



2018 Homeless Enumeration Report

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St. Thomas and Elgin County Homeless Enumeration 2018

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2018 Homeless Enumeration - Report Summary



Over the last decade, much has been learned about the strategies and approaches needed to prevent and end homelessness in urban, rural and suburban communities across Canada. In addition to this, communities have also invested time and resources in developing and implementing long term housing and homelessness plans dedicated to ensuring that homelessness, if it occurs, is rare, brief and non-recurring. Without clarity into the local realities, prevalence and scope of homelessness throughout the region, however, the success of efforts to prevent and end homelessness will be limited. Just as the journey into and out of homelessness is unique for neighbours, so too must be the customized application of evidence informed practices and approaches.

In communities getting the results needed to prevent and end homelessness, a commitment to decision making and system planning embedded in the analysis of real time data regarding the experience of homelessness locally has ensured progress in positive housing and stability outcomes. With this insight guiding the creation of provincial policy dedicated to ending chronic homelessness by 2025, the Ontario Ministry of Housing (MHO) introduced the requirement that all Consolidated Municipal Service Managers (CMSM) across the province would complete local enumeration of people experiencing homelessness in their communities. Although parameters were established for the enumeration methodologies and standards, timelines and data requirements were established, it was also acknowledged that Service Managers were to ensure that the homelessness enumeration projects were to reflect local needs and priorities. In addition to the recommendation that local data gathering improve, the Expert Advisory Panel on Homelessness and its 2015 report, *A Place to Call Home*, established four provincial priorities to guide action: chronic homelessness, youth homelessness, Indigenous and homelessness following transitions from provincial funded institutions and service systems. With this in mind, the Ministry also established guidelines to ensure that data gathering methods on these four priority sub-populations were incorporated.

Beyond the Ministerial Directive, communities across the province identified that homelessness enumeration provided a valuable learning opportunity that would ensure that future system planning – locally and provincially – would be enhanced with this research. For many regions such as the City of St. Thomas and Elgin County, this directive also represented an opportunity to mobilize community partners, enhance their knowledge of the realities and prevalence of homelessness and ensure that local investments aligned with local needs. In the winter of 2017, the City of St. Thomas, as the Service Manager for the region, contracted with OrgCode Consulting, Inc. for the provision of technical assistance related to the planning and analysis of this community-based initiative.

Given the vast geographical area in the Elgin County and the prevalence of hidden homelessness in the rural communities, the implementation of a Period Prevalence Count was the most appropriate methodology for this first ever homeless enumeration, with particular emphasis on capitalizing the expertise of



local community partners in connecting with local residents that were experiencing homelessness included sheltered, unsheltered, provisionally accommodated within provincial institutions as well as hidden homelessness (couch surfing, temporarily staying with friends and families, etc.). In addition to these sub-populations, St. Thomas also wanted to increase their understanding of residents that were also at imminent risk of homelessness and therefore reaching out to service providers for housing loss prevention supports. Since it is estimated that hidden homelessness represents up to 80% of those who have no place to call home in small, rural and northern communities in Ontario¹, the importance of a comprehensive engagement strategy with community partners could not be underestimated in planning the 2018 St. Thomas and Elgin County Homeless Enumeration.

A Period Prevalence Count is the best way to get an accurate picture of the number of people who are homeless in large geographical areas; however, a Period Prevalence Count is not without its limitations. Although casting a wider net of opportunities to engage with people experiencing homelessness, the scope of hidden homelessness in more rural regions will still create challenges in ensuring that all individuals and families experiencing homelessness during the designated week are enumerated. For instance, a Count relies on the ability of community partners and volunteers to connect with those experiencing homelessness (sheltered, unsheltered, hidden and provisionally accommodated) in public areas and via community access points and may still miss some individuals who do not appear to be homeless, who are well-hidden, or who are actively avoiding being counted. For the reasons cited, although a Period Prevalence Count is a carefully executed research process, all Counts, by their inherent limitations, undercount the homeless population. The findings from the 2018 St. Thomas and Elgin County Homeless Enumeration, therefore, should be considered the *minimum* number of people that were homeless during the week of the Count.

This report provides the summary of the insights gained about the scope and prevalence of homelessness throughout the City and the County as well as recommendations about future system planning to ensure that future resources and investments are dedicated to preventing and ending homelessness locally. Particular emphasis will be required to better understand the experiences and needs of local individuals and families experiencing chronic and episodic homelessness. Recognizing the importance of ensuring that residents with the greatest depth of need will require specialized supports and services to return to housing stability and improved wellness, an enhanced understanding of the sub-population of people experiencing chronic and episodic homelessness will be essential for future system planning in the region.

¹ Kauppi, C., O'Grady, B., Schiff, R., Martin, F. and Ontario Municipal Social Services Association. (2017). Homelessness and Hidden Homelessness in Rural and Northern Ontario. Guelph, ON: Rural Ontario Institute.



One of the valuable insights gleaned during the 2018 St. Thomas and Elgin County Homeless Enumeration was the impact of collective ownership of this initiative throughout the region. It is acknowledged that no one program, agency or service can prevent and end homelessness in any community. Without appropriate information on the scope and depth of homelessness, local departments, service providers and community partners will experience challenges in deciding on future approaches and investments. This initial homeless enumeration provides the inaugural Count of the number of people experiencing homelessness and some of the issues and needs impacting their journey back to housing stability.

During the week of April 22-27 2018, 109 people were identified as experiencing precarious housing (imminent homelessness) and literal homelessness. Agency partners and community volunteers surveyed 109 people to determine their housing situation, experiences of homelessness and the issues that may be impacting their ability to resolve their own housing crises and homelessness. The homeless enumeration also identified 33 dependent children that accompanied their parents/guardians that were also experiencing homelessness. In addition to these single adults, unaccompanied youth and families that were surveyed, an additional 17 women were identified as staying with Violence Against Women Services Elgin County but these women did not participate in the homeless enumeration survey.

In total, 159 people were identified as experiencing homelessness during April 22-27, 2018.

To provide an overview of the real time insights gleaned during the 2018 Homeless Enumeration, the following table provides a snapshot of the demographics, depth of homelessness as well as the common health and safety concerns that jeopardize the efforts of these people to resolve their own housing crises and homelessness.



2018 St. Thomas-Elgin Homeless Enumeration Data	All Respondents	Single Adults	Families	Youth
Number of Respondents	109	65	22	22
Chronic Homelessness	38%	37%	36%	41%
Episodic Homelessness	17%	17%	5%	27%
Percentage Reporting Indigenous Ancestry		20%	27%	5%
Percentage Reporting Mental Health Concerns	52%	51%	41%	64%
Percentage Reporting Substance Use Issues	30%	60%	45%	32%
Percentage Reporting Chronic/Acute Medical Condition	45%	52%	36%	32%
Percentage Reporting Physical Disability	30%	37%	23%	18%
Percentage Reporting Tri-Morbidity (Mental Health + Physical Health + Substance Use Issues)	13%	22%	14%	18%
Percentage Reporting Family Breakdown (Conflict and/or Abuse) as the Reason for their Homelessness	50%	28%	91%	73%
Percentage Experiencing Hidden Homelessness	50%	48%	27%	77%
Percentage Experiencing Sheltered Homelessness	36%	35%	59%	14%
Percentage Experiencing Unsheltered Homelessness	6%	8%	5%	0%

Implications for Future Planning and Investments



The 2018 Homeless Enumeration project identified that single adults, families and unaccompanied youth are staying homeless much longer than necessary with their compromised wellness complicating their efforts to resolve their own homelessness. Although services and supports have enhanced tremendously in recent years, additional opportunities for enhancements exist and must be invested in moving forward to ensure that the most vulnerable people experiencing homelessness receive the housing and support needed to end their homelessness as soon as possible.

In investigating the current finite investments dedicated to preventing and ending homelessness in St. Thomas and Elgin County, it is clear that alignment with evidence informed practices and strategies that align with Housing First can enhance the local system of care and reorient collaborations with the goal of preventing and ending homelessness locally. The following provides recommendations for enhanced service coordination using the finite CHPI funding.

Recommendation 1: Development of Coordinated Access for Shelter and Housing Services

To ensure that the right individual, family and youth get connected to the most appropriate emergency shelter and/or re-housing option, it is recommended that during the 2018-19 contract year, the local homeless serving system begin the process of developing and implementing Coordinated Access. St. Thomas and Elgin County has experienced important successes in improving service delivery for youth experiencing homelessness in the area. The incorporation of the Youth Homelessness Protocol has ensured that youth in a housing crisis or experiencing homelessness receive homelessness prevention and shelter diversion activities, as well as referrals to the most appropriate shelter or housing with support program.

Building on this success and capitalizing on the federal requirement for the implementation of Coordinated Access in each supported community, it is recommended that the homeless serving system in St. Thomas and Elgin County operationalize a Coordinated Access Process that serves all individuals and households that are experiencing housing instability and homelessness. With the adoption of Coordinated Access by the federal plan to prevent and end chronic homelessness called *Reaching Home*, it is anticipated that the Province of Ontario will follow suit and also introduce such system coordination activities for their supported communities.

Such a system enhancement project would require the cooperation of all housing and homelessness partners and would ensure that those individuals and families with the greatest depth of need would be prioritized for shelter and housing supports for all funded programs/residential beds. This would eliminate all inefficient “first come, first served” approaches to filling vacancies and beds that are CHPI funded to ensure that these investments are optimized



to prevent and end homelessness. This is certainly not a “business as usual” approach to providing better service to the people experiencing homelessness that is transparent and accountable.

Recommendation #2: Homelessness Prevention Should Align with Evidence Informed Practices and Approaches

Research into prevention programs have demonstrated that historically 80% of all investments actually went to households that never would have become homeless, even if they had never received homelessness prevention funds². Such an empirical finding increases our focus on not just improving and targeting our homelessness prevention efforts but also on ensuring that only households that have no other safe, appropriate place to be are offered admission to shelter.

Much has been learned about the service approaches and the service orientation that can effectively close the front door into homelessness. The adoption of evidence informed tools and approaches will ensure that the substantial investment of 32% of CHPI funds in homelessness prevention locally is optimized by targeting those households that are at the greatest risk of actually entering homelessness. Homelessness prevention activities must be deliberately targeting households that are the most vulnerable to becoming homeless, not just households that are experiencing financial challenges due to their low income. CHPI investments must be dedicated to homelessness prevention, not used with a poverty reduction lens.

Homelessness Prevention activities currently provided through Housing Links for People (HeLP) must be closely connected with Coordinated Access.

Recommendation #3: Align Housing with Related Support Investments with Evidence Informed Practices

In 2018-19, it is anticipated that 54% of all CHPI funds will be dedicated to supporting Housing with Related Support projects. In the quest to shift from managing homelessness to ending it, such a healthy housing specific investment is important. However, it must be realized that 43% of the funded beds (52 beds in total) are dedicated for Transitional Housing and Emergency Housing Beds provided through a variety of community partners. The evidence regarding the outcomes and impacts of transitional housing is not promising as it relates to a community’s quest to end long term homelessness. Although such specialized populations as youth benefit more from transitional support options that most people experiencing homelessness, efforts should be dedicated to converting transitional housing beds to permanent housing options. The only solution to homelessness is housing, not transitional options that ensure that people remain homeless and in survival mode for longer than necessary.

² City of New York & ABT Associates (2011). Results of the HomeBase Research. National Alliance to End Homelessness Conference, Washington, DC. and Gale, K. & Raucher, D. (2008).



All vacancies for these Housing with Related Support beds should also be filled using the Housing First aligned Coordinated Access process to ensure that all housing investments are dedicated to prioritizing chronically homeless individuals with the greatest depth of need. Without such dedicated housing options, the number of people with high acuity and long term homelessness will continue to increase throughout the area.

Recommendation #4: Shelter Diversion at the Front Door of the Homeless Serving System

Diversion is often misunderstood as turning people away or saying “no”. That is the wrong mindset. Diversion is about saying “yes” to helping neighbours navigate to a safe alternative to shelter that is appropriate to their specific circumstances through an investment in staff time that have specific problem solving skills and access to flexible resources to put the solution into action. For many communities such as the Region of Waterloo and Phoenix, Arizona that are getting the diversion results desired, shelter based discussions happen at the front door of shelter or through the community’s Coordinated Access process. Often, housing-focused shelters also work on rapid exits out of shelter within the first 24-48 hours after admission. These discussions should also replicate the 9 steps of diversion conversation³. Currently, the collective adoption of such an approach would greatly improve services for individuals and families seeking shelter in St. Thomas and Elgin County.

It is recommended that the homelessness prevention and shelter diversion practices incorporated into the Youth Homelessness Protocol provide the example for the region as for the inclusion of such a client focused and evidence informed strategies.

³ See Housing Focused Sheltering and the 9 Steps of Diversion tools by OrgCode Consulting, Inc.. Source: www.orgcode.com

