



DURHAM 2018 PIT COUNT REPORT

**MEASURING THE SCOPE AND
NATURE OF HOMELESSNESS IN DURHAM**

**Community Development Council Durham
& Durham Mental Health Services**

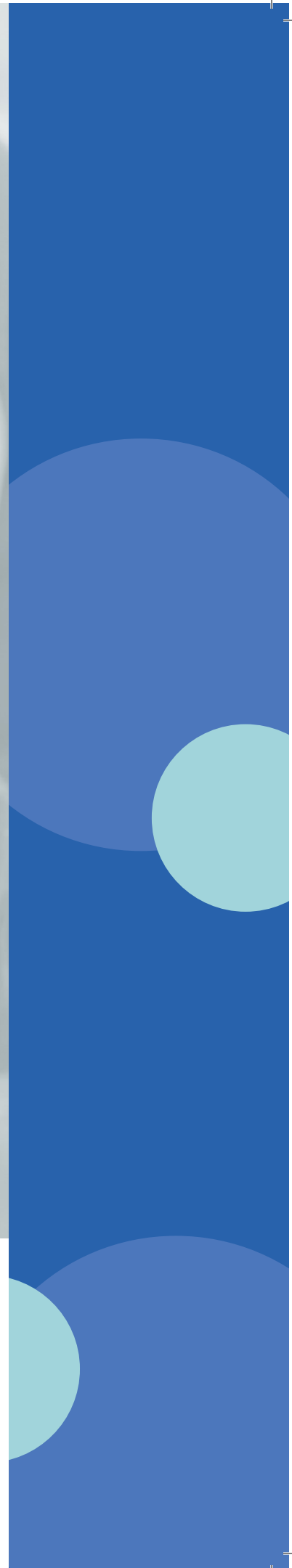


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ABOUT

Durham Region Homelessness Partnering Strategy Community Advisory Board

The Durham Region Homelessness Partnering Strategy Community Advisory Board (CAB) is comprised of local experts and stakeholders in the housing and homelessness sector with a mandate and responsibility to guide the Government of Canada's Homelessness Partnering Strategy (HPS) investments in Durham Region to best serve the needs of the community by preventing and reducing homelessness. The United Way of Durham Region joins with the CAB as the Community Entity for disbursing funds and supporting agencies in delivering HPS programs.



"Preventing and reducing homelessness."



ABOUT

About the Regional Municipality of Durham's Housing Services Division

The Regional Municipality of Durham's Housing Services Division provides support to low-income residents of Durham Region by carrying out measures to meet the goals of At Home in Durham, the Durham Housing Plan 2014-2024. The Division partners with community agencies to flow provincial (Community Homelessness Prevention Initiative-CHPI) and Regional funds for homelessness services to provide emergency shelter, homelessness prevention, transitional and supportive housing as well as outreach services to assist households at risk of or experiencing homelessness. The Division provides affordable rental housing through regional funding for subsidized housing with social housing providers, the directly owned and managed Durham Regional Local Housing Corporation and partnerships with private market landlords. In addition, the Division supports the development of new affordable rental housing, affordable home ownership, financials subsidies to low income households as well as regeneration and repair of social housing for low-income households through the administration of federal and provincial programs



ABOUT CDCD

Community Development Council Durham (CDCD) is an independent, not-for-profit social planning organization that has been working to enhance the quality of life for individuals, families and communities in Durham Region for more than 45 years. CDCD's mission is to identify regional community development needs and inform relevant policy and programming, while supporting and delivering effective services.

ABOUT DMHS

Durham Mental Health Services (DMHS) is a charitable, not-for-profit agency providing services and supports to individuals and families who are living with mental health concerns. Operating under the direction of a volunteer Board of Directors, staff work in partnership with clients, offering services that are person-centered and sensitive to individual needs. DMHS is proud to serve Durham Region and raise awareness of mental health issues, while fighting the stigma too often associated with them, and offering support and assistance to help people suffering from mental illnesses.



KEY FINDINGS

Data on homelessness is essential to understanding the nature and extent of homelessness in Durham Region. Understanding the needs of individuals and families experiencing homelessness allows service providers to plan services and measure progress towards ending homelessness in our community. The 2018 Everybody Counts Report provides a snapshot of homelessness in the Durham Region based on surveys conducted during a Point-in-Time (PiT) Count and Registry Week from April 16th to April 20th 2018.

291

**individuals
were experiencing
homelessness in
Durham Region**

In 2018, 13% of individuals surveyed were unsheltered, 38% were staying in an emergency shelter and 16% of individuals were staying in a Violence Against Women shelter. 31% of individuals surveyed were experiencing hidden homelessness (i.e., staying with friends/family or couch surfing). 3% of individuals were in transitional housing.

Homelessness exists across all demographics:

8%

8% of individuals surveyed identified as LGBTQ+

4%

4% were veterans

21%

Indigenous peoples are overrepresented among the Durham Region's homeless population at 21%

16%

16% were youth between 16 to 24 years old

9%

9% of individuals were immigrants, refugees, or refugee claimants

52%

52% of respondents were male

Having income or employment does not necessarily protect people from homelessness. In fact, in many cases, it actually creates homelessness when the income is inadequate for the cost of housing.

94% of survey participants reported having a source of income

10% are employed

31% have attended post-secondary school

The key factors contributing to homelessness in the Durham Region were:

13%

Conflict with Spouse/Partner

13%

Abuse from Spouse/Partner

12%

Illness or Medical Condition

12%

Unable to pay rent/mortgage

12%

Unsafe housing conditions

10%

Conflict with Parent/Guardian

8%

Addiction or substance abuse

7%

Job loss

5%

Abuse from Parent/Guardian

4%

Incarceration

4%

Hospitalization or treatment program

26% of respondents have had some involvement with the child welfare system. People who have had involvement with the child welfare system are much more likely than the general population to experience homelessness.¹⁸

For most people who experience homelessness, it is a brief, one-time event. Others cycle in and out of homelessness or stay homeless for longer periods of time:

13% of respondents surveyed were experiencing **Episodic Homelessness**, meaning they experienced 3 or more episodes of homelessness in 12 months, accumulating less than 180 total days.

38% of respondents surveyed were experiencing **Chronic Homelessness**, meaning they experienced 180 days or more of homelessness in 12 months.

49% of respondents surveyed were experiencing **One-time Homelessness**, meaning they experienced less than 3 episodes of homelessness in 12 months, accumulating less than 180 total days.

Many individuals become homeless at a young age, either through youth homelessness or through childhood experience in a homeless family.

55% experienced homelessness before their 25th birthday

People experiencing homelessness face numerous barriers to finding stable housing. Many of them have lost housing due to:

13%

Conflict with Spouse/Partner

10%

Income too low

13%

Abuse

12%

Illness or Medical Condition

12%

Housing that is available is in poor condition

The survey of people experiencing homelessness included the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), which is used to help determine the best type of support and housing intervention needed for each of the respondents by providing a score based on overall vulnerability or acuity (i.e., depth of need).

High Acuity (score of 8+)

50% scored high, indicating they need permanent supportive housing with ongoing access to services or intensive case management.

Moderate Acuity (score of 4-7)

40% scored in the moderate range and likely only need short-term rent subsidy and access to support services to stabilize their housing.

Low Acuity (score of 1-3)

10% scored low and may only need limited assistance such as referrals and access to affordable housing.

The majority of individuals surveyed experiencing homelessness have a moderate to high depth of need.

By-Name List & Future Direction of Homelessness

Data from this homelessness enumeration, along with other information sources, can be used to help determine required resources and better allocate existing resources to address homelessness. To support the community's commitment to ending chronic homelessness, the Regional Municipality of Durham is using the completed VI-SPDAT questionnaires to initiate a By-Name List. The list will consist of people known to be experiencing homelessness in Durham Region by name and will be added to as people experiencing homelessness access services at a participating agency. It will be organized to show depth of each person/family's need, and as different resources become available, the people on the list will be matched with the most appropriate resource. By maintaining the list and keeping it current, services can be coordinated, targeted and wrapped around those with the highest acuity at any given time.

INTRODUCTION

Access to affordable and safe housing is a necessity that all people deserve. From April 16th to April 20th 2018, a homelessness enumeration and surveys were conducted in Durham Region to better understand the needs of individuals experiencing homelessness.

The goal was to know every individual experiencing homelessness by name, to understand their needs and to help them get connected to housing and support services as quickly as possible. Undertaking a homelessness enumeration is necessary to ensuring that every individual experiencing homelessness has the opportunity to make their situation and needs known. It is also a strategy to help understand the big picture of need and level of vulnerability of individuals experiencing homelessness in Durham Region. With the addition of a homelessness enumeration, like the Point-in-Time (PiT) Count and Registry Week (RW), the larger community in Durham Region gains a picture of homelessness and can continue addressing this population's needs. The PiT Count/RW provides data that allow the community to measure their progress towards ending homelessness. However, it is not simply about surveying homeless individuals; it is about creating a catalyst of change to end homelessness. A homelessness enumeration can help stakeholders plan and allocate resources and supplement effective programming.

Background

This homelessness enumeration was part of a Cross-Canada initiative. It was part of the second homelessness count coordinated among communities across Canada supported by the Government of Canada's Homelessness Partnering Strategy (HPS). A homelessness count was also a requirement of the Province for all municipal Service Managers to conduct surveys of people experiencing homelessness in their communities. The results of these surveys will contribute to a better understanding of homelessness regionally, provincially, and nationally.

In February 2017, Durham Region's first PiT Count was conducted to better understand the extent and nature of homelessness by counting the number of individuals experiencing homelessness and surveying them on a specific point in time. The Homelessness Partnering Strategy Community Advisory Board decided that in 2018, another homelessness enumeration would take place and with both a PiT Count and Registry Week. By conducting the homelessness enumeration over five days and combining the two approaches, it not only helped determine the extent of homelessness in our community but also allowed us to know individuals experiencing homelessness by name and to prioritize those most vulnerable in order to connect them to housing and support services as quickly as possible. Knowing people experiencing homelessness by name and prioritizing the most vulnerable is essential to our commitment to the Regional Municipality of Durham's 10 Year Housing Plan¹ – a commitment that is aligned with the provincial goal to end chronic homelessness by 2025².

Goals

Six goals were established based on the Homelessness Partnering Strategy (HPS) and the Regional Municipality of Durham's Housing Services Division's requirements and input from the Homelessness Enumeration advisory committee.

These were:

- Enumerate Durham's homeless population
- The PiT Count/Registry Week will provide a snapshot on the number of individuals in Durham Region who are experiencing homelessness within a short period of time.
- Develop a comprehensive understanding of the socio-demographic characteristics and service needs of those experiencing homelessness in Durham Region.
- This information can be used to allocate community resources where they are most needed.
- Raise awareness in Durham Region about the state of homelessness in the community.
- Complete and submit a PiT Count/Registry Week report to the Homelessness Partnering Strategy Community Advisory Board highlighting all the major findings of the PiT Count/Registry Week.
- Complete and submit a PiT Count/Registry Week enumeration report to the Ministry of Municipal Affairs and Housing.
- Provide information to catalyze change and continue making improvements through evidence-based decision making on homelessness programs and initiatives.



By-Name List

To support our commitment to end chronic homelessness, the Regional Municipality of Durham's Housing Services Division is creating a By-Name List. The homelessness count included a Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) questionnaire which gave participants the opportunity to share their name, contact information and more details on their individual circumstances. The list of names generated through the homelessness enumeration will become the start to Durham Region's By-Name List. The By-Name List will be organized by each individual or family's acuity score, and as different resources and services become available, the individuals on the list will be matched with the most appropriate resource(s). This list will be a living document with people added to it as they access services at participating agencies.

Definition of Homelessness

The Government of Canada has engaged in several efforts to define homelessness in Canada by recognizing that a set definition will have a direct influence on policy and future strategic direction. By defining homelessness, work can then be done to understand how to measure it and how to progress in addressing it. Using the parameters set by the Government of Canada, the Canadian Observatory on Homelessness³ (COH), the Ontario Municipal Social Services Association's (OMSSA) Strategy to End Homelessness report⁴ and Kuhn and Culhane⁵, homelessness for the purposes of Durham Region's enumeration count is defined as such:

Episodic Homelessness:

People who experienced three or more episodes of homelessness in 12 months, accumulating less than 180 total days. They often live on the periphery of society and face issues with drug or alcohol abuse or mental illness.

Chronic Homelessness:

People who experienced accumulatively 180 total days of homelessness or more in 12 months. They have often lost their dwelling due to a drastic change in their situation, such as long-term job loss, a move, a prison term, or a hospital stay.

One-time Homelessness:

People who experienced less than three episodes of homelessness in 12 months, accumulating less than 180 total days. They have often been without accommodation for a relatively short period of time, often losing their home as a result of a natural disaster or whose economic and personal situation has changed by, for example, separation or short-term job loss.

Definition of Indigenous Homelessness

One of the main issues that is seen in Durham Region and in other communities is the over-representation on Indigenous peoples in homelessness counts. However, unlike the traditional definitions of homelessness, Indigenous homelessness is defined as such:

Indigenous homelessness: A human condition where First Nations, Métis, and Inuit individuals, families, or communities, lack stable, permanent, and appropriate housing, or the immediate prospect of acquiring such housing. Unlike the colonialist definition of homelessness, appropriate housing is not defined by a lack of structure, but more so the isolation of their relationship to land, water, place, family, kin, each other, animals, culture, languages and identities.⁶

It is important to note that this definition of Indigenous homelessness was not used to screen potential respondents in or out of the homelessness enumeration survey. It is still worthwhile to acknowledge that a difference between the traditional colonialist definition of homelessness and the Indigenous definition of homelessness does exist.

Scope

Durham Region's Everybody Counts homelessness enumeration captured a snapshot of individuals experiencing homelessness across our community. On the night of April 16th, volunteers underwent an unsheltered count in the City of Oshawa and the Town of Whitby. Surveys were conducted in all Durham Region shelters by internal staff, or when staff were unavailable, by volunteers. Throughout the Registry Week (April 17th to 20th), volunteers conducted surveys in indoor locations, such as non-profit/public agencies (i.e., libraries, food banks, community centres) during the day to enumerate individuals who had been missed the night before or were provisionally housed. Volunteers were also deployed to magnet events held around the Region. The geographical reach of the PiT Count/Registry Week included all eight of Durham Region's municipalities and townships. In comparison to Durham Region's 2017 PiT Count/Registry Week, those experiencing hidden homelessness (i.e., the provisionally housed or "couch surfers") were included in this year's definition of homelessness.



Community Participation & Homelessness Enumeration Advisory Committee

The success of Durham Region's Everybody Counts homelessness enumeration is due to the support of the Region's homelessness-serving sector, individuals with lived experience, and other community stakeholders. Individuals with lived experience were consulted in order to obtain important feedback regarding the design of the survey, hot-spot locations, and magnet event logistics. Other community stakeholders supported the design of the survey, identifying hot-spot locations, and other logistics regarding designing the PiT Count/Registry Week. A group of Durham College students studying Community Development volunteered their time to plan, manage, and execute the youth-focused magnet events, advertisement of the PiT Count/Registry Week through social media, and support the logistics of April 16th's unsheltered count.

The methodology used for Durham Region's Everybody Counts homelessness count was informed by national and provincial guidelines and input from a Homelessness Enumeration Advisory Committee and community stakeholders. A Homelessness Enumeration Advisory Committee was formed once funding was received to support and make recommendations to the Coordinator on the planning and implementation of the enumeration project. The Homelessness Enumeration Advisory Committee provided input on the survey tools and locations where we might find those sleeping unsheltered as well as those who were provisionally accommodated. They guided the planning of the magnet events during the Registry Week, including preferred municipal locations and potential target populations. They also provided suggestions of agencies to partner with to gain access to people experiencing homelessness. The Homelessness Enumeration Advisory Committee consisted of a group of stakeholders that work within the homelessness serving system. These stakeholders were from: Durham Mental Health Services (DMHS), Community Living Durham North (CLDN), University of Ontario Institute of Technology (UOIT), CAREA Community Health Centre, AIDS Committee of Durham Region, the HOPE Coalition, Cornerstone Community Association, the Refuge Youth Centre, Community Development Council Durham (CDCD), Durham Region Police Services (DRPS), the Regional Municipality of Durham's Housing Services Division, the Salvation Army, Service Canada, North House, and the United Way Durham Region.

Ethical Considerations

Understandably, individuals experiencing homelessness are considered one of the most vulnerable populations in any given community. As a result, ethical considerations had to be made in order to minimize the risk of harm that may come from participating in the PiT Count/Registry Week. The consent form was vetted by the Homelessness Enumeration Advisory Committee, specifically from stakeholders from the Regional Municipality of Durham's Housing Services Division, UOIT, CDCD, and DMHS' Ethics Committee. Stakeholders with lived experience also vetted the consent form to ensure that it contained accessible language and was understandable. The consent form stated that respondents could skip any question on the survey, their participation was voluntary, and that their identity would not be shared with anyone outside of the research team. A second consent form for the VI-SPDAT indicated that in order to participate in Durham Region's By-Name list, they will have to provide their name and contact information. Participation was voluntary and they could skip any question on the VI-SPDAT. The consent form also informed respondents that a \$10 gift card would be made available, regardless of how many questions they answered. Respondents were informed that their data will be de-identified after data collection and that any identifying information about them would not be associated with the aggregated survey responses, with the exception of the VI-SPDAT data. Volunteers were trained on how to review the consent form with respondents in clear, concise language and to only approach individuals who appeared to be able to provide their informed consent. Respondents were only able to participate if they were over the age of 16, as anyone under would not be capable of providing their informed consent. In order to provide respondents with as much privacy and confidentiality as possible, they were given the option at some agency locations to complete their survey with either a staff member or a volunteer. A copy of the consent form was made available to each respondent, containing contact information for the Regional Municipality of Durham's Housing Services Division if they had any follow-up questions.



SURVEY METHODS

Unsheltered Count

The unsheltered count began at 8:00 pm on Monday, April 16th and the last team returned to Headquarters at 11:00 pm. The street count focused on finding individuals in public areas or other unsheltered locations where people experiencing homelessness are likely to be found. Volunteers walked along ten designated routes in the City of Oshawa and along three designated routes in the town of Whitby. Under the guidance of the Homelessness Enumeration Advisory Committee, it was decided that walking routes would not take place in other municipalities as the likelihood of finding unsheltered individuals in those locations based on the previous PiT Count and community input was low. Volunteers were instructed to approach every individual they encountered along their designated route and ask if they would be willing to participate in a health and housing needs survey. The screening questions identified whether individuals had permanent housing and if so, they would be screened out from participating further. Participants who answered that they were staying at someone else's place were asked follow-up questions to determine whether they could stay there as long as they wanted and if they had a safe place to return to. This was done to identify people who were experiencing hidden homelessness.

During the unsheltered count, volunteers used tally sheets to enumerate individuals whose appearance indicated they may be experiencing homelessness but were either sleeping, intoxicated, unable or unwilling to participate. Volunteers reported the reason the person was not surveyed, for example, if they declined, already responded, were screened out, or were observed as homeless. The tally sheet also recorded their approximate age, observed gender, and the physical indicators of their observed state of potential homelessness.

Van Count

Between April 16th to April 20th, surveys were conducted using a mobile Recreational Vehicle (RV) provided by the Salvation Army. The RV visited designated locations throughout the different municipalities in the Durham Region, such as fast food restaurants and social services offices. The RV was provided with a map containing a specific driving route and was given 2 hours to complete each route. The RV was equipped with sandwiches, water bottles, hot coffee and tea and had two private sitting areas inside.

Phone Line

Respondents could also complete the survey over the phone by dialing a toll-free 1-800 number. This phone line was accessible at designated times between April 17th and April 19th. Participants who were screened into the survey and had consented to provide their address were mailed a \$10 gift card to Tim Hortons.

Sheltered Count

Shelters and transitional housing providers were asked to count the total number of clients at their facilities between April 16th and April 20th. Three emergency shelters including associated motel programs, four Violence Against Women (VAW) shelters, three crisis beds locations, and one transitional housing provider participated:

Service Provider	Bed Capacity	Count (April 16th)
Joanne's House	13	10
Cornerstone Community Association	40	30
Cornerstone Community Association Motel Program	3 for Seniors, Unlimited for Others	15
Muslim Welfare Home	45	34
Muslim Welfare Home Motel Program	12	8
Herizon House	30	27
The Denise House	27	25
Y's WISH Shelter	15	17
Bethesda House	18	14
YWCA	6	5
Durham Mental Health Services Crisis Beds - Ajax	6	5
Durham Mental Health Services Crisis Beds - Whitby	8	7
Durham Mental Health Services Crisis Beds - Oshawa	6	6

TABLE 1. SHELTERED SURVEY LOCATIONS

Magnet Events

It can be hard to measure hidden homelessness through a PiT Count. Precariously housed individuals, colloquially known as "couch surfers", are likely to experience hidden homelessness and as a result, can be missed during the unsheltered and sheltered count. In response to this, magnet events were held to increase the representation of those people experiencing hidden homelessness. A magnet event is a strategy designed to attract a specific target population (i.e., people experiencing hidden homelessness) to a planned time and location⁷. Magnet events held in Durham Region also included free resources available to all attendees, regardless of their living situation. These resources included meals, dental care, foot care, foot/neck massages, donated clothing, haircuts, resume/job search support, pamphlets to housing and homelessness services in Durham Region and grab bags. Some of the benefits of hosting magnet events are: surveying participants who are less connected to homeless-serving agencies, connecting participants to available services in the community, and creating community support.

Seven magnet events were held for two-hour periods at the following locations:

- The Nourish & Develop Foundation
- Firehouse Youth Centre (youth focused)
- Whitby Knights of Columbus Hall
- The Backdoor Mission
- The Refuge Youth Outreach Centre (youth focused)
- North House
- Victory Christian Centre

SURVEYS

Surveys were conducted between April 16th and April 20th at 28 indoor service locations.

Prior to the beginning of the PiT Count/RW, survey bags were dropped off at each survey location. These bags included several copies of: PiT Count surveys, colour-coded versions of each type of VI-SPDAT survey, consent forms, team plans and confidentiality forms. Pencils, paper clips, clipboards, and gift cards were also included in the survey bags. Volunteers were provided with details of their team plan, including information on who to sign in and out with, safety tips, where to store completed surveys, and other instructions they may have needed to successfully complete their assignment. Once their volunteer shift was complete, volunteers were instructed to place all completed surveys in a sealed manila envelope and sign the seal. This package, including all the other materials included in the survey bag, was placed in a secure locked location until pick up after the Registry Week. Indoor service locations where surveys were conducted included:

- Pickering Library
- Ajax Library – Main Branch
- John Howard Society Resource Room
- Whitby Central Library
- John Howard Society
- Oshawa Library – McLaughlin Branch
- Oshawa Library – Jess Hahn Branch
- The Refuge
- Gate 3:16
- Backdoor Mission
- Simcoe Settlement Hall Food Bank
- Salvation Army Food Bank
- Rose of Durham
- Clarington Library – Bowmanville Branch
- John Howard Society – Bowmanville Branch
- Firehouse Youth Centre
- North House
- Fish and Loaves Food Bank
- Uxbridge Library – Uxbridge Branch
- Community Living Durham North – Uxbridge Branch
- Scugog Library – Port Perry Branch
- Community Living Durham North – Scugog Branch
- Nourish & Develop Foundation
- Brock Library – Beaverton Branch
- Brock Library – Cannington Branch
- Brock Community Food Bank – Beaverton Branch
- Brock Community Food Bank – Cannington Branch
- The Brain Injury Association of Durham



Advertising/Posters

Posters advertising magnet events and the phone-in number were placed in all service provider locations and local community centres around Durham Region. In other locations where surveys could not be conducted, posters were placed in prominent areas instead. These locations were:

- The Uxbridge Seniors Centre
- Uxbridge Arena and Community Centre
- The Youth Centre
- Durham College Community Employment Services
- Pinewood Addiction Services
- Scugog Community Recreation Centre
- Blackstock Recreation Complex
- Ashburn Centennial Community Centre
- Operation Scugog Food Bank
- Beaverton Thorah Community Centre
- Rick Macleish Memorial Community Centre

Compensation

After completing the survey, respondents were provided with an option of a \$10 gift card to either Tim Hortons or McDonalds if they were surveyed in South Durham. Respondents surveyed in North Durham also had the option of a \$10 gift card to local grocery stores. This allowed for respondents to access food in areas that were more viably obtainable to them. Respondents who were surveyed in outdoor locations, either unsheltered on April 16th or during the van routes, were also provided with a grab bag, funded and prepared by United Way and Durham Mental Health Services. All grab bags contained socks, granola bars, toothpaste, toothbrushes, bandages, blankets, gloves, beef jerky, tissue paper, lip balm, and antibacterial ointment. Certain grab bags were also equipped with feminine hygiene products. Volunteers also carried with them resource pamphlets detailing emergency and other housing and homelessness related services available in Durham Region.

Volunteers

Surveys were administered by over 80 trained volunteers, including Durham College students, staff from the Regional Municipality of Durham, and staff from other social service agencies. Volunteers were recruited online, through social media, and through email requests to local community service providers. Emergency shelters, VAW shelters, and transitional housing programs relied on staff to conduct surveys internally and were supplemented with external volunteers for one day between April 16th and 20th. This allowed respondents the choice of completing a survey with either a staff member or a volunteer. Volunteer roles included team leads, survey team members, and urgent response team members. Volunteers were provided with several modes of training opportunities, including a mandatory training manual and optional opportunities of a webinar, two in-person training sessions, two training videos, and on-going email/phone support from the Coordinator. All training materials overviewed details about the Everybody Counts initiative, the survey, the consent form, how to approach individuals experiencing homelessness, how to tally, and how to maintain safety. Team leads had front-line experience with the homeless population and/or had volunteered for the 2017 PiT Count. Volunteers signed an oath of confidentiality to confirm that they would not share any personal information gathered from survey respondents.

Survey Tool

The Everybody Counts survey tool included two separate components. The first component, the PiT Count/Registry Week survey, contained questions that were intended to identify whether the survey respondent was experiencing homelessness, to provide demographic data, and highlight potential service needs. The PiT Count/Registry Week survey included mandatory core questions provided by the Government of Canada. It also included questions provided by the Province of Ontario, as well as local questions developed through the Durham Region Homelessness Enumeration Advisory Committee. See Appendix 1.

The second component was the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Three versions of the VI-SPDAT were used: one for adults 25 years of age and older, one for youth between 16 to 24 years old, and one for families. The VI-SPDAT is a pre-screening tool that allows front-line workers at homelessness serving agencies to identify which clients have the highest level of vulnerability and require assistance most urgently. The VI-SPDAT provides an acuity score for each individual that completes the survey, which then allows front-line workers to identify which supports and housing intervention best suits their needs. See Appendix 2.

Participation in either survey was voluntary and participants could skip any question(s) and/or stop at any time. Respondents could choose to complete either the PiT Count/Registry Week survey or VI-SPDAT or both. Participants were made aware, through the consent form, that names were not collected for the PiT Count/Registry Week survey but were collected for the VI-SPDAT for the purposes of creating Durham Region’s By-Name list. Participants could provide verbal or written consent and consent was acquired before beginning the VI-SPDAT, which was completed after the PiT Count/Registry Week survey.

Tally

Volunteers utilized a tally sheet to enumerate individuals who appeared to be homeless but could not participate in the survey. Individuals who were thought to be experiencing homelessness but either refused to participate, appeared intoxicated or were sleeping were enumerated based on physical markers. The tally sheet used a point-based system in which each individual had to score at least 3 points in order to be tallied. In addition to capturing each individual’s markers of homelessness, observed sex and approximate age was also collected. See Appendix 3.

Agency Data

All participating emergency shelters (including associated motel programs), VAW shelters, crisis bed locations, and transitional programs were asked to complete a shelter enumeration form. This allowed us to collect more accurate data on all individuals who were utilizing these homelessness programs, even if they were unable to or unwilling to participate in the survey. Shelter enumeration forms included data regarding the number of beds available, the number of clients on April 16th, as well as, the age, sex, veteran status, immigration status, and Indigenous identity of each client.

Qualitative Data

A focus group was held in the City of Oshawa with individuals with previous lived experience of homelessness or who were currently experiencing homelessness in Durham Region. The goal of the focus group was to provide qualitative context to the PiT Count/Registry Week data, specifically an understanding of what one’s homeless experience means to them. Thirteen individuals participated in a focus group held at the Living Room Community Art Studio in the City of Oshawa. There were six females and seven males participating and it ran for two hours. A summary of focus group questions is outlined in Table 2.

Focus Group Questions
1. Tell me about your experiences with homelessness. What have you seen? What have you experienced?
2. What does homelessness mean to you?
3. What can social services do to better help you?
4. What would you want people to know about people experiencing homelessness?
TABLE 2. DURHAM REGION’S EVERYBODY COUNTS FOCUS GROUP QUESTIONS



DATA ENTRY, INTEGRITY CHECK, AND ANALYSIS

Surveys were entered into the Homeless Individuals and Families Information System (HIFIS) on a password protected computer at CDCD and the Regional Municipality of Durham's Housing Services Division. Only members of the PiT Count/Registry Week research team had access to this data. PiT Count/Registry Week surveys were stored in a locked room at CDCD and VI-SPDAT surveys were stored in a locked room at the Regional Municipality of Durham's Housing Services Division. Any VI-SPDAT survey that had a name missing was shredded, as the individual could not be identified to place on the By-Name list. A data integrity check was completed by the PiT Count/Registry Week Coordinator, the HIFIS Community Coordinator at CDCD and the Homelessness Programs Coordinator at the Regional Municipality of Durham's Housing Services Division. This included going through a random selection of 20 surveys and verifying that all questions were entered correctly into HIFIS. For incomplete surveys, as much data as possible was entered. Duplicates were also removed from HIFIS. It was decided that for the duplicate surveys, the VI-SPDAT questionnaire with the lower score or the PiT Count/Registry Week survey that was less complete, would be deleted. The PiT Count/Registry Week data was exported to Excel for data analysis. Once all the results were calculated, a second data integrity check was conducted to ensure that all calculations were error free.

LIMITATIONS

There are a number of limitations that are important to discuss that may have impacted the presented results.

First and foremost, there are some methodological limitations of any PiT Count/Registry Week. Durham Region's Everybody Counts homelessness enumeration relied mainly on trained volunteers to find, survey, and enumerate those experiencing homelessness in their community. Due to safety concerns, they may have missed those who are well-hidden in rural areas or tent cities. Although this PiT Count/Registry Week attempted to mitigate this with the inclusion of magnet events, surveys completed by partner agencies, and the phone-in line, it can be difficult to capture those experiencing hidden homelessness or those not accessing homeless supports and services, particularly in the rural areas of Durham Region. In addition to this, due to the parameters of the PiT Count/Registry Week methodology and the understanding that people cycle in and out of homelessness, some individuals may not have been experiencing homelessness between April 16th and 20th but may have been the day before or may have become homeless the day after. As a result, the findings from this homelessness enumeration should be considered as a minimum count of individuals experiencing homelessness in Durham Region.

The vast rural geography of Durham Region also presents itself as a challenge in identifying and enumerating those experiencing homelessness. The approach used in Durham Region's Everybody Counts methodology included magnet events, numerous survey locations and a toll-free phone line. However, it depended on individuals self-identifying as homeless and relied heavily on those experiencing homelessness to come to a survey location to complete a survey or to make a phone call to complete the survey. Advertisements were circulated to service providers, local community centres, and other points of interest related to the homeless-serving sector. It was also posted widely on social media through CDCD, DMHS, the Regional Municipality of Durham, and United Way. However, it is possible that not everyone had access to internet or accessed services for needs related to homelessness, nor may they have had a level of literacy skills to be able to understand the nature of the PiT Count/Registry Week. Additionally, for those living in very rural, inaccessible tent cities in Durham Region or alongside the Oshawa creek, they may have actively avoided accessing points of interest where they may have come across posters advertising the PiT Count/Registry Week.

It is also recognized that some respondents may have been double counted or represented more than once. It is feasible that some respondents may have participated more than once in order to receive another \$10 gift card. While all precautions were taken to ensure that duplicates were removed from HIFIS, there is no way to identify individuals who completed the PiT Count/Registry Week survey more than once and did not complete a second VI-SPDAT since they would not have been required to provide their names.

Another limitation that may have affected the PiT Count/Registry Week is the weather. On April 16th, during the outdoor unsheltered count, temperatures ranged from 0° to 2° with fog, snow, rain and icy conditions. As a result of the difficult weather and some volunteer cancellations, three outdoor routes in the City of Oshawa were cancelled. Volunteers did not encounter many individuals during their outdoor routes, regardless of their living situation. It may be that the cold, rainy weather impeded individuals' desire to stay outside for long periods of time. As a result, the low volume of potential respondents meant that volunteers completed their routes more quickly than anticipated and some doubled back and walked their routes more than once. In addition to this, due to the wet weather, some individuals that volunteers encountered were less likely to stop and answer pre-screening questions. Some individuals experiencing homelessness may have been missed from the count as a result. The PiT Count/Registry Week also does not account for seasonal differences in unsheltered locations. More individuals are likely to stay in places not meant for human habitation from late spring to fall. It is likely that due to the weather and season, fewer individuals were living in unsheltered locations. On the other hand, it is possible that these people were picked up through the shelter surveys, magnet events, survey locations or phone-in line.

Finally, a limitation that exists for most PiT Count/Registry Weeks is the restricted definition of homelessness. As mentioned earlier, the traditional colonialist definition of homelessness does not accurately capture Indigenous peoples' experience with homelessness. According to Thistle⁶, Indigenous homelessness impacts their ability to reconnect culturally, spiritually, emotionally, and physically to their Indigeneity and causes a loss of relationships. It is likely that due to this limitation, less Indigenous individuals were screened into the PiT Count/Registry Week survey and as a result, Indigenous peoples could have been even more overrepresented in the data.

SURVEY FINDINGS

Understanding the Count and Survey Findings

The PiT Count/Registry Week homelessness enumeration includes individuals experiencing homelessness within four homelessness categories: unsheltered, emergency sheltered, VAW sheltered and provisionally accommodated (i.e., hidden homelessness or "couch surfing"). The numbers reported represent a snapshot of the minimum number of individuals experiencing homelessness on April 16th, 2018 and in the following four days in Durham Region. They do not represent the exact number of individuals experiencing homelessness in our community nor the number of individuals who experience homelessness over a year nor their demographic profile. It is important to note that individuals experiencing chronic homelessness are likely to be continuing to experience homelessness on any given day that an enumeration count is conducted.

However, in contrast, those experiencing homelessness for a short period of time (i.e., those experiencing episodic or one-time homelessness) are less likely to be homeless on any given day that an enumeration count is conducted. As a result, it is important to combine the findings from the PiT Count with shelter enumeration data in order to get a fuller picture of the number of individuals experiencing homelessness over time and their needs.

PiT 2017 vs. PiT/Registry Week 2018

It is important to note that while some key characteristics can be compared between the 2017 PiT Count and 2018 PiT Count/Registry Week, a large component of the 2018 PiT Count/Registry Week included a change in methodology. Namely, the addition of the Registry Week and the inclusion of the provisionally housed in the definition of homelessness will have a large impact on not only the number of those experiencing homelessness during a specific point in time, but their demographics as well. A comparison of the key characteristics of respondents from the 2017 PiT Count and 2018 PiT Count/Registry Week should not be taken at face value and should not be compared unreasonably beyond this table.

The key characteristics demonstrated that:

Focus Group Questions	2017	2018
Total Number of Enumerated Individuals	271	291
Under 16	19%	17%
16-24 years old	27%	16%
25-49 years old	47%	50%
50-64 years old	25%	15%
65+	2%	2%
Male	52%	52%
Female	47%	47%
Other Gender Identity	1%	1%
LGBTQ	6.5%	9%
Chronically Homeless	48%	39%
Episodically Homeless	7%	13%
Indigenous Identity or Ancestry	26%	21%
First Experience of Homelessness before Age 25	50%	55%

TABLE 3. KEY CHARACTERISTICS BETWEEN 2017 & 2018

It is clear that the overall profile and snapshot of homelessness in Durham Region has not changed drastically. Although it has been only one year since Durham Region's last PiT Count, some changes do exist some of which may reflect the expanded methodology of doing a combined PiT Count and Registry Week. There has been a 10% decrease in older adults between the ages of 50 to 64 years-old from 25% to 15% in 2018. There has also been an 11% decrease in youth between 16 to 24 years old in 2018.

7% vs.
14%

Increase in those experiencing Episodic Homelessness in 2018

48% vs.
39%

Decrease in those experiencing Chronic Homelessness in 2018

50% vs.
55%

Increase in those first experiencing homelessness before age 25 in 2018

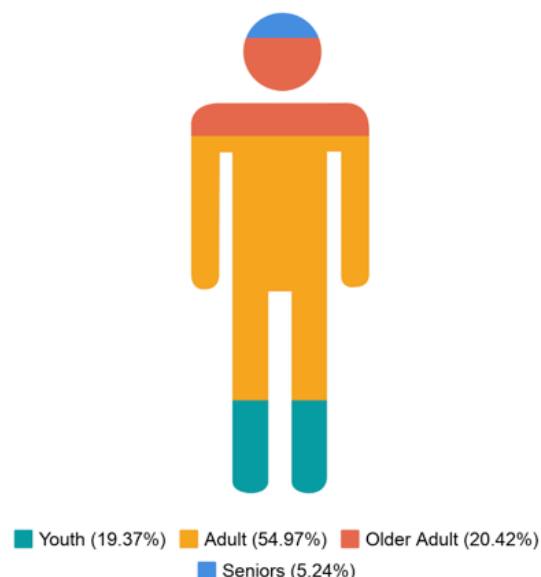
In the following sections, the findings presented are based on respondents who were surveyed either through the 2018 PiT Count/Registry Week survey or the VI-SPDAT questions (n = 194).

Age

Children, youth, young adults, adults and seniors experiencing homelessness have different service needs. The enumeration project identified that:

- 9% of individuals were dependent children under the age of 16 years old and were part of families experiencing homelessness
- 19% were independent youth between 16 and 24 years old
- Adults between the ages of 25 to 49 years old comprised of the largest age category at 55%
- 20% of individuals were older adults between 50 to 64 years old
- Seniors were the smallest age category at 5%

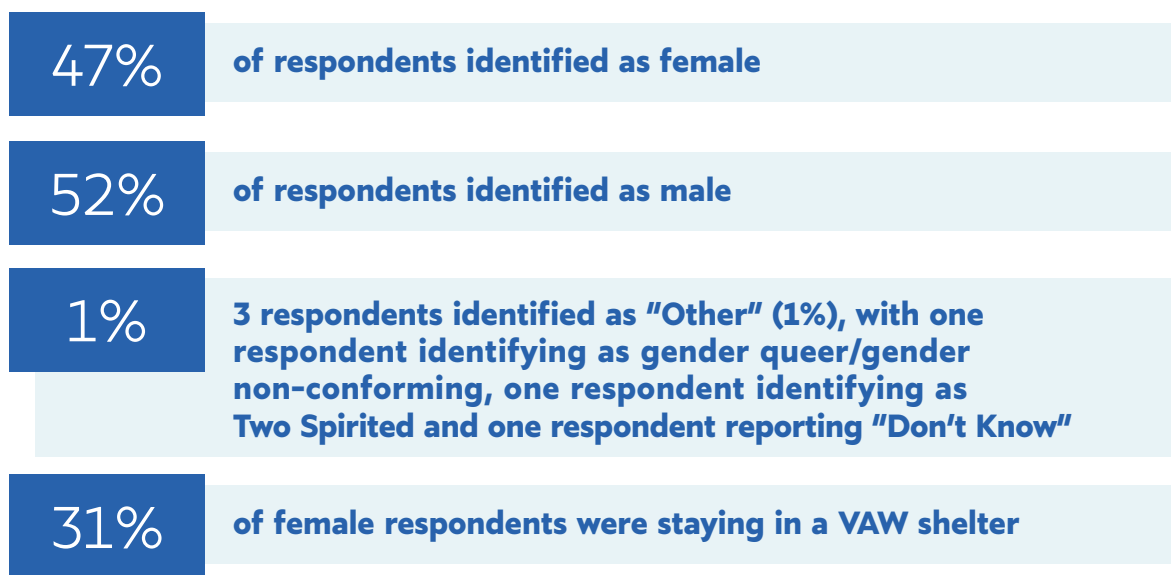
Age of Survey Respondents



The median age of respondents was 38 years old, indicating that the majority of respondents experiencing homelessness in Durham Region were older adults.

Gender

According to the 2018 PiT Count/Registry Week survey findings:



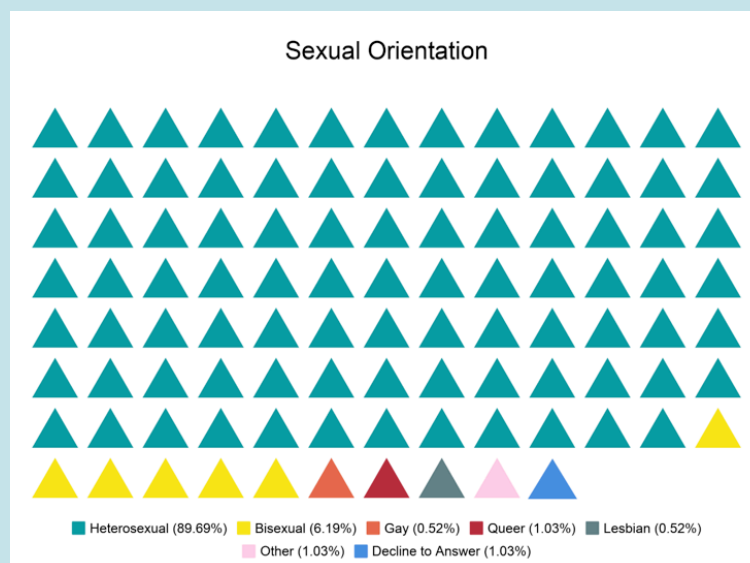
It is also important to note that while Durham Region's 2018 findings demonstrate that less than half of the enumerated homeless population identified as female, some researchers report that women's homelessness may be hidden⁷.

Sexual Orientation

According to the 2018 PiT Count/Registry Week findings, it was determined that:

- 89% of respondents identified as heterosexual
- 9% of the total surveyed population identified as LGBTQ+
- 1.5% of males described their sexual orientation as bisexual, compared to 0.5% of males who responded as either gay or other
- In comparison, 4.6% of females described their sexual orientation as bisexual, while 0.5% describing it as either lesbian or queer

This is similar or slightly lower than the prevalence within the general population at 3%⁸. LGBTQ individuals may have chosen to identify as heterosexual in the survey, though this should not be indicative of a lack of LGBTQ+ representation in the homeless population in Durham Region.

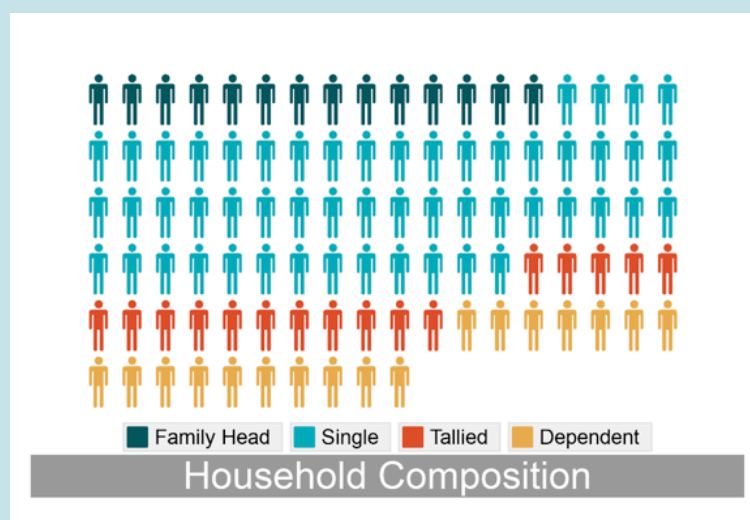


Household Composition

The breakdown of household type was as follows:

- The majority of respondents were single (79%)
- 14% of respondents were heads of households
- 20% were dependent children under the age of 16. These individuals did not complete a survey.

There were 27 families in total with children under 16. The majority (63%) of families resided in VAW shelters, followed by 22% in emergency shelters and 15% who were provisionally accommodated.



Immigration & Ethnicity

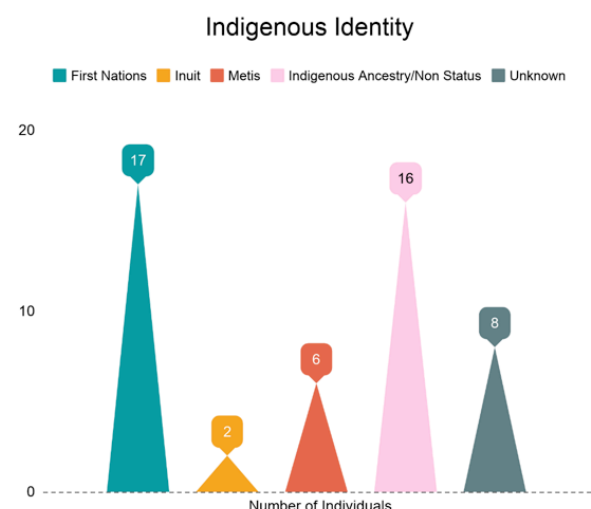
The vast majority of survey respondents indicated that they were either Canadian citizens or permanent residents (89%).

- Out of 194 individuals, only 13 individuals were immigrants (7%)
- 52 individuals indicated they have "always been here" (27%)
- 5 individuals were refugees or refugee claimants (2%)
- 3 individuals declined to answer (1%)

73% of respondents identified as White or European Canadian. This was followed by Black/African Canadian (8%) and South Asian and Hispanic/Latin American (2% each).

Indigenous Identity

Similar to the 2017 PiT Count findings, Indigenous individuals were overrepresented in the 2018 PiT Count/Registry Week. In total, 21% of respondents identified as either Indigenous or having Indigenous ancestry. By comparison, the 2016 Census⁹ reports that 12,535 individuals identify as Indigenous in Durham Region, which accounts for 2% of the total regional population. It is clear that a disproportionate number of individuals that identify as either Indigenous or having Indigenous ancestry are experiencing homelessness in Durham Region. However, this overrepresentation of Indigenous individuals experiencing homelessness is similar to data across other Canadian communities. The 2016 coordinated national PiT Count found 37% of respondents nationally identified as Indigenous¹⁰.

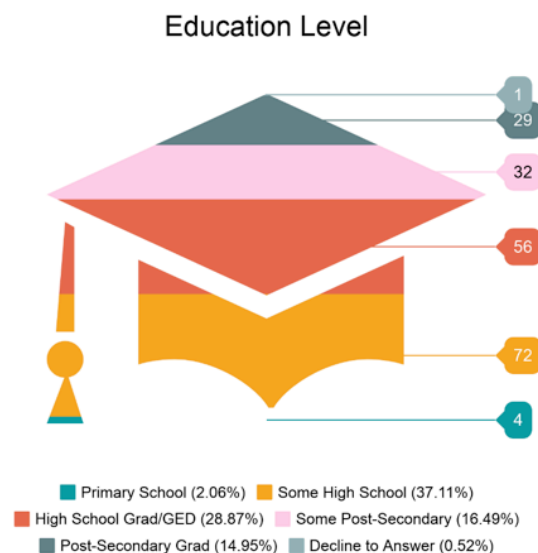


Veteran Status

Seven respondents surveyed are veterans (4%). All seven individuals were part of the Canadian Armed Forces. While this is a relatively small number, it is important that services are available for all homeless veterans who need them.

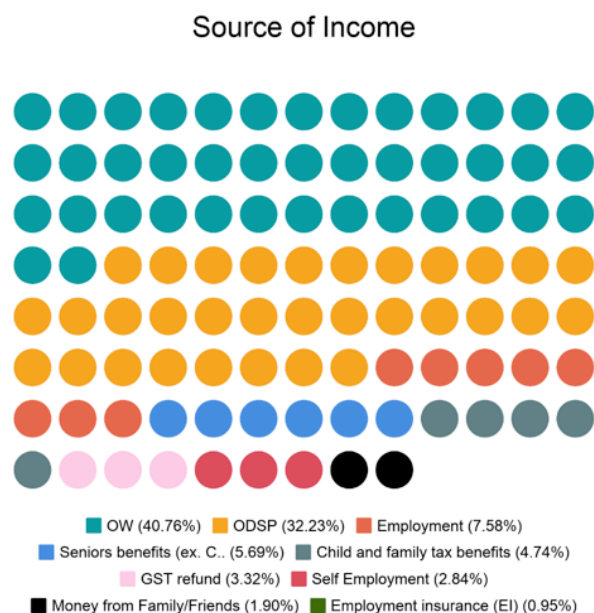
Level of Education

There may be misconceptions related to individuals experiencing homelessness and their level of education. The findings demonstrated that over 31% of individuals had either some post-secondary education or were a post-secondary graduate. In fact, very few individuals indicated that they had a low level of education (2% with primary level education). However, it is important to note that while the majority of individuals had some high school education (37%), in comparison, 29% were a high school graduate or had a GED. It is also necessary to note that respondents were over the age of 16, meaning that some may have been in high school currently. It is important that services reflect the needs of those who may desire to return back to school and finish their GED or pursue higher education for their careers.



Income Sources

94% of respondents indicated that they had at least one source of income. The majority of income sources for respondents were some form of government income support. The most common source of income was Ontario Works (OW) at 41%, followed by 32% of respondents receiving Ontario Disability Support Program (ODSP), and 10% of respondents receiving employment income. The high number of homeless people receiving OW and ODSP is important in that both of these forms of government income are insufficient to pay the average market rent in Durham. A single OW recipient would be spending 143% of their income on rent while an ODSP recipient would be paying 90% of their income on rent for a typical one-bedroom apartment¹⁹. This is a significant risk factor for homelessness. While it is clear that many individuals experiencing homelessness are utilizing income supports, very few identified GST Refunds (3%) or Child and Family Tax Benefits (5%) as one of their sources of income, despite that 14% of all respondents were in a family. This may indicate that many individuals are not filing their taxes or accessing the income that may be available to them. All sources of income are summarized in the following graph.



Health Conditions

Having a mental health issue or addiction can be a significant risk factor of homelessness as it negatively impacts an individual's ability to respond to life's challenges. Unfortunately, mental health issues and addiction can also be a consequence of homelessness. Some may experience homelessness as a result of their mental health issues or addiction or they may use substances as a method to cope with the stresses of homelessness. The most pressing health conditions were:

- 58% identified having a mental illness
- 34% identified having a chronic or acute medical condition
- 31% were struggling with an addiction or substance abuse

The most needed services in Durham Region were:

- 52% reported needing a mental illness service
- 37% reported needing services for a serious or ongoing medical condition
- 26% reported needing services for a physical disability or addiction or substance abuse service

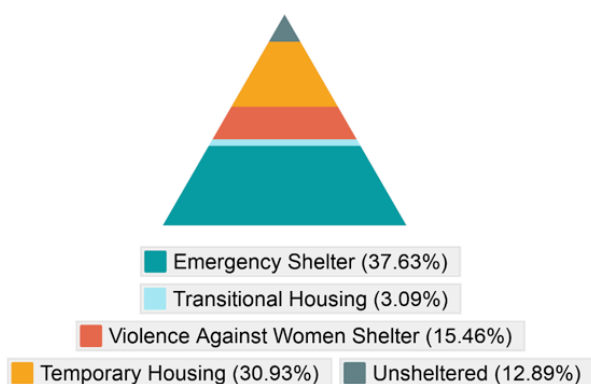
Overnight Location

The unsheltered and emergency shelter count identified that the majority of respondents were staying in emergency shelter (38%), followed by 31% of those staying in temporary housing (i.e., provisionally housed or couch surfing). It's important to note that it is impossible to determine the location of those who were tallied or who were categorized as "unknown, likely homeless". This finding gives us a good understanding of which type of sleeping arrangements are most used by those experiencing homelessness. It is also possible that those were tallied were already counted at an emergency shelter or another location.

35% of survey respondents indicated that they had not used an emergency shelter in the past year. Within that 35%, this category included:

- 12% were staying at someone else's place
- 6% were enumerated at a VAW shelter
- 5% (10 individuals) were staying in a makeshift shelter, tent, or other public space not fit for human habitation

The Regional Municipality of Durham's Housing Services Division funds programs that ensure that people experiencing homelessness have access to support to find housing whether they are staying in an emergency shelter, are provisionally accommodated or living unsheltered anywhere in Durham.



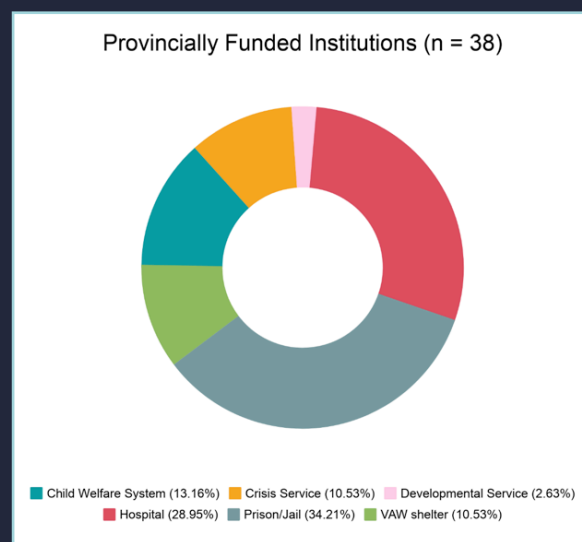
Overnight Location

Services and Systems

In Durham Region, 19% of respondents indicated that their experience with homelessness was directly caused by leaving a provincially funded institution.

- Leaving prison/jail was cited as the most common reason for experiencing homelessness (7%)
- 6% reported that leaving the hospital caused them to experience homelessness

Additionally, 26% of respondents had been in the foster care system with an average of four years, although only 3% indicated that leaving the child welfare system caused their experience with homelessness. It is important to note that the average time lapse since involvement with the child welfare system was 13 years, which may not have directly impacted their experiences with homelessness. It is important to note that the chart below represents only 19% of survey respondents.



Respondents were asked to estimate how many times they accessed certain provincially funded services in the last 12 months, including taking an ambulance to the hospital, being hospitalized, and using a crisis service.

- 56% had an average of 3 admissions into the emergency room, totalling 511 times combined
- 44% were hospitalized for an average of 1 time, totalling 219 days combined
- 17% had an average of 4 interactions with the police
- For the 32 respondents who reported periods of incarceration over the past year, the average time in custody was 83 days

ACUITY OF NEED

Factors Indicating Risk

The VI-SPDAT (single adult version) asked respondents to answer “yes” or “no” whether they participated in high-risk behaviours, activities, experiences or had these done to them. Some of these high-risk experiences include being attacked, having legal troubles and high-risk behaviours such as sharing needles, or exchanging sex for money or drugs. These questions allow service providers to understand the complexity of an individual’s needs and tailor services to provide supports an individual may need. A summary of the VI-SPDAT questions can be found in Appendix 2.

Socialization & Daily Functioning

In section two of the VI-SPDAT (single adult version), respondents were asked questions about their socialization and daily functioning habits. These questions allow service providers to understand patterns of socialization and whether people experiencing homelessness in Durham Region have activities that make them feel happy and fulfilled. Certain indicators included having basic needs taken care of and having planned activities other than just surviving.

Health & Wellness

In section three of the VI-SPDAT (single adult version), respondents were asked questions related to their overall health and wellness. These questions allow service providers to build a profile of health-related concerns in Durham Region and understand whether individuals experiencing homelessness have more or less ailments. The last set of questions (see Appendix 3) asks whether the respondent is taking medications the way a doctor intended. Marginalized populations typically experience more challenges with medication adherence and as a result, this data can help service providers create more manageable health and wellness plans for their clients.

Acuity of Housing Need

The purpose of the VI-SPDAT is to provide a score out of 17 that indicates the individual's level of acuity (i.e., depth of need). Service providers can take this score and help match the individual with the type of support and housing intervention they require. Individuals who score low (1-3) require little to no housing supports, medium scores (4-7) require time limited case management and/or financial supports and, those who score high (8+) require permanent supportive housing. The VI-SPDAT data from Durham Region revealed:

- 18 individuals scored low level of acuity (10%)
- 72 individuals scored moderate level of acuity (40%)
- 89 individuals scored high level of acuity (50%)
- 90% of respondents have a moderate to high depth of need

It is important to note that out of the 194 individuals who completed the PiT Count/Registry Week survey, 179 individuals completed the subsequent VI-SPDAT survey. It was not mandatory for respondents to complete either survey, but it is possible that fewer individuals completed the VI-SPDAT due to its requirement to provide their full name and contact information. While this information was collected only for the purpose of service providers to support their clients, some individuals experiencing homelessness may feel uncomfortable providing this information.

Acuity Scores (n=179)	Youth	Single Adult	Family
Low	1%	7%	1%
Medium	6%	28%	6%
High	9%	30%	10%

TABLE 4. ACUITY SCORES FOR YOUTH, ADULTS, & FAMILIES

Some striking findings from the VI-SPDATs indicated that:

- 87% of youth had a medium to high acuity score (n = 31)
- 94% of families had a medium to high acuity score (n = 31)
- 90% of single adults had a medium to high acuity score (n = 117)

It is very clear that the needs, regardless of whether they are a youth, a single adult, or part of a family, in Durham Region are incredibly high. The importance of using the acuity scores to build a By-Name list in Durham Region is evident. Service providers in Durham Region will now be able to not only know the level of support and housing intervention each client needs, but also, their history and experience with homelessness and how quickly they require support.

RELATIONSHIPS AMONG SPECIAL POPULATIONS

The Homelessness Enumeration Committee identified special populations that benefit from specialized and targeted interventions.

Research and best-practices from across the country have shown by tailoring services to these groups better outcomes and lower acuity are possible. By looking at more in-depth data from the 2018 PiT Count more informed service decisions can be made and members of these groups better supported. These special populations were: people experiencing chronic, episodic, or one-time homelessness, unsheltered homelessness, youth, women in VAW shelters, and Indigenous peoples. As a result, the following findings demonstrate the relationships that emerged from more in-depth investigation.

Special Population: The Chronic, Episodic, & One-time homeless

For the **chronically homeless**:

- 55% were older adults aged 25-49
- 19% of chronically homeless population are Indigenous or have Indigenous ancestry

Chronically homeless population had the highest number of LGBTQ (11%) compared to those episodically or one-time homeless

33% of chronically homeless population have a chronic or acute medical condition

- 31% of chronically homeless lost their housing due to financial reasons, including job loss which resulted in them being unable to pay their rent/mortgage
- 20% of chronically homeless lost their housing due to conflict with a family member, landlord or room-mate
- 11% lost their housing due to unsafe living conditions
- 41% identified as having a history of addiction and substance abuse

For the **episodically homeless** population:

- Episodically homeless population had highest amount of people who identified as Indigenous or had Indigenous ancestry (24%)
- 55% had interactions with the police

45% of episodically homeless population have a mental illness

28% of episodically homeless population are youth

- Conflict with a partner or spouse was a largest reason why episodically homeless population lost housing (24%)
- 14% identified as having a history of addiction and substance abuse
- 38% required services for a serious or ongoing medical condition
- 7% of episodically homeless population were LGBTQ

A high proportion of the episodically homeless population self-identified as having a mental illness. Should this become consistent over time, it may indicate service gaps or the need for additional targeted interventions for those who are episodically homeless and experiencing mental illness. This trend is higher in comparison to the chronically homeless population (58%) and as a result, it will be important to monitor whether targeted interventions are required for people experiencing episodic homelessness.



For the **one-time homeless** population:

- 15% were youth and 20% identified as Indigenous or had Indigenous ancestry
- 17% required services for addiction or substance abuse
- 8% identified as having a brain injury
- 40% identified that they had a chronic or acute medical condition
- Less than 1% were hospitalized in the last 12 months
- 10% lost their housing due to job loss

24% of one-time homeless population faced abuse from a partner or spouse

The largest group of respondents were experiencing one-time homelessness. People experiencing one-time homelessness may not have as many detrimental issues compared to those experiencing chronic or episodic homelessness. As well, they may also have assets that can assist them to minimize the duration and frequency of homelessness such as more income than single people have access to. In addition to this, due to receiving child tax benefits, families have higher incomes and as a result, are better able to afford market housing.

Special Population: Unsheltered Homelessness

13% of individuals were experiencing unsheltered homelessness on April 16th, 2018. The profile on people experiencing unsheltered homelessness demonstrates that a high number require support for addictions (60%) or mental health services (64%). The unsheltered subpopulation were several striking findings. These were:

- 44% required services for chronic or acute medical condition
- Interactions with the police was high, with 72% reporting they had interacted with police in the last twelve months, totaling 974 times
- Ontario Disability Support Program (ODSP) was the most common source of income (48%), followed by Ontario Works (OW) at 44%
- The majority were male (72%) and single (92%)
- The top four reasons for housing loss were due to: illness or medical condition (16%), addiction or substance abuse (16%), conflict with spouse/partner (16%), unsafe housing conditions (16%)

Special Population: Youth

The profile on youth respondents demonstrate that people experiencing homelessness between the age of 16 to 24 have different needs in comparison to adults experiencing homelessness. A large portion of youth respondents had issues with drugs and alcohol and had lost their housing due to conflict with their parents or guardians. Often times, homelessness due to conflict with parents may be related to sexual orientation¹¹. This group reported the highest incidence of LGBTQ+ persons of all age groups. The youth subpopulation had several striking findings.

These were:

- 64% reported addiction or substance abuse issues
- While 14% lost their housing due to abuse from parents/guardian, 35% lost their housing due to conflict with their parents/guardians
- 11% identified as having a chronic or acute medical condition

The most striking of all:

62% of youth had 1+ interactions with police

- 22% of youth were Indigenous or had Indigenous ancestry
- Almost a quarter of youth identified as LGBTQ (27%)
- 24% believed their experience with homelessness was a direct cause of leaving provincially funded care
- 14% of youth identified as having a learning disability

59% of youth have been in a foster care or group home

The longer youth spend experiencing homelessness, the more likely they are to engage in high risk behaviours in the future¹². Over 55% of all respondents experienced homelessness before the age of 25. However, it is important to note that while a high portion of respondents experienced homelessness as a youth, it is unknown whether this was as a dependent in a family experiencing homelessness or as an independent youth. It is critical that service providers design services for youth in precarious living situations, like foster care and group homes, and also implement family-reconnection programs for youth who are LGBTQ or those experiencing high conflict with their parents/guardians.

Special Population: Women in VAW shelters

There are four VAW shelters in Durham Region. The link between domestic violence and experiencing homelessness is clear¹³. Retaining a safe place to live is one of the largest barriers that women have when wanting to escape violence¹⁵. Because of the provincially mandated priority given to persons fleeing family violence, this group has the greatest access to rent-geared-to-income housing in Durham providing financial stability not available to the other homeless populations²⁰. It is essential that service providers in the VAW sector continue to offer services related to counselling, mental health and addiction support, parenting classes and children's programs and that these services continue to be available to abused women not living in a shelter.

- 7% of women in VAW shelters identified as LGBTQ
- 17% identified as Indigenous or having Indigenous ancestry
- 47% of respondents were persons of colour
- Issues with addiction and substance abuse was not a large factor for women in VAW shelters
- 41% identified as having a mental illness
- Only 7% had employment and only 14% accessed child tax benefits as a source of income
- 17% of women in VAW shelters lost their housing due to unsafe housing conditions
- 55% had one or more interactions with the police
- 52% of women in VAW shelters indicated they required mental health service

66%

of women staying in VAW shelters have lost their housing due to abuse from a partner or spouse

76%

of women staying in VAW shelters have a high school education or higher

Special Population: Indigenous Peoples

Indigenous peoples experiencing homelessness are one of the most overrepresented groups of people experiencing homelessness in Durham Region. The 40 people reporting Indigenous status or heritage spent 613 accumulated days, with an average of 14 days incarcerated. As well, this group reported that they had been hospitalized over 63 times. As mentioned earlier, Indigenous homelessness is not fully related to a loss of housing, but also to one's connection to their land, environment, water, language, and other cultural contexts⁶. Service providers must implement holistic support services for Indigenous peoples and those with Indigenous ancestry that understands the definition of Indigenous homelessness and embraces not only housing support but support to reclaim their cultural heritage and practices. The findings demonstrated that:

- 15% identified as LGBTQ
- Only 5% of Indigenous peoples or those with Indigenous ancestry had employment
- The largest source of income was Ontario Works (49%)
- 39% indicated they had issues with addiction or substance abuse
- Inability to pay rent or mortgage or job loss was cited as the most common reason for housing loss (29%)
- 51% of Indigenous peoples (or those with Indigenous ancestry) had a high school diploma/GED or higher
- In total, this group was hospitalized over 63 times
- The 40 Indigenous persons surveyed interacted with the police 280 times in 12 months
- 39% identified as having a chronic or acute medical condition
- 47% identified as having a physical disability

61%

identified having a mental illness

44%

of indigenous population has been in a foster care/group home

613

total days incarcerated

Overall, it is imperative that service providers use the data from the special interest populations to plan services and resources in Durham Region. This data provides a profile on the most vulnerable subpopulations within the homeless population. While some of these findings are similar to the overall findings presented, it is necessary for service providers to design programs that accommodate the most vulnerable in the community. In this way, these programs can begin to alleviate the root causes of homelessness (e.g., violence, poverty, addiction) which may have long term impacts.

QUALITATIVE FINDINGS

Focus Group

A focus group was conducted in the City of Oshawa with 13 individuals. All individuals had either previous lived experience with homelessness or were currently experiencing homelessness. No demographic data was collected from this group and they were not asked about what type of homelessness they had experienced.

After signing the consent form (see Appendix 4), participants were asked several questions about their experience with homelessness. The focus group was audio recorded for transcription purposes. Once transcribed, it was analyzed using thematic analysis on NVivo 11, a qualitative data analysis software. The purpose of thematic analysis is to identify patterns of meaning across a dataset to further understand a specific behaviour or experience¹⁶. This type of qualitative analysis suits questions related to people's experiences, their views and perceptions.

Thematic analysis involves a six-phase process:

- Becoming familiar with the data
- Coding
- Searching for themes
- Reviewing themes
- Defining and naming themes
- Writing up

The first five steps of this process were conducted by two coders on the research team. These individuals coded and searched for themes independently. Once each coder had created a list of themes, they reviewed the themes together and narrowed it down to a more succinct list (see Table 8). Although each step is sequential and builds on the previous, qualitative analysis typically expects movement back and forth between different phases. In this way, it is more rigorous and it allows for more comprehensive themes to emerge over time. Table 8 summarizes each theme:

Themes	Description
Awareness of Interpersonal Stigmas	Thematic category that describes the awareness that people experiencing homelessness have of society's stigmas towards them
Difficulty Navigating Social Services	Thematic category that describes the difficulty people experiencing homelessness have with navigating social services, either with attaining goods/services or the perceived lack of support from service providers
Economic Insecurity	Thematic category that describes the impact that homelessness has on economic security and the impact of having their rent paid directly to their landlord through the social assistance program and not being able to make these financial decisions on their own.
Gendered Lens of Homelessness	Thematic category that describes the specific experience of women undergoing homelessness, including taking care of children, fear of safety, rape, and building trust with others
Loss of Housing	Thematic category that describes the impact that a loss of housing has on feelings of fear, anxiety, and the fight/flight/freeze response
Loss of Identity	Thematic category that describes the awareness that people experiencing homelessness become invisible to society and the emotional toll this has on oneself
Loss of Relationships	Thematic category that describes the negative toll that homelessness has on interpersonal relationships with family, friends, and roommates

TABLE 5. FOCUS GROUP THEMATIC CATEGORIES



Themes

Although the focus group identified seven themes overall, this report will outline the main four. These four categories were chosen because they had a high number of descriptive quotes. This indicated that participants felt strongly about these experiences and were able to illustrate their experiences in detail. Quotes are used to illustrate each thematic category and have been de-identified. Each quote has been condensed in order to illustrate the thematic context as best as possible. The focus group transcript was transcribed in verbatim and may include grammatical errors or may at some points run off topic. While ellipses are used to keep quotes succinct, this was done to accurately portray emotion in natural speech and to keep the participant's personae and experiences intact.

Awareness of Interpersonal Stigmas

This thematic category describes the awareness that people experiencing homelessness have of society's negative stigmas towards them. Participants explained how society perceives people experiencing homelessness to be "less than" others, specifically if they do not have the same resources as others. One participant described understanding what basic necessities were needed for all human beings after hearing someone say they were going home. For example, he said:

"'Hey I am going home' (i.e., indicating other people say this to him). That must be nice. I don't have a mattress to sleep on and that really opens up your eyes what do you need. What does a person need? What does a human being need? Running water, heat, hydro...even a comfy place to sleep and that's the burden of it all... People don't understand fully and then you're wearing distinguished clothes and soiled linen..."

Stigma around addiction and substance use was also a large concern. While some participants outwardly expressed their use of illicit substances, they explained that using drugs and alcohol helped them cope with homelessness; while it also stigmatized them and put them in uncertain situations. One participant described his experience:

"Because who are addicts? Homeless people... people who are experiencing the struggle, right? Because we're all self-medicating something. Now you're stigmatized by your family...you try to open up to your friends and they look at you a bit different, unless they understand. You have the police ripping up your upholstery, just because you're trying to sleep at 2 o'clock in the morning, so now you don't feel comfortable in any of the neighbourhoods. You go find a dark corner to sleep in, because that's your corner...so you start getting very spiteful."





Difficulty Navigating Social Services

It is clear that some individuals experiencing homelessness may have difficulty navigating social services. For one participant, who had experience with foster care, gaining support and resources was left completely up to her. She believed that Children's Aid Services should have supported her in finding basic care but that their perceived lack of support directly caused her to experience homelessness. She described this:

"I come from being a child of care. The government should have been there for me when I got into the age of getting an apartment. Children's Aid should have gotten me an apartment. I'm just saying, it would alleviate all this homelessness. If you're a stable person, then you're able to be more productive. If you just get thrown to the ground, just tossed, and you have to fend for yourself, it makes life really hard."

One of the most common grievances towards social services was the difficulty in attaining certain services. Many participants described how frustrating it was to experience having a caseworker who provided services and products for other clients but were not able to do the same for them. She said:

"Multiple people in the complex that I'm living in...there's a lot of people on OW. You'll hear this person saying that they got this and that out of their worker. I'm the only person who tried. You hear someone say that they got something and you tried to get the same thing... "oh we don't do that" (i.e., indicating a caseworker saying this to her). Okay, but why do you do it for that one person? But you can't help me with that?"

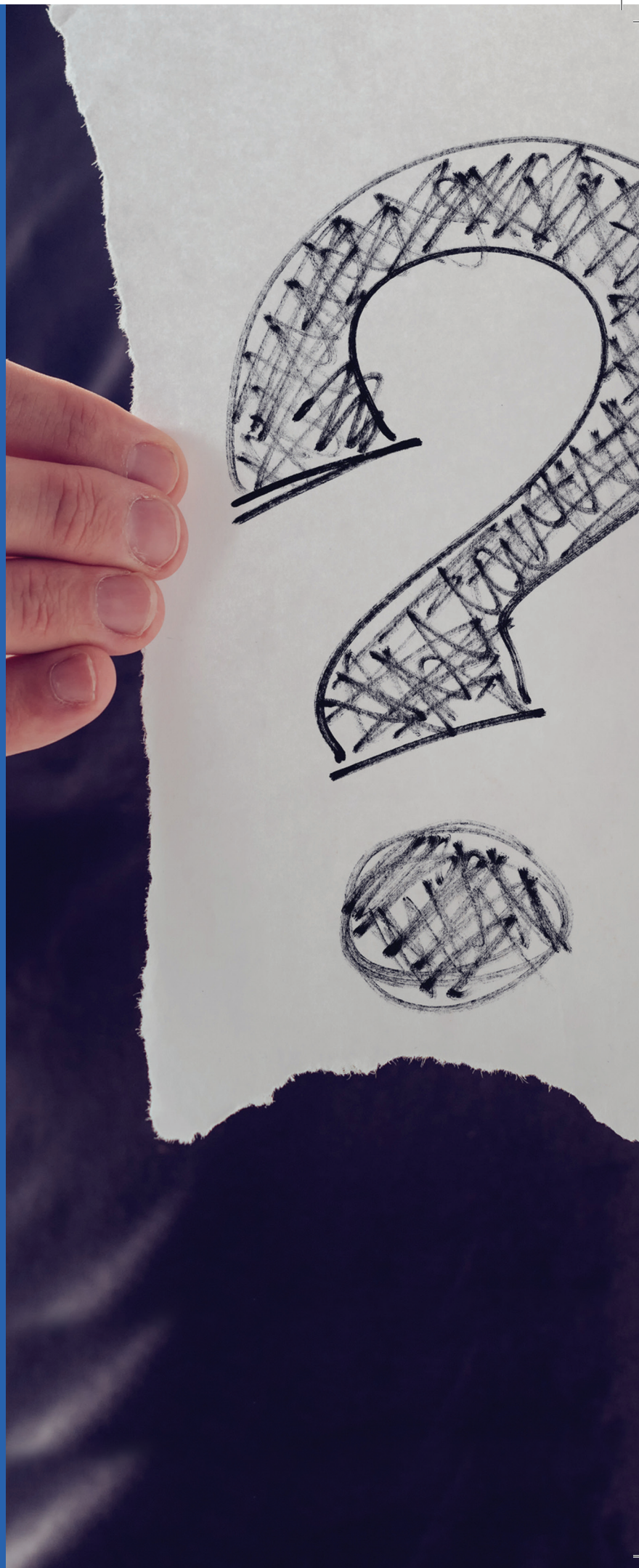
Fear of Uncertainty

Unsurprisingly, the majority of participants described the negative emotional toll that homelessness had on them.

"Lost. I'm lost. Anxious. Feeling unwanted. No matter where you turn, nobody can help you. Nobody can make that final decision. You might get this suggestion from this person, that suggestion from this person, but the fear of making any decision because you're damned if you do and damned if you don't. I just feel totally unwanted."

This participant describes how the fear and uncertainty surrounding homelessness creates a cyclical state that makes it difficult to make any decision about the future. This toll is especially critical for people experiencing homelessness, as they spend more years in precarious situations due to their inability to make good decisions. Another individual explained how uncertainty existed from childhood:

"Homelessness to me makes me feel like it's permanent. Since birth, since I can remember, my parents struggled. When I came of age to live on my own, I have been in a permanent state of homelessness. That's how I feel. There is absolutely no hope. I'm stuck and the system is bad. It's not here to help us."





Loss of Identity

The loss of identity due to experiencing homelessness was apparent. One Indigenous participant believed his roommate lost his sense of self as an Indigenous person. He described how homelessness erased their ability to relate to each other as Indigenous men and that erasure of culture has a devastating emotional toll:

"My roommate and myself...who's part Mi'kmaq...I don't even know how to talk to him. It's such a point where he's such a walled-in man and on his own...he's part Mi'kmaq and I don't know if I could even have a ceremony or a gathering around him. Not only is he a human being but he's one of my own people. There's a massive amount of history to consider and as much as you're dealing with a housing crisis that's affecting a lot of people, you get that scenario and it can be enough to cripple a person to even breathe."

In the end, most participants believed that their experiences with homelessness dehumanized them. They believed that keeping one's self-respect was difficult when society saw them as less than everyone else. They said:


"We are caught in a system that leaves us feeling like we are less than human. I fight my hardest to keep my self-respect now because I had none. Absolutely no self-worth, no self-confidence, no self-anything. All I could do was to medicate and run, medicate and run, medicate and hide."

The focus group illustrates that the detrimental impacts of homelessness touches those who are experiencing homelessness and also reaches beyond the immediate experience of being homeless. Even after attaining housing or other supportive services there is a lingering and long-term impact on one's sense of self-worth and feelings of security. For those who were still experiencing homelessness, the impacts on their emotional and physical wellbeing are apparent. They reported high levels of anxiety, fear, and uncertainty, which may have devastating long-term effects psychologically. The hope is that service providers can use these findings to continue to provide more supportive and holistic care for those who experience homelessness. It is not enough for individuals to receive permanent housing as soon as possible. The psychological and emotional toll should also be addressed so that people who have experienced homelessness can begin to heal.

DISCUSSION & NEXT STEPS

Durham Region's Everybody Counts initiative was another step in the right direction towards ending homelessness in Durham Region. Plainly speaking, homelessness in Durham Region is getting worse. More individuals are experiencing homelessness, the length and episodes of homelessness are getting longer, and there is a lack of affordable housing and inadequate income supports to get vulnerable individuals off the street as soon as possible. Many respondents noted in the focus group that there is intense competition for existing vacancies in Durham Region and that they are the last to be considered because of their sources of income, the way they present and the social stigma against those with lived experience with homelessness. **So, where do we go from here?**

Durham Region's Everybody Counts initiative provided participants with the opportunity to share their name, contact information, and vulnerability score for the creation of a By-Name list. This list will ensure that each person will be connected to the appropriate services and supports that match the intensity and duration that they need to find and maintain housing long term. The Regional Municipality of Durham has developed a housing plan 1 whose first goal is to end homelessness in the region. The Regional Municipality of Durham is developing long-term approaches to improve access to housing and strategies to retain housing. In addition to this, not only does this initiative build upon 2017's Count Me In initiative, the inclusion of the VI-SPDAT tool and focus group allows service providers to gain a more contextualized and concrete next step. By providing participants the opportunity to share their name, contact information, and vulnerability score for the creation of a By-Name list, we can ensure that Durham Region is moving towards a future where homelessness is alleviated. It will not only be organized by each individual or family's acuity score, it will also allow service providers to understand depth of need and the most appropriate housing intervention strategy the client requires. In this way, each person will be connected to the appropriate services and supports that match the intensity and duration that they need to find and maintain housing long term. The By-Name list will help Durham Region to know who is experiencing homelessness at any given time and will allow researchers and service providers at the Regional Municipality of Durham understand trends as people move in and out of homelessness.



The data collected from the 2017 PiT Count and 2018 PiT Count/Registry Week can be used alongside other data collected in Durham Region. For example, CDCD estimated that the 2017 Living Wage for Durham Region was \$17.00 per hour per adult in a four-person household¹⁷. It is evident that, in comparison, the Ontario Works (OW) rates, which was the most common source of income for people experiencing homelessness, is not nearly enough to live on. This data can be combined with other data, such as shelter and homelessness program use data and the At Home in Durham annual reports¹, to support decision makers on understanding the picture of homelessness in the community and to direct efforts towards ending chronic homelessness.

Stakeholders from regional, provincial, and federal governments and local community partners are encouraged to continue coming together to continue the discussion on homelessness and raise awareness in Durham Region. There are a number of advisory committees reporting to Regional Council including the Durham Advisory Committee on Homelessness and the Affordable and Seniors Housing Task Force. Including federal, provincial and local municipalities would increase the potential for positive change in the community. It is necessary and vital that grassroots organizations, non-profits, other local community partners, and government come together to assess ways that homelessness can be alleviated in our community.

The next homelessness enumeration is expected to be in 2020. While this report builds upon the work completed in 2017, it is important to keep the momentum going. By continuing the discussion on homelessness in our community, we can ensure that this data is harnessed for positive change. In this way, Durham Region can move towards a future where **everybody counts**.



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Appendix 1

CONSENT FORM

Survey Number:

I have reviewed and understood the information provided below:

I understand:

- I will be asked questions about my health and housing by volunteers for the local survey.
- My survey information will be entered in a secure database within CDCD and the Region's Housing Services. Only certain staff will have access and they are not allowed to share individual survey answers with anyone.
 - By April 30, 2024, the paper copy of my survey will be destroyed.
- Only selected agencies using HIFIS 4.0 will have access to my name, age, gender, and overall survey score to understand our community's housing and service needs and to help plan and prioritize housing resources. My personal information will be securely stored and only staff who need to know my information will have access to it.

I agree to be surveyed understanding that:

- I can choose not to answer certain questions, to take a break, or to end the survey early without it affecting the services I get now or in the future - or if I get the \$10 gift card as thanks for my time.
- My answers can only be used for the purposes listed.
- If I tell you that I'm going to hurt myself or someone else, that's not something that can be kept private and confidential, but all other information is private and confidential.
- I can change my mind and have my information removed from the database and survey summaries.
- I am provided with the contact information for someone I can get in touch with for more information or to remove my consent to participate:

The Region of Durham – Housing Services
(905) 668 – 4113 ext. 2484

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to participate.

Date

Signature (or Mark) of Participant

Printed Name of Participant

If consent given by verbally:

Date

Signature of Witness

UNSHELTERED SURVEY [OVERNIGHT]

Survey Number: _____

Location: _____ Time: _____
_____ AM/PM

Interviewer: _____ Contact #: _____

C. [Surveyor: Indicate overnight location]

a. Decline to answer b. Own apartment/ house c. someone else's place d. Motel/hotel e. Hospital, jail, prison, remand centre	f. Emergency shelter g. Violence against women (VAW) shelter h. Transitional shelter/housing i. Public space (e.g., sidewalk, park, forest, bus shelter) j. Vehicle (car, van, RV, truck) k. Makeshift shelter, tent or shack l. Abandoned/vacant building m. Other unsheltered location n. Respondent doesn't know [likely homeless]
--	---

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

<input type="checkbox"/> None	<input type="checkbox"/> Other adult - survey #: _____
<input type="checkbox"/> Partner - survey #: _____	<input type="checkbox"/> Decline to answer

<input type="checkbox"/> Child(ren)/dependent(s)	1	2	3	4	5	6	7	8
Gender								
Age								

[indicate gender and age for each]

2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

<input type="radio"/> Age _____ or year born _____	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
---	----------------------------------	---

3.

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.

4. How old were you the first time you experienced homelessness?

☐ Age _____ ☐ Don't know ☐ Decline to answer

5. 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

6. In total, *how many different times* have you experienced homelessness over the PAST YEAR? [Best estimate.]

☐ Number of times _____ [includes this time] ☐ Don't know ☐ Decline to answer

7. Have you stayed in an emergency shelter in the past year? [Give local examples of homeless shelters]

☐ Yes ☐ No ☐ Don't know ☐ Decline to answer

8. How long have you been in (*community name*)?

☐ Length _____ days / weeks / months / years
☐ Always been here
☐ Don't know
☐ Decline to answer

Where did you live before you came here?

☐ Community _____ province _____
Or country _____
☐ Decline to answer

9. Did you come to Canada as an immigrant, refugee or refugee claimant?

<input type="radio"/> Yes, immigrant -----> <input type="radio"/> Yes, refugee-----> <input type="radio"/> Yes, refugee claimant -----> <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Decline to answer	If yes: How long have you been in Canada? <input type="radio"/> Length: _____ days weeks months years Or date: ____/____/____ day / month / year <input type="radio"/> Don't know <input type="radio"/> Decline to answer
--	---

10. Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, or Inuit. [If yes, please follow-up to specify.]

<input type="radio"/> Yes -----> <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Decline to answer	If yes: <input type="radio"/> First nations (with or without status) <input type="radio"/> Inuit <input type="radio"/> Métis <input type="radio"/> Have indigenous ancestry
---	---

11. Have you ever had any service in the Canadian Military or RCMP? [Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> Yes, military <input type="radio"/> Yes, RCMP	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
--	--------------------------	----------------------------------	---

12. What gender do you identify with? [Show list.]

<input type="radio"/> Male/Man <input type="radio"/> Female/Woman <input type="radio"/> Two-spirit	<input type="radio"/> Trans female/Trans woman <input type="radio"/> Trans male/Trans man <input type="radio"/> Genderqueer/gender non-conforming	<input type="radio"/> Not listed: _____ <input type="radio"/> Don't know <input type="radio"/> Decline to answer
--	---	--

13. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

- | | | | |
|---|-----------------------------------|-----------------------------------|---|
| <input type="radio"/> Straight/heterosexual | <input type="radio"/> Bisexual | <input type="radio"/> Queer | <input type="radio"/> Don't know |
| <input type="radio"/> Gay | <input type="radio"/> Two-spirit | <input type="radio"/> Not listed: | <input type="radio"/> Decline to answer |
| <input type="radio"/> Lesbian | <input type="radio"/> Questioning | _____ | |

14. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

- | | |
|--|---|
| <input type="checkbox"/> Illness or medical condition | <input type="checkbox"/> Conflict with: parent / guardian |
| <input type="checkbox"/> Addiction or substance use | <input type="checkbox"/> Conflict with: spouse / partner |
| <input type="checkbox"/> Job loss | <input type="checkbox"/> Incarcerated (jail or prison) |
| <input type="checkbox"/> Unable to pay rent or mortgage | <input type="checkbox"/> Hospitalization or treatment program |
| <input type="checkbox"/> Unsafe housing conditions | <input type="checkbox"/> Other reason _____ |
| <input type="checkbox"/> Experienced abuse by: parent / guardian | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Experienced abuse by: spouse / partner | <input type="checkbox"/> Decline to answer |

15. What are your sources of income? [Please read list and check all that apply]

- | | | |
|---|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Disability benefit/ODSP | <input type="checkbox"/> Other source: _____ |
| <input type="checkbox"/> Informal/self-employment (e.g., bottle returns, panhandling) | <input type="checkbox"/> Seniors benefits (e.g., CPP/OAS/GIS) | <input type="checkbox"/> No income |
| <input type="checkbox"/> Employment insurance | <input type="checkbox"/> HST refund | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Welfare/Social Assistance/OW | <input type="checkbox"/> Child and family tax benefits | |
| | <input type="checkbox"/> Money from family/friends | |

16. Have you ever been in foster care and/or a group home?

- ☐ Yes if yes, how long ago was that? Length (in years)

- ☐ No
- ☐ Don't know
- ☐ Decline to answer

17. 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]

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal or Indigenous | <input type="checkbox"/> Black or African Canadian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Asian (e.g., Chinese, Korean, Japanese, etc.) | <input type="checkbox"/> Hispanic or Latin American |
| <input type="checkbox"/> South-East Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) | <input type="checkbox"/> White (e.g., European-Canadian) |
| <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.) | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Decline To Answer |

18. In what language do you feel best able to express yourself?

- | | | |
|-------------------------------|--|---|
| <input type="radio"/> English | <input type="radio"/> No preference | <input type="radio"/> Don't know |
| <input type="radio"/> French | <input type="radio"/> Neither (please specify) _____ | <input type="radio"/> Decline to answer |

19. Do you identify as having any of the following?

Chronic/acute medical condition	physical disability	Addiction	mental health issue
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer

20. In the past year (12 months), how many: [Ask respondents to give their best estimate]

Times you have been hospitalized	# _____
→Days in total you have spent hospitalized	_____ days
Times have you used emergency medical service	# _____
Times have you been to a hospital emergency room	# _____
Times have you had interactions with the police	# _____
Times you have been to prison/jail	# _____

→Days in total you have spent in prison/jail _____ days

21. Are you currently experiencing homelessness as a result of leaving a provincially-funded institution or service such as a hospital, prison/jail, youth justice service, VAW shelter, child welfare system, developmental service (i.e. community living group home), crisis service (i.e. DMHS crisis beds), or rehab and detox service (i.e. Pinewood)?

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="radio"/> Yes -----><input type="radio"/> No<input type="radio"/> Don't know<input type="radio"/> Decline to answer | <u>If yes:</u> Which institution or service? <ul style="list-style-type: none"><input type="radio"/> Hospital<input type="radio"/> Prison/jail<input type="radio"/> Youth justice service<input type="radio"/> VAW shelter<input type="radio"/> Child welfare system<input type="radio"/> Developmental service<input type="radio"/> Crisis service<input type="radio"/> Rehab and detox service |
|---|---|

22. I'm going to read a list of services that you may or may not need. Let me know which of these apply to you. Do you have a need for services related to: [Read categories. Select all that apply]

- | | |
|---|---|
| <input type="checkbox"/> Serious or ongoing medical condition | <input type="checkbox"/> Brain injury |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Fetal alcohol spectrum disorder (FASD) |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Addition or substance use | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Decline to answer |

23. What is the highest level of education you completed?

- | | | | |
|--|---|---|---|
| <input type="radio"/> Primary school | <input type="radio"/> High school grad | <input type="radio"/> Post secondary grad | <input type="radio"/> Decline to answer |
| <input type="radio"/> Some high school | <input type="radio"/> Some post secondary | <input type="radio"/> Don't know | |

Appendix 2

INTRODUCTION TO SINGLE VI-SPDAT

You have completed the first survey. For this second survey, most of the answers only require a Yes or No.

Some of the questions are personal but you can skip or refuse to answer any question.

The information you give me will go into the Homeless Individuals and Families Information System, which is a shared database that all of our shelters and housing providers can access. Once your information is in there, you should not have to complete this survey again to get your needs met.

If you do not understand a question, let me know and I will do my best to explain it in a different way.

Are you willing to continue?

[YES: Go to Next Page]

[NO: Thank and end]

First Name	Nickname	Last Name
Consent to participate	Yes	No

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)		
<input type="radio"/> Shelters <input type="radio"/> Couch Surfing <input type="radio"/> Outdoors <input type="radio"/> Other: _____		<input type="radio"/> Refused
2. How long has it been since you lived in permanent stable housing?	yrs/mo/d	Refused
3. In the last year, how many times have you been homeless? (completed with Q5 above)		Refused

B. Risks

4. In the past six months, how many times have you...			
a. Received health care at an emergency department/room?			Refused
b. Taken an ambulance to the hospital?			Refused
c. Been hospitalized as an inpatient?			Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?			Refused
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?			Refused
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?			Refused
5. Have you been attacked or beaten up since you've become homeless?	Y	N	Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	Y	N	Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	Y	N	Refused
8. Does anybody force or trick you to do things that you do not want to do?	Y	N	Refused
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	Refused

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	Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? (completed with Q14 above)	Y	N	Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Y	N	Refused
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	Refused
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	Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	Y	N	Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Y	N	Refused
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	Refused
18. When you are sick or not feeling well, do you avoid getting help?	Y	N	Refused

19. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	Y	N	N/A or Refused
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	Refused
21. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	Y	N	Refused
22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:			
a. A mental health issue or concern?	Y	N	Refused
b. A past head injury?	Y	N	Refused
c. A learning disability, developmental disability, or other impairment?	Y	N	Refused
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	Refused
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Y	N	Refused
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	Refused
26. <i>YES OR NO:</i> 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	Refused

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: Time: or 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:

Appendix 3

INDOOR COUNT TALLY SHEET

Area: _____ Time: _____ to _____

Interviewer: _____ Contact phone #: _____

Instructions: For those who are **not surveyed**, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate their gender, approximate age, and the reason you believe they are homeless using the objective criterion (e.g., '2, 3 and 5'). See next page for objective criterion.

#	Reason not Surveyed				*Observed Homelessness		
	Declined *	Already Responded	Screened Out	Observed *	Approx. Age	Observed Gender	Indicators of Homelessness
			C	D			
1							
2							
3							
4							
5							
6							
7							
8							

9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Tally Sheet Observed Homelessness - Objective Criterion

#	Points	Observable Markers	Physical Attributes
1	1	Personal Belongings	1 out of 2 (minimum)
			1. Multiple Bags (I.e. Worn out and plain in style) 2. Bedding (I.e. Pillow, Sleeping Bag, or Blanket)
2	1	Hygiene	1 out of 3 (minimum)

			1. Looking unkempt (I.e. unwashed hair, facial hair—unshaved) 2. Hands unclean, nails untrimmed, and cracked 3. Malodorous (strong smell)
3	1	General Appearance	1 out of 2 (minimum) 1. Weathered appearance (ruddy complexion) 2. Clothing: <ul style="list-style-type: none"> Worn out in appearance Unkempt/makeshift Too large/small (esp. shoes) Multiple jackets
4	2	Asleep Indoors (I.e. Coffee Shop, Fast Food Restaurant, or Library) OR Asleep Outside (I.e. Doorway, Car, Makeshift Tent, or Bench)	N/A
5	1	Uncharacteristic Behaviours for the Location (I.e. Cooking, Extended Loitering, and Panhandling)	N/A
Minimum of 3 Points OR Minimum of 2 Points + Strong Justification			

Disclaimer: The list of ‘Observable Markers’ is not exhaustive and it is highly likely that not all persons experiencing homelessness will be identified because the experience of homelessness affects everyone differently. It is important to acknowledge that this list of ‘Observable Markers’ is simply a list of the common *physical manifestations* of systemic inequities, such as poverty and homelessness. For example, persons who are homeless often cannot afford to purchase new shoes that fit them appropriately and often have to rely on what is available and free. The result being that a person’s shoes can provide an indication that they may be experiencing homelessness because the systemic social problem of poverty prevents them from affording anything else. Similarly, those without a home often have little access to showers and cannot afford standard hygiene products that many of us take for granted. This can lead to an appearance of poor hygiene.

Instructions:

- ❖ Each ‘Observable Marker’ is weighted by a certain number of ‘Points’. For example, ‘Personal Belongings’ is weighted at 1 ‘Point’ and ‘Asleep Indoors/Outdoors’ is weighted at 2 ‘Points’.
- ❖ For someone to be determined as experiencing unsheltered homelessness based on visual inspection, they would need to meet the threshold of **3 ‘Points’ OR 2 ‘Points’ with a strong justification**.
- ❖ To use this criterion first start by assessing the ‘Observable Markers’ of someone you may suspect is experiencing unsheltered homelessness.
- ❖ Next, take notice of the ‘Physical Attributes’ of the ‘Observable Markers’. For example, if you notice that someone has personal belongings with them, try to determine whether they have multiple bags or any kind of bedding with them. **(NOTE: BE DISCREET)**

- ❖ If the person you are observing meets the minimum requirements for the 'Physical Attribute' (i.e. 1 out of 2) for a particular 'Observable Marker' that person receives the assigned point(s). For example, if an individual has personal belongings with them and those personal belongings include bedding, that person receives 1 point. Another example where an individual would receive 1 point is if that person, based on their 'general appearance', is wearing clothing that appears worn out, unkempt or too large/small.
- ❖ Remember to write the 'Observable Marker' #s on the Tally Sheet for those who are deemed to be experiencing 'observed homelessness'.

Appendix 4

2018 Everybody Counts Consent Form

I have reviewed and understood the information provided below:

I understand:

- I will be asked questions about my health and housing by researchers from the Community Development Council Durham (CDCD).
- My voice will be recorded for transcription purposes. The audio clips will be destroyed as soon as transcription is complete.
- My name and any personal information about me will not be shared and it will not be attached to my voice recording or the transcripts. Quotes from the transcripts will be de-identified and anonymous.
- Transcripts containing my words will be entered in a secure database within CDCD. Only certain staff will have access and they are not allowed to share individual answers with anyone.

I agree to participate in the focus group, understanding that:

- I can choose to skip any question, to take a break, or to end the focus group at any time without it affecting the services I get now or in the future.
- I will receive a \$10 gift card, as thanks, regardless of how many questions I answer.
- My anonymous answers can only be used for the 2018 Everybody Counts – Homelessness Enumeration Report.
- If I tell you that I'm going to hurt myself or someone else, that's not something that can be kept private and confidential, but all other information is private and confidential.
- I am provided with the contact information for someone I can get in touch with for more information or to remove my consent to participate:

Vanessa Bilenduke, Community Development Manager
Community Development Council Durham
(905) 686 -2661

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to participate.

Date

Signature (or Mark) of Participant

Printed Name of Participant

If consent given by verbally:

Date

Signature of Witness

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Adrianna Vanderneut – Joanne's House
Dr. Anika Mifsud – Community Development Council Durham
Barb Fannin – United Way Durham Region
Brian Hryhorchuk – The Government of Canada
Clarence Keesman – The Refuge
Connie Spencer – Durham Mental Health Services
Daniel Cullen – The H.O.P.E Coalition
Denise Allen – Durham Mental Health Services
Doreen Hume McKenna – Durham Mental Health Services
Diana Chappell – The Regional Municipality of Durham
Erin Valant – The Regional Municipality of Durham
Greg Avery – Community Development Council Durham
Joanne Spicer – North House
Sgt. John Parkinson – Durham Regional Police Services
Kyana Graham – AIDS Durham
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Vanessa Bilenduke – Community Development Council Durham

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