services. Questions about this collection should be directed to the Customer Services and Program Support Manager at the Northumberland County Community & Social Services, 555 Courthouse Rd, Cobourg, ON 1-800-354-7051.

List of Survey Locations

The 2018 Registry Week took place across Northumberland County. This would not have been possible without the following community agencies who participated in the campaign by hosting and promoting events, supporting staff and volunteers to participate and welcoming volunteers into their agencies and weekly programs:

Cobourg

Northumberland County Community and Social Services ReBound Child & Youth Services Northumberland Salvation Army Community and Family Services Cobourg Police Services The Help Centre Northumberland Hills Hospital Watton Employment Services Northumberland Hills Hospital Community Mental Health Services Souper-Time at St. Peter's Anglican Church Northumberland Fare Share Food Bank (Cobourg) Souper Time Dinner- Trinity United Church

Port Hope

Salvation Army Community and Family Services Port Hope Police Services Port Hope Community Employment Services (Durham College) Port Hope Community Health Centre Northumberland Fare Share Food Bank at Port Hope United Church Souper Time Dinner- St. Peter's Anglican Church

Alnwick-Haldimand

Roseneath Public Library – Watton Employment Services

Trent Hills

Community Living-Campbellford 7 Hills Community Pantry, Warkworth

Brighton

Community Living-Brighton Brighton Fare Share Food Bank Supper's Ready- Brighton

Cramahe Township

Cramahe Public Library - Watton Employment Services

Hamilton Township

Community Works, More Than A Food Bank- Bewdley

Across Northumberland

Northumberland OPP- Cobourg, Brighton and Campbellford

* It should also be noted that there were an additional 5 motels and 5 walking routes that were conducted in Cobourg and Port Hope during the enumeration in an effort to identify individuals and families experiencing homelessness.

A home for everyone is key.





Jesse A. Thistle

About The Definition's Design

The colour scheme (red, black, white and yellow) and the representation of the colours as the four directions are used on the cover and within this report to embody significant meanings that exist within First Nations, Métis and Inuit Indigenous cultures.

A central philosophy for many Indigenous Peoples is connectedness. Across Indigenous cultures, the circle serves as a recurring shape that represents interconnectivity, as seen with Indigenous medicine wheels and the Indigenous perspective of "All My Relations." This is the circle of life.

"All My Relations" is represented by the circular placement of the fireweed, sweetgrass and mayflowers. It is a phrase that encompasses the view that all t ings are connected, linked to their families, communities, the lands that they inhabit and the ancestors who came before them. Therefore, all beings—animate and inanimate—are viewed as worthy of respect and care and in possession of a purpose are related.

Fireweed is a symbol of Indigenous resistance and perseverance; it is also used as a medicine by many Indigenous cultures across Turtle Island. Its young shoots provide springtime nourishment, its mature stems provide a tough fibre for string and nets, and its flowers produce sweet nectar for bees and other insects. Fireweed (Epilobium angustifolium) grows virtually everywhere in North America, as does sweetgrass (Hierochloe odorata) and so these plants were chosen to represent of all three Indigenous Peoples. Moreover, braided sweetgrass is burned as an incense in various Indigenous ceremonies and can be counted as one of the most sacred medicines of First Nations, Métis and Inuit peoples on Turtle Island. It is still widely traded and used as a gift.

The deep red-purple of the fireweed signifies success and resis nce during challenging times, as this particular flower blooms in summe, but the shoots emerge at the end of the winter season when the remnants of snow are still around.

The greyish-white mayflower is representative of Euro-style col nial settlement, as the first successful colony of English settlers in North America was aboard the Mayflower galleon. Mayflowers, despite their colonial representation, do have a sp t within the circle of All My Relations – Algonquin, Cherokee, and Haudenosaunee Peoples have long used mayflowers (Epigaea repens) as medicine for kidney disorders, arthritis and relieving pain during childbirth. Therefore, mayflowe , as depicted in the circle, represents both the invasive and destructive aspects of settlement, as well as hope because it can be incorporated into the relationship web of All My Relations for its pre-colonial uses to Indigenous Peoples.

About The Definition's Design

Black, yellow, white and red are the four Indigenous colours commonly displayed in a well-known Indigenous medicine wheel. These four colours are often divided into four quadrants and hold meanings that are linked to the seven aspects of life's specific stages: four directions, four elements of life, four medicines, four seasons, and four stages of well-being. The yellow and red placements of the colours throughout the definition work are explicit in g aphics. The white and black, however, are implicit and are represented in the white of the background and the black of the texts. The white and the black colours of the medicine wheel literally carry the message of Indigenous Homelessness and articulate it to the world with the help of the red and yellow accents; therefore, the document itself is the medicine wheel.

The placement of the title in its off-centre position was done intentionally, to signify that Indigenous experiences of homelessness are counter to the interconnectivity that is so central to Indigenous cultures. Indigenous individuals who are without home and shelter have been symbolically, as in their lived experiences of homelessness, displaced from their relationships to land, water, place, family, kin, each other, animals, their cultures, languages and identities.

Sources:

https://www.ictinc.ca/about-team

http://firstnationspedagog .com/interconnection.html

http://ojibweresources.weebly.com/medicine-wheel.html

https://www.ictinc.ca/blog/what-is-an-aboriginal-medicine-wheel

Definition of Indigenous Homelessness in Canad

Author: Jesse A. Thistle

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A home for everyone is key.



Definition of Indigenous Homelessness in Canad

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Definition of Indigenous Homelessness in Canada

Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews.

I) The Definition

Indigenous homelessness is a human condition that describes **First Nations**, **Métis** and **Inuit** individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous h melessness is not defined as lacking a structure of habitation; rathe , it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012).

The complex interactions between these factors in Indigenous homelessness produce situations that intersect with the typology of four kinds of homelessness, as presented in the Canadian Definition of Homelessness. These include: Unsheltered, Emergency Sheltered, Provisionally Accommodated and At Risk of Homelessness. While aspects of these four categories are tied to current housing markets and the limited availability of affordable housing, Indigenous homelessness is not simply a response to such circumstances, but is best understood as the outcome of historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Métis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories.

SECTION 9: Appendix J

Colonization of Indigenous bodies, minds and lands has had the historic and contemporary effect of traumatizing generations of First Nations, Métis and Inuit by disrupting traditional and vital domestic and territorial systems of governance, and obliterating timeless institutions responsible for the socialization of Indigenous Peoples. Linguicide¹ (McCarty, Romero, & Zepeda, 2006), the calculated extermination of Indigenous languages, was the key tool employed by the Canadian state in the intentional undermining and, in some cases, destruction of essential Indigenous social systems, cultures and worldviews. This deep cultural destabilization has produced—and continues to produce—individual and community traumas, responsible for the disproportionate levels of mental, cognitive, behavioural, social and physical challenges faced by Indigenous individuals, families, communities and Nations (Christensen, 2013). This thorough, complex and intentional unravelling of traditional social and cultural systems, known as cultural genocide, has created and prolonged, and continues to perpetuate, Indigenous homelessness in Canada (Menzies, 2007; The Truth and Reconciliation Commission, 2015).

The observable manifestations of intergenerational trauma in Indigenous Peoples, such as intemperance, addiction and street-engaged poverty, are incorrectly assumed to be causes of homelessness in popular and worldwide blame-the-victim discourses. Obscured behind these discourses are the historical processes and narrative prejudices practiced by the Canadian state and settler society that have produced Indigenous homelessness. Discourse about these processes disappears into myths about flawed Indigenous individuals: mental "illness," substance abuse, recidivism, delinquency, and other myths.

Racism and discrimination aimed at Indigenous peoples are firm y entrenched in Canadian society, producing impenetrable systemic and societal barriers, such as a lack of affordable and appropriate housing, insufficient and culturally i appropriate health and education services, irrelevant and inadequate employment opportunities, and a crumbling infrastructure in First Nations, Inuit, and Métis communities. The fiduciary abandonment of Indigenous communities by the state, which has greatly contributed to Indigenous homelessness, is manifested by chronic underfunding by the federal, provincial and territorial governments of Canada.

The key to understanding a healthy community, Indigenous or not, is appreciating that cultivation of the human spirit is grounded in emplaced networks of significance. Grounded emplacement gives positive meaning to individual and collective life in social groups and society as a whole, and produces a healthy "sense of place," as well as a healthy sense of identity. Yet the ineffective political and economic conditions cited above contribute to an assault on the socio-cultural practices and confidence of Indigenous populations, which has made impossible a meaningful sense of emplacement necessary for dignified social experiences for First Nations, Métis, and nuit Peoples within broader Canadian society. External and foreign factors contribute greatly to rural and urban Indigenous homelessness by neglecting and starving healthy Indigenous relationships—

Definition of Indigenous Homelessness in Canad

Racism and discrimination aimed at Indigenous peoples are firmly entrenched in Canadian society personal, social, cultural, spiritual and political. These factors are not innate to Indigenous cultural practices; they are instead external and state driven, imposed on, rather than generated by, Indigenous cultural practices.

In addition to uprooting the material and social vectors of experience that predated colonialism, European-style settlement on Indigenous land has extended colonialism's attack on Indigenous Peoples through official policies such s the Indian Act, residential schools, the Métis scrip system, Inuit relocations, and the encroachment and management of national and provincial parks (Sandlos, 2011), among others.

These policies, as well as unfulfilled treaties, physically dis laced First Nations, Métis, and Inuit Peoples into unviable, marginal geographic spaces. In these scattered urban and rural ghettoes—considered by some to function similarly to African systems of apartheid—poverty, poor housing and economic disadvantage have become normalized.

In some of these marginalized reserve and community spaces, Indigenous Peoples have managed to prosper, but they are a small minority, and most people continue to experience great marginalization in these geographic and social settings. Contemporary Indigenous Homelessness can therefore be understood only by recognizing the injustice that undergirds these settlements and broken treaties (Peters & Robillard, 2009).

Canadians must finally agree on some difficult truths:

- 1. Indigenous people do not choose to be homeless;
- 2. The experience is negative, stressful and traumatic;
- **3.** Homelessness itself forces a disproportionate number of Indigenous people into activities deemed criminal by the state; and
- 4. The higher mortality rate in First Nations, Métis and Inuit has been ignored too long.

Lastly, and most importantly, because a lack of home, much as a sense of place or homeplace, is a culturally understood experience, we must develop and recognize an Indigenous definition of homelessness that must inform pol cy-making to solve the tragedy of Indigenous homelessness.

Definition of Indigenous Homelessness in Canad

Canadians must finally agree on some difficult truths...

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SECTION 9: Appendix J

Definition of Indigenous Homelessness in Canad

The 12 dimensions of Indigenous Homelessness

as articulated by Indigenous Peoples across Canada

A home for everyone is key.

The 12 dimensions of Indigenous Homelessness as articulated by Indigenous Peoples across Canada: Definition of Indigenous Homelessness in Canad

Historic Displacement Homelessness

Indigenous communities and Nations made historically homeless after being displaced from pre-colonial Indigenous lands.





Contemporary Geographic Separation Homelessness

An Indigenous individual s or community separation from Indigenous lands, after colonial control.

Spiritual Disconnection Homelessness

An Indigenous individuals or communitys separation from Indigenous worldviews or connection to the Creator or equivalent deity.



Mental Disruption and Imbalance Homelessness

Mental homelessness, described as an imbalance of mental faculties, experienced by Indigenous individuals and communities caused by colonization s entrenched social and economic marginalization of Indigenous Peoples.

SECTION 9: Appendix J

The 12 dimensions of Indigenous Homelessness as articulated by Indigenous people across Canada:

Definition of Indigenous Homelessness in Canad

Cultural Disintegration and Loss Homelessness

Homelessness that totally dislocates or alienates Indigenous individuals and communities from their culture and from the relationship web of Indigenous society known as "All My Relations."





Overcrowding Homelessness

The number of people per dwelling in urban and rural Indigenous households that exceeds the national Canadian household average, thus contributing to and creating unsafe, unhealthy and overcrowded living spaces, in turn causing homelessness.

Relocation and Mobility Homelessness

Mobile Indigenous homeless people travelling over geographic distances between urban and rural spaces for access to work, health, education, recreation, legal and childcare services, to attend spiritual events and ceremonies, have access to affordable housing, and to see family, friends and community members.





Going Home Homelessness

An Indigenous individual or family who has grown up or lived outside their home community for a period of time, and on returning "home," are often seen as outsiders, making them unable to secure a physical structure in which to live, due to federal, provincial, territorial or municipal bureaucratic barriers, uncooperative band or community councils, hostile community and kin members, lateral violence and cultural dislocation.

A home for everyone is key.

Appendix J (cont'd ...)

The 12 dimensions of Indigenous Homelessness as articulated by Indigenous people across Canada:

Nowhere to Go Homelessness

A complete lack of access to stable shelter, housing, accommodation, shelter services or relationships; literally having nowhere to go.





Escaping or Evading Harm Homelessness

Indigenous persons fleeing, leaving or vacating unstable, unsafe, unhealthy or overcrowded households or homes to obtain a measure of safety or to survive. Young people, women, and LGBTQ2S people are particularly vulnerable.

Emergency Crisis Homelessness

Natural disasters, large-scale environmental manipulation and acts of human mischief and destruction, along with bureaucratic red tape, combining to cause Indigenous people to lose their homes because the system is not ready or willing to cope with an immediate demand for housing.²



Climatic Refugee Homelessness

Indigenous peoples whose lifestyle, subsistence patterns and food sources, relationship to animals, and connection to land and water have been greatly altered by drastic and cumulative weather shifts due to climate change. These shifts have made individuals and entire Indigenous communities homeless.

Download the full Definition of Indigenous Homelessness in Canada at: www.homelesshub.ca/IndigenousHomelessness



A home for everyone is key



Northumberland's Campaign Results, 2018 (11 22 2018)



Community & Social Services