Appendix B

A Roof Over My Head

2018

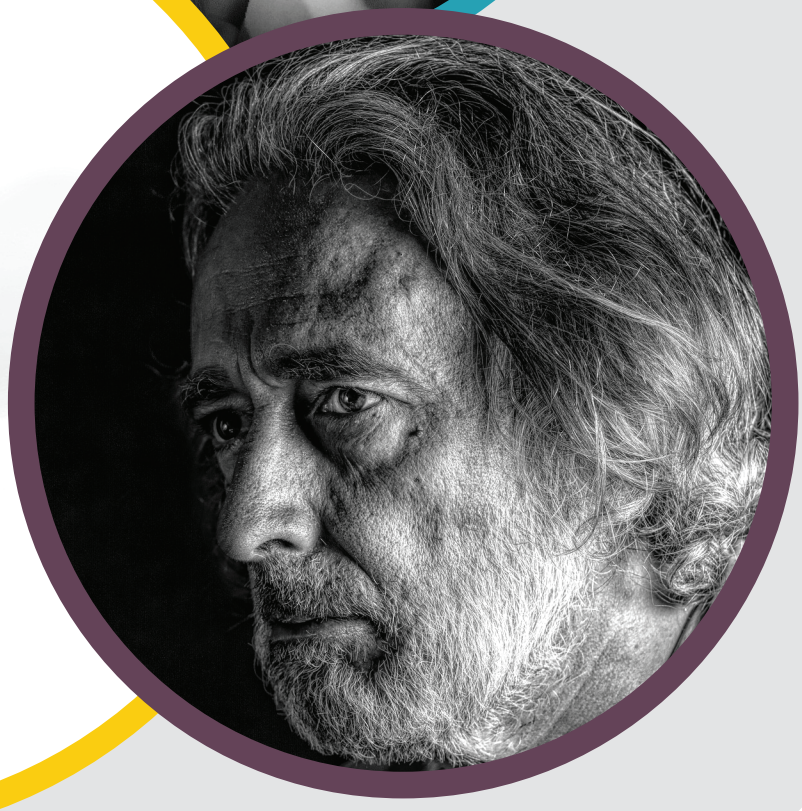
Enumeration Report

United Way Peterborough & District

Peterborough County

City of Peterborough

In Canada 35,000 Canadians are homeless on a given night.[18]



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INTRODUCTION

Letter from the Co-Chairs

Every two years, the Homelessness Count (ICountPtbo) shows us a snapshot of housing and homelessness in Peterborough City and County. It offers us a chance to reflect on the hard work and community collaboration needed to support people from the street to homes of their own – but more importantly it reveals how much we have left to do. The results herein are a stark reminder that we must push hard if we are to end homelessness in Peterborough. Together, we are responsible for driving change. Solutions will be found by working closely with people from all sectors --business, faith, non-profits and public all while building on the resilience of those who are homeless.

The 2016 count revealed that 64% of those surveyed experienced homelessness before the age of 26. We responded. Homelessness Partnership Strategy Funding, United Way of Peterborough and Municipal investments were directed to a program called A Way Home Peterborough. This community coalition strives to move from simply managing the problem of youth homelessness through emergency services — band aid solutions — and instead moves towards a proactive approach focusing on prevention and finding housing and other supports as fast and as safely as possible. This innovative program is well on the way to its goal of reducing youth homelessness in the city by 25% by 2021. This is the true value of the homelessness count – to use the data contained within this report to respond differently, to support innovation, and focus on proactive approaches to stopping the crisis before it happens.

A review of the section titled Moving Forward highlights how the results of the 2018 Count will be used to inspire and plan for system level innovation and efficient resource allocation – all designed to drive towards the Province of Ontario's goal of ending chronic homelessness by 2025. We hope that you the reader will deepen your understanding of homelessness and the role you can play in creating hope and possibility for those who are homeless. We know what it takes. Homelessness isn't inevitable, and with your support, we can create a community where homelessness, if it happens at all, is rare, brief and one-time.

Sincerely,

Lisa Smith

Lisa Smith
Director Philanthropic Impact
United Way Peterborough & District

Sincerely,

Dorothy Olver

Dorothy Olver
Homelessness & Addictions Program Manager, City of Peterborough

Executive Summary

Information on homelessness is essential to understanding the nature and extent of homelessness in the City and County of Peterborough, the needs of individuals and families experiencing homelessness, to plan services, and measure progress towards ending homelessness. The 2018 Homelessness Enumeration Report provides a profile of homelessness in our community based on a homelessness count and surveys conducted in the City and County of Peterborough from March 20th to March 23rd 2018.

259 people identified in the count were experiencing homelessness in Peterborough City and County.

This includes 142 people who are unsheltered or staying in emergency or domestic violence shelters. This also includes 94 people who were experiencing hidden homelessness, meaning that they are staying at someone else's place, transitional housing, a hotel/motel, or hospital. Another 23 people were surveyed and identified as homeless, but whose sleeping arrangements are unknown.

Homelessness exists across all demographics:

- 8% of those identified are children and youth under 18 who are part of families.
- 12% are youth ages 18-24.
- Males are overrepresented among people who were found to be experiencing homelessness in the City and County of Peterborough (68% of survey participants).
- Indigenous peoples are overrepresented among Peterborough's homeless population (27%).
- The homeless population includes 9 veterans.

Having income or employment does not necessarily protect people from homelessness.

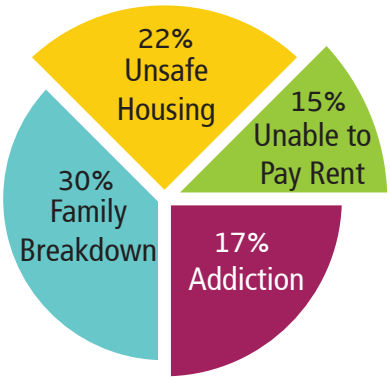
94%
of survey participants reported having a source of income.

9%
are employed.

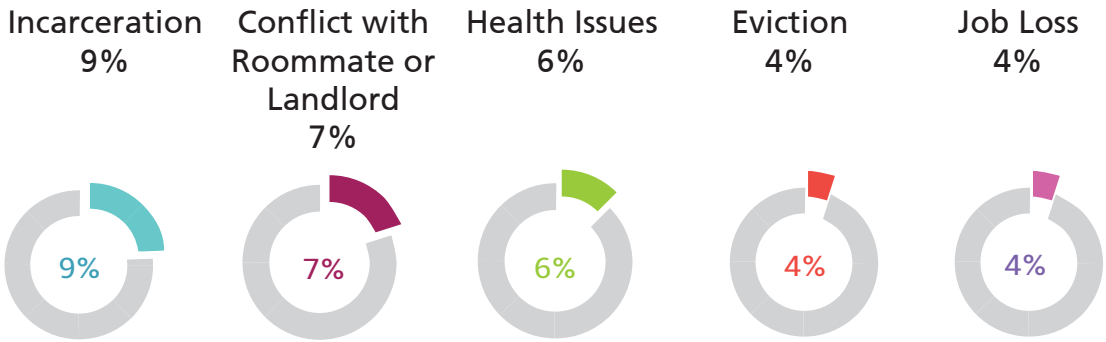
22%
have attended post secondary school.

The key factors contributing to homelessness in the City and County of Peterborough are:

- Family breakdown (30%)
- Unsafe housing conditions (22%)
- Coping with addictions (17%)
- Being unable to pay rent (15%).



Other things that contribute to homelessness are:



30% of people surveyed have had involvement with the child welfare system. People who have had involvement with the child welfare system are much more likely than the general population to experience homelessness.

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

49%
of people surveyed are experiencing chronic homelessness meaning they have been homeless for six months or more of the past year.

22%
have had at least three episodes of homelessness in the past year (episodic homelessness).

Youth at Risk

Many people become homeless at a young age. In total 58% experienced homelessness before their 25th birthday.

People experiencing homelessness face many barriers to finding housing. Many are dealing with the effects of the affordable housing crisis:

- Rents are too high (64%).
- Incomes are low (59%).
- There is not enough housing available (58%).
- Housing that is available is in poor condition (45%).
- Many (29%) also reported facing discrimination when trying to find housing.

The survey of people experiencing homelessness included the VI-SPDAT assessment tool, which is used to help determine the best type of support and housing intervention for each of the survey participants by providing a score based on overall vulnerability or acuity (depth of need).

Majority of people surveyed experiencing homelessness have a moderate to very high depth of need.

Very High Acuity	5%	scored very high, and are in need of permanent supportive or affordable housing with intensive case management at a greater intensity than the group with high scores.
High Acuity	43%	scored high, indicating the need for permanent supportive housing with ongoing access to services or intensive case management.
Moderate Acuity	39%	scored in the moderate range and likely only require short-term rent subsidy and access to support services to stabilize their housing.
Low Acuity	13%	scored low and require limited assistance such as referrals and access to affordable housing.

Homelessness is a pressing and costly issue.

The community is committed to ending chronic homelessness by 2025 – a commitment that is aligned with the provincial goal to end chronic homelessness by 2025[1]. Information from the homelessness count along with other information sources will be used to help determine required resources and better allocate resources to address homelessness. To support the community's commitment to ending chronic homelessness, we are creating a Coordinated Entry System and a By Name List. The list will consist of people known to be experiencing homelessness in the community. It will be organized to show depth of each person/family's need, and as different resources become available, the people on the list will be matched with the most appropriate resource.

Appendix B

CountPtbo Highlights

From March 20-23, 2018, over 80 volunteers conducted a homelessness count in Peterborough City and County...

at least **259** People identified were experiencing homelessness in Peterborough.

142 Absolute Homelessness

94 Provisionally Accommodated

23 Unknown Arrangement

Sleeping Arrangements

Emergency Shelter	130
Outside or place not meant for shelter	12

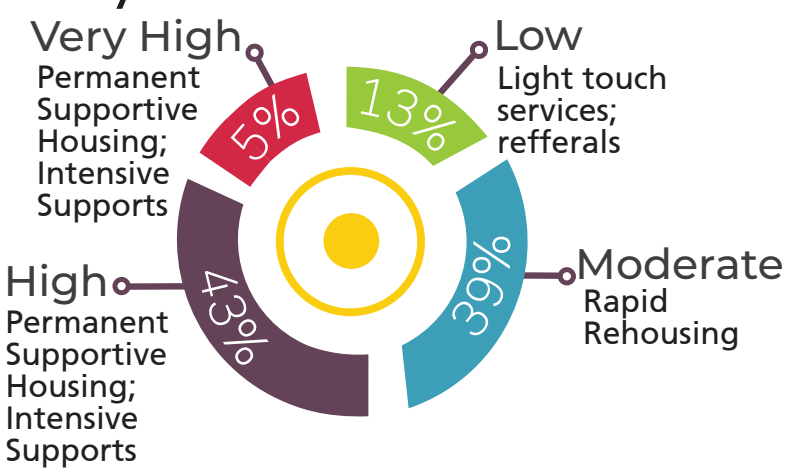
Someone else's place	71
Transitional Housing	14
Hospital	5
Hotel or Motel	4

TOP 3 REASONS FOR HOMELESSNESS

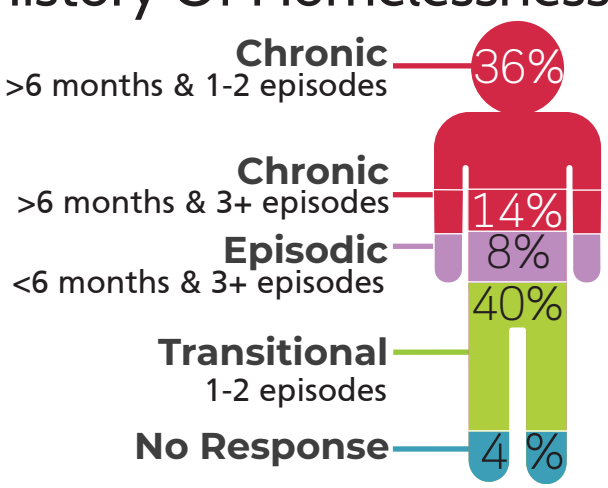
Family Breakdown | Unsafe Housing | Addiction/Substance Use

30% 22% 17%

Acuity



History Of Homelessness



Top Barriers to Finding Housing

64%	59%	58%	45%	29%
Rents Too High	Low Income	Housing Shortage	Poor Housing Conditions	Discrimination

Appendix B

CountPtbo Highlights Cont...

Quick Facts

Have a source of income 94%

Have employment income 9%

Attended post secondary school 22%

Have been involved in the child welfare system 30%

Youth at **RISK**

58% of those surveyed experienced homelessness before the age of 25

27% Identified as Indigenous or Indigenous Ancestry

9 People Surveyed are Veterans

Age of People Identified as Homeless

Youth <18 with adult	Youth <18 Alone	Youth 18-24	25-34	35-44	45-54	55-64	65+	Unknown
8%	3%	12%	21%	20%	11%	7%	2%	17%

Household Type

174 Singles

16 2+ People

4 Singles with Youth <18

6 2+ People with Youth <18

Gender

30%

68%

<1%

3%

Sexual Orientation

Heterosexual 88%

Gay or Bisexual or Pansexual 8%

Didn't Know or No Answer 4%

Between March 20-23, 2018

Respondents

364 People Approached

200 Surveys Completed

Volunteer Info

80+ Volunteers

400+ Volunteer Hours

Survey Locations

17 City

11 County

9 Street Routes

Abstract

For four days, from March 20th to March 23rd 2018, a homelessness count and surveys were conducted in the City and County of Peterborough to better understand the needs of people experiencing homelessness. The goal was to know every person experiencing homelessness by name and to help them get connected to housing and support services as quickly as possible.

Undertaking a homelessness count is important to ensure everyone experiencing homelessness is accounted for. It is also a strategy to help understand the big picture of need and level of vulnerability of people experiencing homelessness across the City and County of Peterborough. It provides information to allow the community to measure progress towards ending homelessness. Though, it is not simply about counting homeless persons; it's about catalyzing change at the local and national levels to end homelessness. A homelessness count helps to plan responses to homelessness, better allocate resources, and supplement effective programming.

Background

Alignment with Federally and Provincially Mandated Assessments of Homelessness

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

Alignment with Local Priorities

In March 2016, the community's first Point-in-Time (PiT) count was conducted to better understand the nature and extent of homelessness in the City of Peterborough by measuring the number of people and surveying people experiencing homelessness on a specific day.

Following the Government of Canada's announcement that it would support a second coordinated count among communities across Canada in 2018, the community decided that the 2018 homelessness count should be expanded to the County of Peterborough and should include both a Point-in-Time Count and Registry Week. By conducting the count over four days and combining the two approaches it not only helps determine the extent of homelessness in our community,

but also allows us to know people experiencing homelessness in our community by name and to prioritize those most vulnerable, to help them get connected to housing and support services as quickly as possible. Knowing people experiencing homelessness by name and prioritizing those most vulnerable is essential to help achieve our commitment of ending chronic homelessness in the City and County of Peterborough by 2025 – a commitment that is aligned with the provincial goal to end chronic homelessness by 2025[1].

By Name List

To support our commitment to end chronic homelessness, we are creating a Coordinated Entry System and a By Name List. The homelessness count included an invitation for participants to share their name and contact information. The list of names generated through the homelessness count will become the Peterborough By Name List. The By Name List will be organized based on each individual or family's needs, and as different resources become available, the people on the list will be matched with the most appropriate resource.

METHODS

Methods and Limitations

The methodology used for the homelessness count was informed by national and provincial guidelines and input from a homelessness count advisory committee and community stakeholders. A homelessness count advisory committee was formed at the beginning of the process to support and make recommendations to the Homelessness Enumeration Coordinator on the planning and implementation of the homelessness count. The advisory committee included a range of community stakeholders that are part of the homeless service system. Refer to the Acknowledgements section for a full list of committee members.

A community engagement session was held to inform the methodology for the homelessness count. Local agencies, advocates and people with a lived experience of homelessness provided input into locations where we might find those sleeping outdoors. They also provided suggestions of agencies to partner with to access people experiencing hidden homelessness.

Survey Methods

Street Count

The street count began at 7:00pm on March 20th and the last team returned to Headquarters by 9:30pm. The street count focused on finding people in public areas or other outside locations where people who are homeless were likely to be found. Volunteers walked along nine designated routes in the City of Peterborough. Volunteers were instructed to approach every person they encountered along their route and ask if they would be willing to participate in a housing needs survey. The screening questions identified individuals with permanent housing and thus would be screened out from

further participation. People who reported they were staying at someone else's place were asked follow-up questions to determine whether they had a place of their own they could return to.

During the street count, volunteers used tally sheets to record individuals who did not participate in the survey. Volunteers reported the reason the person was not surveyed, for example, they declined, already responded, or were observed only. Volunteers tallied individuals they believed to be homeless but who did not participate in the survey (observed homeless).

Note: Although there were some individuals who had been tallied by volunteers as "observed homeless" (meaning the volunteers believed them to be homeless but they did not participate in the survey), they were not included in the total as it is not clear that they were in fact homeless.

Shelter and Transitional Housing Count

Shelters and transitional housing providers were asked to count the total number of clients at their facility on March 20th. Three emergency shelters (two of which also provide transitional housing), a domestic violence shelter, and a warming room participated:

Provider	Bed Capacity	Guest Count (Mar. 20)
Brock Mission - Emergency Shelter	40	35
Cameron House – Emergency Shelter	10	9
Cameron House – Semi-Independent Living Program (Transitional Housing)	8	8
Warming Room Community Ministries	30	32
Y.W.C.A Peterborough Haliburton – Crossroads Shelter	25	28
YES - Shelter for Youth and Families – Emergency Shelter	30	26
YES - Shelter for Youth and Families – Transitional Housing	6	6

Peterborough Regional Health Centre Count

The Peterborough Regional Health Centre (PRHC) was asked to count the number of in-patients the night of March 20th who were experiencing homelessness, based on administrative data about their housing situation.

Youth Count

A youth event was held to support increased representation of youth, as youth are likely to experience hidden homelessness and can be missed during street counts and sheltered counts. The youth event was held March 21st from 4:00-7:00pm at the Peterborough Public Library.

Requests were made to the Kawartha Pine Ridge District School Board (KPRDSB) and Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB) to provide a number of students whom they identified as likely to be homeless on March 20th. All secondary schools in the City and County of Peterborough in the KPRDSB participated. These numbers were not included in the enumeration, but results can be found in the Homelessness Count and Survey Participation section.

Surveys

Surveys were conducted between March 20th and 23rd at 17 service locations in the City and 11 service locations in the County. Survey locations included:

- Brock Mission - Emergency Shelter
- Cameron House – Emergency Shelter
- Elizabeth Fry Society
- Employment Planning and Counselling
- Four Counties Addictions Services Team
- Four Counties Brain Injury Association
- Housing Resource Centre
- Lakefield Food Bank
- Nogojiwanong Friendship Centre
- North Kawartha Food Bank
- Norwood Food Bank
- One Roof Diner
- Peterborough Youth Services
- PRHC
- Salvation Army Breakfast Program
- Offices that Social Services staff operate out of:
  - 178 Charlotte St, Peterborough
  - Agilec, Lakefield
  - Havelock Public Library
  - Havelock Women's Institute
  - Asphodel-Norwood Township Office
  - North Kawartha Library
  - Trent Lakes Municipal Office
  - Old Millbrook School
  - Otonabee-South Monaghan Office
- Warming Room Community Ministries – Warming Room
- Y.W.C.A Peterborough Haliburton – Crossroads Shelter
- YES - Shelter for Youth and Families – Emergency Shelter

Participants could also complete the survey over the phone by calling United Way Peterborough or at the youth event held March 21st from 4:00-7:00pm at the Peterborough Public Library.

Survey participants were provided a $10 gift card to their choice of Shoppers Drug Mart or FreshCo for their participation. If a participant identified as Indigenous they were also offered a welcome kit, prepared by the Nogojiwanong Friendship Centre, which included a traditional medicine bundle, a pair of socks and resource information. Volunteers also carried with them mitts, socks, hats, granola bars, and drinking boxes for any survey participant or person in need.

The surveys were administered by over 80 trained volunteers and Social Services staff. Volunteers were recruited online, via media, and through email requests to community agencies.

Volunteer Roles

Volunteer roles included team leads, survey team members, phone surveyors, and urgent response team members. Volunteers participated in a training session to learn about the initiative, the survey tool, how to approach a person experiencing homelessness, and how to maintain safety. Team leads had front-line experience with the homeless population. Volunteers signed an oath of confidentiality to confirm they would not share any information gathered from survey participants.

Survey Tool

PiT Count Questions

The survey tool was comprised of two components. The Point-in-Time (PiT) count questions were intended to identify whether the respondent was experiencing homelessness, to provide demographic information and highlight potential service needs. The Point-in-Time (PiT) count questions included core or mandatory screening and survey questions provided by the Government of Canada. They also included questions required by the Province as well as one optional question provided by the Government of Canada and one question that was developed locally.

Vulnerability Index

The second component was the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Three versions of this tool were used: one for adults (25 years and older), one for youth (24 years and younger) and one for families. The VI-SPDAT is a pre-screening/triage tool used by front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The VI-SPDAT provides a score for individuals that complete the survey, which helps identify the best type of support and housing intervention needed.

Participation in both surveys was voluntary and respondents could choose to skip questions or stop the survey at any time. Respondents could choose to participate in the Point-in-Time (PiT) count and not the VI-SPDAT. Names were not recorded for the PiT Count and verbal consent was obtained. VI-SPDAT respondents were given the opportunity to provide their name and written consent was required from respondents.

Limitations

1

Hidden Homelessness: There are a number of important limitations of the approach used during the homelessness count that may impact presented results. The first is the inherent limitations of any Point-in-Time count. PiT counts rely on volunteers to find those experiencing homelessness in public areas and may miss some who are well-hidden. It is particularly difficult for homelessness counts to capture those experiencing "hidden homelessness" (e.g. couch surfing, living in a hotel room) or those not accessing homeless supports and services. As a result, findings from homelessness counts should always be considered the minimum number of people experiencing homelessness. A PiT count cannot reach all of the people who are homeless in the community. People often cycle in and out of homelessness, so some people will not be homeless during the count but may have been the day before, or may become homeless the day after.

2

Rural Isolation: A second limitation is related to the challenges in identifying and enumerating those experiencing homelessness in Peterborough County. The approach used during the homelessness count depends on individuals self-identifying, and largely relied on those experiencing homelessness to come to a survey location to complete the survey or make a phone call to complete a survey over the phone. Advertisements of the homelessness count throughout the County were primarily limited to service provider locations where the survey was to be conducted. Information about the homelessness count was also posted on United Way Peterborough & District's social media. However, people needed access to Internet, such as a phone with data capabilities to find the information. Therefore, it is understood that the approach taken during the homelessness count had additional limitations for capturing those experiencing homelessness in Peterborough County.

3

Double Count: It is recognized that individuals may have been counted more than once and may be represented more than once in the findings. As part of the screening process, volunteers asked respondents if they had already completed the survey. However, some individuals indicated they had not in order to receive another $10 gift card. Duplicates that completed the VI-SPDAT and provided the same name and birth date were identified during analysis and only responses to their first survey were kept. However, there is no way to identify those that completed the PiT count questions more than once (and did not complete a second VI-SPDAT) since it did not require respondents to provide their names. There were 22 paper surveys where the volunteer did not complete all or parts of the introductory section of the survey. This included the volunteer's name, agency, survey date, survey location, and where the respondent was sleeping on March 20th. As a result, there may be some people counted twice in the number of people experiencing homelessness if they were staying in an emergency shelter or transitional housing, as all individuals staying in emergency shelter and transitional housing were counted through the shelter enumeration. For the

12 surveys where the survey date was not recorded, but the survey location identified that it was in one of the locations where volunteers were only conducting surveys during the 24-hour period considered to be the PiT count (6:00pm on March 20th to 6:00pm on March 21st), a survey date of March 20th was retrospectively added. For the remaining surveys with no recorded dates, a date of March 23rd was retrospectively added. March 23rd was chosen to avoid over inflating the PiT count numbers as the surveys may not have been conducted between 6:00pm on March 20th and 6:00pm on March 21st.

4

Weather: Another factor that may have influenced the count is the weather. During the street count temperatures ranged from 2°C to -2°C with sunny, clear conditions. Whereas the 2016 count was undertaken during rainy, snowy weather. As a result of the more favourable weather during this count, volunteers encountered many more individuals, regardless of their housing situations, in outdoor public locations. It may be that volunteers were able to find more of those experiencing homelessness during this count. However, the large volume of individuals encountered on one of the routes meant that volunteers did not complete their entire route. This further resulted in fewer surveys conducted in emergency shelters due to high uptake during the street count. Some individuals experiencing homelessness may have been missed from the count as a result.

The method used provides a "snap shot" of homelessness and does not account for seasonal differences in the number of individuals staying in places not meant to be housing. More people typically stay in places not meant to be housing from late Spring to Fall.

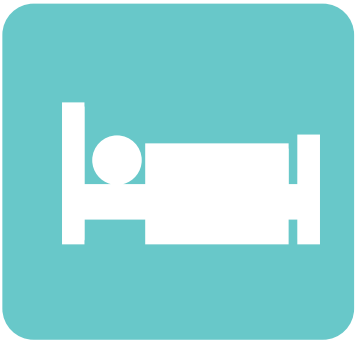
SURVEY FINDINGS

Understanding the Count and Survey Findings

The homelessness count includes people experiencing homelessness that fall within the following homelessness categories:

Unsheltered

- People living in public places or private spaces without consent or contract.
- People living in places not intended for permanent human habitation.



Emergency Sheltered

- Emergency overnight shelters for people who are homeless.
- Violence-Against-Women (VAW) shelters.

Provisionally Accommodated

- Interim housing for people who are homeless, also known as transitional housing.
- People living temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.
- People in institutional care who lack permanent housing arrangements, such as hospitals and correctional facilities.

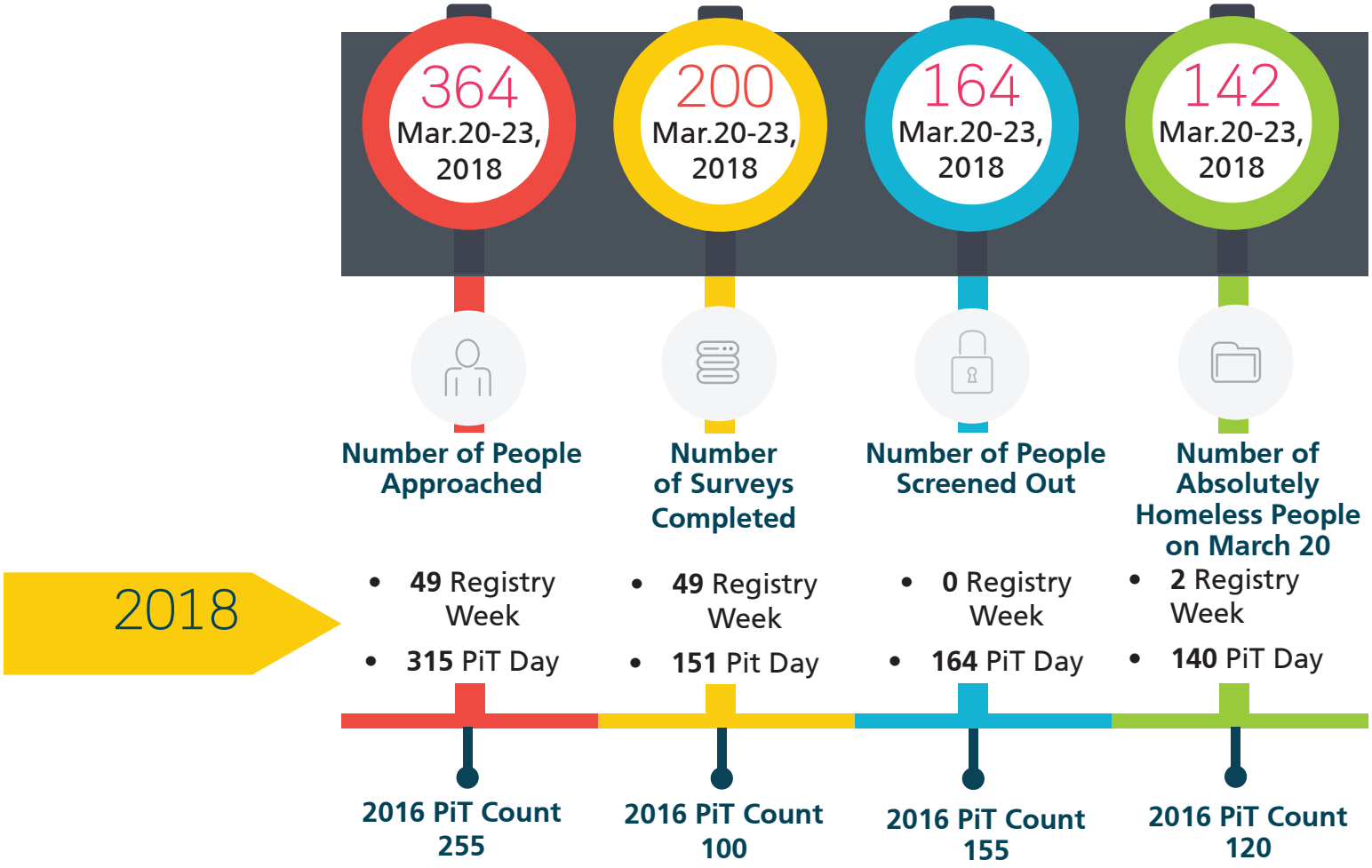
Individuals who are provisionally accommodated are also referred to as **hidden homeless.**

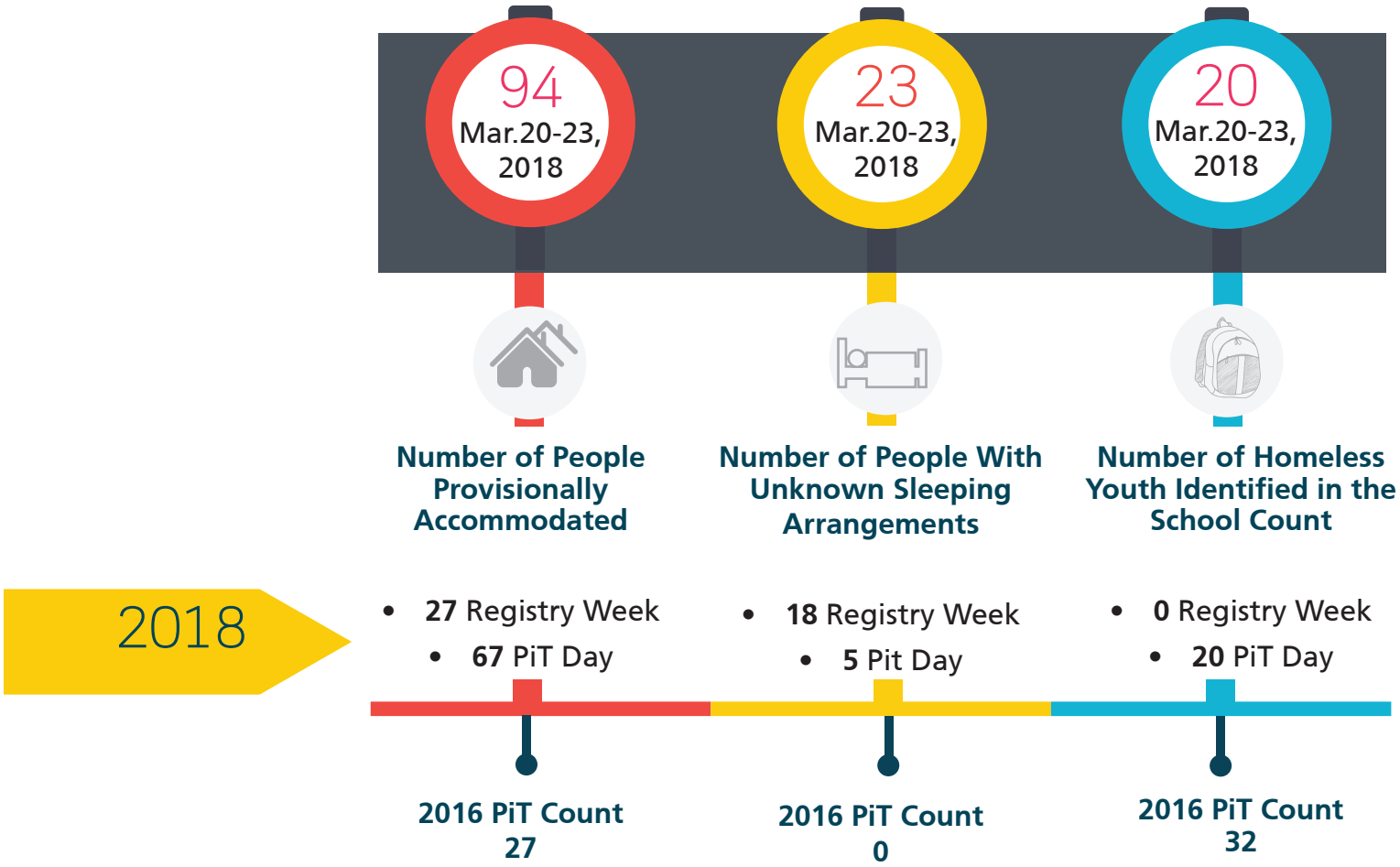
Together, the above two categories, unsheltered plus emergency sheltered, are referred to as **absolute homelessness**.

The numbers reported represent a "snap shot" in time. They do not represent the number of people who experience homelessness over the course of a year, nor do they represent the profile of people who experience homelessness over the course of a year. People who experience homelessness for a longer period of time, such as those experiencing chronic homelessness, are more likely to be homeless on a given day that a homelessness count is conducted. In contrast, people who are homeless for a short period of time are less likely to be homeless on a given day that a homelessness count is conducted. Therefore it is important to combine information from Point-in-Time counts with other information sources, such as annual shelter usage data, to get a more fulsome picture of the number of people who experience homelessness over time and their experience of homelessness.

Homelessness Count and Survey Participation

Registry Week enumeration occurred from 6 p.m. March 21st, 2018 to March 23rd. The 2018 PiT count period was from 6 p.m. on March 20th to 6 p.m. March 21st. Below is an overview of the data collected through this homelessness count and the count in 2016:





Note: the number of people approached includes people who completed a survey and those who were screened out. Surveys completed include people who identified as being homeless: unsheltered, emergency sheltered and provisionally accommodated. People were screened out due to reasons such as: already completed the survey, did not identify as being homeless, declined to participate. The number of people enumerated as being absolutely homeless represents the minimum number of people who were absolutely homeless and includes the total of shelter enumeration and unsheltered homeless survey participants. Provisionally accommodated totals include transitional housing counts, hospital inpatient counts and provisionally housed survey participants.

PiT 2016 to PiT 2018: 24 Hour Period Comparison

	More Elderly	More Youth 16-24 Surveyed	Youth Smaller Proportion of Total	Fewer Non-Heterosexual Participants
2018 (PiT)	2018 PiT, the oldest survey participant was 69	2018 PiT, the number of youth under 25 surveyed was 29	2018 PiT, youth 16-24 surveyed was 21%	2018 PiT, fewer people identified as gay or bisexual 6%
2016 (PiT)	In 2016, the oldest survey participant was 65	In 2016, the number of youth under 25 was 27	In 2016, the percentage of young adults surveyed was 27%	In 2016, more people identified as gay, bisexual or pansexual 10%

Two percent of all participants were >65 years of age in 2018. The percentages of males, females, and other gender identities is relatively consistent.

The percentage of people experiencing chronic and episodic homelessness was lower 2018 PiT day than 2016, but the absolute number was higher.

49% People surveyed on 2018 Pit day are experiencing chronic homelessness (74 people) as compared to 54% in 2016 (54 people).

23% of all survey participants could be considered episodically homeless on PiT day in 2018 (34 people) compared to 28% in 2016 (28 people).

Comparison of Key Characteristics of Survey Participants from the 24-hour PiT Count Period in 2016 and 2018

Key Characteristics	2016	2018
16-24	27%	21%
25-54	60%	66%
55-64	11%	8%
65+	0%	2%
Male	66%	64%
Female	32%	34%
Another Gender Identity	2%	1%
Non-Heterosexual (eg. Gay, Bisexual, Pansexual, etc.)	10%	7%
Chronically Homeless (6+ months homeless in past year)	54%	49%
Episodically Homeless (3+ episodes of homelessness in past year)	28%	23%
Indigenous Identity or Ancestry	23%	28%
First Experienced Homelessness Before Age 25	64%	57%

Homelessness Survey Findings

In the sections that follow, the information presented on ages and sleeping arrangements are based on people who were either counted or surveyed. The remaining information is specific to people who responded to the survey. The numbers and percentages related to the PiT count questions are based on data from 200 people who responded to the PiT count questions. The numbers and percentages related to the VI-SPDAT questions are based on 133 people who responded to those questions.

Demographic Information

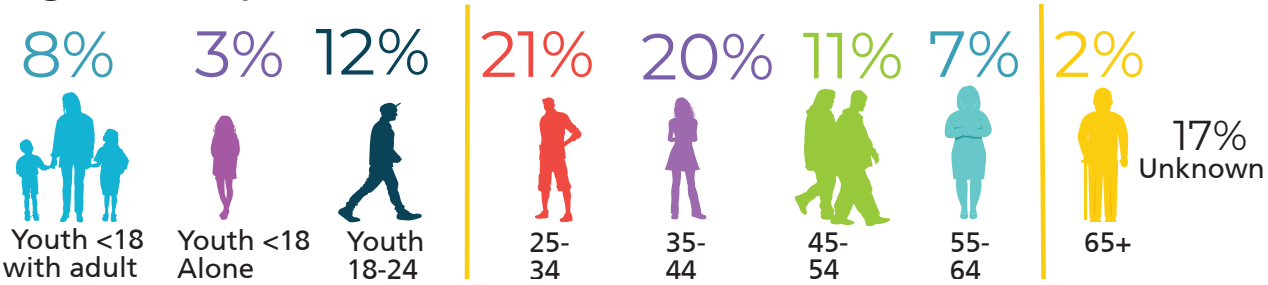
Age

Children, youth, adults, and seniors experiencing homelessness have different needs. The count and surveys identified:

- 20 children and youth under 18 (8%) that are part of families experiencing homelessness
- 8 unaccompanied youth under 18 (3%)
- 32 people (12%) are between the ages of 18 and 24
- 21 participants (8%) age 55 and over, including four age 65-74 and one participant who was 81.

The median age of survey participants is 37 years old.

Age of People Identified as Homeless

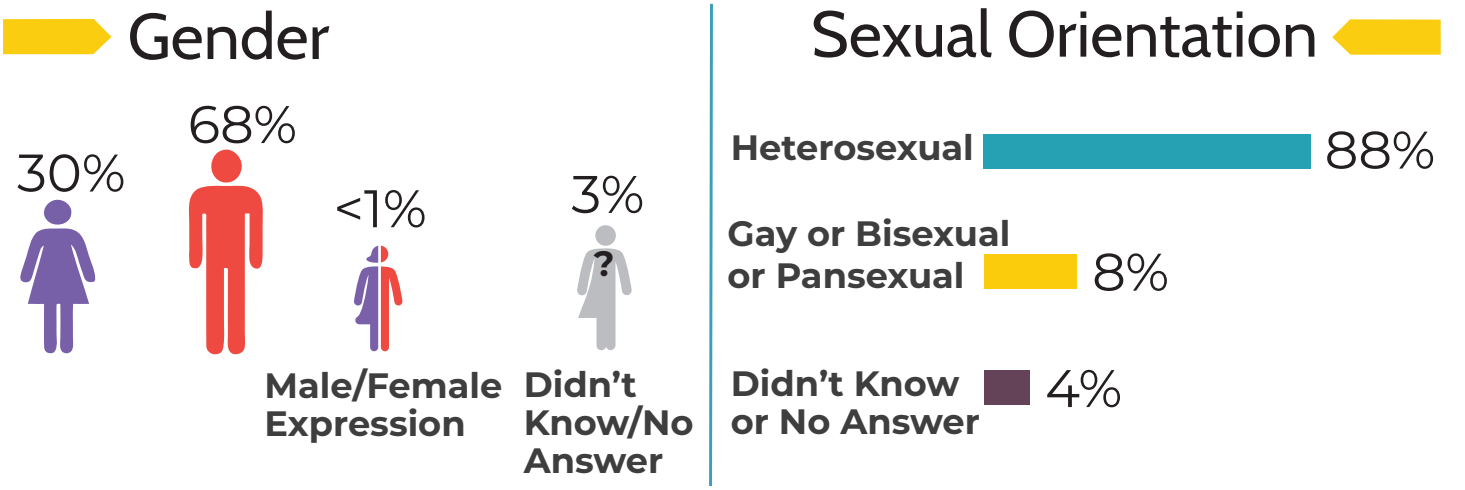


Gender Identity

Among those who participated in a survey:

- 68% identified as male
- 30% identified as female
- 1 participant reported that their gender expression included elements of both male and female
- 1 reported that they didn't know
- 2 did not provide a gender.

Because the survey question was, "What gender do you identify with," transgender individuals who identify as male or female may have responded "male" or "female". Therefore the absence of a transgender category is not indicative of a lack of transgender people in the homeless population.



While the numbers show a much lower percentage of women within the identified homeless population, it is important to remember that for a number of reasons, women's homelessness is often hidden[2]. Reasons for this include fear of safety or that children will be removed from their care. As a result, they are not as likely to be recorded in the homelessness count. As part of the VI-SPDAT questions, female participants were asked whether they are pregnant. Two indicated that they are pregnant.

Sexual Orientation

Analysis of survey participants' sexual orientation determined that:

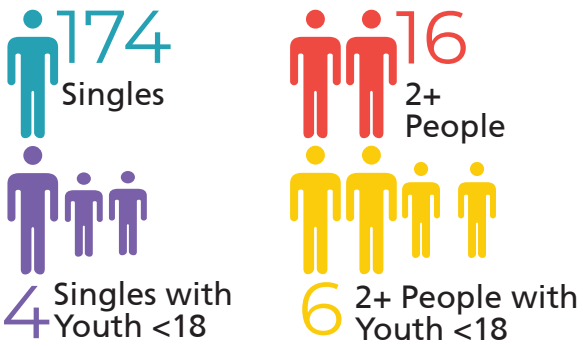
- 3% of men (6 men) described their sexual orientation as gay or bisexual
- 5% of women (9 women) described their sexual orientation as gay, bisexual, or pansexual.

This is similar to the prevalence within the general population (3%)[3].

Household Type

The household types of survey participants is as follows:

- 87% were alone
- 8% were groups of two or more people
- 5% were families with children under 18.



There were 10 families in total with children under 18. Four were single parents with children. Six families have at least two adults and children.

Migration

There is often a misconception that people experiencing homelessness are not from the community they are currently living in. However, this is not the case:

29% reported living in their current community for less than a year.

71% of survey participants have lived in their current community for more than a year.

22% have always lived in their current community.

Four survey participants reported that their previous community was within the County of Peterborough. This includes:

- 2 people who previously lived in Otonabee-South Monaghan
- 2 people who previously lived in Havelock-Belmont-Methuen.

One person currently lives in the County of Peterborough who reported their previous community as the City of Peterborough.

Twenty survey participants had moved to the City or County of Peterborough from the communities surrounding it:

- 8 moved from Hastings County
- 7 from the City of Kawartha Lakes
- 5 from Northumberland County.

Thirty two people came from other locations outside of Peterborough or surrounding areas.

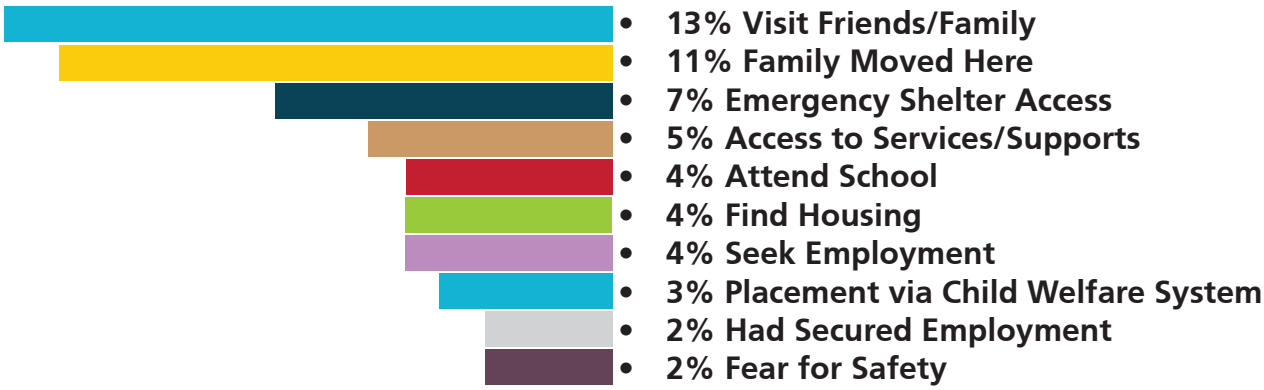
People move for a variety of reasons:

- 7% of survey participants reported that they moved to access emergency shelters
- 5% reported that they moved to access services and support
- 4% reported that they moved to find housing.

Most moved for other reasons, including:

- To visit family or friends (13%)
- Because their family moved here (11%)
- To attend school (4%)
- To seek employment (4%).

Top Reasons Survey Participants Moved to their Current Community (PiT n=200)



Immigration

The vast majority of survey participants were born in Canada. Only eleven survey participants, or 6%, reported coming to Canada as an immigrant. This is slightly below the percentage that immigrants represent (8%) within the total population of the City and County of Peterborough[4]. One survey participant had come to Canada in the past year and four had come to Canada in the past 5 years. Of those who reported coming to Canada as an immigrant:

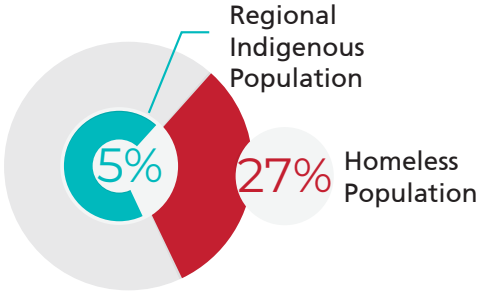
- 3 are International Students
- 3 are Permanent Residents
- 2 are now Canadian Citizens

- 1 is a Temporary Foreign Worker
- 1 reported that they were awaiting status
- 1 did not provide a response.

Indigenous Identity and Ancestry and Visible Minority

Visible minorities are also over-represented among the homeless population. Visible minorities account for 12% of survey respondents. This compares to 4% of the population within the City and County of Peterborough[5].

Indigenous Homelessness



Over one quarter (27%) of survey participants identified as having an Indigenous identity or ancestry. By comparison, people with Indigenous identities account for 5% of the population within the geographic area of the City and County of Peterborough (including the First Nation communities)[19]. The over-representation of Indigenous people experiencing homelessness is consistent with communities across Canada. In the 2016 coordinated PiT count, 37% of participants nationally identified as Indigenous[6].

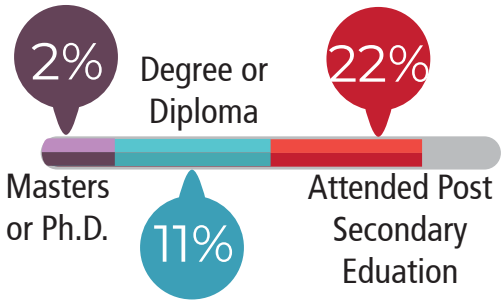
Veteran Status

Nine people surveyed are Veterans. Although the number is relatively small, this is an important finding. There are additional programs and services available to homeless veterans and it is important that the homeless service system ensures all homeless Veterans are accessing programs and services available to them.

9 People Surveyed are Veterans

Level of Education

There are misconceptions related to education and incomes of people who are experiencing homelessness. In fact, in Peterborough 22% of survey participants have attended post-secondary education. This includes 11% that are graduates of college or an undergraduate university program and 2% with a masters or Ph.D.



Income Sources

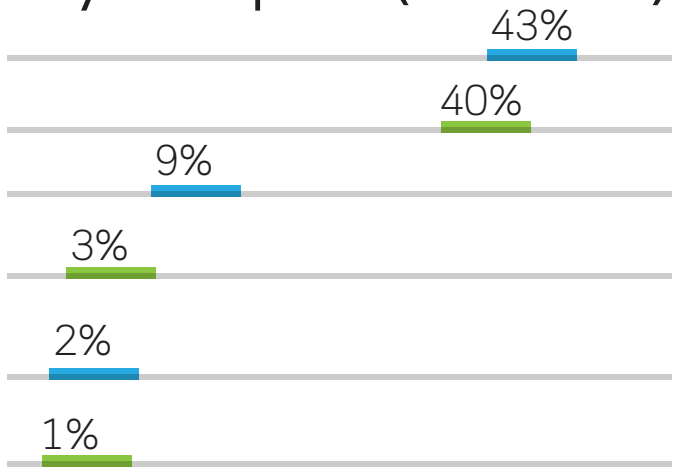
Survey participants were read a list of possible income sources and asked to identify all of their income sources.

94% of survey participants reported that they have at least one source of income.

43%	40%	9%
social assistance	**disability benefits**	**employment**

Despite being read a list of possible income sources, very few identified GST Refunds or Child and Family Tax Benefits as one of their income sources. This suggests that many people may not be filing their taxes and accessing income that may be available to them.

Income Sources of Survey Participants (PiT n=200)



- Social Assistance Benefits
- Disability Benefit
- Employment
- Informal Self Employment
- Money from Family Friends
- Children's Aid Society Income
- Seniors Benefits
- Employment Insurance
- Child & Family Tax Benefits
- GST

History of Involvement with the Child Welfare System

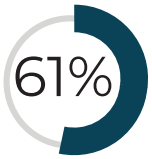
There are strong links between homelessness and child welfare involvement.

30% of all survey participants have been involved with the child welfare system.

In comparison, among the general population in Canada, roughly 0.3% have had child welfare involvement[7]. This suggests that people who have had child welfare involvement are 100 times more likely to experience homelessness than the population in general.

Health Conditions

Having a mental health issue or addiction can be a significant risk factor of homelessness as it influences a person's ability to respond to life's challenges. But mental health issues and addictions can also be consequences of homelessness. Some develop mental health issues after becoming homeless or use substances as a method of coping with the stresses of homelessness. Among survey participants who responded to the PiT count questions:



identify as having a mental health issue,

identify as having an addiction.

While 46% reported having an addiction, only 17% cited addictions as one of the causes of their homelessness. While 61% reported having a mental health issue, only 2% reported mental health issues as a cause of their homelessness.

The percentage of people experiencing homelessness with a physical disability is also higher than the general population[8].

29% of survey participants identify as having a physical disability.

37% identify as having a chronic or acute medical condition.

Health Conditions of Survey Participants (PiT n=200)

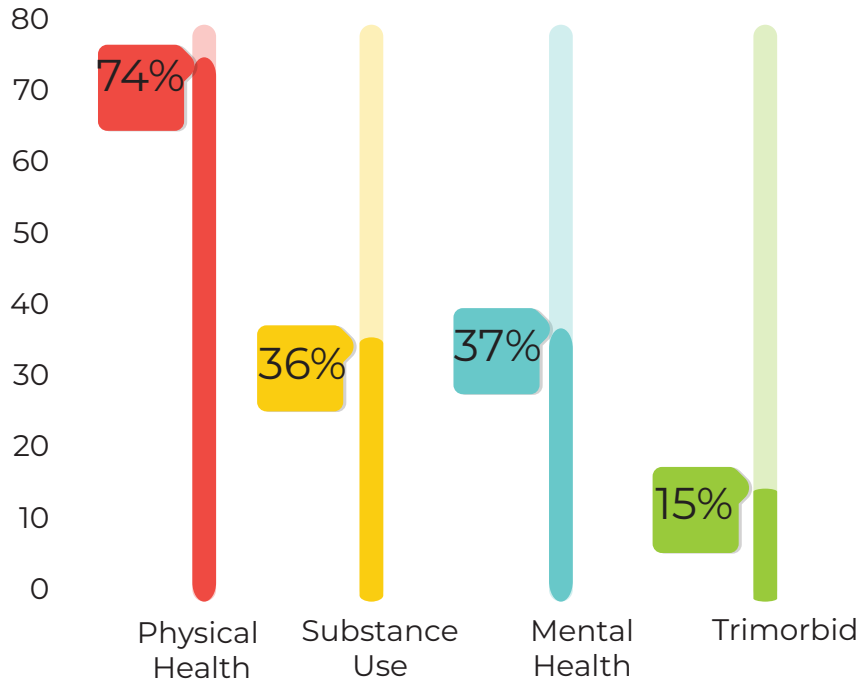
A number of people reported more than one health condition:

- 29% reported having both mental health issues and addictions, also known as concurrent disorders
- 28% reported having both a mental health issue and a chronic/acute medical condition
- 20% reported both an addiction and a chronic/acute medical condition
- 21% reported both a mental health issue and a physical disability
- 14% reported both an addictions issue and a physical disability
- 12% (24 people) identified physical health, mental health, and substance use issues.

Indicators of Health Issues

The VI-SPDAT also included a number of questions to assess people's physical health, mental health, and substance use. If they answered "yes" to any of the questions related to physical health they are given a score of one for physical health. Likewise for mental health and substance use. This data is not directly comparable to the data discussed above related to health. This data is only based on the 133 people who responded to the VI-SPDAT questions and is based on indicators of health rather than self reporting of a participants' health conditions. Based on participants' responses to these questions, 74% were identified as having issues related to physical health, 37% for mental health and 36% for substance use. 15% have complex needs and were identified as having physical health, mental health, and substance use issues, or considered tri-morbid.

Survey Participants who Completed the VI-SPDAT with Indicators of Physical Health, Mental Health and Substance Use (VI-SPDAT n=133)



Participants were asked whether there are any medications a doctor said they should be taking that, for whatever reason, they are not taking. Almost one third (32%) reported not taking medications that have been prescribed to them. Participants were also asked whether there are any medications like painkillers that they don't take the way the doctor prescribed or where they sell the medication.

11% identified that they take medications inappropriately or sell the medication.

Sleeping Arrangements

The shelter and transitional housing count and hospital count identified the number of people experiencing homelessness in those facilities on March 20th, 2018. Survey participants were asked where they slept on March 20th, 2018 and responses were categorized. This information was used to identify people who were unsheltered, staying at someone else's place, or in a hotel/motel without a home they could return to. The information that follows is based on people who were either counted or surveyed.

142 people comprised of these two groups fall in a category of homelessness referred to as Absolute Homelessness.

94 people, fall into the category of homelessness called Provisionally Accommodated or Hidden Homelessness.

This category includes:

- 71 people staying at someone else's place,
- 14 people staying in transitional housing,
- 5 people who were in-patients at the hospital and do not have permanent housing arrangements,
- and 4 people who were staying at a hotel/motel.

A further 23 people were screened into the survey by identifying as homeless, but their sleeping arrangements are unknown.

It should be noted that it is possible some of these individuals may be counted above in the previous two categories if they were staying in emergency shelters or transitional housing due to these facilities counting the number of people staying there.

Some people who are not using shelters may not be connected to the homeless service system and therefore may not be receiving the referrals and supports they need. Nearly one quarter (24%) of survey participants have not used an emergency shelter in the past year. This includes 32 people staying at someone else's place, nine people who were sleeping outdoors or in a place not meant for human habitation, three people who were in-

patients at the hospital, two people staying in a hotel/motel, and three with unknown sleeping arrangements on March 20th, 2018.

74%

Have Used an Emergency Shelter in the Past Year

3% No Response

24%

Have Not Used an Emergency Shelter in the Past Year.

It is important to have entry points to the homeless services system that do not require people to visit emergency shelters in order for all people experiencing homelessness to have access to available housing and supports. Effective and assertive community outreach programs are also important to ensure access to housing and supports for people who are sleeping outdoors, in places not meant for human habitation or who are hospitalized.

DISCUSSION

History of Homelessness

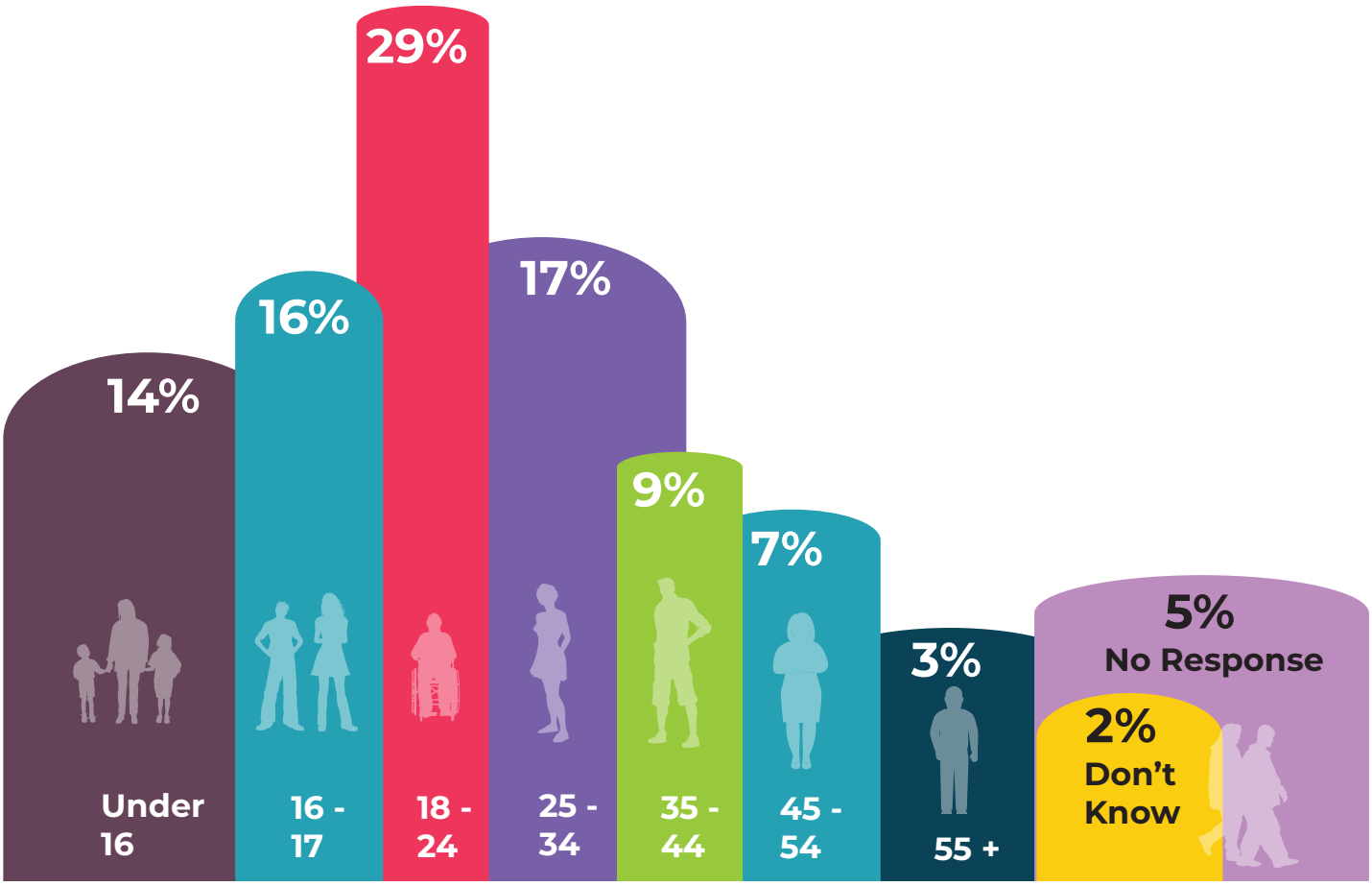
Age of First Experience of Homelessness

People first experience homelessness at different ages:

- 14% of survey participants first experienced homelessness before the age of 16
- 16% first experienced homelessness between the ages of 16 and 17
- 29% first experienced homelessness between the ages of 18 and 24.

58% experienced homelessness before their 25th birthday.

Survey Respondents' Age of First Experience of Homelessness (PiT n=200)



Length of Homelessness

While homelessness is difficult for anyone who experiences it, the length and frequency of the experience can be a useful way to differentiate the homeless population. Chronic and episodic homelessness are sometimes used as criteria for program eligibility or as indicators of target populations.

Chronically homeless individuals are defined by the Governments of Canada and Ontario as people who are homeless for six months or more in the past year[9].

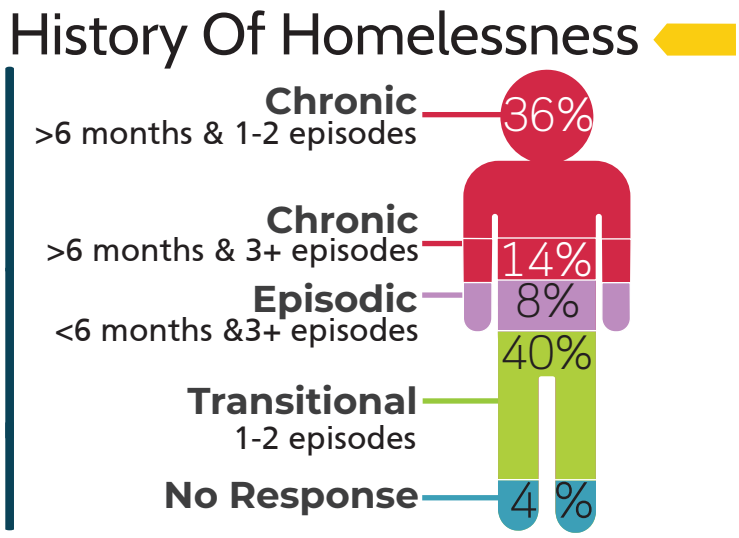
49% of the people surveyed (98) met the definition of chronically homeless.

This provides a useful indicator for the community's commitment to end chronic homelessness by 2025.

Frequency of Homelessness

Episodically homeless refers to individuals who are currently homeless and have experienced three or more episodes of homelessness in the past year.

- 22% of people surveyed (43) met the definition of episodically homeless.



A subset of those who are experiencing chronic homelessness have also had 3 or more episodes of homelessness in the past year, making them both chronically and episodically homeless.

- 14% of the people surveyed (27) fell into this group. For most people who experience homelessness, it is a brief and non-recurring event.
- 40% of people surveyed are considered transitionally homeless; they have had one or two episodes of homelessness and have been homeless for less than six months in the past year.

Causes of Homelessness and Barriers to Housing

A variety of different factors contribute to an individual's experience of homelessness. Often, people experience homelessness when all other options have been exhausted and/or they are dealing with circumstances that make it difficult to maintain housing. Over half (59%) of participants who responded to the VI-SPDAT questions identified that their experience of homelessness is related to relationship breakdown, an unhealthy or abusive relationship, or because family or friends caused them to become evicted.

Many people who experience homelessness are dealing with some form of trauma.

56% of participants who responded to the VI-SPDAT questions indicated that their current experience of homelessness was caused by emotional, physical, psychological, sexual, or other type of abuse or by another trauma.

As part of the PiT survey questions, participants identified the following as key challenges that caused them to lose their housing most recently:

- Family breakdown (60 people or 30%)
- Unsafe housing conditions (44 people or 22%)
- Coping with addictions (33 people or 17%)
- Being unable to pay rent (30 people or 15%).

Other things that caused those experiencing homelessness to lose their housing most recently were:

- Incarceration (18 people or 9%)
- Conflict with a roommate or landlord (14 people or 7%)
- Health issues (11 people or 6%)
- Eviction (8 people or 4%)
- Job loss (8 people or 4%).

Top 3 Reasons for Homelessness

Family Breakdown	Unsafe Housing	Addiction/Substance Use
30%	22%	17%

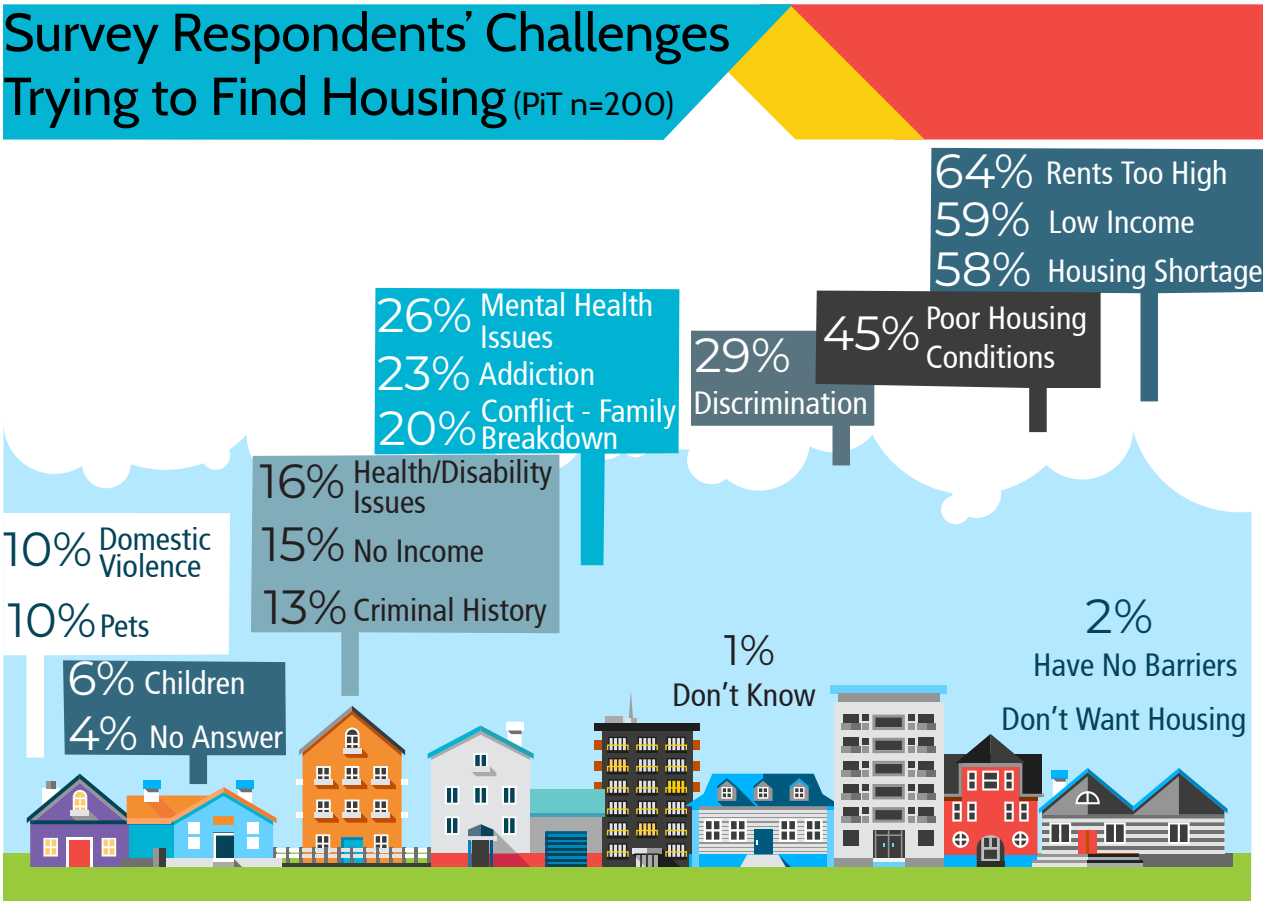
People experiencing homelessness face many barriers to finding housing. Many are dealing with the effects of the affordable housing crisis:

- Incomes are low (59%)
- Rents are too high (64%)
- There is not enough housing available (58%).
- Housing that is available is in poor condition (45%).

29% of survey participants reported discrimination as one of the barriers they face in accessing housing.

By law, landlords are allowed to ask for proof of income, credit history, references, one month's rent as a deposit, and select tenants based on this information. For some people experiencing homelessness, these can act as significant barriers to obtaining housing. Landlords are not allowed to discriminate based on where people receive their income from, their age, ethnic background, marital status, place of employment, or number

of children. They are also not allowed to force an applicant to provide direct payment from social assistance or a criminal reference check, unless they have a good reason for asking. The percentage of survey participants who reported discrimination as a barrier to housing suggests that there may be an opportunity for the community to investigate further the forms of discrimination that those experiencing homelessness are facing and whether there is a need for local responses to housing discrimination.



Acuity of Housing Need

The VI-SPDAT is used to help determine the best type of support and housing intervention by providing a score based on overall vulnerability or acuity (depth of need).

Low score (1-3) Low Touch Services; Referrals:

Individuals or families who score low do not require intensive supports, but may still benefit from limited assistance such as referrals and access to affordable housing.

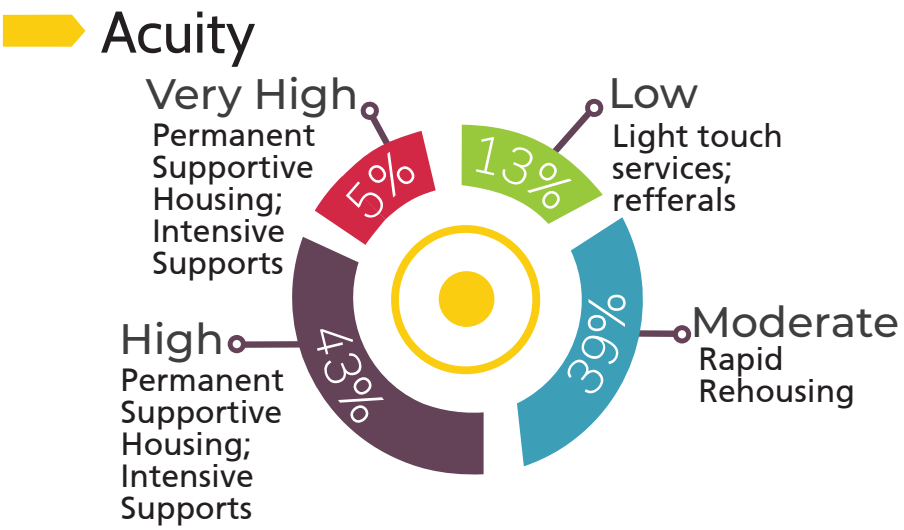
Moderate score (singles: 4-7, youth: 4-7, families: 4-8) - Rapid Re-Housing:

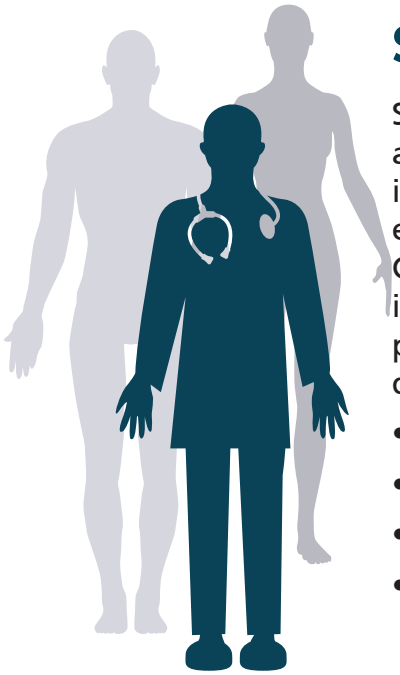
Individuals or families with a medium score have moderate health, mental health and/or behavioural health concerns, but are likely to achieve housing stability with time limited or short term rent, income, social or health supports.

High score (singles: 8-13, youth: 8-13, families: 9-15) - Permanent Supportive Housing, Intensive Supports:
Individuals or families with high scores need permanent supportive housing with ongoing access to rent supports, community services or intensive case management supports to find and keep stable housing.

Very high score (singles: 14-17, youth: 14-17, families: 16-22) - Permanent Supportive Housing, Intensive Supports:
Individuals or families with very high scores need permanent supportive housing with intensive case management to remain stably housed. Case management for this group is more intensive than those with high scores.

43% of the people who completed the VI-SPDAT survey questions scored high. 5% scored very high. 39% scored in the moderate range and 13% scored low.





Services and System Interactions

Survey participants were asked to estimate the number of times they used a variety of emergency health services in the previous six month period, including taking an ambulance to the hospital, receiving healthcare at an emergency room, hospitalization as an in-patient, and using a crisis service. Crisis services include sexual assault crisis, mental health crisis, family/intimate violence, distress centres, and suicide prevention hotlines. In the past six months, among the 133 people who responded to the VI-SPDAT questions:

- **71** people have accessed the emergency department at total of 222 times
- **43** people took an ambulance to the hospital a total of 120 times
- **29** people have been hospitalized as an inpatient a total of 52 times
- **45** people used crisis services a total of 154 times.

Services and System Interactions of Survey Participants (VI-SPDAT n=133)

71 people visited the ER 222 times in the past 6 months

Cost: $137, 000

43 people accessed EMS Services 120 times in the past 6 months

Cost: $280,000

29 people were hospitalized 52 times in the past 6 months

Cost: $286,000

Frequent use is sometimes defined as 3 or more interactions in the past six months[13]. Using this definition:

- **22** people were frequent users of the emergency department,
- **14** people were frequent users of ambulance services and
- **5** were frequent users of hospitals.

People who were frequent users of health services represented a significant proportion of all health service use, particularly for emergency services.

Frequent Usage of Services and Systems (VI-SPDAT n=133)

	Number of frequent users	Number of interactions	Average number of interactions per frequent user	Interactions by frequent users as a % of total interactions
Emergency department visits	22	169	8	76%
Ambulance rides	14	81	6	68%
Hospitalization as an in-patient	5	24	5	46%
Crisis services	13	116	9	75%

Other Risk Factors

The VI-SDPAT also asked questions that cover social risk factors to help determine participants level of vulnerability. People were identified as being at risk of harm if they had been attacked or beaten up since they become homeless. About one third (32%) said they had been attacked or beaten up. Participants were also asked if they had any "legal stuff" going on right now that may result in them being locked up, having to pay fines, or making it more difficult to rent a place to live. 30% reported legal involvement that may act as a barrier to housing. People may be at risk of exploitation if they identified as engaging in risky behaviour, such as exchanging sex for money, running drugs for someone else, having unprotected sex with someone they didn't know, or sharing a needle. Over one quarter (27%) of survey participants identified as engaging in risky behaviour.

Social Risk Factors of Survey Participants (VI-SPDAT n=133)

32% **of people said they had been attacked or beaten up while homeless.**

30% **of people reported legal involvement that may act as a barrier to housing.**

27% **or over one quarter of survey participants identified as engaging in risky behaviour.**

Socialization and Daily Functioning

The VI-SPDAT also asked about participants' socialization activities and ability to function with daily living activities. They were asked whether they had planned activities that make them feel happy and fulfilled:

- 63% reported that they did have planned activities that make them feel happy
- 35% reported that they did not
- 2% did not respond.

Ability to Complete Activities of Daily Living Independently

Participants were asked whether they have any mental health, brain injuries, learning disabilities, developmental disabilities, or physical disabilities that would make it hard for them to live independently:

- 13% (17 people) identified that they have mental health issues, brain injury, learning disabilities, or developmental disabilities
- 10% (13 people) identified as having physical disabilities that would make it hard for them to live independently.

A total of 30 people reported a mental health issue, brain injury, learning disability, developmental disability or physical disabilities that would make it hard for them to live independently.

Subpopulations

The following section provides information on the characteristics of various population groups experiencing homelessness based on the full survey results. Data tables related to these population groups can be found in the Appendix.

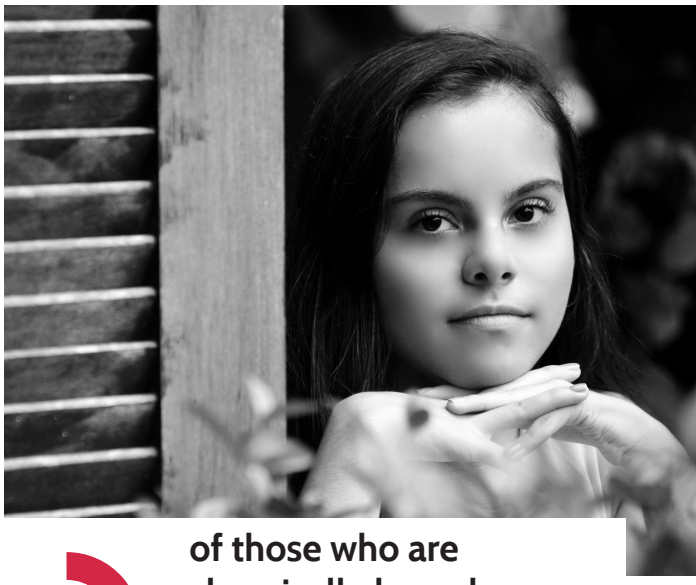
Chronic, Episodic and Transitional Homelessness

Having an understanding of the profiles of people who are experiencing chronic homelessness, episodic homelessness and transitional homelessness is important for planning programs and services that target these specific groups.

Chronic Homelessness

Individuals who were chronically homeless include people of all age ranges and genders.

- 15% of this group are youth age 16-24.
- While this group is largely individuals who are alone, it also includes groups of two or more individuals (8%) and families with children (5%).



Therefore, it is important that efforts aimed at ending chronic homelessness encompass all age groups, genders, and household types, including youth and families.

26% **of those who are chronically homeless identified as Indigenous or Indigenous Ancestry**

People of Indigenous identities account for 26% of this group. While this is similar to the overall population of individuals experiencing homelessness, it reinforces the need to ensure culturally appropriate services are incorporated into the interventions targeting individuals experiencing chronic homelessness. Over one third of those chronically homeless were staying with friends or family or other locations considered to be hidden

homeless. Again, this is similar to the overall population of individuals experiencing homelessness, but suggests that to end chronic homelessness it will be important to have easily accessible entry points to the coordinated entry system that do not require people to access emergency shelters in order to be connected to appropriate housing and supports.

84% **of chronically homeless who responded to the VI-SPDAT questions have indicators of a physical health issue.**

35% **about one third have indicators of substance use issues.**

37% **have indicators of mental health issues.**

Almost half (49%) have high acuity and 41% have moderate acuity. This suggests that a fairly equal mix of permanent supportive housing/intensive case management and short-term rent subsidy along with access to support services will be required to meet the housing needs of this group.

Episodic Homelessness

The episodically homeless group is almost entirely made up of individuals who are alone. 37% of people who are considered to be episodically homeless are Indigenous.

- **Indigenous peoples account for a particularly large proportion (50%) of those who have had three or more episodes of homelessness, but who have not been homeless for six months in the past year.**

It will be worth monitoring whether this a consistent trend over time, and if so, whether specifically targeted interventions are required.

37% **of people who are episodically homeless are Indigenous.**

A large percentage (56%) of the episodically homeless group are staying in locations considered to be hidden homeless. Many (42%) have not used shelters in the past year.

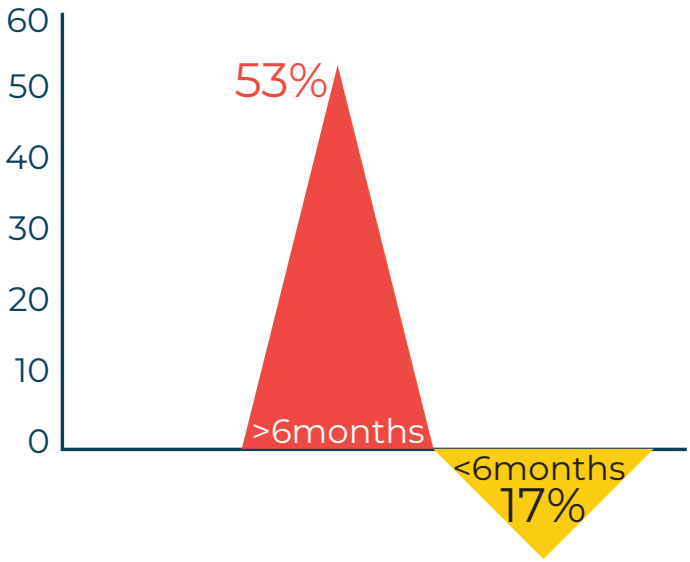
In order to address the need of people experiencing episodic homelessness, it is important to ensure there are easily accessible access points to the homeless service system that do not require people to visit emergency shelters in order to be connected to appropriate housing and supports Contrary to what one might expect:

48%

Almost half of this group have high acuity levels.

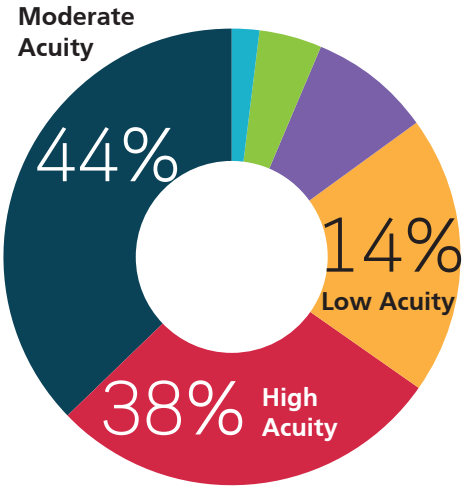
Moderate Acuity

People experiencing episodic homelessness who have been homeless for six months or more of the past year are much more likely to have moderate acuity levels (53%) compared to those who are episodically homeless and have been homeless for less than six months of the past year (17%).



For this group to resolve their homelessness a mix of permanent supportive housing, intensive case management, short term rent subsidies and other community supports will be required.

Transitional Homelessness



Most survey participants who have been homeless one or two times, for less than six months within the past year, (transitionally homeless), are staying in emergency shelters. The transitionally homeless group includes a mix of 14% with low acuity, 44% with moderate acuity and 38% with high acuity. This information can be used to help determine the potential for shelter diversion programs, as people who are transitionally homeless with low and moderate acuity are typically the primary target groups for such programs. Shelter diversion programs are targeted at people who a seeking a place to stay, and provide services to help them address their housing issues without requiring an admission to emergency shelter.

Youth, Adults, and Older Adults

Youth

23% **of youth identify as gay, bisexual or pansexual. This over-representation within the homeless population among youth who identify as LBGTQ2S+ is consistent in communities across the country**[14]

Conflict with family members related to sexual orientation is a common reason for homelessness among youth[15].

- 38% have had involvement with the child welfare system.

Differences between the profile of the youth homeless population and adult populations suggest different pathways in to homelessness and have implications for prevention as well as pathways out of homelessness. These differences suggest the importance of safe emergency shelter spaces for LTBTQ2S+ youth as well as the importance of supports that assist youth with reconnecting with family and community and supportive transitions when aging out of the child welfare system. Youth are more likely than other age groups to be homeless for less than six months.

38% **over one third of youth met the definition of chronically homeless.**

The longer youth spend homeless, the greater the chance they will engage in high risk behaviours such as survival sex, suicide attempts, substance use and injection drug use, and the greater the risk of chronic homelessness[16].

This suggests a critical window of opportunity for intervention.

Almost an equal number of youth were staying in an emergency shelter as were staying in locations considered to be hidden homeless. One third of youth had not stayed at an emergency shelter in the past year, making them less likely to be staying in an emergency shelter compared to other age groups. This points to the importance of ensuring easy access to housing and supports for youth without requiring youth to stay in emergency housing in order to access services.

- **The majority (72%) of youth provided indicators of a physical health issue, making them more likely than other age groups to provide indicators of a physical health issue.**
- **Over half (55%) of youth have high acuity (compared with only 46% of adults), 31% moderate and 14% low.**

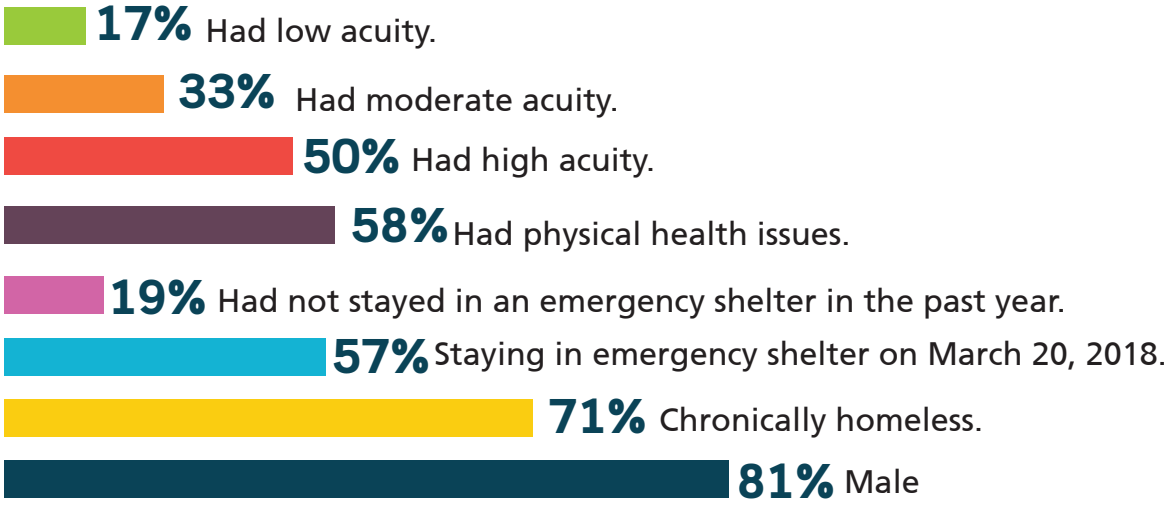
This suggests the need for primarily affordable housing with intensive case management, but also short-term rent subsidy along with access to support services to meet the housing and support needs of youth.

Adults 25-54 Years Old

Adults age 25-54 are least likely to provide indications of a health issue. They are also somewhat less likely than other age groups to have high acuity levels (46%), but more likely to have moderate acuity (42%).

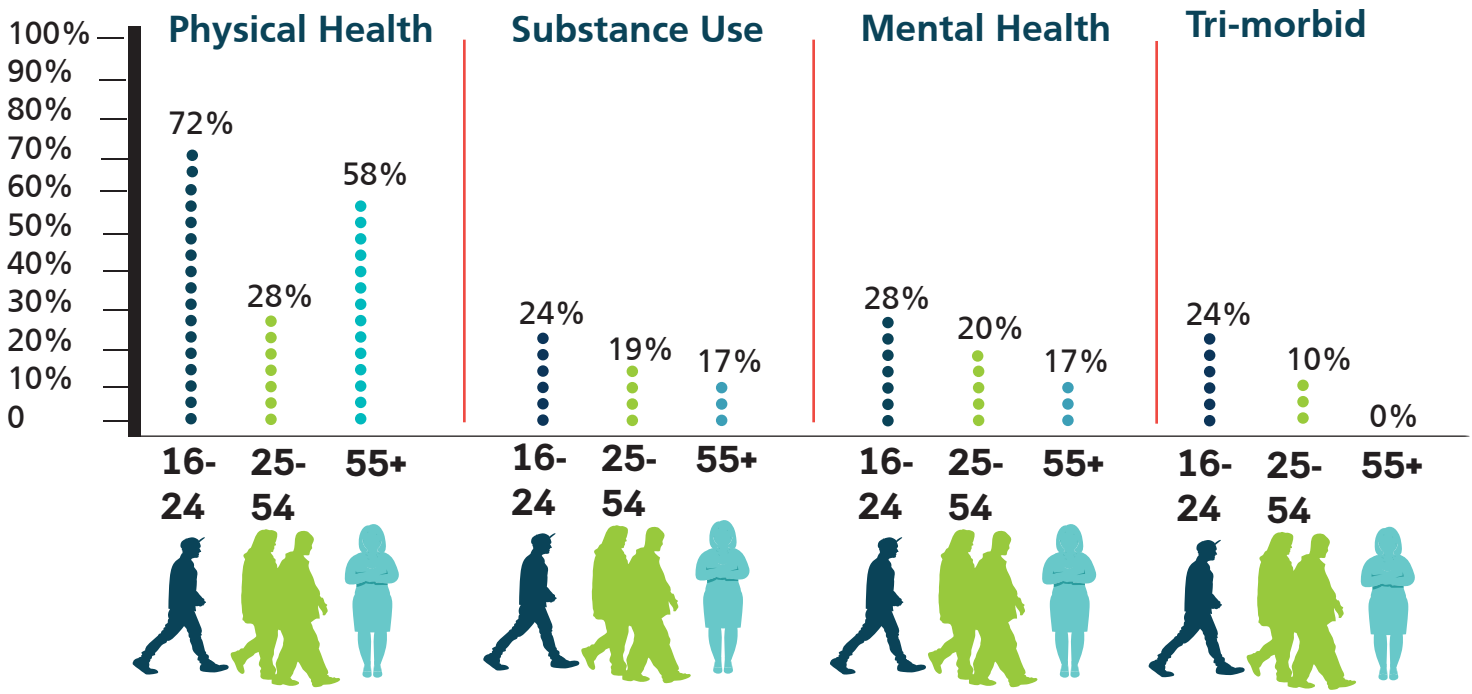
Older Adults

Older adults, 55 and over, are more likely to be male (81%) who are chronically homeless (71%), and more likely to be chronically homeless than other age groups. 57% of people in this age range were staying in an emergency shelter on March 20th. 19% had not stayed in an emergency shelter in the past year. This makes them more likely than other age groups to be using emergency shelters. A smaller percentage of older adults (58%) provided indicators of physical health issues than youth, but the percentage was still substantially higher than adults 25-54. Half (50%) have high acuity, one third (33%) moderate, and 17% have low acuity.



A mix of predominately permanent supportive housing/intensive case management and short-term rent subsidy along with access to support services are needed to support housing needs of older adults.

Health and Acuity of Youth, Adult and Older Adult Population Groups (VI-SPDAT n=133)



Gender

Youth include a fairly even split between males and females, unlike older age groups which are predominantly male.

- 38% of women identified as having Indigenous identity or ancestry compared to only 22% of men.
- 90% of men are alone, compared to only 71% of women.
- Women are more likely to be homeless with another adult individual (13%), another adult individual with children under 18 (7%) and a single parent with children under 18 (7%).
- This compares drastically with only 1% of homeless men who are single parents with children under 18.

Physical health issues were common among both males and females. However, a higher percentage of men provided indicators of substance use and mental health issues.

Acuity of the women surveyed is moderately higher than the men.

- 52% of women have high acuity compared to 45% of men.

Sexual Orientation

Those with gay, bisexual and pansexual sexual orientations are more likely than their heterosexual counterparts to be youth, female, chronically homeless, and living in a hidden homeless situation.

75% **of gay, bisexual, and pansexual people are chronically homeless compared to only 47% of heterosexual people.**

In contrast, the gay, bisexual and pansexual group were less likely to have health conditions.

67% **about two thirds of gay, bisexual and pansexual participants have moderate acuity levels.**

Indigenous

43% **of those identified as having Indigenous ancestry were women.**

There are a couple areas where the characteristics of homeless Indigenous peoples are notably different from non Indigenous peoples. A larger percentage of people with Indigenous identities or ancestries were women (43%) than their non Indigenous counterparts (25%). They are more likely to be staying in situations considered to be hidden homeless and are less likely to have stayed in an emergency shelter in the past year.

- 80% of Indigenous people provided indications of a physical health issue, compared to 71% of non Indigenous.
- 55% of Indigenous people have high acuity compared to 46% of non Indigenous.
- Indigenous people are more likely to be episodically homeless compared to non Indigenous people.

Household Type

- 62% of families with children are transitionally homeless, meaning they have been homeless one or two times for a total of less than six months in the past year.
- The majority (69%) of families surveyed are staying at an emergency shelter and the rest are hidden homeless, with none being unsheltered.
- 15% had not stayed in an emergency shelter in the past year.
- Half (50%) of families indicated at least one member of the household has a physical health issue, which is significantly lower than individuals who are alone (78%) and groups of two or more individuals (62%).

Individuals who are alone are much more likely to indicate physical health, substance use, and mental health issues. This results in 18% of alone individuals who are tri-morbid compared to 0% in other household compositions. 51% of individuals who are alone have high acuity compared to 31% of groups of two or more individuals and 40% for families with children.

High, Moderate, and Low Acuity

People with high acuity should be prioritized for access to housing and supports. Therefore, it is important to have an understanding of who it is that is most in need of housing and supports. People with high acuity include:

- **61%** **males and 36% females, which is a larger proportion of males than with low and moderate acuity levels**
- **88%** **singles**
- **6%** **those together with two or more people and 6% families with children**
- **52%** **who are chronically homeless and 22% who are episodically homeless.**

Given that not everyone with high acuity is chronically homeless, it is important to consider the acuity of individuals when prioritizing for housing and supports rather than only looking at whether they are chronically homeless.

36% of those with high acuity have not used shelters in the past year, a larger proportion than lower acuity levels. This points to the need for effective housing outreach strategies and easily accessible access points for coordinated entry to housing and supports so that homelessness is quickly addressed for those who are the most vulnerable.

People with moderate acuity levels are most likely of all acuity levels to be chronically homeless (54%). Fewer people in the low acuity group are chronically (41%) or episodically homeless (24%).

Not surprisingly, people with high acuities were more likely to indicate a health condition.

- 89% of this group have a physical health issue,
- 59% have a mental health issue, and
- 56% have a substance use issue.

This compares to only 24% of those with low acuity having a physical health issue, none with a mental health issue, and 6% with a substance use issue. All individuals who were tri-morbid have high acuity levels.

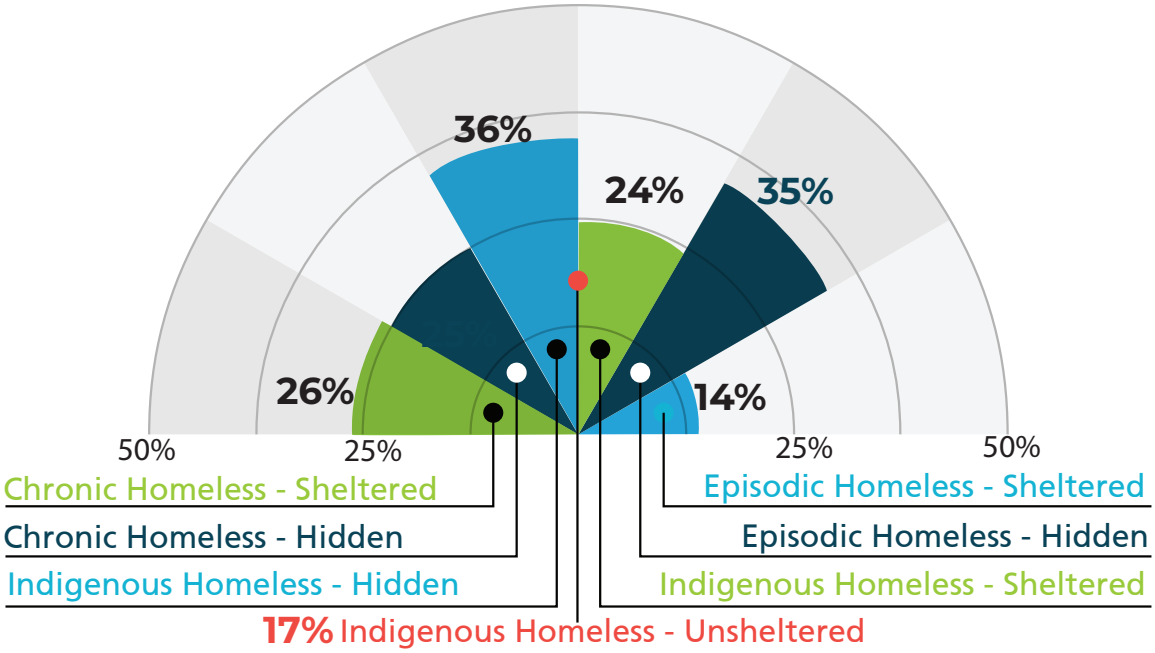
Unsheltered, Sheltered and Hidden Homelessness

Everyone staying in unsheltered locations is alone.

The vast majority (83%) are male. 17% are female.

One might anticipate that the unsheltered group is only those experiencing chronic homelessness. However, this group includes:

- people who are chronically homeless (33%)
- episodically homeless (8%),
- and people who are transitionally homeless.



Sheltered

The sheltered group includes 26% who meet the definition of chronic homelessness and 14% who are episodically homeless. In comparison, one quarter (25%) of those experiencing hidden homelessness are chronically homeless and 35% are episodically homeless. Indigenous people account for 36% of the hidden homeless population, compared to 24% of the sheltered population and 17% of the unsheltered population. This suggests that Indigenous people may be more likely to rely on family or friends for accommodation when they do not have a place of their own.

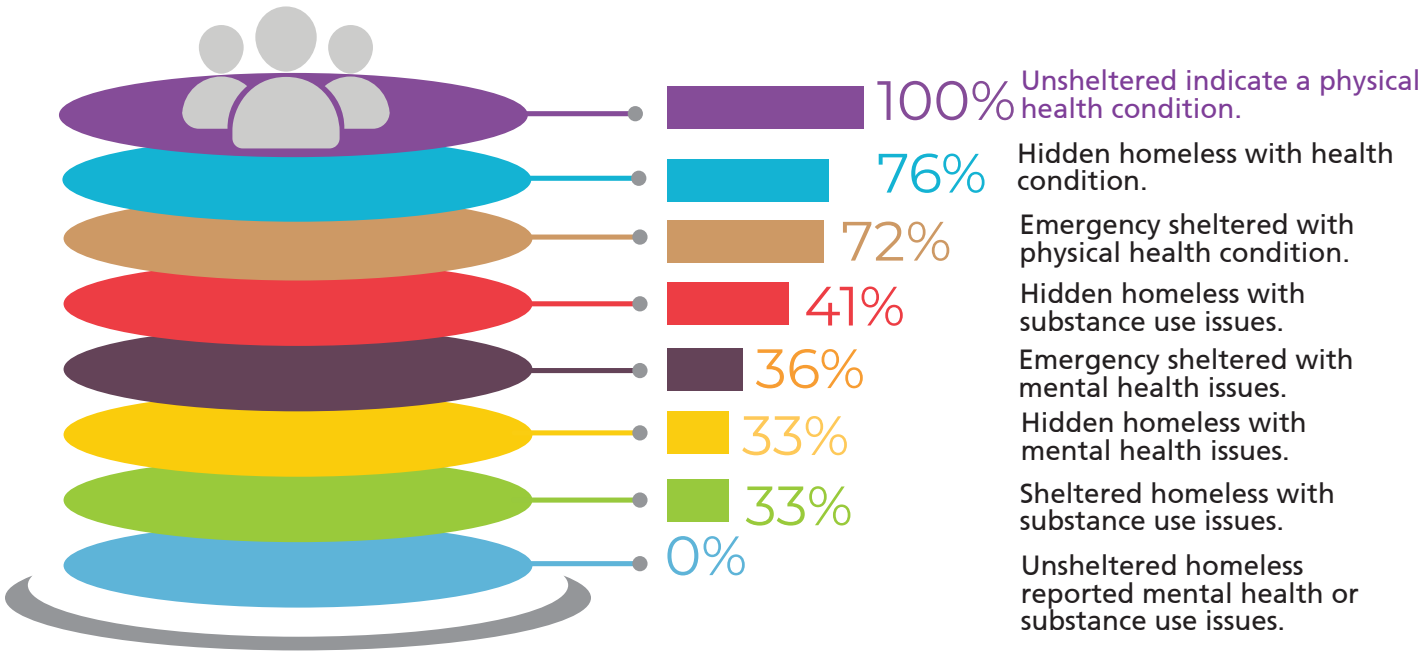
Hidden Homelessness

Hidden homeless are more likely to be episodic whereas sheltered and unsheltered are more likely to be chronic.

55% of the hidden homeless population have not stayed in an emergency shelter in the past year.

Hidden homeless are more likely to have high acuity compared to moderate or low acuity. Those who have not stayed in an emergency shelter in the past year are much more likely to have a high acuity. Again, this points to the need for effective housing outreach for people sleeping outside or places not meant for human habitation. Substance use issues were more commonly reported among those experiencing hidden homelessness (41%) than those staying in shelters (33%) or unsheltered (0%).

All of the unsheltered survey participants provided an indication of a physical health condition. This compares to 72% of those staying in an emergency shelter and 76% of those experiencing hidden homelessness. However, only three people staying in unsheltered locations responded to the VI-SPDAT questions, so it is important to exercise caution when interpreting this information. The data presented on health and acuity levels may not be representative of all individuals staying in unsheltered locations. None of the people staying in unsheltered locations reported mental health or substance use issues. 36% of those staying in emergency shelters provided indications of a mental health issue. 33% of those experiencing hidden homelessness have mental health issues. Substance use issues were more commonly reported among those experiencing hidden homelessness (41%) than those staying in shelters (33%). An equal number of people staying in unsheltered locations who completed the VI-SPDAT have high, moderate and low acuity. Among the sheltered group, 44% were high acuity, 44% were moderate and 11% were low acuity. This compares to 53% high acuity, 35% moderate acuity and 12% low acuity among the hidden homeless group.



MOVING FORWARD

Aligned with the provincial goal of ending chronic homelessness[17], the City and County of Peterborough has begun to reorganize and invest their efforts to achieve the same goal locally. This homelessness count provides valuable information to work toward that goal.

The count used a common assessment tool, the VI-SPDAT, to measure depth of need. The tool helps the community make decisions about who is in need of services first (those who are at most risk of death related to their homelessness).

By providing an invitation for participants to share their name and contact information the information from the homelessness count will be used to establish a By-Name List. The list will consist of all people known to be experiencing homelessness in the community. It will be organized to show depth of each person/family's need.

People will be connected to appropriate supports and services to match the intensity and duration of service needed to find and maintain housing.

A coordinated entry system is being established so that individuals and families who are experiencing homelessness or a housing crisis will be directed to community level entry points where trained workers use a common assessment tool (the suite of available SPDAT tools) on an ongoing basis to evaluate the individual or family's depth of need (acuity), not just at the time of a homelessness count. The assessment results will prioritize them for housing and/or support services, and then help to match them to available housing focused interventions and supports.

The By-Name List will help Peterborough to know who is homeless at any given time, and show movement patterns as people become housed and/or move in and out of homelessness. We will be able to know who is homeless at any given time and track movements from homelessness to housing and any returns to homelessness.

The data collected in the 2016 and 2018 homelessness counts will be used alongside shelter use data and emerging best practice research to direct investments and community efforts to end chronic homelessness by 2025. The count information can be combined with information from other sources, such as shelter use data, to estimate the number of people whose homelessness will need to be resolved, and how much of each type of intervention is required to end chronic homelessness by 2025.

APPENDICES

Definitions

Absolute Homelessness – refers to people who are unsheltered and staying in emergency shelters

Acuity – is a measure of the overall vulnerability of an individual/family, or depth of need.

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.

Emergency Sheltered – refers to people staying in emergency overnight shelters for people who are homeless as well as domestic violence (Violence-Against-Women (VAW)) shelters.

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.

Hidden Homelessness – another term for provisionally accommodated. It includes:

- Interim housing for people who are homeless, also known as transitional housing.
- People living temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.
- People in institutional care who lack permanent housing arrangements, such as hospitals and correctional facilities.

High Acuity – refers to singles and youth with a VI-SPDAT score of 8-13 and families with a score of 9-15. Individuals or families with high scores need permanent housing with ongoing access to services or intensive case management to remain stably housed.

Indigenous Homelessness - Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous world views. These include: individuals, families and communities isolated from

their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.

Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012).

Low Acuity – refers to individuals and families with a VI-SPDAT score of 1-3. Individuals or families who score low do not require intensive supports but may still benefit from limited assistance such as referrals and access to affordable housing.

Moderate Acuity – refers to singles and youth with a VI-SPDAT score of 4-7 and families with a score of 4-8. Individuals or families with a medium score have moderate health, mental health and/or behavioral health issues, but are likely to be able to achieve housing stability over a short time period through a medium or short term rent subsidy and access to support services.

Point-in-Time Count (PiT) – refers to a count and survey aimed at determining the extent and nature of homelessness in a community over a 24-hour period.

Provisionally Accommodated – another term for hidden homelessness. See definition for Hidden Homelessness above.

Registry Week – is a three-day long effort to learn every person experiencing homelessness by name. It includes a mechanism to collect actionable data on people currently experiencing homelessness and plan to connect them with appropriate housing and supports.

Survival sex - refers to exchanging one's body for basic subsistence needs, including food, clothing, and shelter.

Transitionally Homeless – refers to individuals who have had one or two episodes of homelessness and have been homeless for less than six months in the past year.

Unsheltered – refers to people living in public places or private spaces without consent or contract as well as people living in places not intended for permanent human habitation.

Very High Score – refers to singles and youth with a VI-SDPAT score of 14-17 and families with a score of 16-22. Individuals or families with very high scores need permanent housing with intensive case management to remain stably housed. Case management for this group is more intensive than those with high scores.

Data Tables

Chronic, Episodic and Transitional Homelessness

Characteristics of Chronic, Episodic and Transitional Homelessness Population Groups (PiT n=200)

	# Chronic <3 episodes	# Chronic 3+ episodes	# Episodic < 6 months homeless in past year	Transitional
Age 16-24	11	4	4	19
Age 25-64	57	22	12	57
Age 65+	1	1	0	3
Male	47	21	12	51
Female	24	6	3	26
Gay, Bisexual, Pansexual	8	4	1	3
Individual	62	23	16	63
Two or More Individuals	5	3	0	8
Single Parent with Children Under 18	2	0	0	3
Two or More Individuals with Children Under 18	2	1	0	5
Indigenous Identity or Ancestry	17	8	8	20
Staying at an Emergency Shelter	34	11	3	44
Unsheltered	5	1	0	6
Hidden Homeless	22	13	11	22
Unknown Arrangements	10	2	2	7
Have not stayed in an emergency shelter in past year	14	8	10	14
Total	71	27	16	79

Health and Acuity of Chronic, Episodic and Transitional Homelessness Population Groups (VI-SPDAT n=133)

	# Chronic <3 episode)	# Chronic 3+ episodes	# Episodic homeless < 6 months	# Transitional
Physical Health	43	14	9	30
Substance Use	18	6	6	17
Mental Health	20	5	5	17
Tri-morbid	10	1	3	6
Low Acuity	6	1	3	7
Moderate Acuity	19	9	2	22
High Acuity	26	7	7	19
Total	51	17	12	50

Youth, Adults, and Older Adults

Characteristics of Youth, Adult and Older Adult Population Groups (PiT n=200)

	# Youth 16-24	# 25-54	# 55+	% of 16-24	% of 25-54	% of 55+
Male	20	96	17	51%	72%	81%
Female	18	36	4	46%	27%	19%
Gay, Bisexual, Pansexual	9	7	0	23%	5%	0%
Individual	30	115	20	77%	86%	95%
Two or More Individuals	5	10	1	13%	7%	5%
Single Parent with Children Under 18	2	3	0	5%	2%	0%
Two or More Individuals with Children Under 18	2	6	0	5%	4%	0%
Chronically Homeless	15	66	15	38%	49%	71%
Episodically Homeless	8	30	4	10%	22%	19%
Indigenous Identity or Ancestry	6	44	3	15%	33%	14%
Have had involvement with the child welfare system	15	38	4	38%	28%	19%
Staying at an Emergency Shelter	18	64	12	46%	48%	57%
Unsheltered	0	9	3	0%	7%	14%
Hidden Homeless	17	48	3	44%	36%	14%
Unknown Arrangements	4	13	3	10%	10%	14%
Have not stayed in an emergency shelter in past year	13	30	4	33%	22%	19%
Total	39	134	21	100%	100%	100%

Health and Acuity of Youth, Adult and Older Adult Population Groups (VI-SPDAT n=133

	# 16-24	# 25-54	# 55+	% of 16-24	% of 25-54	% of 55+
Physical Health	21	25	7	72%	28%	58%
Substance Use	7	17	2	24%	19%	17%
Mental Health	8	18	2	28%	20%	17%
Tri-morbid	7	9	0	24%	10%	0%
Low Acuity	4	11	2	14%	12%	17%
Moderate Acuity	9	38	4	31%	42%	33%
High Acuity	16	41	6	55%	46%	50%
Total	29	90	12	100%	100%	100%

Gender

Characteristics of Male and Female Population Groups (PiT n=200)

	# Male	# Female	% of Male	% of Female
Gay, Bisexual, Pansexual	6	9	4%	15%
Individual	123	44	90%	71%
Two or More Individuals	8	8	6%	13%
Single Parent with Children Under 18	1	4	1%	7%
Two or More Individuals with Children Under 18	4	4	3%	7%
Chronically Homeless	68	30	50%	50%
Episodically Homeless	33	9	24%	15%
Indigenous Identity or Ancestry	30	23	22%	38%
Staying at an Emergency Shelter	61	34	45%	57%
Unsheltered	10	2	7%	3%
Hidden Homeless	45	22	33%	37%
Unknown Arrangements	20	2	15%	3%
Have not stayed in an emergency shelter in past year	30	16	22%	27%
Total	138	62	100%	100%

Health and Acuity of Male and Female Population Groups (VI-SPDAT n=133)

	Male	Female	% of Male	% of Female
Physical Health	64	33	74%	75%
Substance Use	35	11	40%	25%
Mental Health	37	11	43%	25%
Tri-morbid	12	6	14%	14%
Low Acuity	13	4	15%	9%
Moderate Acuity	35	17	40%	39%
High Acuity	39	23	45%	52%
Total	87	44	100%	100%

Sexual Orientation

Characteristics of Heterosexual and Gay, Bisexual, and Pansexual Groups (PiT n=200)

	# Heterosexual	# Gay, Bisexual, Pansexual	% of Heterosexual	% of Gay, Bisexual, Pansexual
Age 16-24	29	9	16%	56%
Age 25-64	138	7	78%	44%
Age 65+	5	0	3%	0%
Male	128	6	73%	38%
Female	47	9	27%	56%
Individual	150	13	85%	81%
Two or More Individuals	14	2	8%	13%
Single Parent with Children Under 18	4	1	2%	6%
Two or More Individuals with Children Under 18	8	0	5%	0%
Chronically Homeless	83	12	47%	75%
Episodically Homeless	37	5	21%	31%
Indigenous Identity or Ancestry	46	4	26%	25%
Staying at an Emergency Shelter	89	5	51%	31%
Unsheltered	11	0	6%	0%
Hidden Homeless	57	8	32%	50%
Unknown Arrangements	19	3	11%	19%
Have not stayed in an emergency shelter in past year	40	5	23%	31%
Total	176	16	3%	0%

Health and Acuity of Heterosexual and Gay, Bisexual, and Pansexual Groups (VI-SPDAT n=133)

	# Heterosexual	# Gay, Bisexual, Pansexual	% of Heterosexual	% of Gay, Bisexual, Pansexual
Physical Health	88	8	75%	67%
Substance Use	44	2	38%	17%
Mental Health	45	2	38%	17%
Tri-morbid	19	0	16%	0%
Low Acuity	15	1	13%	8%
Moderate Acuity	44	8	38%	67%
High Acuity	58	3	50%	25%
Total	117	12	100%	100%

Indigenous Peoples

Characteristics of People with Indigenous Identities or Ancestries Versus Non Indigenous (PiT n=200)

	# Indigenous Identity or Ancestry	# Non Indigenous	% of Indigenous Identity or Ancestry	% of Non Indigenous
Age 16-24	6	30	11%	23%
Age 25-64	46	95	85%	73%
Age 65+	1	4	2%	3%
Male	30	95	56%	73%
Female	23	33	43%	25%
Gay, Bisexual, Pansexual	4	11	7%	8%
Individual	45	112	83%	85%
Two or More Individuals	6	10	11%	8%
Single Parent with Children <18	1	3	2%	2%
Two or More Individuals with Children <18	2	6	4%	5%
Chronically Homeless	25	68	46%	52%
Episodically Homeless	16	22	30%	17%
Staying at an Emergency Shelter	23	67	43%	51%
Unsheltered	2	10	4%	8%
Hidden Homeless	25	40	46%	31%
Unknown Arrangements	4	14	7%	11%
Have not stayed in an emergency shelter in past year	17	26	31%	20%
Total	54	131	100%	100%

Health of People with Indigenous Identities or Ancestries Versus Non Indigenous (PiT n=200)

	# Indigenous	# Non Indigenous	% of Indigenous	% of Non Indigenous
Physical Health	32	59	80%	71%
Substance Use	16	30	40%	36%
Mental Health	15	30	38%	36%
Tri-morbid	6	13	15%	16%
Low Acuity	3	12	8%	14%
Moderate Acuity	15	33	38%	40%
High Acuity	22	38	55%	46%
Total	40	83	100%	100%

Household Type

Characteristics of Singles, Survey Participants Part of a Group of Two or More Individuals, and Those Part of a Family with Children (PiT n=200)

	# Alone	# Part of Group 2+ Individuals	# Part of Family with Children	% of Alone	% of Part of Group 2+ Individuals	% of Part of Family with Children
Age 16-24	30	5	4	18%	31%	31%
Age 25-64	131	11	9	77%	69%	69%
Age 65+	4	0	0	2%	0%	0%
Male	123	8	5	72%	50%	38%
Female	44	8	8	26%	50%	62%
Gay, Bisexual, Pansexual	13	2	1	8%	13%	8%
Chronically Homeless	85	8	5	50%	50%	38%
Episodically Homeless	39	3	1	23%	19%	8%
Indigenous Identity or Ancestry	45	6	3	26%	38%	23%
Staying at an Emergency Shelter	85	3	9	50%	19%	69%
Unsheltered	12	0	0	7%	0%	0%
Hidden Homeless	53	12	4	31%	75%	31%
Unknown Arrangements	21	1	0	12%	6%	0%
Have not stayed in an emergency shelter in past year	38	7	2	22%	44%	15%
Total	171	16	13	100%	100%	100%

Health Conditions and Acuity of Singles, Survey Participants Part of a Group of Two or More Individuals, and Those Part of a Family with Children (VI-SPDAT n=133)

	# Alone	# Part of Group of 2+ Individuals	# Part of Family with Children	% of Alone	% of Part of Group 2+ Individuals	% of Part of Family with Children
Physical Health	86	8	5	78%	62%	50%
Substance Use	45	2	1	41%	15%	10%
Mental Health	47	2	0	43%	15%	0%
Tri-morbid	20	0	0	18%	0%	0%
Low Acuity	14	2	1	13%	15%	10%
Moderate Acuity	40	7	5	36%	54%	50%
High Acuity	56	4	4	51%	31%	40%
Total	110	13	10	100%	100%	100%

Acuity

Characteristics of Survey Participants with Low, Moderate and High Acuity (PiT n=200)

	# Low Acuity	# Moderate Acuity	# High Acuity	% of Low Acuity	% of Moderate Acuity	% of High Acuity
Age 16-24	4	9	16	24%	17%	25%
Age 25-64	12	42	46	71%	81%	72%
Age 65+	1	0	2	6%	0%	3%
Male	13	35	39	76%	67%	61%
Female	4	17	23	24%	33%	36%
Gay, Bisexual, Pansexual	1	8	3	6%	15%	5%
Individual	14	40	56	82%	77%	88%
Two or More Individuals	2	7	4	12%	13%	6%
Single Parent with Children <18	1	2	2	6%	4%	3%
Two or More Individuals with Children <18	0	3	2	0%	6%	3%
Chronically Homeless	7	28	33	41%	54%	52%
Episodically Homeless	4	11	14	24%	20%	22%
Indigenous Identity or Ancestry	3	15	22	18%	29%	34%

	# Low Acuity	# Moderate Acuity	# High Acuity	% of Low Acuity	% of Moderate Acuity	% of High Acuity
Staying at an Emergency Shelter	7	27	27	41%	52%	42%
Unsheltered	1	1	1	6%	2%	2%
Hidden Homeless	6	17	26	35%	33%	41%
Unknown Arrangements	3	7	10	18%	13%	16%
Have not stayed in an emergency shelter in past year	4	10	23	24%	19%	36%
Total	17	52	64	100%	100%	100%

Health of Survey Participants with Low, Moderate and High Acuity (PiT n=200)

	# Low	# Moderate	# High	% of Low	% of Moderate	% of High
Physical Health	4	38	57	24%	73%	89%
Substance Use	1	11	36	6%	21%	56%
Mental Health	0	11	38	0%	21%	59%
Tri-morbid	0	0	20	0%	0%	31%
Total	17	52	64	100%	100%	100%

Sleeping Arrangements

Characteristics of Unsheltered, Sheltered, and Hidden Survey Participants (PiT n=200)

	# Unsheltered	# Sheltered	# Hidden
Age 16-24	0	18	17
Age 25-64	12	73	51
Age 65+	0	3	0
Male	10	61	45
Female	2	34	22
Gay, Bisexual, Pansexual	0	5	8
Individual	12	85	53
Two or More Individuals	0	3	12
Single Parent with Children Under 18	0	3	2

	# Unsheltered	# Sheltered	# Hidden
Two or More Individuals with Children Under 18	0	6	2
Chronically Homeless	4	25	17
Episodically Homeless	1	14	24
Indigenous Identity or Ancestry	2	23	25
Have not stayed in an emergency shelter in past year	3	3	38
Total	12	97	69

Health and Acuity Characteristics of Unsheltered, Sheltered, and Hidden Survey Participants (Vi-SPDAT n=133)

	# Unsheltered	# Sheltered	# Hidden
Physical Health	3	44	37
Substance Use	0	20	20
Mental Health	0	22	16
Tri-morbid	0	10	5
Low Acuity	1	7	6
Moderate Acuity	1	27	17
High Acuity	1	27	26
Total	3	61	49

End Notes

1 Source: Government of Ontario, Ontario Commits to Ending Chronic Homelessness in 10 Years, News Release, 2015 https://news.ontario.ca/mma/en/2015/10/report-of-the-expert-advisory-panel-on-homelessness.html

2 Source: Homeless Hub, Single Women, accessed at http://homelesshub.ca/about-homelessness/population-specific/single-women

3 Source: Canadian Community Health Survey; "Canadian Community Health Survey," *The Daily*, Tuesday, June 15, 2004

4 Source: Statistics Canada, Census, 2016

5 Source: Statistics Canada, Census, 2016

6 Source: Government of Canada, 2016 coordinated point-in-time count of homelessness in Canadian communities, 2017

7 Source: Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S., O'Grady, B. (2017). *Child Welfare and Youth Homelessness in Canada: A Proposal for Action*. Toronto: Canadian Observatory on Homelessness Press.

8 About 12% of Canadians aged 15 years or older report having a disability related to pain, flexibility or mobility. Source: Statistics Canada, Canadian Survey on Disability, 2012.

About 29% of the population aged 20 years and older reports having been diagnosed with at least one of the five major chronic diseases. Source: Canadian Community Health Survey (CCHS), 2014

9 Sources: Government of Canada, Homelessness Partnering Strategy Directives 2014-2019 and Government of Ontario, A Place to Call Home, Report of the Expert Advisory Panel on Homelessness, 2015

10 Source: Hospital Fees for Patients without Canadian Provincial or Federal Health Insurance accessed at: https://www.qch.on.ca/uploads/Finance/Fees%20for%20Cdns%20without%20insurance.pdf

11 Source: Ontario Ministry of Health and Long Term Care, Ambulance Service Billing, accessed at http://www.health.gov.on.ca/en/public/publications/ohip/amb.aspx

12 Source: Canadian Institute for Health Information, 2017, Understanding Variability in the Cost of a Standard Hospital Stay, https://www.cihi.ca/sites/default/files/document/cshs-variability-study-2017-en.pdf

13 Source: Guelph – Wellington Registry Week 2016, 2016

14 Source: Homeless Hub, Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning and Two-Spirit (LGBTQ2S), accessed at http://homelesshub.ca/about-homelessness/population-specific/lesbian-gay-bisexual-transgender-transsexual-queer

15 Source: Homeless Hub, Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning and Two-Spirit (LGBTQ2S), accessed at http://homelesshub.ca/about-homelessness/population-specific/lesbian-gay-bisexual-transgender-transsexual-queer

16 Gaetz, Stephen; O'Grady, Bill; Buccieri, Kristy; Karabanow, Jeff; & Marsolais, Allyson (Eds.), Youth Homelessness in Canada: Implications for Policy and Practice. Toronto: Canadian Homelessness Research Network Press.

17 Source: Government of Ontario, Ontario Commits to Ending Chronic Homelessness in 10 Years, News Release, 2015 https://news.ontario.ca/mma/en/2015/10/report-of-the-expert-advisory-panel-on-homelessness.html

18 Source: Stephen Gaetz, Erin Dej, Tim Richter, & Melanie Redman (2016): The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press.

Appendix B

ACKNOWLEDGEMENTS

19 Source: Statistics Canada, Census, 2016

First of all, we give our sincere thanks to the 200 people who agreed to be surveyed for this year's homelessness. Thank you for trusting us with your personal information and for sharing your stories. Your experiences will shape the way in which we respond to your needs and the needs of others also experiencing homelessness in our community.

The Peterborough 2018 homelessness count could not have been undertaken without the involvement of partners. Partners were essential for planning for the initiative, counting individuals, leading teams of volunteers, administering surveys, providing logistical support, providing a response for anyone in urgent need of assistance, supporting the youth event, data entry and graphic design.

Thank you to the following organizations that participated in ICountPtbo.

- Brock Mission – Emergency Shelter
- Cameron House – Emergency Shelter
- Canadian Mental Health Association (HKPR)
- City of Peterborough Social Services
- Elizabeth Fry Society
- Employment Planning & Counselling
- Four Counties Brain Injury Association
- FourCAST
- Lakefield Food Bank
- Nogojiwanong Friendship Centre
- North Kawartha Food Bank
- Norwood Food Bank
- One Roof Diner
- Peterborough Regional Health Centre (PRHC)
- Peterborough Youth Services
- Salvation Army Breakfast Housing Resource Centre
- Warming Room Community Ministries
- Y.W.C.A Peterborough Haliburton – Crossroads Shelter
- YES - Shelter for Youth and Families

Thank you to the Principals and staff of the five high schools in the Kawartha Pine Ridge District School Board for submitting counts of their students who were experiencing homelessness.

Thank you to the over 80 volunteers that contributed over 400 volunteer hours to assist with administering surveys and supporting the youth event. Particular acknowledgement is to Stacey Knight of the Parlour and Vanessa and her team from Asta Hairstyling School for helping to make the youth event a success. Volunteers, without your commitment this would not have been possible.

Acknowledgement is extended to the ICountPtbo Advisory Committee for supporting the planning of the initiative.

Co-Chairs:
Dorothy Olver, City of Peterborough
Lisa Smith, United Way Peterborough & District

Members:
Bill Smith, City of Peterborough
Caren Thayer, City of Peterborough
Crystal Hebert, A Way Home Peterborough
Erica Richmond, United Way Peterborough & District
Kerri Kightley, Four Counties Addiction Services Team
Madeline Porter, A Way Home Peterborough
Meagan La Plante, YES Shelter for Youth and Families
Peter Williams, Peterborough Police Services

Acknowledgement is also extended to the community stakeholders who participated in the community engagement session, for their planning support for the initiative. Further acknowledgment is extended to the City of Peterborough for data entry, data extraction and graphic design and to the United Way for project oversight.

Cassandra Vink of Vink Consulting acted as the Homelessness Enumeration Coordinator and authored this report.

This project was funded by the Government of Canada's Homelessness Partnering Strategy (HPS) through United Way Peterborough & District.

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