

Homeless Enumeration in Hastings County 2018

Project Report

This report was prepared by Steve van de Hoef on behalf of the Bridge Street United Church Food Ministry and the Community Development Council of Quinte.



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Acknowledgments

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Thank you to the many volunteer and staff researchers for their contributions of time, knowledge, and care, and to stakeholders for sharing their wisdom and experience.

We gratefully acknowledge the many participants whose individual experiences are seen throughout the pages of this report.

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1 Introduction

1.1 About the project

Between April 17-23, 2018, Hastings County joined communities across Ontario in [Ontario's homeless enumeration](#), the first provincewide count of its kind in Canada, and across Canada in the Homelessness Partnering Strategy's Canadian [Coordinated Point-in-Time Count](#).

Enumeration of homelessness was conducted in four communities in Hastings County: Belleville, Quinte West, Madoc, and Bancroft.

Homeless enumeration is a count of the minimum number of people who are experiencing homelessness in a community over a specific period of time. It provides basic information that can:

- improve our understanding of the extent of homelessness in our communities,
- provide information about the characteristics, circumstances, and needs of members of our communities who are experiencing homelessness
- strengthen our communities' ability to support individuals and families experiencing homelessness, and
- inform community actions to prevent and reduce homelessness.

Successive anticipated counts¹ will help to measure progress in preventing and reducing homelessness in Hastings County.

Enumeration data from communities across Ontario will provide information about the scope, characteristics and trends of homelessness in Ontario, inform government policy and planning, and track progress toward achieving the Ontario government's goals of ending chronic homelessness in Ontario by 2025. Data from Point-in-Time Counts across Canada will be used to build a better understanding of homelessness in Canada.

1.2 Project partners

Homeless enumeration in Hastings County was conducted by the Bridge Street United Church Food Ministry and the Community Development Council of Quinte.

Bridge Street United Church's Food Ministry has provided meal support from the church kitchen to a food insecure population in Belleville for more than 20 years. Bridge Street United Church is committed to addressing poverty in our community and understands housing need and food insecurity to be intertwined and often concurrent experiences related to poverty.

The Community Development Council of Quinte focuses on grassroots community development and social planning processes that involve all sectors of the community, using consensus building approaches to identify and resolve important community issues. It is a leader in community efforts to understand and address the root causes of poverty.

¹ Ontario's *Housing Services Act, 2011* requires that Service Managers conduct enumeration of homelessness in their service area every two years beginning with this enumeration in 2018.

Bridge Street United Church’s Food Ministry and the Community Development Council of Quinte share a belief that meaningful and effective action for positive change is built on reliable evidence. This forms the foundation for our partnership in this enumeration project.

2 Methods

2.1 Defining homelessness

The Canadian Definition of Homelessness (2012) defines homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.”

Homelessness includes a range of living situations that are not always easy to see. Enumeration included three types of homelessness described in the Canadian Definition of Homelessness:

1. **Unsheltered** – people who are living in public spaces or places not intended for human habitation because they have nowhere else to stay.
2. **Emergency Sheltered** – people who are staying in emergency shelters, including Violence Against Women shelters, or in hotel or motel rooms provided in lieu of shelter beds.
3. **Provisionally Accommodated** – people who are living in temporary accommodations with no guarantee that they can continue to stay there. This includes “hidden homelessness” (e.g. couch-surfing) and temporary rentals (e.g. motels, rooming houses). It also includes transitional housing and people staying in institutions (e.g. hospital, residential treatment program, jail or prison) where they may be discharged into a state of homelessness.

2.2 Data collection

Understanding how data is collected provides important context for interpreting data and using results.

Homeless enumeration in Hastings County used two data collection methods: Period Prevalence Count (PPC) and Point-in-Time (PiT) Count. Both are common methods for counting homelessness and have been used by communities and researchers across Canada. Hastings County Community and Human Services selected these methods from available options for Ontario’s homeless enumeration and the coordinated PiT Count, as those most appropriate for Hastings County.

Data collection took place in Belleville, Quinte West, Madoc, and Bancroft, between April 17-23, in accordance with provincial and federal requirements as set out in detailed guidance documents: [Everyone Counts: A Guide to Point-in-Time Counts in Canada \(2nd ed.\)](#), and the provincial [Guidelines for Service Manager Homeless Enumeration](#). The lead researcher received training for implementation of both Point-in-Time and Period Prevalence Counts.

The project adhered to research ethics standards articulated in the above guidance documents and the Canadian Observatory on Homelessness’ [Point-in-Time Count Toolkit](#).

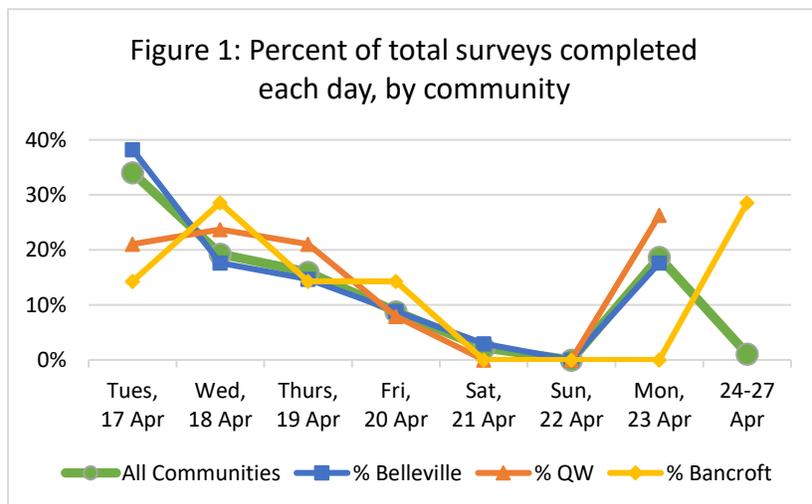
2.2.1 Period Prevalence Count

A Period Prevalence Count (PPC) is a count of the number of individuals who are experiencing homelessness in a specific geographic area over a certain period of time.²

Drop-in survey locations were set up in each of the four enumeration communities at selected organizations and agencies who serve people experiencing homelessness and at places where individuals experiencing homelessness were likely to frequent. Several organizations that were not designated survey locations also conducted the survey with clients who were experiencing homelessness. (See Appendix A for a full listing of drop-in and service provider survey locations.) At all locations, surveys were conducted by trained staff or volunteers using a standardized script and survey tool. Participants who screened in as experiencing homelessness were eligible for a \$10 cash honorarium.

Enumeration was advertised using posters, business card-sized handouts, and word of mouth. Media reports provided information about enumeration to the general public, including those experiencing homelessness. Service providers and organizations serving people experiencing homelessness were asked to let their clients know about the count and encourage them to participate.

Figure 1 shows the percentage of the total number of surveys completed on each day of enumeration. More than half of all surveys were completed on the first two days of the count, April 17 and 18. Twenty percent of surveys were conducted on Monday, April 23, the last day of the count, illustrating the value of an extended data collection period.



Two adaptations were made to the PPC method in Bancroft only part way through the data collection period:

1. The survey period was extended to Friday, April 27, and
2. Phone interviews were permitted with clients of Hastings County Ontario Works (Bancroft office) and North Hastings Community Trust whose housing status was known to staff. Informed consent protocols were adapted to acknowledge that phone interviews would not be conducted anonymously (potential participants would be known to the surveyor) but that the survey data would remain anonymous (no identifying information would be recorded on the survey tool) and confidential.

² Detailed information about the Period Prevalence Count method can be found in *Period Prevalence Counts of People Experiencing Homelessness: A Guide for Rural and Northern Communities* (Kauppi, 2017).

These changes were made in response to low participation, inclement weather, and unplanned temporary closures of service provider survey locations during the enumeration period. They were implemented on a limited basis in cooperation with organizations that had been primary stakeholders in regular contact with enumeration project staff and resulted in the identification of 5 individuals who were experiencing homelessness in Bancroft.

2.2.2 Point-in-Time Count

A Point-in-Time (PiT) Count is a count of the number of people experiencing homelessness in a community within a 24-hour period. The Canadian Coordinated Point-in-Time Count includes those experiencing unsheltered and emergency sheltered homelessness.³ Those experiencing hidden homelessness are not included in the core PiT Count population.

The Point-in-Time Count method was conducted on April 17 in Belleville only. PiT Count activities to survey those experiencing sheltered and unsheltered homelessness were not distinguished from PPC activities during the day (8am – 5pm) when PPC survey locations were open.

Between 7pm and 11pm, a walking count to identify and survey those experiencing unsheltered homelessness was conducted to complete the PiT Count process. Teams of trained project staff and volunteers walked pre-determined routes in downtown Belleville and in “known locations” – places where people experiencing unsheltered homelessness are known to stay – in other parts of the city. These survey locations were selected based on the knowledge of stakeholders familiar with unsheltered homelessness in Belleville. The PPC survey tool was used, with minor modifications to the introductory script and screening questions. A \$10 cash honorarium was provided to those who screened in as experiencing homelessness.

2.2.3 Comparing Period Prevalence and Point-in-Time Count methods

Period Prevalence Count and Point-in-Time Count are complementary methods for enumerating homelessness in a community. The principal difference between the methods is the span of time over which the count is conducted: a PiT Count takes place over a period of 24 hours, whereas a PPC normally takes place over 7 consecutive days, though the period can be longer or shorter. The longer data collection period in a PPC provides time for word of mouth to travel and for people experiencing homelessness to come to survey locations. It increases the likelihood that people experiencing homelessness will participate, including youth, marginalized individuals, and those experiencing hidden homelessness.

Point-in-Time Counts are best suited to urban areas and locations where there are expected to be larger proportions of people experiencing unsheltered homelessness. Period Prevalence Counts are more appropriate for smaller and rural communities which are expected to have higher proportions of hidden homelessness, and where there may be fewer emergency homeless shelters or related services.

³ Detailed information about a PiT Count including core standards for participation in the Homelessness Partnering Strategy’s national Coordinated Point-in-Time Count can be found in [Everyone Counts: A guide to Point-in-Time Counts in Canada \(2nd ed\)](#).

2.3 Survey tool

The survey tool was developed using questions from four sources: 1) the Homelessness Partnering Strategy, 2) the Province of Ontario, 3) the Canadian Observatory on Homelessness, and 4) locally developed questions. The full survey tool is available in Appendix B.

The Homelessness Partnering Strategy's PiT Count screening questions were used to determine whether someone was experiencing homelessness and to identify the type of homelessness they were experiencing.

The Homelessness Partnering Strategy's core PiT Count questions (Homelessness Partnering Strategy, 2017) and Province of Ontario's core set of common questions (ON Ministry of Housing, 2018) formed the basis of the survey tool, gathering demographic, service use, and service need information. Several Canadian Observatory on Homelessness' optional PiT Count questions (Canadian Observatory on Homelessness, 2018) were added to gather additional demographic, service use, and service need information, and to identify challenges in finding housing.

Local questions provided service use and service need information of interest to local enumeration stakeholders. These included questions from other surveys related to housing and homelessness that had been administered in Hastings County and the City of Belleville in the past. The survey concluded with an open-ended question that provided respondents an opportunity to give further information related to the questions in the survey, or to offer comments.

The survey tool included a script to guide staff and volunteer researchers and ensure each participant received consistent and correct information. The script described the purpose of enumeration, how participants' information would be used, and how their privacy and confidentiality would be maintained. Informed consent was obtained verbally from each participant after this information was provided and before the screening questions were asked.

The survey was conducted anonymously; no identifying information was collected. Participants were asked only to provide their first and last initial to be used in generating a unique identifier so that duplicate records could be removed prior to data analysis.

2.4 Researcher recruitment and training

Surveys were conducted by trained volunteers and staff. Volunteers were recruited via a request for volunteers distributed to stakeholders. Some organizations recruited volunteer researchers from their existing internal volunteer pool. All volunteers were required both to participate in training and to commit to one or more shifts. Several researchers were hired to conduct surveys at certain designated drop-in locations in each community: Peer Support Centres in Belleville, Quinte West and Bancroft, the Bayview Mall in Belleville, and the Loyalist Community Employment Services in Bancroft. This reduced the number of volunteers required and provided a consistent face at these locations. A total of nine staff and more than 50 volunteer researchers participated in enumeration.

All researchers, including staff and volunteers of organizations who were conducting surveys with their clients, were required to attend a training session. Sessions were held the week prior to enumeration in Belleville, Quinte West and Bancroft.

Training included:

- an overview of enumeration including the purpose of the count,
- the definition of homelessness and description of the types of homelessness included in enumeration,
- an introduction to the Period Prevalence Count method,
- a detailed description of the survey tool and script,
- protocols for tracking and securing survey packages and cash honoraria,
- the role of the researcher including scope and limitations of responsibility,
- research ethics and confidentiality, and
- researcher and participant safety and emergency contact protocols.

A separate training session was conducted with volunteer and staff researchers conducting the walking portion of the PiT Count. Additional topics included information specific to the PiT Count method, count logistics, and personal safety.

2.5 Engaging stakeholders

Enumeration stakeholders were defined as individuals and organizations who provide programs or services to individuals experiencing homelessness, and those who have an interest in, or knowledge about, housing and homelessness in their community.

A list of primary stakeholders was compiled by searching online service provider databases (viq.ca, quinte.cioc.ca, SouthEastHealthline.ca) and the Hastings County Service Directory for housing and homelessness-related services, and from personal knowledge of staff at Bridge Street Church's Food Ministry, the Community Development Council of Quinte, and Hastings County.

Stakeholders were contacted by email or phone and invited to participate in public stakeholder meetings held in each enumeration community between February 6 and 8, 2018. Stakeholders were encouraged to invite to these meetings others who they thought would be interested in homeless enumeration or who would have knowledge to share about homelessness in their community. The meetings had three objectives:

1. to share information about homeless enumeration and why it is important,
2. that stakeholders be familiar with the data collection methods (i.e. PPC and PiT), to enable effective participation in planning and implementation, and in using results, and
3. that stakeholders could share information and insight necessary for planning enumeration in a way that was appropriate to each community's context, so that the process and results would be as useful as possible.

The meetings consisted of a presentation of the enumeration project by the lead researcher, and time for discussion. A presentation was also made at the Situation Table meeting in Belleville on February 7. Stakeholders were kept informed of project progress by email.

Stakeholder meetings were held in each community between September 18 and 20 to provide an opportunity for stakeholders to review a draft of this project report and provide feedback.

2.6 Data analysis

The Homelessness Partnering Strategy’s “Homeless Individuals and Families Information System” (HIFIS 3) software was used to input, store and report data electronically to the Homelessness Partnering Strategy and the Province of Ontario.

Data was inputted manually into HIFIS by project staff. Electronic records were reviewed by the lead researcher to identify and correct data entry errors. A unique identifier (first initial, last initial, year of birth, gender identity) was generated for each survey to identify and remove duplicate records. Duplicate records were identified following established PPC Count procedures and subsequently removed from HIFIS. De-duplicated data was exported from HIFIS for analysis by the lead researcher.

Preliminary enumeration results were shared publicly at a meeting of the Hastings and Prince Edward Poverty Roundtable on June 13, 2018.

3 Results

Results are presented in four categories: 1) prevalence and type of homelessness, 2) demographic characteristics of the population of those experiencing homelessness, 3) service use and service needs, and 4) reason for homelessness and barriers to housing.

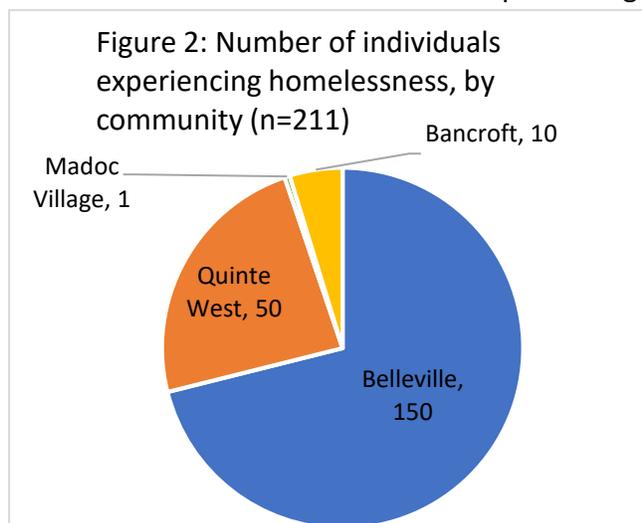
Data are reported from surveys conducted in all four enumeration communities using both the PPC and PiT Count methods as the combined results for homeless enumeration in Hastings County.

3.1 Prevalence, type and chronicity of homelessness

3.1.1 Prevalence of homelessness

A total of 211 members of our communities were experiencing homelessness during the week of enumeration. 182 surveys were completed and 5 individuals were identified as experiencing homelessness but declined to be surveyed. Fifteen (15) families with children participated, with a combined total of 24 dependent children. Figure 2 shows the number of individuals experiencing homelessness in each enumeration community.

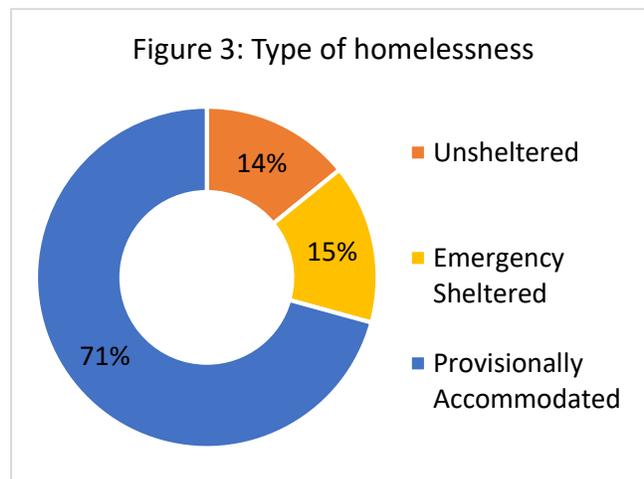
Three quarters of all surveys (75%, 136) were completed in Belleville, and one fifth (21%, 38) were completed in Quinte West. Seven surveys (4%) were completed in Bancroft, and one survey was completed in Madoc with an individual residing in central



Hastings County. Thirteen individuals who spent the previous night in other communities but whose normal place of residence is the enumeration community in which they completed the survey are included in the survey population.

3.1.2 Type of homelessness

Figure 3 shows the proportion of each type of homelessness among respondents. Half of those experiencing homelessness (50%, 102 respondents) were living temporarily with others, commonly referred to as “couch-surfing” or “hidden homelessness.” Another 20% of respondents were staying in transitional housing for a total of 71% of individuals experiencing provisionally accommodated homelessness.



Fifteen percent of respondents (31) were experiencing emergency sheltered homelessness, either staying in a Violence Against Women shelter or hotel/motel bed in lieu of an emergency homeless shelter⁴. The remaining 14% of respondents (29) were staying in unsheltered locations such as forests, vehicles, tents, and abandoned buildings.

3.1.3 Emergency shelter use and re-location to other communities

About one third of respondents (35%, 63) had used an emergency homeless shelter in the past year.

At the time of enumeration, there were no emergency homeless shelters operating in Hastings County. Individuals experiencing homelessness may be offered transportation to other communities to access emergency homeless shelters. Twenty-seven individuals (15% of all respondents, 40% of shelter users) reported having been relocated to another community in the past twelve months.

3.1.4 Chronic and episodic homelessness⁵

Nearly half of respondents (45%) were experiencing chronic homelessness, having experienced homelessness for six months or more in the past year. Figure 4 shows the amount of time

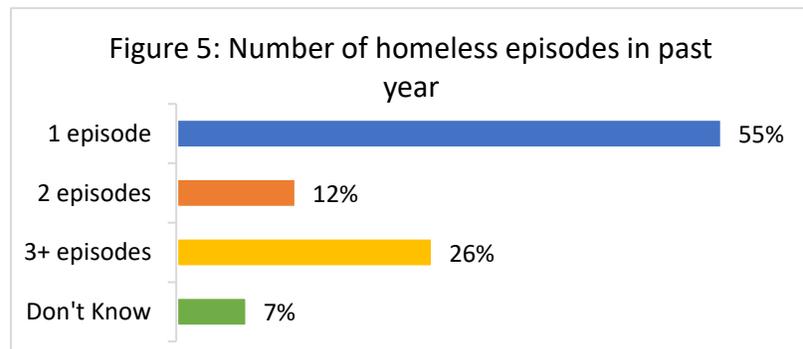
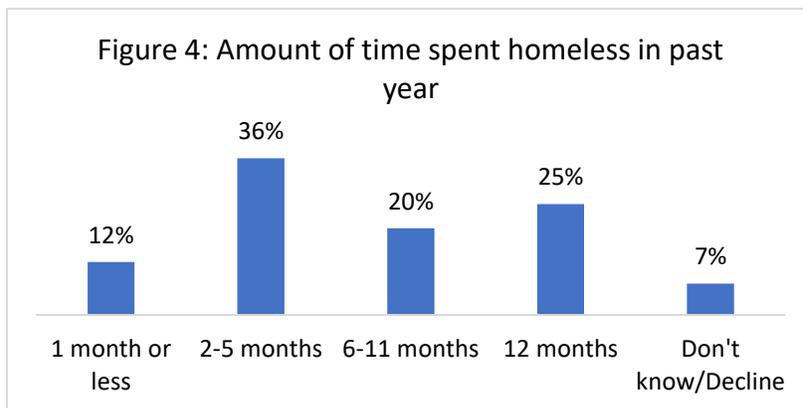
⁴ The available survey response options did not differentiate between those who were provided a motel/hotel room in lieu of a shelter bed and those who had arranged their own temporary hotel/motel accommodations. Therefore, all who reported staying in a motel/hotel have been classified as experiencing emergency sheltered homelessness.

⁵ The Government of Canada’s Homelessness Partnering Strategy (2016) defines chronic and episodic homelessness as follows:

“Chronically homeless refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).

respondents had experienced homelessness in the past 12 months. One quarter of respondents (i.e. half of those experiencing chronic homelessness) had been homeless all year. More than one third of respondents had experienced homelessness for between two and five months, with a median of three months. Thus, many respondents not categorized as chronically homeless had also experienced homelessness for extended periods of time within the past year.

Figure 5 shows the number of episodes of homelessness respondents had experienced in the past year, between which they had permanent housing of their own. One quarter of respondents met the Homelessness Partnering Strategy’s definition of episodic homelessness, having experienced three or more episodes of homelessness in the last year. More than half of respondents reported a single episode of homelessness, half of whom (27% of all respondents) were also experiencing chronic homelessness.



3.2 Demographic characteristics

3.2.1 Age of respondents

Figure 6 shows the current age of survey respondents. Half of those experiencing homelessness were adults aged 25-49. Youth (aged 24 and under) comprised less than one quarter (22%) and older adults (aged 50-64) more than one quarter (27%) of those experiencing homelessness in Hastings County. Only 2 respondents (1%) were seniors aged 65+. The average age of respondents is 37.2 and the median age is 37.

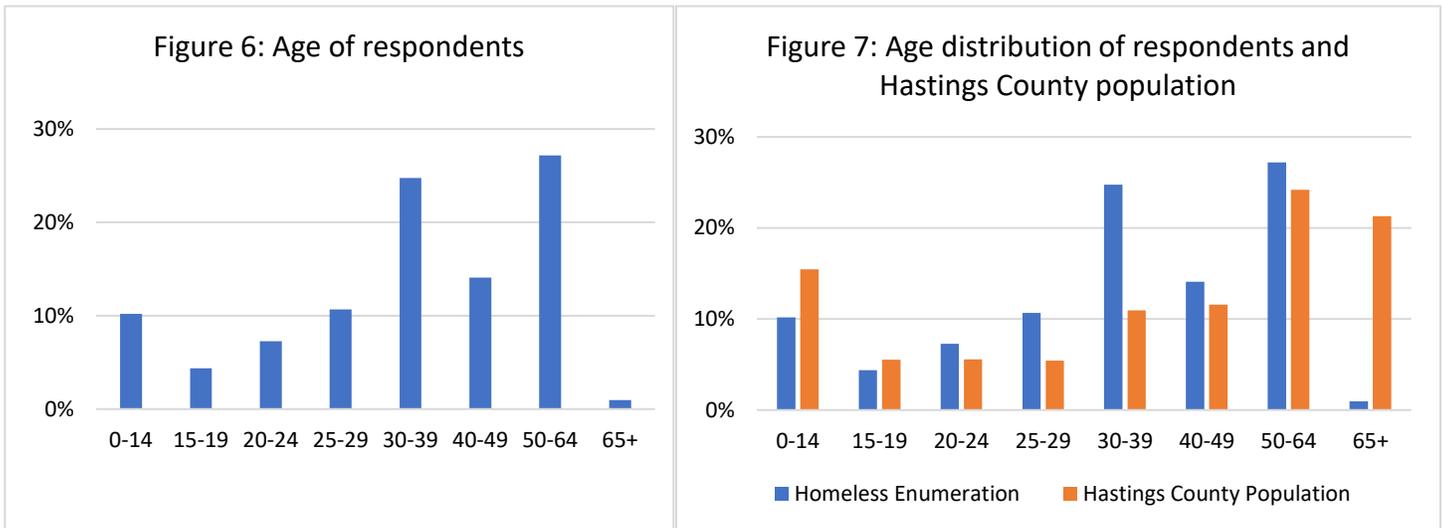
Figure 7 compares the age distribution of respondents with the general population of Hastings County.⁶ The proportion of children and youth, (0-24 years), middle-aged and older adults (40-49, 50-64) in the enumeration population is similar to the general population of Hastings

Episodically homeless refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year. Separate episodes occur when a person has at least 30 days of housing between experiences of homelessness.”

The Government of Ontario has adopted the definition of chronic homelessness for its mandatory biennial Service Manager Homeless Enumeration.

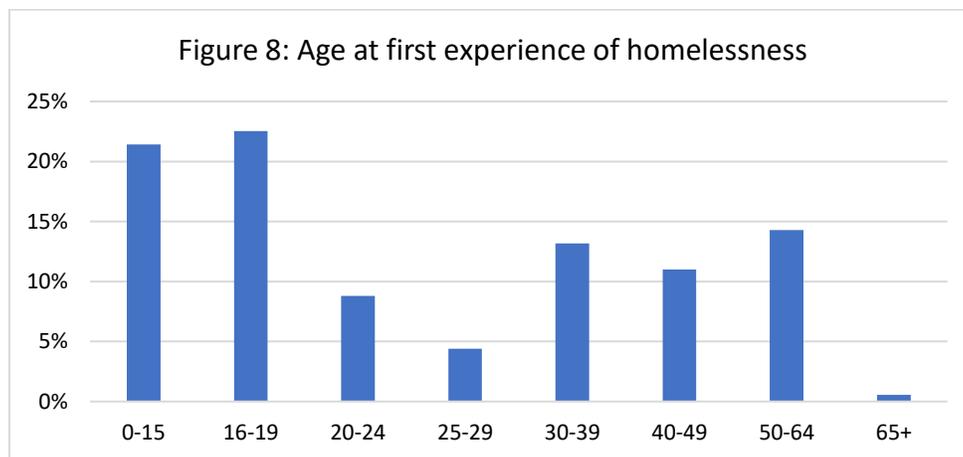
⁶ The age distribution of the population in each enumeration community are nearly the same as that of Hastings County as a whole. Therefore, Hastings County was selected as the comparator.

County. Adults aged 25-29 and 30-39 are significantly over-represented in the enumeration population compared to the population of Hastings County: the proportion of respondents in these age categories is more than double the proportion in the general population. The proportion of respondents aged 65 and over is substantially lower than in the general population.



3.2.2 Age at first experience of homelessness

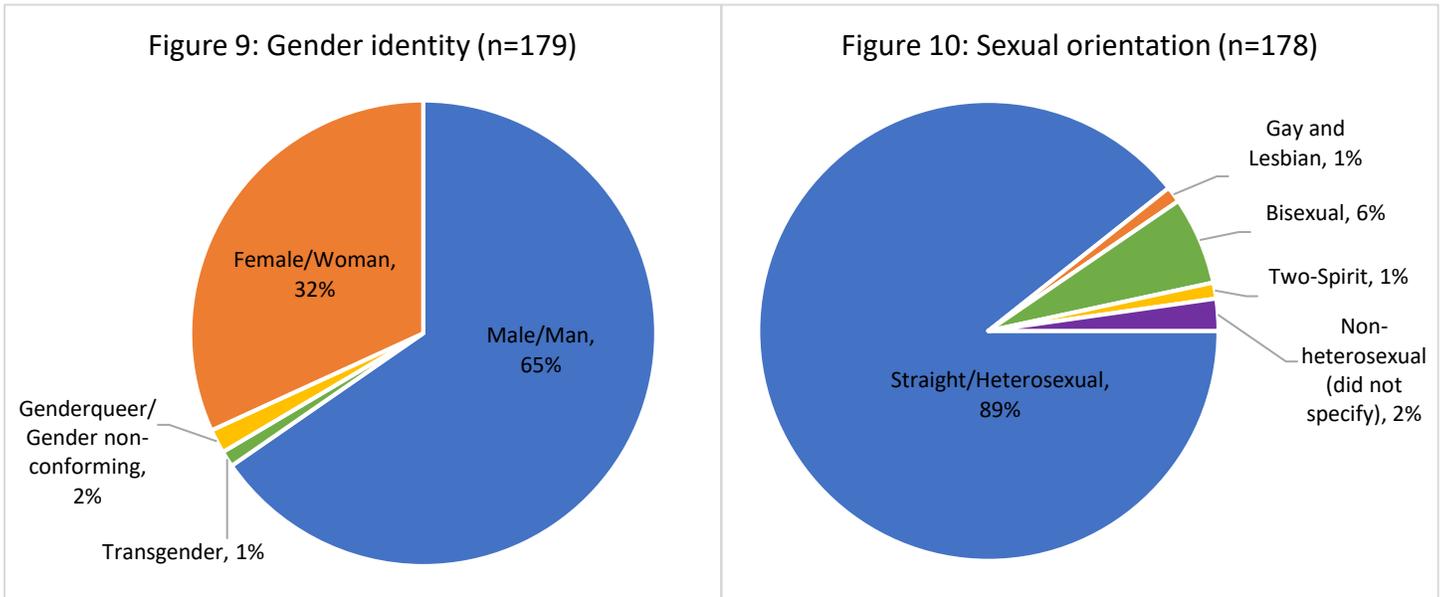
More than half of respondents (55%) had their first experience of homelessness as children or youth, that is, before the age of 25 (Figure 8). Three quarters of these individuals (42% of all respondents) had experienced homelessness for the first time in their pre-teen or teen years (ages 11-19).



3.2.3 Gender identity and sexual orientation

There were approximately twice as many men experiencing homelessness as women. A small number of respondents identified as transgender or genderqueer/gender non-conforming (Figure 9).

A majority of respondents (89%) described their sexual orientation as straight or heterosexual, while 11% of respondents described their sexual orientation as LGBTQ2S (Figure 10).



3.2.4 Indigenous identity and racialized identity

All respondents were asked whether they identified as Indigenous, or had Indigenous identity (survey Q9, see Appendix B). 31 respondents (17%) identified as Aboriginal (First Nations or Metis; none identified as Inuit) and 12 respondents (7%) identified as having Indigenous ancestry. 70% of respondents (129) did not identify as Indigenous, and 5% did not provide a response.

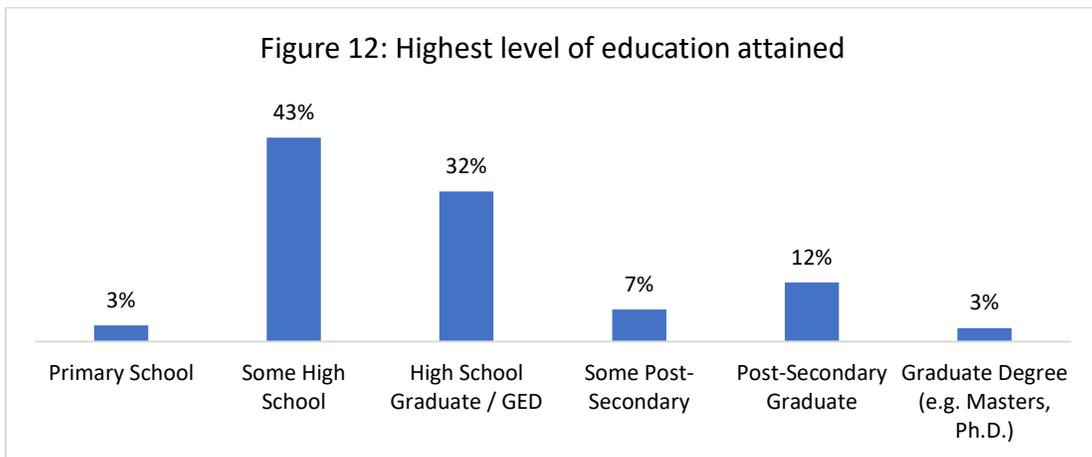
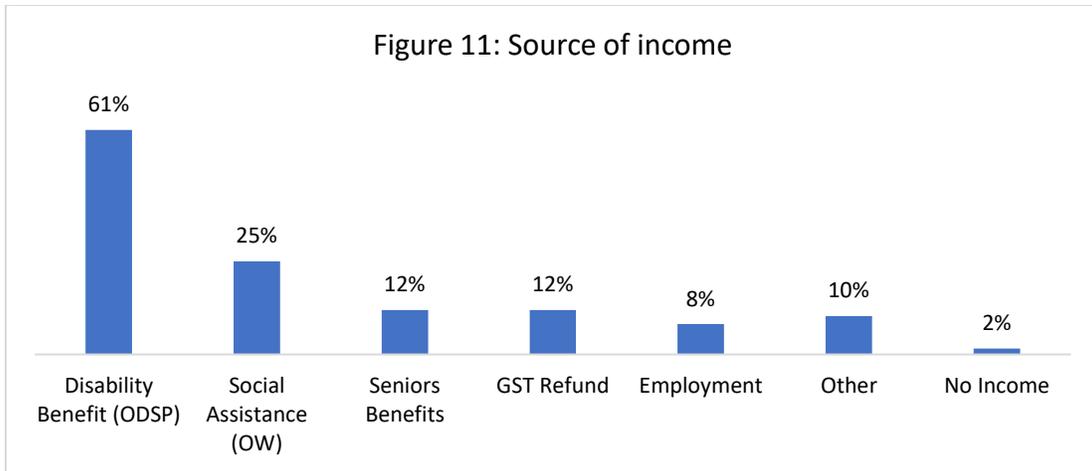
In a later question (Q16), respondents were asked how they identified their racialized identity, with multiple responses permitted. Response options were not shown or provided to participants. Three quarters of respondents (77%) identified as “White, (e.g. European-Canadian)” and 15% as “Aboriginal or Indigenous.” A small number of respondents identified as “Hispanic or Latin American” or “Black or African Canadian.” Six percent of respondents provided more than one response, and ten percent did not provide a response.

3.2.5 Source of income

Social assistance was the most common source of income (Fig. 11): 61% of respondents were on the Ontario Disability Support Program (ODSP) and 25% were on Ontario Works (OW). Relatively few respondents obtained income from seniors’ benefits, GST refund, or employment income. One quarter of respondents (24%) identified more than one source of income.

3.2.6 Educational attainment

Figure 12 shows the highest level of education completed. Nearly half of respondents (46%) had not completed high school. One third of respondents (32%) had graduated from high school or earned a GED certificate. Seven percent of respondents had some post-secondary education and fifteen percent had completed a post-secondary degree or diploma.



3.2.7 Length of time in Hastings County

Approximately half of respondents were natives of Hastings County and half had moved here from other locations (Table 1).

One fifth of respondents (21%) reported that they had always lived in their enumeration community with the rest (79%, 135) having lived there for varying amounts of time (Figure 13).

Comparison between surveys conducted in Belleville and Quinte West shows that more respondents in Belleville had been there less than one year (19%) than in Quinte West (11%), while more respondents in Quinte West had always lived there (30%) than in Belleville (20%). Proportions in all other categories of length in time in Belleville and Quinte West were the same.

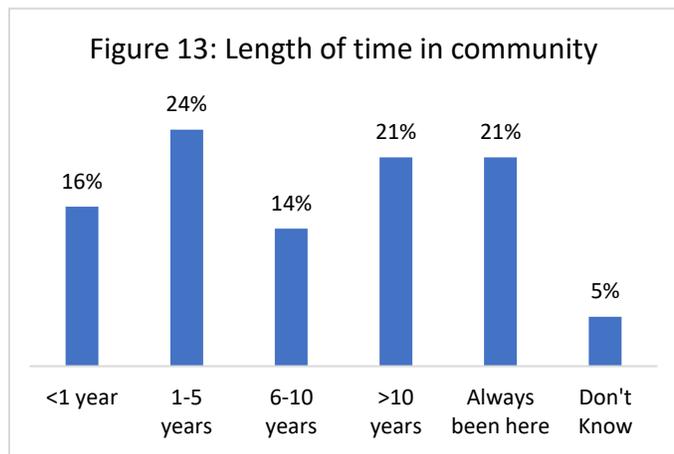


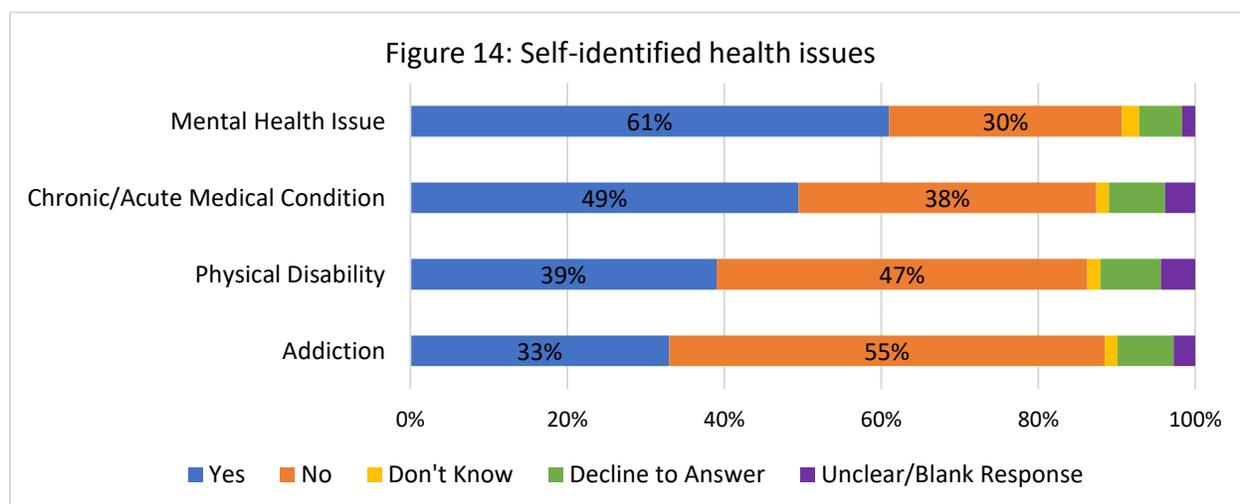
Table 1: Community of origin

	Number of Respondents	% of Total Respondents
Hastings County		46%
Community where enumerated	38	
Other community in Hastings County	45	
Neighbouring Municipalities		21%
Prince Edward County	4	
Kingston	13	
Lennox & Addington	5	
Northumberland	8	
Peterborough	7	
Tyendinaga Mohawk Territory	1	
Toronto and Greater Toronto Area		8%
Toronto	9	
Greater Toronto Area (Mississauga, Oakville, Oshawa)	6	
Other Ontario community	26	14%
Out of Province	10	5%
Not specified	10	5%
TOTAL	182	100%

3.2.8 Self-identified health issues

Respondents were asked whether or not they identified as having certain health issues. Each health issue had a relatively high prevalence in the survey population (Figure 14). Mental health issues were the most common, followed by chronic/acute medical condition and physical disability. One third of respondents identified as having an addiction.

A large majority of respondents (83%) reported at least one health issue. Three out of five respondents (59%) reported two or more health issues.



3.2.9 Other demographic characteristics

- Language:** Nearly all respondents (96%) reported English as the language in which they felt most able to express themselves. 2% of respondents indicated French or that they had no preference between French and English, and 2% did not respond.
- Military Service:** Only one respondent reported having served in the Canadian Military. None reported having served in the RCMP.
- Immigration:** Three respondents had come to Canada as immigrants. One had been in Canada for less than ten years, the other two had been in Canada for several decades. Sixteen blank responses (9%) were recorded.
- Child welfare:** Twenty-nine percent of respondents (52) indicated that they had been in foster care or a group home at some time in their life.

3.3 Service use and service needs

3.3.1 Emergency room use and hospitalization

More than half of respondents (54%, n=175) reported that they had been to an emergency room (ER) in the past 12 months. More than two thirds (69%) of those who had used an emergency room (17% of all respondents) had more than one interaction.

One quarter of respondents (25%, n=171) reported that they had been hospitalized in the past year. Two thirds of those who had been hospitalized (67%, 17% of respondents) had one hospitalization, the remaining third had two or more hospitalizations.

A majority of respondents (60%) said that they had a regular primary health care provider (e.g. family doctor, nurse practitioner, etc.). However, having a primary health care provider did not reduce ER use or hospitalization. In fact, at each level of ER interaction and hospitalization frequency, those who had primary health care providers were more likely to have used the ER or have been hospitalized than those who did not have a primary health care provider.

3.3.2 Interactions with police

Thirty-eight percent of respondents (n=171) reported having an interaction with police (e.g. tickets, arrests, searches) in the past 12 months, most of whom (62%, or 24% of all respondents) reported more than one such interaction. Fourteen percent of respondents reported having been to prison or jail in the past 12 months.

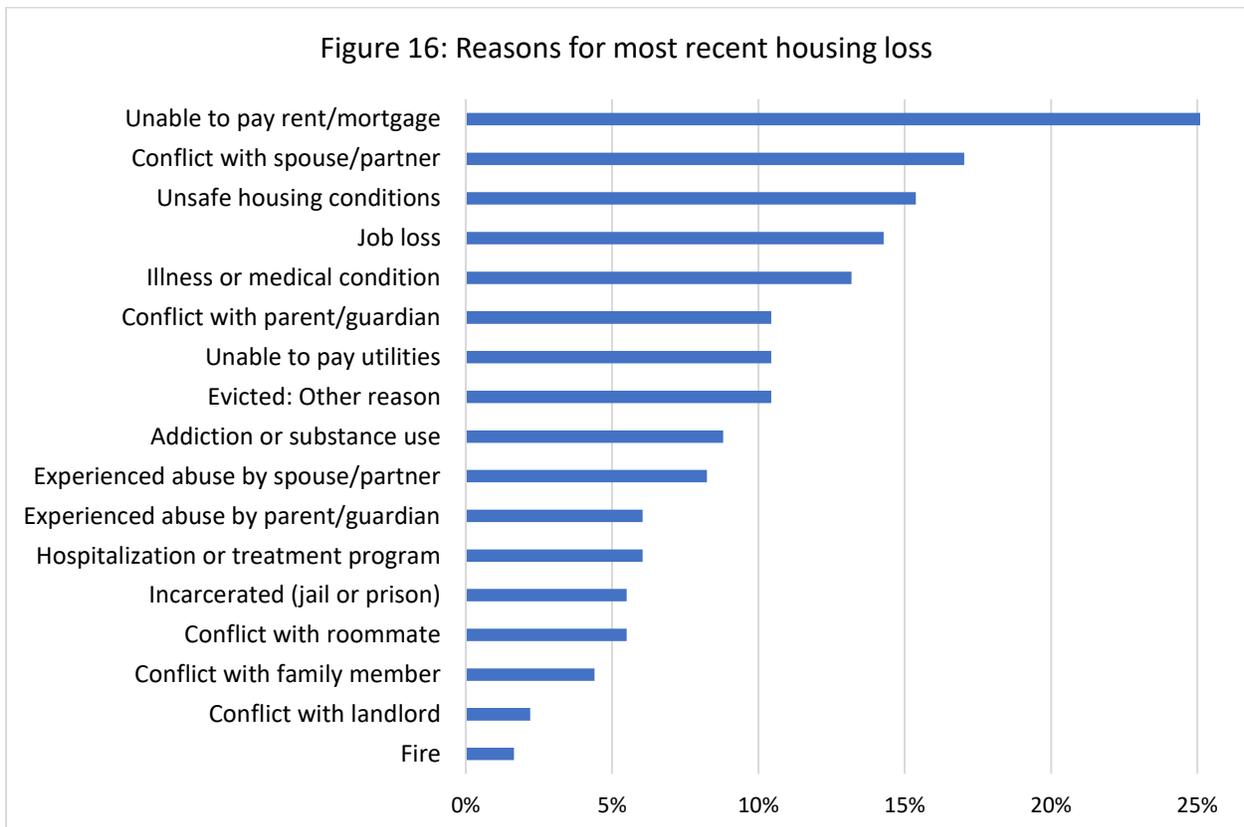
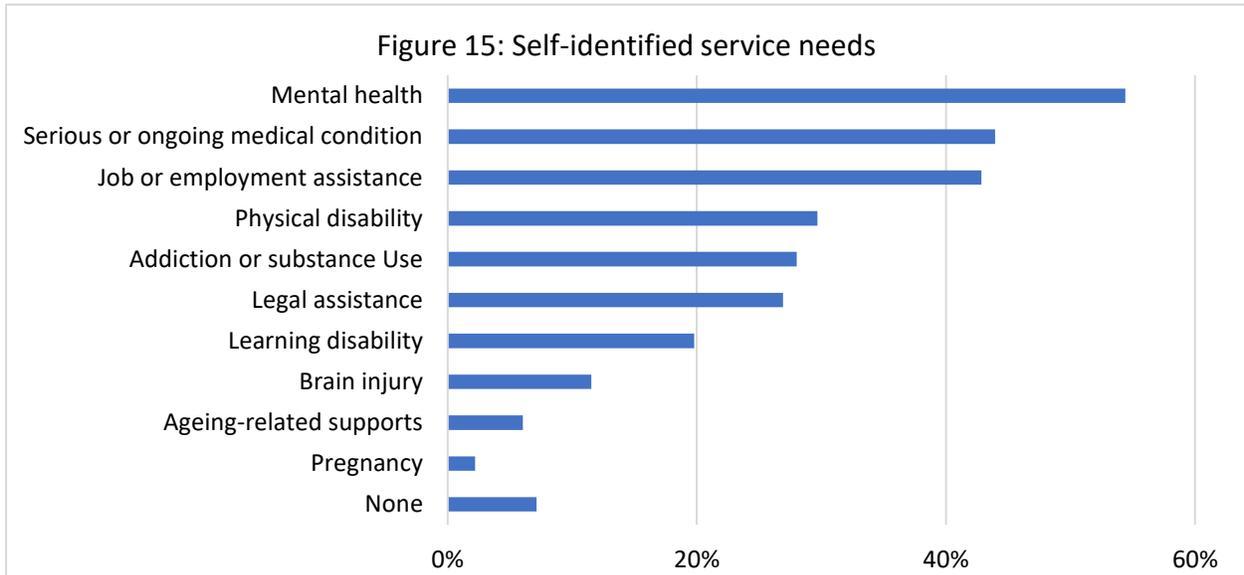
3.3.3 Self-identified service needs

Respondents were asked to identify which services they needed from a list provided. Eighty-nine percent of respondents identified at least one service need (Figure 15). Mental health was the most common service need, followed by services related to serious or chronic medical conditions and job or employment assistance. All other services were needed by less than one third of participants.

One fifth of respondents identified only one service need; another fifth each identified two or three service needs. Nearly one third (30%) of respondents identified four or more service needs.

3.3.4 Food program use and frequency

A large majority of respondents (85%, 154) used free or low-cost food programs (e.g. food bank, meal programs). More than two thirds of those who used food programs (69%) used them once or twice per month, with the rest using them once or twice per week (9%) or more than twice per week (21%).



3.4 Reasons for homelessness and barriers to housing

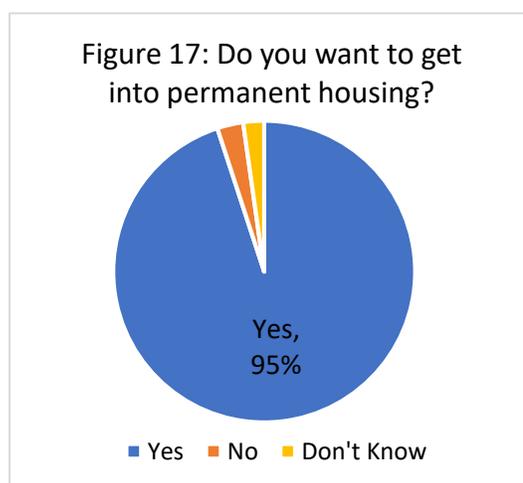
3.4.1 Reason for most recent housing loss

Figure 16 shows reasons for respondents' most recent housing loss, that is, the reason for their current episode of homelessness. Inability to pay housing costs (rent/mortgage or utilities) and conflict with close family (parent/guardian or spouse/partner) were the most common types of reasons for housing loss. One in seven respondents reported unsafe housing conditions as the reason for their most recent housing loss. Multiple responses were permitted, though most respondents (63%) identified a single reason. Less than one third (28%) provided two or three responses, and fewer than 10% identified more than three reasons.

3.4.2 Challenges to finding permanent housing

With few exceptions, those experiencing homelessness wanted to get into permanent housing (Figure 17).

Affordability and availability of housing (rents too high, low income, lack of housing available) were the leading challenges to finding and maintaining housing, each identified by between 80% and 90% of respondents (Figure 18). Similarly, more than half of those who responded to the open-ended question "What would help you find and maintain permanent housing?" (n=167) also said that a higher income or more affordable housing options would help. The next three most common challenges to finding housing – two of which are also financial (poor credit history, no income assistance) – were identified by approximately half of respondents (Figure 18).



A large majority of respondents identified more than one challenge to finding and maintaining housing: one quarter (25%) identified 2-5 challenges, while more than 60% identified 6 or more challenges.

Financial challenges other than affordability were among the most commonly identified reasons for being refused housing. (Figure 19). More than half of respondents reported having been refused housing because of the source or amount of their income. The same proportion reported having been refused housing due to an inability to pay first and last months' rent. Slightly fewer respondents reported having been refused housing because of a poor credit rating.

Figure 18: Challenges finding housing (n=176)

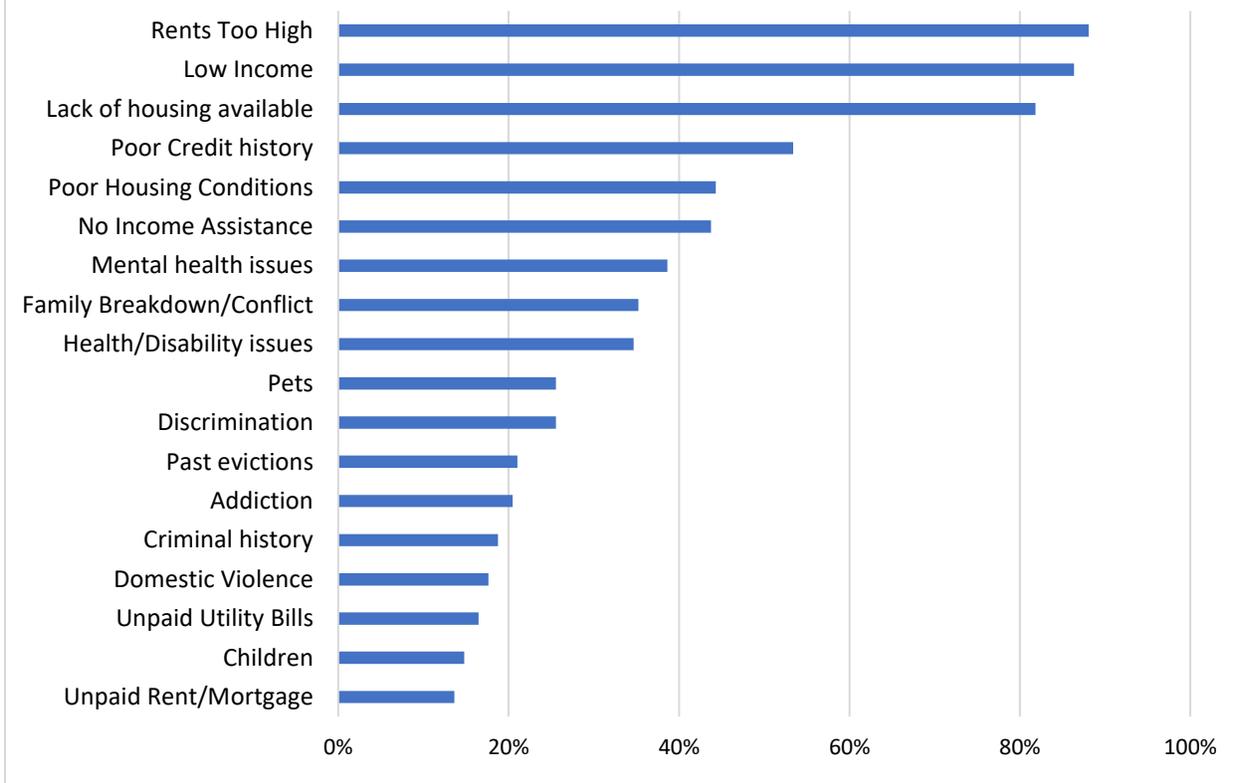
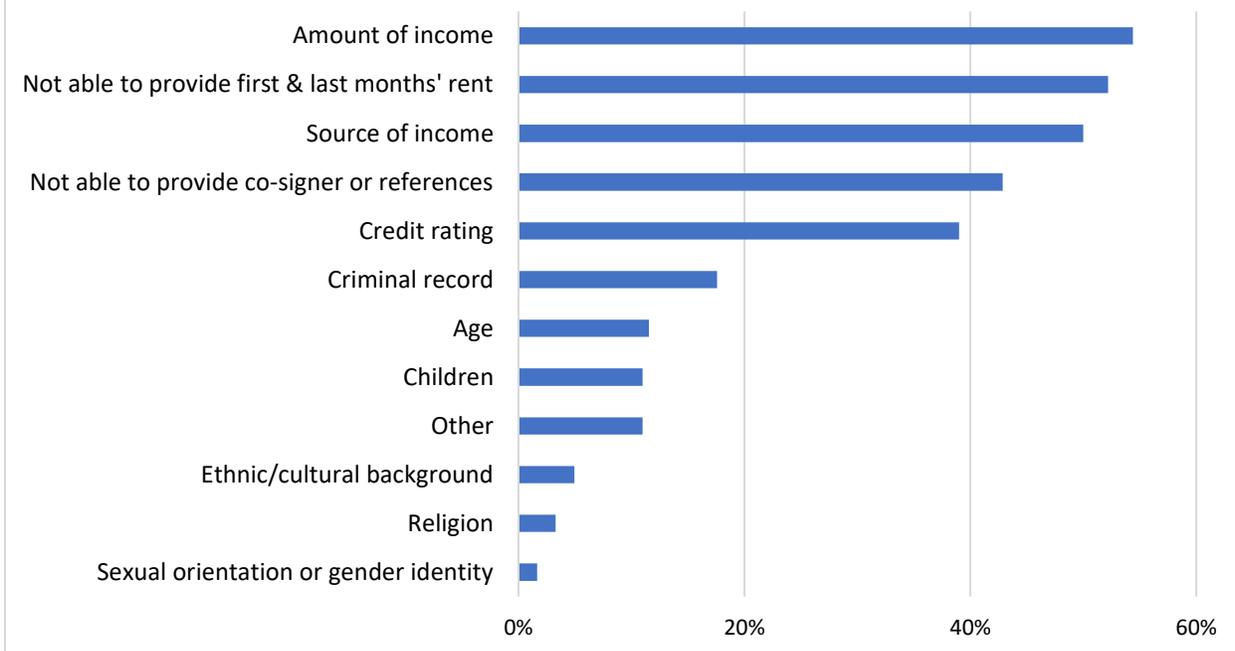


Figure 19: Reasons for being refused housing or moving



4 Discussion

4.1 Enumeration methods and implementation

The Period Prevalence Count method proved effective for enumerating homelessness in the cities of Belleville and Quinte West, with lesser effectiveness in Bancroft and Madoc. As expected, a substantial proportion of surveys were conducted in the first two days of the count. Nearly one fifth of surveys were completed on the final day of the count, emphasizing the importance of the longer data collection period in a PPC. The Point-in-Time Count was less effective than expected in identifying individuals experiencing unsheltered homelessness in Belleville, though weather likely had a significant negative effect.

Stakeholder meetings in each community were important for informing planning to fit the context in each enumeration community. The research team's knowledge of and proximity to service providers and agencies in the cities of Belleville and Quinte West facilitated connections and supported implementation of enumeration in these communities.

Hosting drop-in survey locations at well-known service provider organizations in each community made it more likely that people experiencing homelessness would participate and would know where to do so. The enthusiastic participation of the host organizations contributed to the success of enumeration.

It became apparent during enumeration that front line staff in some organizations were not as aware of enumeration as their managers or directors. Improved communication by the enumeration research team directed to front line staff would improve their awareness of enumeration and their knowledge of where and how individuals experiencing homelessness could participate. Providing promotional materials several weeks prior to the count, along with a letter of explanation, may also be useful for ensuring that staff and clients are aware of the upcoming enumeration and how to participate.

Engaging large institutions such as the school boards and hospitals presented a challenge, in part because the enumeration planning timeline did not match the time required to identify and establish contact with the appropriate person(s) at each institution and to seek the necessary approvals. Engaging these institutions earlier may have facilitated their participation. It would also be helpful for the Province to facilitate participation of large provincially-funded institutions, for example, by providing appropriate communication about provincially-mandated enumeration and encouraging their participation, rather than relying on Service Managers across the province to do this work on a community-by-community basis.

Volunteer recruitment and coordination was very smooth in Belleville, Quinte West, and Madoc. Several organizations recruited volunteers from their existing volunteer pools, and several count locations provided volunteers for some or all of the necessary shifts. The research team received a limited response to its call for volunteers in Bancroft but was able to hire a second researcher to staff both drop-in locations. Earlier recruitment of volunteers or planning for staff researchers may be considered for future enumerations.

4.2 Project scope and limitations

The scope of homeless enumeration in Hastings County was determined in accordance with federal and provincial core standards and requirements and available funding. Several factors are relevant for interpreting results:

1. **Geographic scope:** Municipal boundaries of enumeration communities were used to define the geographic scope of enumeration. Individuals experiencing homelessness within Hastings County but outside of the enumeration communities were excluded from the target population but were still permitted to participate if they presented at a survey location. Geographic scope is expected to have had a greater effect on participation in Bancroft and Madoc. Stakeholders in Bancroft observed that, in their experience, there are likely to be more people experiencing homelessness in the municipalities surrounding the Town of Bancroft than within town boundaries. A similar observation was made by stakeholders in Madoc.
2. **Definition of homelessness:** Unsheltered, emergency sheltered, and provisionally accommodated types of homelessness are part of a continuum of homelessness, housing instability, and housing need. Therefore, enumeration results describe one part of a much larger picture of housing need and homelessness in Hastings County.
3. **Timing:** Enumeration timing adhered to required provincial and federal parameters.⁷ It is likely that doing enumeration at a different time of year would produce some variance in results. Consistency in the timing of subsequent expected enumerations is necessary for comparison to the present results and tracking trends over time.

The data collection methods used for enumeration (i.e., PPC and PiT Count) are complementary but share several limitations relevant to interpreting results:

1. **Minimum number:** Both PPC and PiT Count methods attempt to survey everyone who is experiencing homelessness in a community but in practice this is not possible, for a variety of reasons. For example, some people experiencing homelessness may choose not to participate. Others may not be able to participate due to personal circumstances or barriers such as lack of transportation. Others may not be in the place where they would stay for the night during the walking portion of a PiT Count. Service-based Period Prevalence Counts are more likely to underestimate the number of those who experience homelessness who are not using services, or who do so irregularly. Therefore, results represent a minimum number of people who are experiencing homelessness in each community.
2. **Generalizing results:** Period Prevalence and Point in Time counts are not designed to generate a statistical sample of the population of those experiencing homelessness. It is therefore not possible to calculate a margin of error for results or to extrapolate results to the full population of those experiencing homelessness. Confidence that enumeration results accurately reflect the extent and experience of homelessness in a community

⁷ The federal Homelessness Partnering Strategy required that communities participating in the Canadian Coordinated Point-in-Time Count conduct their count between March 1 and April 30, 2018. The provincial Guidelines required enumeration to be conducted during the months of March, April, or May.

comes primarily from the number of surveys completed and by comparing results to other data sources (i.e. triangulation). Triangulation of results includes drawing on the knowledge of stakeholders including those with lived experience of homelessness.

3. **Survey period:** The PiT Count and PPC survey period (1-7 days) is relatively brief, providing a snapshot of homelessness in a community at a particular time. Enumeration cannot capture patterns of homelessness such as seasonal variations in prevalence or type of homelessness, though subsequent enumerations can be used to identify trends in a community over time.

Lastly, several limitations arise from how effectively the methods were implemented, impacting the quality and usability of results. Implementation challenges are common to all enumeration communities in Hastings County, though the degree of challenge and likely impact on results in each community are expected to vary. Several challenges and associated limitations are:

1. **Weather:** All enumeration communities experienced a spring storm the weekend before enumeration which may have reduced participation. The storm created wet conditions in Belleville which likely reduced the number of individuals who may otherwise have been staying in certain “known locations.” It brought snowy and icy conditions in Bancroft, causing difficulty travelling and unexpected temporary closures of survey locations in the first two days of enumeration.
2. **Rurality:** The impact of rurality on results is expected to be highest in Bancroft and Madoc. The Town of Bancroft includes a large rural component with limited transportation to the urban centre where services are located, thus potentially limiting participation of those experiencing homelessness in these rural areas. Service providers in Bancroft and Madoc also serve large rural areas in surrounding municipalities. The geographic scope meant that those experiencing homelessness in surrounding municipalities were not the target of advertising about the enumeration project, nor would they have been encouraged by service providers to participate. Stakeholders in Bancroft also observed that those in the rural north of Hastings County may have different coping strategies to deal with precarious housing and housing inadequacy, resulting in fewer individuals experiencing the types of homelessness included in this enumeration.

The City of Quinte West also includes a sizeable rural area with several small communities. Limited transportation and few survey location hours outside of Trenton meant that those experiencing homelessness outside of Trenton were less likely to be able to participate. The City of Belleville also includes rural areas though its population and available services are concentrated in the urban portion. Therefore, the effect of rurality is not expected to have as much impact on results in Belleville.

3. **Awareness and accessibility:** Awareness of enumeration among people experiencing homelessness and among service providers with whom they interact was important to the success of the count. Similarly, the accessibility of survey locations is expected to influence to some degree whether people experiencing homelessness choose and/or are able to participate. The degree to which people experiencing homelessness and

front line staff in agencies serving them were aware of enumeration varied. In Belleville and Quinte West, a relatively dense network of service providers and greater number of available services likely helped information to travel and improved participation. In Belleville, having survey locations outside of the downtown area also facilitated participation. The impact of awareness and accessibility in Madoc and Bancroft is unknown but may have been significant.

4.3 Results

The results presented above are the combined results for homeless enumeration in Hastings County. Since 96% of the surveys were conducted in Belleville and Quinte West, discussion of these results applies principally to those communities.

4.3.1 Prevalence and type of homelessness in Hastings County

Enumeration results show that a minimum of 211 members of our community, including 15 families with children, were experiencing homelessness during the week of enumeration. This minimum number gives an indication of the current extent of homelessness in our communities. It may be used as a baseline against which to compare future enumerations, helping to measure progress toward Hastings County's goal of preventing and reducing homelessness.

Most homelessness in the enumeration communities was provisionally accommodated homelessness, with half of all respondents experiencing hidden homelessness. Therefore, understanding and addressing hidden homelessness will be important for preventing and reducing homelessness in Hastings County.

It is estimated that up to 80% of homelessness in Canada is hidden homelessness (Wellesley Institute, 2010; Ontario Expert Advisory Panel on Homelessness, 2015). A study of hidden homelessness in Canada found that 8% of Canadians aged 15 and over had experienced hidden homelessness at some point in their lives (Rodrigue, 2016). The proportion of hidden homelessness is expected to be higher in small and rural communities where fewer housing-related and social services may be available, and available services may be less accessible (Kauppi, O'Grady, Schiff, Martin, & Ontario Municipal Social Services Association, 2017).

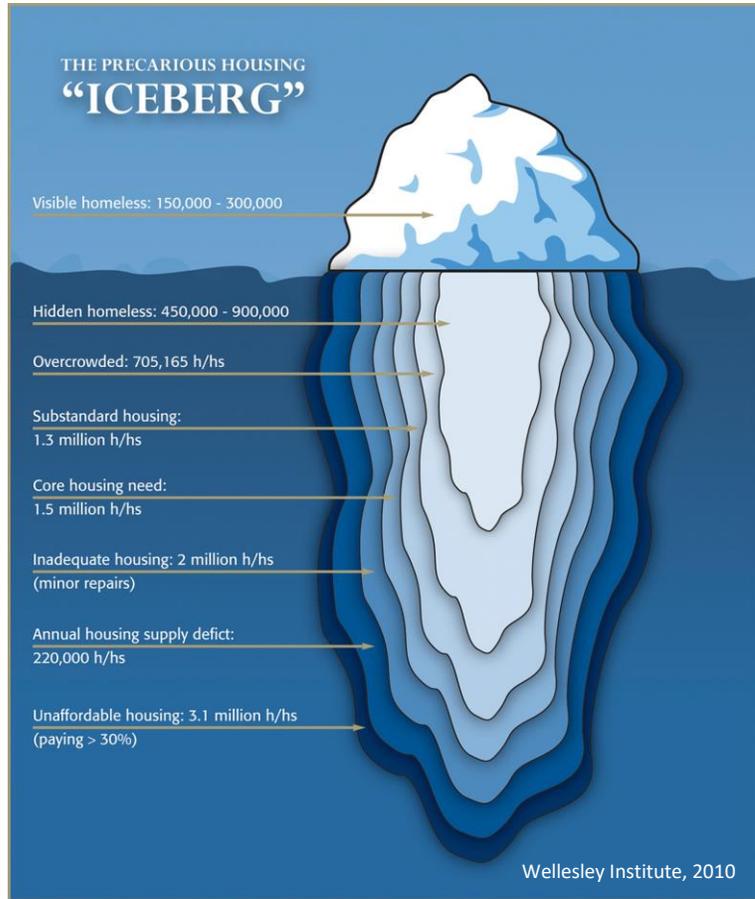
Accurately identifying and quantifying hidden homelessness presents multiple challenges. Those who experience hidden homelessness may be less likely to use housing-related services or may do so with lower frequency than those experiencing other forms of homelessness (Kauppi, O'Grady, Schiff, Martin, & Ontario Municipal Social Services Association, 2017). Those who are couch-surfing or staying with others may not identify their circumstances as homelessness. The Period Prevalence Count method is designed to address some of these challenges, and is therefore well-suited to enumerating hidden homelessness (Kauppi, 2017), as the present results demonstrate.

Available research shows that people experiencing hidden homelessness have similar characteristics and risk factors as those experiencing forms of absolute homelessness. For some people, experiences of hidden homelessness are interspersed with sheltered and unsheltered homelessness (Kauppi, O'Grady, Schiff, Martin, & Ontario Municipal Social Services Association,

2017). The degree to which this is the case in Hastings County is unclear from the present results.

Hidden homelessness should be understood and addressed within the broader context of housing need and affordable housing. A report from the Wellesley Institute (2010) illustrates the relationship between homelessness, housing need, and affordable housing as a “precarious housing iceberg” (Figure 20). Visible (unsheltered and emergency sheltered) homelessness is the tip of the iceberg. Hidden homelessness, estimated to be a much larger proportion of all homelessness, lies just below the surface but is itself connected to and dwarfed by other forms of housing need and inadequacy. Preventing and reducing hidden homelessness is

directly connected to the availability of housing that is affordable. Affordable housing is a chronic concern in Hastings County, discussed in more detail in a later section.



4.3.2 Chronic and episodic homelessness

Estimates of the prevalence of chronic homelessness as a proportion of all homelessness in Canada vary widely. A 2013 study using emergency shelter use data estimated that chronic homelessness accounted for two to four percent of all homelessness in Canada (Gaetz, Donaldson, Richter, & Gulliver, 2013). The Canada-wide 2016 Coordinated Point-in-Time Count, which counted only those experiencing unsheltered and emergency sheltered homelessness and is expected to over-sample chronic homelessness, found that 56.7% of respondents in participating communities across Canada (50% in Ontario) were chronically homeless (Hunter, 2017). A study of homelessness in small communities (population under 25,000) across Canada found that the proportion of people experiencing chronic homelessness varied widely, from 10% to 50% (Waegemakers Schiff & Turner, 2014). The present results show that communities in Hastings County are in the high end of this range.

In addition to those experiencing chronic homelessness, many others were experiencing lengthy periods of homelessness, between 3-5 months in the past year. Lengthy periods of homelessness (whether or not they meet the definition of chronic homelessness) suggest that when people lose their housing they have difficulty finding new housing. Episodic homeless data show that many people are also moving in and out of homelessness, indicating difficulty

maintaining housing. Two in five respondents report multiple episodes of homelessness in the past year, most of whom reported three or more episodes.

Chronic and episodic homelessness are indicators of the severity and persistence of homelessness in a community (Canadian Observatory on Homelessness, 2014). People who are chronically homeless, often have disabling conditions such as chronic physical, mental health, or substance use issues (Homelessness Partnering Strategy, 2016). Enumeration results show relatively high rates of chronic homelessness alongside relatively high rates of self-identified health issues, though this does not necessarily imply a causal relationship.

The Ontario Expert Advisory Panel on Homelessness (2015) describes chronic homelessness as an “urgent problem,” observing that there is a strong moral case for supporting those who have complex needs who are experiencing the “tremendous hardship” of homelessness. They also acknowledge a financial motive, observing that those experiencing chronic and episodic homelessness use a disproportionate amount of resources in the homeless-serving system. Crisis and emergency services often required to address these types of persistent homelessness (e.g. police, emergency rooms, emergency homeless shelters) are much costlier than housing, with or without supports. Indeed, local emergency and social service officials have publicly observed the impact of chronic homelessness in Hastings County on the services that they provide (Miller, 2017).

The *State of Homelessness in Canada 2016* report (Gaetz, Dej, Richter, & Redman, 2016) advocates for a transition from a focus on managing homelessness – addressing the immediate needs of those experiencing homelessness – to an increased emphasis on prevention and rapid re-housing through Housing First. Prevention and rapid-rehousing address the moral and financial imperatives for supporting people in finding and maintaining permanent housing. They also form the foundation of systems planning approaches to addressing homelessness used by communities across Canada that have seen success in reducing, and in some cases eliminating, homelessness.

4.3.3 Demographic characteristics

Demographic information for those experiencing homelessness in Canada is derived mainly from emergency homeless shelter use statistics (Segaert, 2017; Gaetz, Donaldson, Richter, & Gulliver, 2013) and previous Point-in-Time Counts (Hunter, 2017). Other research provides information about homelessness in specific communities or regions, including rural and northern communities (for example, Kauppi et al., 2017 Waegemakers Schiff & Turner, 2014). Comparing results of homeless enumeration in Hastings County to these data sources helps us to better understand the context of homelessness in our communities, how it is similar to and different from homelessness in Canada, and what patterns we might look for in future enumerations. It is expected that data from Ontario’s provincewide homeless enumeration will also be made public, permitting helpful comparisons to other communities, including small, medium-sized, and rural communities in Ontario.

The population of people experiencing homelessness in Hastings County shares many characteristics of the homeless population in Canada. Selected characteristics are discussed below.

4.3.3.1 Age of respondents

The age distribution of those experiencing homelessness in Hastings County is consistent with that of the national homeless population. Segart (2017) found that just over half (52.7%) of emergency homeless shelter users in Canada from 2005-2014 were adults aged 25-49. Youth (aged 24 and under) comprised 18.7% of shelter users, 21.2% were older adults (aged 50-64), and only 3.2% were seniors (65+). The 2016 Coordinated Point-in-Time Count showed a similar age distribution among the population of those experiencing unsheltered and emergency sheltered homelessness in Canada (Hunter, 2017). Although most shelter users were found to be young and middle-aged adults, the number and proportion of older adults and seniors accessing shelters was found to have increased substantially over the 10-year study period (Segart, 2017). Although enumeration results show a small proportion of seniors (age 65+) experiencing homelessness in Hastings County, this may not reflect local trends in housing need. For example, the Hastings Housing Resource Centre has experienced a more than five-fold increase between 2013 and 2017 in the number of people aged 60+ seeking their services (R. Sheppard, personal communication, August 22, 2018).

4.3.3.2 Age at first experience of homelessness

While the proportion of youth currently experiencing homelessness in Hastings County may be similar to the trend in Canada, it is troubling that more than half of respondents first experienced homelessness as youth, the majority of whom reported first experiencing homelessness in their pre-teen or teen years.

Research shows that there are often multiple, inter-related causes of youth homelessness, and that youth experience homelessness differently than adults (Gaetz, O'Grady, Kidd, & Schwan, 2016). Addressing youth homelessness therefore requires a different approach than addressing homelessness in general. Gaetz et al. (2016) recommend developing a youth-specific strategy as part of the broader community approach to preventing and reducing homelessness. Addressing youth homelessness may also improve health and economic outcomes and reduce incidence of homelessness later in life.

Youth-specific strategies to prevent and reduce homelessness have been effective in other communities, including Kingston. Following the discovery that youth accounted for one in three emergency homeless shelter users in Kingston in 2013 (compared to 1 in 5 nationally), a broad coalition of community organizations came together to reduce youth homelessness. By focusing on prevention, rapid re-housing, and an integrated system of appropriate, youth-oriented care and support, Kingston saw a substantial reduction in the proportion of shelter users who are youth, from one in three in 2013 to one in five in 2017 (United Way KFL&A, 2018).

4.3.3.3 Gender identity and sexual orientation

National data show that men are more likely to experience homelessness than women. Segart (2017) found that 72.4% of shelter users in Canada were male, and 27.3% were female. Likewise, the 2016 Coordinated Point-in-Time Count found that more than 60% of those experiencing homelessness were male and 40% were female (Hunter, 2017). Enumeration results show similar gender proportions in the population experiencing homelessness in Hastings County. Both national studies found that fewer than 1% of those experiencing homelessness identified as LGBTQ2S, though this is likely an underestimate (Segart, 2017).

Three percent of respondents in Hastings County reported their gender identity as transgender or gender expansive.

More than 11% of respondents identified a non-heterosexual sexual orientation including 1.1% gay and lesbian and 6.2% bisexual. By comparison, the 2014 Canadian Community Health Survey found that 1.7% of the Canadian population identified as gay or lesbian and 1.3% identified as bisexual (Statistics Canada, 2015). Although the relatively small number of respondents requires caution in drawing conclusions, these results suggest that those in Hastings County who identify a non-heterosexual sexual orientation are more likely to experience homelessness than those who identify as heterosexual. Indeed, research has consistently found that LGBTQ2S individuals, especially youth, are at higher risk of experiencing homelessness (Gaetz, O'Grady, Kidd, & Schwan, 2016; Canadian Observatory on Homelessness, 2017).

4.3.3.4 *Indigenous identity and racialized identity*

Results show that Indigenous people may be over-represented in the population of those experiencing homelessness in Hastings County. Seventeen percent of enumeration respondents identified as Aboriginal (First Nations, Metis, or Inuit), and another 7% reported having Indigenous ancestry. Only 7.4% of the population of Hastings County identified as Aboriginal in the 2016 Census (Statistics Canada, 2017).

The National Shelter Study, 2005-2014 (Segaert, 2017) reported that Indigenous people were over-represented in the homeless population of each community across Canada where shelter data was available. A combination of the harmful legacy of colonialism, residential schools, and ongoing individual and systemic discrimination result in Indigenous people being at greater risk of homelessness than the non-Indigenous population. Indigenous people may also experience homelessness differently than non-Indigenous people (Thistle, 2017; Gaetz, Dej, Richter, & Redman, 2016). Homelessness among Indigenous people in Hastings County therefore requires further attention, especially because there are currently no services available specifically to support Indigenous people who are experiencing homelessness.

Results also show a higher proportion of racialized persons⁸ experiencing homelessness than in the general population of Hastings County. However, the small number of responses and the limitations of the Period Prevalence method (i.e. it is not a representative sample) require that this data be interpreted with caution. Continued monitoring of racialized identity in the population of those experiencing homelessness in Hastings County would help to assess whether particular racialized groups are over-represented and inform appropriate responses (ON Ministry of Housing, 2018).⁹

⁸ For a brief discussion of race and racialized identity, see the Ontario Human Rights Commission's [Racial Discrimination, Race, and Racism](#) fact sheet.

⁹ For an excellent discussion and example of why collecting socio-economic data, including racialized identity, is important for guiding planning and achieving health equity see "[Measuring Health Equity in the TC LHIN](#)" and the 2013 report "[We Ask Because We Care.](#)"

4.3.3.5 *Time in Hastings County and community of origin*

Time in community and community of origin data show that nearly half of respondents were native to Hastings County, either having always lived in the enumeration community or having moved there from another community within Hastings County. A substantial proportion of homelessness is therefore endemic to Hastings County, not the result of in-migration of individuals from communities outside of Hastings County.

Community of origin data show that those who had come from outside Hastings County were most likely to come from a neighbouring municipality. The wording of the question (Q7.b., Appendix B) does not make it clear whether community of origin represents their community of birth, where they lived the longest, or the most recent place they lived before coming to Hastings County. For example, an individual reporting Kingston as their community of origin may have lived for many years in Belleville, then moved to Kingston, only to return to Belleville. Conversely, the same individual may have been born in Kingston and then moved to Belleville. Nevertheless, the data provide some insight into patterns of internal movement and migration to Hastings County.

Since these data are only a snapshot of homelessness, they are insufficient to identify trends in the population of those experiencing homelessness in Hastings County. Time in community and community of origin data from successive enumerations may be used to identify how effectively homelessness is being reduced among long-term and shorter-term residents of Hastings County. For example, a reduction in the proportion of those who are long term residents (>10 years or had always been here) would suggest success in addressing endemic homelessness.

4.3.4 *Barriers to finding and maintaining housing*

4.3.4.1 *Housing availability and affordability*

Results show that availability and affordability of housing are primary challenges to finding housing for those experiencing homelessness in Hastings County. By corollary, they are also primary causes of homelessness in Hastings County.

Availability of affordable housing¹⁰ is a chronic issue, documented as a significant factor in homelessness and housing instability in Hastings County by successive community organizations and coalitions for at least 25 years:

- 2018: The Poverty Roundtable Hastings Prince Edward identifies housing costs as a significant factor in the experience of poverty in Hastings County and recommends various actions to increase the availability of affordable housing options. (Durant, Bedore, Hodge, Bell-Rowbotham, & Ingersoll, 2018; Poverty Roundtable Hastings Prince Edward, 2018)
- 2017: The Poverty Roundtable Hastings Prince Edward and Hastings Housing Resource Centre declare a housing crisis. They cite a severe lack of available housing units and

¹⁰ “Affordable housing” includes affordability across the continuum of housing. It is not synonymous with social housing or other income-related programs (e.g. rent-supplements, rent geared to income) that improve housing affordability.

an inability of people to afford rent and other housing-related costs (e.g. first & last months' rent, utility costs), especially those on social assistance or other fixed incomes. They predict this will lead to an increase in homelessness. (Poverty Roundtable Hastings Prince Edward, 2017; Hendry, 2017)

- 2013: The Community Advocacy and Legal Centre recommends taking steps to make housing more affordable, including by increasing social assistance rates and wages for low wage earners so that they would be able to afford housing and avoid eviction. (Community Advocacy and Legal Centre, 2013)
- 2013: Hastings County's 10-year Housing and Homelessness Plan recognizes the challenge of ensuring available, affordable housing for all residents. It includes recommendations for social service programs to continue assisting residents in financial need, and for action by member municipalities and the cities of Belleville and Quinte West to increase the supply of affordable housing. (Hastings County, 2013)
- 2005: The Hastings County Affordable Housing Research Project's "Boxed-In" report identifies a homelessness and affordable housing crisis in Hastings County. Recommendations include substantial increases to the shelter allowance for Ontario Works and Ontario Disability Support Program, and the development of more affordable housing units. (Hastings County Affordable Housing Research Project Team, 2005)
- 2001: The Hastings and Prince Edward Legal Services' (now the Community Advocacy and Legal Centre) "Beyond Band-Aids" report identifies persistent difficulty in finding safe and affordable housing, caused in part by increasing rents, low vacancy rates, and a lack of new affordable housing being built. The report observes that "it is important for this community to move beyond 'band-aiding' this problem, to dealing with the systemic issues." (Hastings and Prince Edward Legal Services, 2001)
- 1992: The Community Development Council's "Hunger in Belleville" report identifies housing costs as "the major expenditure which reduces income available for food," observing that low rental availability was resulting in increased cost of housing. It recommends a variety of strategies to increase the supply of affordable housing. (Community Development Council of Belleville and District, 1992)

The finding that a large proportion of those experiencing homelessness in Hastings County are on social assistance (OW, ODSP) is consistent with previous local reports on homelessness in Hastings County (Durant, Bedore, Hodge, Bell-Rowbotham, & Ingersoll, 2018; Community Advocacy and Legal Centre, 2013; Hastings County Affordable Housing Research Project Team, 2005). This reinforces the common observation that current social assistance rates are insufficient for individuals to meet their basic needs, including housing, while maintaining a reasonable standard of living.

The challenge of finding affordable housing while on social assistance is evident by comparing social assistance rates to average market rents. A single person on Ontario Works (OW) may

receive up to \$721 per month including a maximum shelter portion of \$384. A single person on the Ontario Disability Support Program (ODSP) benefits may receive up to \$1,151 including a maximum shelter portion of \$489. For a family of four on OW, the maximum benefit is \$1,459 with a shelter portion of \$744. The same family on ODSP may receive up to \$2,088 per month with a shelter portion of \$904 (Income Security Advocacy Centre, 2017)¹¹. Average rent in the Belleville Census Metropolitan Area (CMA)¹² in October 2017 was \$697/month for a bachelor apartment, \$875 for a 1-bedroom, and \$1,155 for a 3 bedroom + row house or apartment (Canada Mortgage and Housing Corporation, 2017). A sufficient increase in social assistance rates would therefore be expected to have a substantial impact on homelessness in Hastings County.

A shortage of affordable housing supply is a common theme in communities across Canada and presents a significant bottleneck for efforts to reduce homelessness. A lack of available housing is expected to increase the incidence of homelessness and to lengthen homeless episodes for those who are cycling in and out of homelessness. Local rental market data illustrate the extent of the challenge of housing availability in Hastings County. In 2017, the Belleville CMA had a rental vacancy rate of 2.2%, the lowest since 1992, with zero growth in rental supply since 2011 (CMHC, 2017).

Improved housing availability and affordability would be expected to correspond to fewer episodes of homelessness and a reduction of chronic homelessness as individuals who experience homelessness would be more likely to be able to find new housing quickly after becoming homeless. Hastings County's 10-year Housing and Homelessness Plan (2013) identifies increasing the availability of affordable housing as a priority. The present data confirm that this should continue to be a high priority for preventing and reducing homelessness in Hastings County.

4.3.4.2 Other challenges to finding housing

While availability and affordability of housing are the main challenges to finding and maintaining housing, they are not the only ones. Nearly all respondents identified more than one challenge in finding housing, with sixty percent of respondents identifying six or more challenges. This aligns with the common experience in Canada: multiple, inter-related factors cause and perpetuate homelessness and will need to be addressed simultaneously to prevent and reduce homelessness.

Financial challenges other than affordability also present significant barriers to finding housing. For example, more than half of respondents reported being refused housing because of the source or amount of their income. Requiring first and last months' rent and performing credit checks – practices that place a disproportionate burden on those who are experiencing poverty – were also barriers for a significant proportion of respondents.

¹¹ Family amounts include the maximum Ontario Child Benefit amount.

¹² Belleville CMA includes Belleville, Tyendinaga, Quinte West, and Stirling-Rawdon. Rental market data is unavailable for the central and northern portions of Hastings County.

It is important to recognize that although the challenges identified in these enumeration results are identified and experienced by individuals, they are not all individual-level factors. Gaetz et al. (Gaetz, Donaldson, Richter, & Gulliver, 2013) identify causes of homelessness at three levels:

1. **Structural factors** are societal and economic factors that shape an individual's environment. Examples include inadequate social assistance rates, lack of affordable housing, and changes in the local economy.
2. **Systems failures** are failures of other systems of care and support that lead vulnerable people to become homeless. Examples include difficult transitions from child welfare and being discharged from hospitals or corrections facilities without adequate housing.
3. **Individual and relational factors** describe personal circumstances that lead to homelessness such as job loss, relationship breakdown, mental health challenges, and addictions.

Preventing and reducing homelessness therefore requires action on the primary issues of housing affordability and availability along with concurrent action addressing complex individual needs and environmental (i.e. systems, structural) factors.

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Appendix A: Survey Locations

Surveys were administered in the following locations in each community. Drop-in locations were open during all open hours of the host organization. Other survey locations may have been open only on select days or times of the day during enumeration week.

Designated Drop-in Survey Locations	Other Survey Locations
Bancroft <ul style="list-style-type: none">• Lifehouse Peer Support Centre• Loyalist College Community Employment Services	<ul style="list-style-type: none">• Hastings County Ontario Works office (Bancroft)
Belleville <ul style="list-style-type: none">• Bayview Mall• Belleville and Quinte West Community Health Centre (Belleville location)• Belleville Freedom Support Centre	<ul style="list-style-type: none">• Canadian Mental Health Association• Gleaners Food Bank• Loyalist College• Salvation Army (Belleville)• Say Out Loud• Three Oaks
Madoc <ul style="list-style-type: none">• Helping Hands Food Bank• Madoc Peer Support Centre	<ul style="list-style-type: none">• Hastings County Ontario Works office (Madoc)
Quinte West <ul style="list-style-type: none">• New Beginnings Peer Support Centre• Belleville and Quinte West Community Health Centre (Trenton location)	<ul style="list-style-type: none">• Frankford Food Pantry• Salvation Army (Trenton)

Appendix B: Survey Tool

		Office Use
Interviewer's Name	Survey Location (Organization)	Survey Number
Survey Date	Survey Time	Unique Identifier
April _____, 2018		

Description of Study

Hello, my name is _____ and I'm a volunteer with the Hastings County "Everyone Counts" homelessness survey. We are conducting a survey to understand how many people are experiencing homelessness in our community. Information from the surveys will also help to improve how our community responds to homelessness. Homelessness includes sleeping outside, in emergency shelters, or staying temporarily with others (for example, couch surfing). The survey takes about 10 minutes to complete.

Screening Questions

A. Have you answered a survey with this project before?	
<input type="radio"/> Yes	<input type="radio"/> No
↓	↓
<i>Thank the person for their time, End interview</i>	<i>Continue with survey</i>

Informed Consent

Participation is voluntary and your name will not be recorded.

It will take about 10 minutes, though you can **skip any question or stop at any time**. You can also **choose not to answer any of the questions**.

Results will contribute to the understanding of homelessness in Hastings County and across Canada and will help with community planning to improve services. To be clear, **this survey is only to identify homelessness and to understand barriers to finding and maintaining housing, not to address those barriers**.

The survey results will be shared, but you will not be named or identified in any way.

Do you have any questions about the survey, or what I've shared with you, before we begin?

Before we continue, I need you to confirm:

B. Are you willing to participate in this survey?	
<input type="radio"/> Yes	<input type="radio"/> No
↓	↓
<i>Continue to Screening Question C</i>	<i>Thank the person for their time, End interview</i>

To make sure our data is accurate, may we have your first and last initial? This will help us make sure we don't have two of the same survey. The survey is still anonymous.

Participant's First Initial:	Last Initial:
-------------------------------------	----------------------

Thank you. First, I have a few questions about where you are staying right now.

C. Where did you stay last night?		
a. <input type="radio"/> DECLINE TO ANSWER b. <input type="radio"/> OWN APARTMENT/HOUSE	c. <input type="radio"/> SOMEONE ELSE'S PLACE d. <input type="radio"/> MOTEL/HOTEL e. <input type="radio"/> HOSPITAL, JAIL, PRISON, REMAND CENTRE	f. <input type="radio"/> EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER (E.G. THREE OAKS) g. <input type="radio"/> TRANSITIONAL HOUSING h. <input type="radio"/> PUBLIC SPACE (E.G. SIDEWALKS, SQUARES, PARKS, FORESTS, BUS SHELTER) i. <input type="radio"/> VEHICLE (CAR, VAN, RV, TRUCK) j. <input type="radio"/> MAKESHIFT SHELTER, TENT, OR SHACK k. <input type="radio"/> ABANDONED/VACANT BUILDING l. <input type="radio"/> OTHER UNSHELTERED LOCATION (SPECIFY) _____ m. <input type="radio"/> DOESN'T KNOW (LIKELY HOMELESS)
↓	↓	↓
<i>Screens out of survey. Thank and end interview.</i>	<i>Continue to Screening Questions C1 and C2</i>	<i>Continue to Screening Question D</i>

C1. Can you stay there as long as you want, or is this a temporary situation?			
<input type="radio"/> AS LONG AS THEY WANT	<input type="radio"/> TEMPORARY SITUATION	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
↓	↓	↓	↓
<i>Screens out of survey. Thank and end interview.</i>	<i>Continue to Screening Question C2.</i>		

C2. Do you have a house or apartment of your own that you can safely return to?			
<input type="radio"/> YES	<input type="radio"/> No	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
↓	↓	↓	↓
<i>Screens out of survey. Thank and end interview.</i>	<i>Continue to Screening Question D.</i>		

D. Were you staying in [Community name] last night? [Show map]			
<input type="radio"/> YES	<input type="radio"/> NO, ANOTHER COMMUNITY: _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<i>If "No", record name of community and proceed with survey.</i>			

Thank you. Now I have a number of questions about you, and about your experiences of homelessness.

Survey Questions

1. What family members stayed with you last night?									
<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT(S)								
<input type="checkbox"/> PARTNER	<input type="checkbox"/> DECLINE TO ANSWER								
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)*									
[INDICATE AGE & GENDER FOR EACH CHILD OR DEPENDENT]		1	2	3	4	5	6	7	8
	GENDER								
	AGE								
<i>*If respondents are hesitant to give further information about children staying with them, remind them that they can skip the question if they like.</i>									

2. How old are you? [OR] In what year were you born? [if unsure, ask for estimate]		
<input type="radio"/> AGE _____ [OR]	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YEAR BORN _____		

For the next questions, keep in mind that "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.

3. How old were you the first time you experienced homelessness?		
<input type="radio"/> AGE: _____ YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

4. In total, how <u>much time</u> have you been homeless over the PAST YEAR? [Best estimate]		
<input type="radio"/> LENGTH: _____ DAYS/WEEKS/MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

5. In total, how <u>many different times</u> have you experienced homelessness over the PAST YEAR? [Best estimate]		
<input type="radio"/> NUMBER OF TIMES (includes this time): _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

6. Have you stayed in an emergency shelter in the last year? (e.g. Three Oaks, motel voucher from OW or Emergency After-Hours homelessness service, etc.)			
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
b. In the last year, have you been re-located from [Community name] to a shelter in another community?			
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

7. How long have you been in [Community name]?	
<input type="radio"/> LENGTH: ____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> DON'T KNOW
<input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DECLINE TO ANSWER
b. [If length indicated] Where did you live before you came to [Community name]?	
<input type="radio"/> COMMUNITY: _____ PROVINCE OR COUNTRY: _____	
<input type="radio"/> DECLINE TO ANSWER	
c. What is the main reason you came to [Community name]? [Do not read categories; select one]	
<input type="radio"/> TO ACCESS EMERGENCY SHELTER(S) <input type="radio"/> TO ACCESS SERVICES AND SUPPORTS <input type="radio"/> FAMILY MOVED HERE <input type="radio"/> TO VISIT FRIENDS/FAMILY <input type="radio"/> TO FIND HOUSING <input type="radio"/> EMPLOYMENT (SEEKING) <input type="radio"/> EMPLOYMENT (SECURED)	<input type="radio"/> TO ATTEND SCHOOL <input type="radio"/> FEAR FOR SAFETY <input type="radio"/> RECREATION/SHOPPING <input type="radio"/> OTHER: _____ <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER

8. 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: b. How long have you been in Canada? <input type="radio"/> LENGTH: ____ DAYS / WEEKS / MONTHS / YEARS OR DATE: ____/____/____ DD/MM/YYYY <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER

9. Do you identify as Indigenous or do you have Indigenous identity? This includes First Nations with or without status, Metis, Inuit.		
<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 <input type="radio"/> INUIT <input type="radio"/> METIS <input type="radio"/> NON-STATUS, OR HAVE INDIGENOUS ANCESTRY
b. Which Indigenous community or territory are you from?		
<input type="radio"/> COMMUNITY/TERRITORY NAME: _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

10. 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"/> No	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, RCMP			

I have a couple of questions related to your gender identity and sexual orientation. I understand that these are quite personal topics. We ask them because research shows that people who are LGBTQ2S are at higher risk of experiencing homelessness.

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

<input type="radio"/> MALE/MAN	<input type="radio"/> TRANS FEMALE/TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> FEMALE/WOMAN	<input type="radio"/> TRANS MALE/TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING	<input type="radio"/> DECLINE TO ANSWER

12. How do you describe your sexual orientation, for example, straight, gay, lesbian?

[Show list]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> QUESTIONING
<input type="radio"/> GAY	<input type="radio"/> QUEER
<input type="radio"/> LESBIAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> BISEXUAL	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> DECLINE TO ANSWER

13. 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"/> UNABLE TO PAY FOR UTILITIES (E.G. WATER, ELECTRICITY, GAS)	<input type="checkbox"/> OTHER REASON: _____
<input type="checkbox"/> UNSAFE HOUSING CONDITIONS	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT/GUARDIAN	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE/PARTNER	

For the next question, I need to ask you about your personal income. I don't need to know the amount of money, just the source of your income.

14. What are your sources of income? [Read list and check all that apply]	
<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INFORMAL/ SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING) <input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE (E.G., ONTARIO WORKS) <input type="checkbox"/> DISABILITY BENEFIT (E.G., ODSP) <input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> GST REFUND <input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS <input type="checkbox"/> OTHER SOURCE: _____ <input type="checkbox"/> NO INCOME <input type="checkbox"/> DECLINE TO ANSWER

15. Have you ever been in foster care and/or a group home?			
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
b. IF YES, how long ago was that? (Refers to the length of time since leaving foster care or a group home.)			
<input type="radio"/> LENGTH: _____ YEARS			

16. 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"/> ARAB <input type="checkbox"/> ASIAN (E.G., CHINESE, KOREAN, JAPANESE, ETC.) <input type="checkbox"/> SOUTH-EAST ASIAN (E.G., VIETNAMESE, CAMBODIAN, MALAYSIAN, LAOTIAN, ETC.) <input type="checkbox"/> SOUTH ASIAN (E.G., EAST INDIAN, PAKISTANI, SRI LANKAN, ETC.) <input type="checkbox"/> WEST ASIAN (E.G., IRANIAN, AFGHAN, ETC.)	<input type="checkbox"/> BLACK OR AFRICAN CANADIAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> HISPANIC OR LATIN AMERICAN <input type="checkbox"/> WHITE (E.G., EUROPEAN-CANADIAN) <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DECLINE TO ANSWER

17. 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

18. 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"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> DECLINE TO ANSWER

19. What is the highest level of education you completed?	
<input type="radio"/> PRIMARY SCHOOL	<input type="radio"/> POST SECONDARY GRADUATE
<input type="radio"/> SOME HIGH SCHOOL	<input type="radio"/> GRADUATE DEGREE (E.G., MASTERS, PH.D.)
<input type="radio"/> HIGH SCHOOL GRADUATE/GED	<input type="radio"/> DON'T KNOW
<input type="radio"/> SOME POST SECONDARY	<input type="radio"/> DECLINE TO ANSWER

20. In the past year (12 months) have you: [best estimate]			
<input type="checkbox"/> BEEN TO AN EMERGENCY ROOM	YES / NO	# _____	TIMES
<input type="checkbox"/> BEEN HOSPITALIZED	YES / NO	# _____	TIMES
	→ DAYS YOU HAVE SPENT HOSPITALIZED	# _____	DAYS TOTAL
<input type="checkbox"/> INTERACTED WITH POLICE (TICKETS, ARRESTS, SEARCHES)	YES/NO	# _____	TIMES
<input type="checkbox"/> BEEN TO PRISON/JAIL	YES / NO	# _____	TIMES
	→ DAYS YOU HAVE SPENT IN PRISON/JAIL	# _____	DAYS TOTAL

21. Do you have a regular health care provider or clinic that you can go to? (e.g. family doctor, nurse practitioner clinic, community health centre, family health team, etc.)			
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

We're nearly finished. I have a few more questions about housing.

22. Do you want to get into permanent housing?			
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

23. What would help you find and maintain permanent, stable housing?
<input type="radio"/> _____
<input type="radio"/> _____
<input type="radio"/> DON'T KNOW
<input type="radio"/> DECLINE TO ANSWER

24. 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"/> PHYSICAL DISABILITY <input type="checkbox"/> LEARNING DISABILITY <input type="checkbox"/> ADDICTION OR SUBSTANCE USE <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> BRAIN INJURY <input type="checkbox"/> PREGNANCY	<input type="checkbox"/> JOB OR EMPLOYMENT ASSISTANCE <input type="checkbox"/> LEGAL ASSISTANCE <input type="checkbox"/> AGEING-RELATED SUPPORTS <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> DECLINE TO ANSWER <input type="checkbox"/> OTHER: _____
---	---

25. What challenges or problems have you experienced when trying to find housing?
[Select all that apply]

<input type="checkbox"/> LOW INCOME <input type="checkbox"/> NO INCOME ASSISTANCE <input type="checkbox"/> RENTS TOO HIGH <input type="checkbox"/> UNPAID RENTS OR MORTGAGE <input type="checkbox"/> UNPAID UTILITY BILLS <input type="checkbox"/> POOR CREDIT HISTORY <input type="checkbox"/> LACK OF HOUSING AVAILABLE <input type="checkbox"/> POOR HOUSING CONDITIONS <input type="checkbox"/> PAST EVICTIONS <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HEALTH/DISABILITY ISSUES <input type="checkbox"/> MENTAL HEALTH ISSUES	<input type="checkbox"/> ADDICTION <input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> PETS <input type="checkbox"/> CHILDREN <input type="checkbox"/> DISCRIMINATION <input type="checkbox"/> DON'T WANT HOUSING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> NO BARRIERS TO HOUSING <input type="checkbox"/> DECLINE TO ANSWER
--	---

26. Have you ever been refused housing, had to move, or lost your housing because of: *[Read categories, select all that apply]*

<input type="checkbox"/> YOUR SOURCE OF INCOME <input type="checkbox"/> THE AMOUNT OF YOUR INCOME <input type="checkbox"/> YOUR CREDIT RATING <input type="checkbox"/> CRIMINAL RECORD <input type="checkbox"/> YOU WERE NOT ABLE TO PROVIDE A CO-SIGNER OR GUARANTOR OR REFERENCES <input type="checkbox"/> YOU WERE NOT ABLE TO PROVIDE FIRST/LAST MONTH'S RENT	<input type="checkbox"/> CHILDREN <input type="checkbox"/> AGE <input type="checkbox"/> ETHNIC/CULTURAL BACKGROUND <input type="checkbox"/> RELIGION <input type="checkbox"/> SEXUALITY OR GENDER IDENTITY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DECLINE TO ANSWER
--	---

27. Do you use free or low cost food programs to make sure that you have enough to eat? (e.g. Gleaner's Food Bank, Salvation Army, Bridge Street United Church, etc.)	
<input type="radio"/> YES <input type="radio"/> No	<input type="radio"/> DON'T KNOW OR DECLINE TO ANSWER
a. If YES: How many times a month do you use at least one of these food programs?	
<input type="radio"/> ONCE OR TWICE A MONTH <input type="radio"/> ONCE OR TWICE A WEEK <input type="radio"/> THREE OR MORE TIMES A WEEK	

And the last question:

28. Is there anything else you would like to tell us related to the questions that we've asked you, or that you want others in the community to know about homelessness?

That is the end of the survey.

This envelope has \$10 as a thank you for participating. It also has information about services and supports that are available in the community, in case you are not already familiar with these.

[Give small envelope to participant, showing them the contents]

Thank you sharing your information and knowledge with us!

Honourarium confirmation:

I confirm that a \$10 honourarium has been given to this survey participant.

Researcher initials: _____