

RESULTS

PRESCOTT AND RUSSELL

— 2018 —

HOMELESS ENUMERATION

Prescott 
Russell

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CONTEXT

As part of the efforts from the province to bring an end to chronic homelessness by 2025, the Ontario Ministry of Municipal Affairs and Housing requires that all service managers conduct a Homeless Enumeration within their respective communities. The local Homeless Enumeration will help the service managers and the Ministry to more thoroughly understand the extent and the nature of homelessness, as it will serve as a guide for the elaboration of current and future policies and programs.

Therefore, we have undertaken the planning leading to the Homeless Enumeration being conducted based on one of the three methods the province recommended to us, more specifically the Period Prevalence Count (PPC). This method is the preferred one in rural areas, where the homeless are not as visible. It involves a two-week enumeration coordinated with community agencies used to determine homeless prevalence. Through this method, the Enumeration takes place within various partnering service-providing organizations to which the homeless are more likely to reach out for support, such as community meal programs, shelters, childcare services, mental health service agencies, emergency accommodation centres, etc. The data collected through this method includes demographics and information on causes for homelessness and various situations.

PROCESS

Seeking the most accurate Homeless Enumeration within a rural area, it was essential that all service agencies take part in the data collection process.

In January 2018, more than 20 community agencies were invited to take part in a teleconference thoroughly describing the Enumeration project, as we called upon the agencies to support this initiative.

During this meeting, we shared the deadlines, the definition of homelessness, the proposed method and the content alignment, as we also addressed concerns and answered questions brought forth by the partners.

DEFINITION

“Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.”

(Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Definition)

CONSIDERATIONS AND METHODOLOGY

A questionnaire was developed and translated. We used the Survey Monkey platform to conduct the questionnaire, the link was sent to the community agencies, while printed versions were also delivered to them. The community workers had the option of helping their clients complete it or hand the document to their clients for them to complete it.

To show our appreciation, everyone who completed a questionnaire received a \$25 gift card.

To ensure a maximum response rate for data collection, the Enumeration was conducted over a two-week period, more specifically May 6 to 19, 2018.

Data collection was confidentially and anonymously conducted through community partners. It is thus impossible to track where the respondents actually live.

PARTNERS INVOLVED IN THE DATA COLLECTION PROCESS

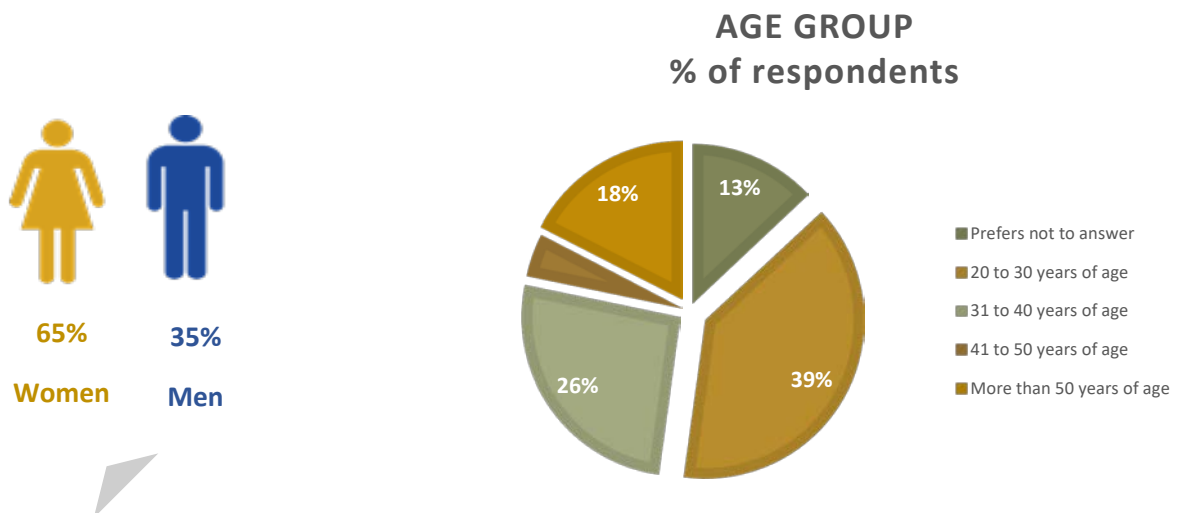
- Ontario Works, United Counties of Prescott and Russell
- Interlude House
- Hawkesbury and District General Hospital, Mental Health and Addiction Regional Centre
- Prescott-Russell Victim Services
- Valoris for Children and Adults of Prescott-Russell
- Housing Services, United Counties of Prescott and Russell

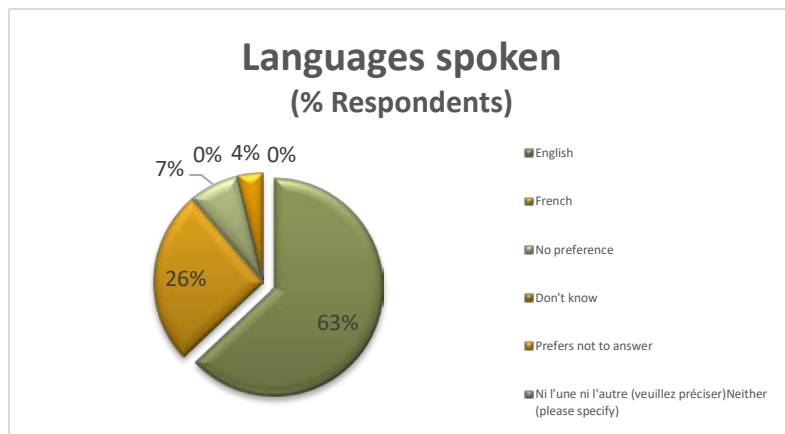
RESULTS

A total of **23 respondents (n=23)** completed the questionnaire. It must be pointed out that the analysis is based on the results coming from the answers as a whole. The majority of respondents completed the questionnaire at one of the United Counties of Prescott and Russell's Social Services offices.

RESPONDENTS PROFILE

Of the **23** respondents, **65%** were women, and **35%** were men. **26%** of the respondents considered they had a physical disability. **2/3** of them were men and the distribution of respondents was balanced across age groups.





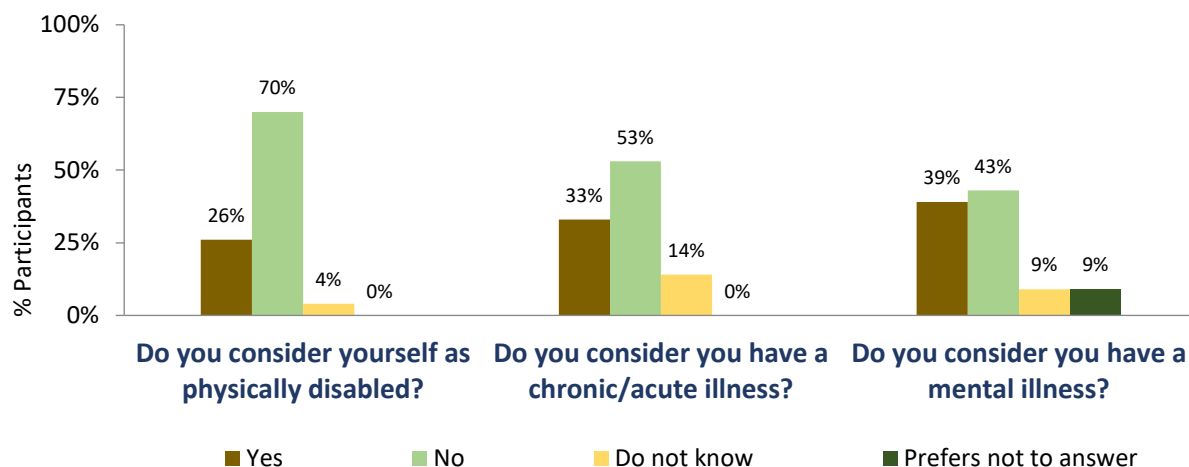
The majority (**87%**) of the respondents were heterosexual, **8%** were bisexual and **4%** were questioning.

39% of the respondents were between 20 and 30 years of age and **63%** were English-speaking.

None of the respondents indicated they had served in the Canadian Armed Forces or the RCMP and nearly **17%** of the respondents stated they had been placed in foster care or in a group home.

HEALTH AND DISABILITY-RELATED ISSUES

More than a quarter of the respondents, **26%** to be exact, considered they had a physical disability. Moreover, **33%** of the respondents considered they had a chronic/acute illness and **39%** considered they had mental illness.



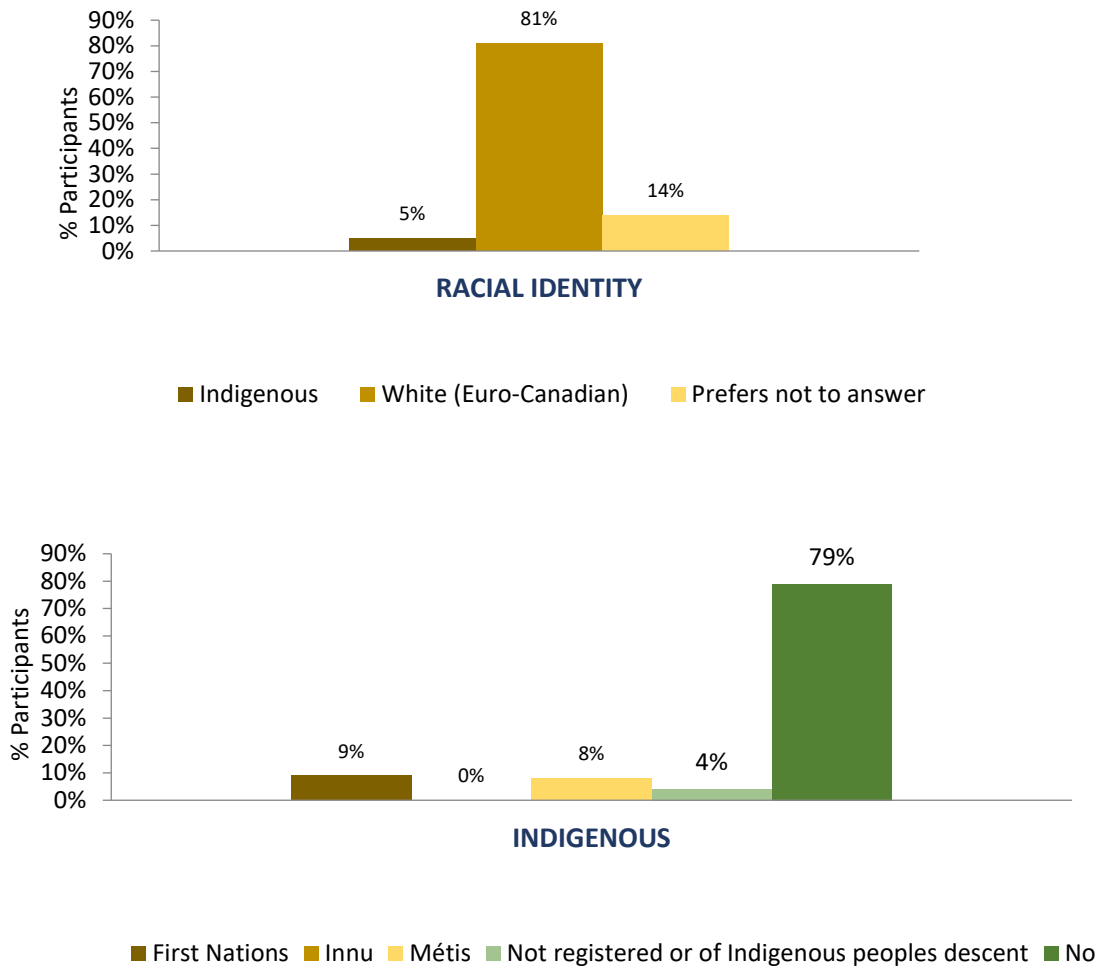
It must be pointed out that **22%** of the respondents considered they had an addiction.

HEALTH AND DISABILITY-RELATED ISSUES

Question	Yes	No	Do not know	Prefers not to answer
Do you consider yourself as physically disabled?	26%	70%	4%	0%
Do you consider you have a chronic/acute illness?	33%	53%	14%	0%
Do you consider you have a mental illness?	39%	43%	9%	9%

RACIAL IDENTITY

The majority of respondents identified themselves as being White (**n=17**). However, when asked if they identified themselves as being Indigenous or of Indigenous peoples descent, a larger number (**21%**) report being of Aboriginal decent.



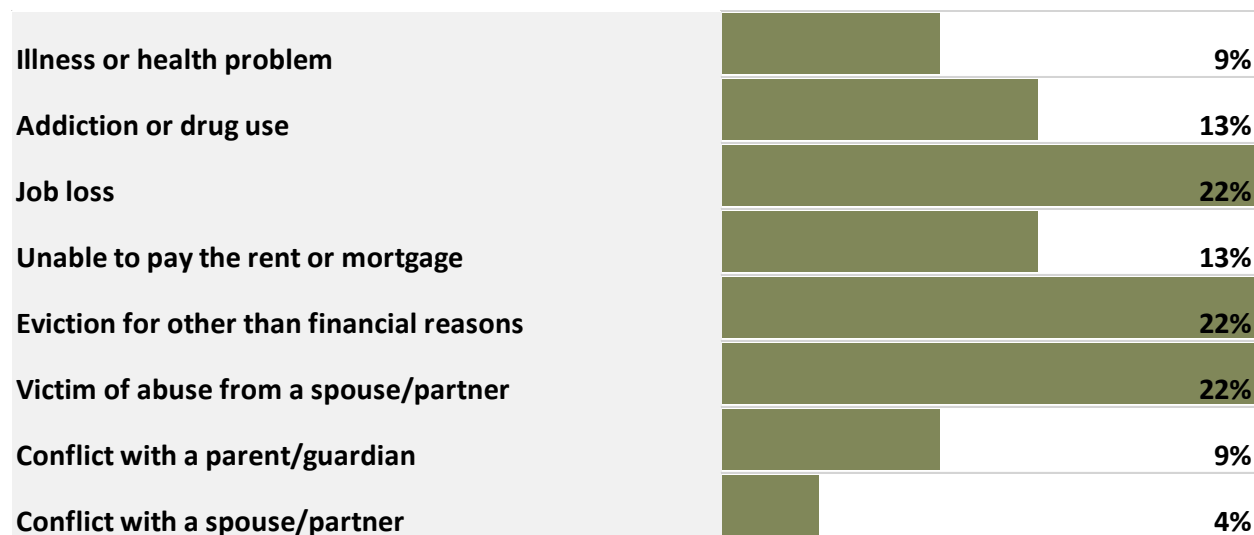
SOURCE OF INCOME

When asked what is their main source of income, **8%** of the respondents admitted they had no source of income. However, the majority (**52%**) indicated Ontario Works as their source of income and **5%** stated that their job was their main source of income, while **17%** indicated disability benefits (**n=2**) and child and family benefits (**n=2**) as their source of income.

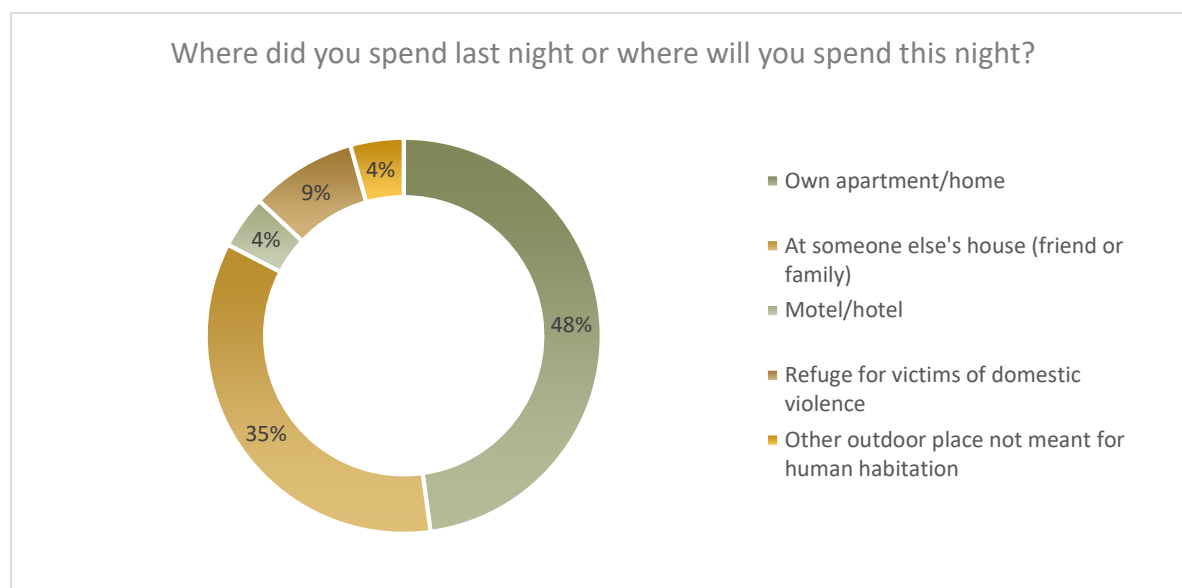
HOMELESSNESS, CHRONICITY AND FREQUENCY

There are various reasons why people are homeless or in danger of being homeless. The chart below illustrates the various reasons indicated by respondents.

The three most common reasons are job loss (**n=5**), eviction for non-financial reasons (**n=5**) and being victim of mistreatment (**n=5**).



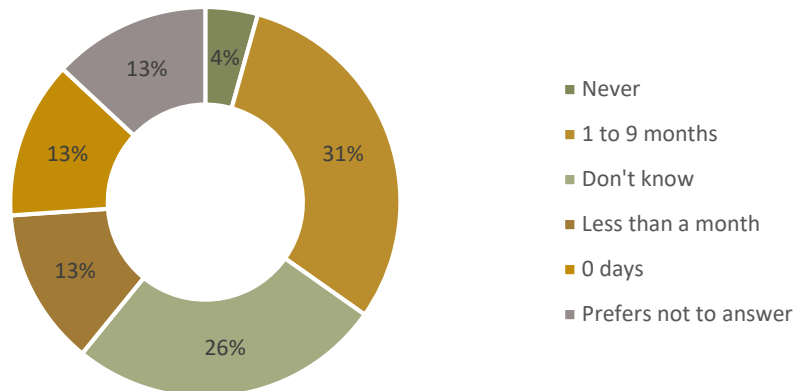
Nearly half the respondents (**48%**) had the intention of spending the upcoming night in their own home, but, in doing so, considered they were in danger, while **35%** intended on going at someone else's and **9%** had spent the previous night in a shelter for victims of domestic violence.



The results indicate that the homelessness period ranges from 2 days to 9 months.

When asked how many times they had been homeless over the last year, **30%** of the respondents indicated it had happened once and had lasted between 1 month and 9 months.

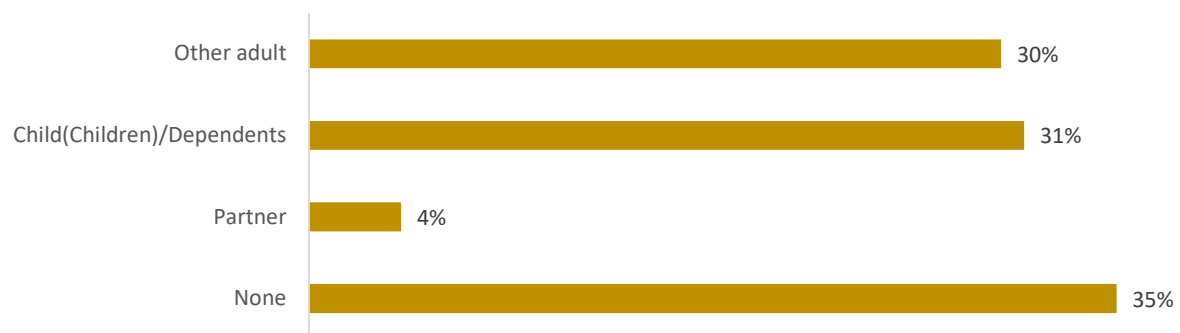
How long have you been homeless in the last year?



FAMILY SITUATION

The majority of respondents (**n=15**) indicated they were spending the night with someone else, either another adult or a dependent child.

Which family members are staying with you tonight?



CONCLUSION

The report on the first Homeless Enumeration within the United Counties of Prescott and Russell is now complete. It has provided us with indicators that will serve as measuring sticks from now on. However, the reality in rural areas is very different from what goes on in urban areas; so is homelessness. We now have data we can use, but it doesn't tell the whole story. Even though we don't have an exact figure, we are aware of the fact there are hidden homeless, people who live in poverty, who suffer from abuse or who have health issues, who are often moving or who sleep on various couches at different friends'.

The homeless chronicity might seem low, but some people live at someone else's and in a precarious state, and a significant number of them have health issues.

The enumeration period allowed for a rather moderate data collection. It would thus be beneficial to extend the period for it to better reveal the reality within the region and to promote the questionnaire through various platforms in order to collect data from a broader sample.