



20,000 HOMES

Because a couch is not a home...



Registry Week Final Report





68 Lindsay Street North, 24 one bedroom units specially targeted to the homeless population – occupancy early 2019.

Table of Contents

- Acknowledgements:..... 4
 - City of Kawartha Lakes and County of Haliburton..... 4
 - 2018 Registry Week Working Group..... 4
- Executive Summary..... 5
 - Background and Purpose..... 5
 - Registry Week 2018 Findings..... 7
- Introduction..... 10
- Background..... 11
 - Alignment with the CKL-H 10 Year Housing and Homelessness Plan..... 11
 - Overview of the 20,000 Homes Campaign..... 11
 - Canadian Definition of Homelessness and Indigenous Homelessness..... 12
 - CKL-H Progress on Homelessness 2016 – 2018..... 13
- Survey Methods and Limitations..... 15
 - The Planning Process..... 15
 - Survey Tool..... 16
 - Registry Week as it Unfolded..... 18
 - Data Entry and Analysis..... 19

Registry Week Limitations:	20
Registry Week Findings:	22
Registry Week Participation	22
Acuity of Housing Need	23
Demographic Information	24
Experience of housing and homelessness	26
Factors Indicating Risk	28
Socialization, Daily Functioning and Money Management	32
Wellness	32
Special Populations	36
Next Steps:	43
10 Year Housing & Homelessness Plans	43
Appendix A: Glossary (Definition of Terms)	48
Endnotes	50
Appendix B: Canadian Definition of Homelessness	53
Appendix C: Definition of Indigenous Homelessness in Canada	55
Appendix D: Survey Screener	66
Appendix E: VI-SDPAT Surver – Adult Version	68
Appendix F: Ontario Enumeration Survey	75
Appendix G: Local Context Questions	78
Appendix H: Survey Consent	79
Appendix I: List of Survey Locations	81
Contact	83
City of Kawartha Lakes–Housing Help Division	83

Acknowledgements:

20,000 Homes Registry Week 2018 was made possible by the efforts and generosity of many community partners. During the week of May 28 – June 3rd community organizations, social services, local businesses, health and justice services worked together to create an up-to-date list of individuals and families experiencing homelessness in the City of Kawartha Lakes and the County of Haliburton (CKL-H). Naturally, because the 2018 Registry Week process occurred over five days, the number of people that were identified as homeless and who participated in the survey process only represents a small number of those experiencing homelessness during this short window of time.

We would like to thank all of the volunteers who took time to attend training, and survey individuals and families experiencing homelessness with compassion and kindness. The volunteers and agency staff members who participated offered not only their time, but also their expertise about where to find and how to engage with as many people as possible who may be experiencing homelessness in the area. We would also like to thank the members of the 2018 Registry Week Working Group who directed the campaign efforts through months of planning, consultation and work to ensure a respectful, effective week.

City of Kawartha Lakes and County of Haliburton 2018 Registry Week Working Group

- **Hope Lee**, *Administrator/ Manager*, Housing City of Kawartha Lakes
- **Michelle Corley**, *Program Supervisor*, Housing Help
- **Kerri Kightley**, *Regional Housing Coordinator*
- **Nicole Bryant**, *Shelter Manager*, A Place Called Home
- **Dave Tilley**, *Resource Manager*, A Place Called Home
- **Alison Stagg**, *Team Leader*, Four Counties Addictions Services Team (Fourcast)
- **Fay Martin**, *Fay Martin and Associates*
- **Lois Powers**, *Executive Director*, John Howard Society
- **Darlene Smith-Harrison**, *Transition Support & Women's Centre Manager*, YWCA Women's Centre of Haliburton County
- **Dave Jarvis**, *Director*, Mental Health Services, Haliburton Highlands Health Services, Integrated Mental health Services
- **Thomas Jones**, *Director Integrated Health Services*, Ross Memorial Hospital
- **Bella Alderton**, *Program Director*, Women's Resources of Kawartha Lakes

- **Jonathan Hewitt**, *Program Manager*, Canadian Mental Health Association of HKPR (CMHA-HKPR)
- **Jennifer Bain**, *Manager of Housing Services*, Canadian Mental Health Association of HKPR (CMHA-HKPR)
- **Tina Jackson**, *Coordinator*, Heatbank Haliburton County,
- **Jamie Clysdale**, *Program Supervisor Social Services*, City of Kawartha Lakes
- **Krista Broadbent**, *Support Worker*, Boys and Girls Club of Kawartha Lakes
- **Jocelyn Blazey**, *CKL-H - Homelessness System Resource Coordinator*

Executive Summary

Background and Purpose

Conducting a homelessness enumeration allows the community to better understand the nature and extent of homelessness in CKL-H, as well as the specific needs of individuals and families experiencing homelessness in the community. This report summarizes the final results from the 2018 Registry Week Enumeration and outlines how the information collected will be used to design and implement a coordinated response, moving our community towards ending chronic homelessness in the CKL-H area.

In May 2016, CKL-H joined the 20,000 Homes Campaign. The 20,000 Homes Campaign is an initiative of the Canadian Alliance to End Homelessness, a national movement focused on ending chronic homelessness and housing 20,000 of Canada’s most vulnerable homeless individuals. 20,000 Homes communities use Registry Week as a launching pad to deepen understanding of local homelessness and person-specific housing and support needs. CKL-H hosted it’s first Registry Week in August 2016 to kickstart improved efforts to



This information will be used to track program outcomes and inform future investments and system improvements targeted at reducing homelessness.

end chronic homelessness in the community. In September 2017, the Ministry of Municipal Affairs and Housing mandated Municipal Service Managers to complete a homelessness enumeration project every two years, beginning in 2018 to better understand homelessness across the province. As a participating 20,000 Homes Community and according to the Ministry mandate CKL-H opted to use the Registry Week methodology for enumeration from May 28th to June 1st, 2018. During that week, trained volunteers and agency staff completed short housing and health surveys with individuals and families experiencing homelessness in the CKL-H area, to better understand the picture of homelessness within the area. The data collected allows the community to understand person-specific needs and track the inflow and outflow to and from homelessness across the region. This information will be used to track program outcomes and inform future investments and system improvements targeted at reducing homelessness.



The survey is a short evidence-based assessment called the **Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)** and is being used across Canada and the United States as a common tool to provide both an individual, localized lens to homelessness, but allow an improved national understanding. The VI-SPDAT is a self-reporting tool and consequently, information cannot be confirmed or corroborated. While the data collected from the surveys provides a micro-level analysis of an individual's specific needs for housing and supports, it also provides an overall picture of the state of homelessness on a larger macro-level, looking at the needs and acuity of the whole community. This allows the community to tailor service responses and resources to best address the unique, individual and local needs of CKL-H.

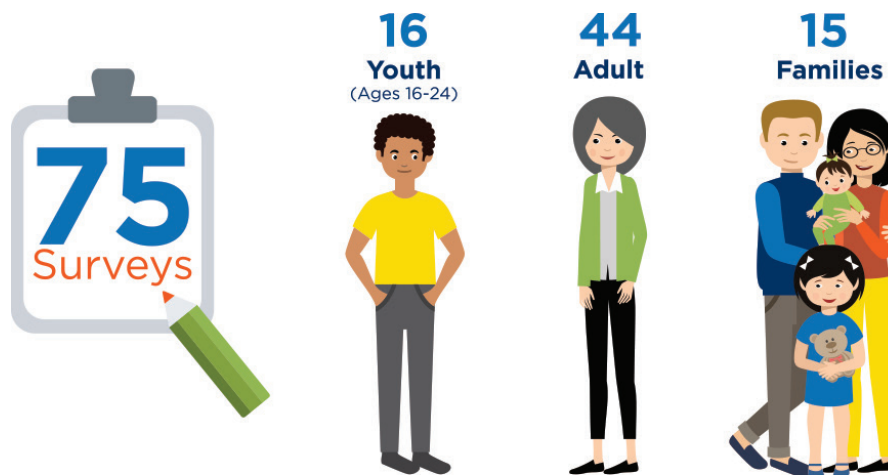
Since the first Registry Week in 2016, CKL-H has housed 60 of the most vulnerable homeless individuals and families, far exceeding the original commitment made in 2016 by City and County Council to house 24 individuals and families. This commitment has been achieved through the implementation of a Housing First model, targeted resources and initiatives through increased community partnership building, and investments in Affordable Housing, provincial Community Homelessness Prevention Initiative (CHPI) funds and funding partnerships with the Central East Local Health Integration Network (CELHIN).

Since the first Registry Week in 2016, CKL-H has housed 60 of the most vulnerable homeless individuals and families.



Registry Week 2018 Findings

During Registry Week 2018, a total of 60 individuals and 15 families were identified to be experiencing homelessness (either completely unsheltered, living in emergency shelter, or provisionally accommodated without permanent tenancy). A total of 16 youth (age 16-24), 44 adults and 15 families (with 28 children under 18 currently living with parents) self-identified as experiencing homelessness in CKL-H. In total, 24% of all survey respondents were youth between 16-24 years, 59% were adults older than 25 years and 20% were families. The youngest person surveyed was 17 years old and the oldest was 79 years old. The average age of individuals surveyed was 35 years old. Only 6 individuals were age 60+, accounting for 8% of the total survey respondents.



Other key demographic information shows that 17% of households identified as either Indigenous or having Indigenous Ancestry, 3% served in the Canadian Military or RCMP, 20% indicated that they had moved to the CKL-H region in the last 12 months, and 13% of respondents have been incarcerated within the past 6 months.

The VI-SPDAT tool helps to determine the level of support and housing intervention recommended for an individual by providing a score based on an individual's overall vulnerability and acuity. Among youth (age 16-24), 6% scored low (no housing intervention or case management recommended), 6% scored medium (recommended for rapid re-housing), and 88% scored high (permanent supportive housing recommended). Among adults (age 25+), 7% scored low, 39% scored medium, 54% scored high. When analyzing families, 7% scored low, 20% scored high and 73% scored in the highest acuity. It is important to highlight that the total number of all survey respondents scored 67% in the high acuity range, an increase of 23% from the data collected in 2016.

The average number of months since respondents had lived in permanent stable housing was 1.5 years (18 months), while specifically for youth (age 16-24), it was 17 months. A total of 17% of total survey respondents reported that they had been

without permanent housing for more than 2 years. It is significant to note that of the 13 households that indicated they had been without permanent supportive housing for more than 2 years, 77% score an 8+ on the VI-SPDAT, placing them in the highest acuity bracket. A total of 55% of all respondents' report being homeless for 6 or more months in the last year, a marker for chronic homelessness.

Couch surfing or staying with friends (often referred to as 'hidden homelessness') was identified by more than half of youth (54%) as their most frequent sleeping location, while 33% of older adults (age 60+) and 47% of families reported the same.

A significant number of survey respondents indicated that they had lost their housing due to a relationship breakdown. A total of 63% of youth, 66% adults and 73% of families indicated that relationship breakdown and/or conflict with friends or family had caused them to be homeless. When asked if their current state of homelessness was due to abuse or trauma, 39% of adults and 60% of family respondents indicated 'yes'.

When asked if their current state of homelessness was due to abuse or trauma, 39% of adults and 60% of family respondents indicated 'yes'.



The VI-SPDAT includes a series of questions that ask respondents about their use of health services, and interactions with crisis services. When asked how many times in the last six months they interacted with hospital and crisis services, respondents reported a total of 307 visits to the Emergency Room, 48 hospitalizations, 34 rides in an ambulance, 43 interactions with police and 187 interactions with other crisis services. Among all respondents, frequent users (3 or more interactions with health/crisis services in the last 6 months), accounted for 93% of Emergency Room visits, 29% rides in an ambulance, 29% hospitalizations and 90% of interactions with a crisis service.

A total of 11% of survey respondents indicated that they had to leave an apartment or other housing due to their physical health. One-quarter (25%) of all youth indicated that they have a physical health issue while 50% of seniors (60+) reported that they had a chronic health issue. More than half (57%) of all households reported that they avoid getting help when they are sick or not feeling well.

In total, 13% of survey respondents have lost their housing due to substance use, 21% have lost their housing because of a mental health issue, 7% have lost housing due to a past head injury, and 17% have lost housing because of a learning disability, developmental disability or another impairment. It is assumed that these numbers are low because of the self-report nature of the VI-SPDAT tool, and the commonly held belief that issues like mental illness, substance use and disability are under-reported. The CKL-H 20,000 Homes partners are committed to developing a robust system of response to address, prevent and end chronic homelessness, starting with the implementation of a Coordinated Entry System of Homelessness Response. Through Coordinated Entry, CKL-H will be able to organize its response to homelessness and improve outcomes through intentional housing and supports allocation and prioritization of the most vulnerable individuals experiencing homelessness in the community.

Through this intentional shift in homelessness response, and alongside the support of community partners, the goal of ending chronic homelessness in CKL-H becomes more possible.

Table 1: Comparison of Key Characteristics of Survey Participants between 2016 and 2018

The table below provides a comparison of key characteristics between the Registry Week data collected in 2016 and 2018.

Key Characteristics	2016	2018
16-24 years old	24%	24%
25-59 years old	58%	68%
60+ years old	18%	8%
Chronically Homeless	44%	55%
Episodically Homeless	23%	36%
Individuals who have been homeless for more than 2 years	31%	17%
Scored low acuity (0-3) on VI-SPDAT Assessment	15%	7%
Scored medium acuity (4-7) on VI-SPDAT Assessment	41%	27%
Scored high acuity (8+) on the VI-SPDAT Assessment	44%	67%
Indigenous Identity or Ancestry	24%	17%

Introduction

In the last 5 years, CKL-H has made a significant shift towards improving housing and support opportunities for individuals and families who are experiencing or at risk of homelessness. In 2014, the municipalities released a 10 Year Housing and Homelessness Plan, which aligned closely with the CKL-H Poverty Reduction Strategy (2011). These community plans demonstrate that CKL-H shares the vision that affordable, suitable and adequate housing is critical to poverty reduction and homelessness prevention because of its tremendous influence on the health and well being of individuals, children, families and the community¹. This vision has inspired intentional work towards better understanding of the unique challenge of homelessness in a small urban and rural area, and has directed investments designed to match people experiencing homelessness to the appropriate supports to help them find and keep permanent and affordable housing.

In May of 2016, CKL-H joined the 20,000 Homes Campaign, an initiative of the Canadian Alliance to End Homelessness. The 20,000 Homes Campaign is a national change movement focused on ending chronic homelessness in 20 communities and housing 20,000 of Canada's most vulnerable homeless people by July 1, 2020². In August of 2016, CKL-H hosted it's first Registry Week to begin to collect person specific information about the health and housing needs of individuals and families experiencing homelessness. This methodology includes training agency staff and volunteers to survey individuals and families who are experiencing homelessness. The survey consisted of questions gathering person-specific information that helps to identify and prioritize housing, health, and support services for those experiencing homelessness with the goal of housing the most vulnerable first. In the 2016 Registry Week, CKL-H partners were able to meet with and survey 111 people experiencing homelessness. Following Registry Week, community partners worked hard to help match 60 individuals and families to the supports that they needed to find and keep permanent housing.

In September of 2017, the Ministry of Municipal Affairs and Housing mandated that Municipal Service Managers are required to complete homelessness enumeration projects every 2 years to help drive a better understanding of homelessness across the province. In response, CKL-H set out to complete a second Registry Week during the week of May 28th to June 1st, 2018. The 2018 Registry Week helped to broaden understanding of homelessness in CKL and Haliburton, as well as expanded the list of individuals and families known to be homeless. This list allows the community to track the inflow and outflow to and from homelessness across the region, and also enables to community to track outcomes, informing future investments and program improvements.

Background

Alignment with the CKL-H 10 Year Housing and Homelessness Plan

In 2010, the Province of Ontario issued its Long-Term Affordable Housing Strategy and in 2012 enacted the new Housing Services Act. As part of this new legislative framework, Service Managers were required to complete a local Housing and Homelessness Plan (HHP) to be implemented and monitored over a ten-year period starting January 1, 2014. The CKL-H 10-Year HHP, “Building Strong Communities” was released in February 2014 and outlines a road map to “provide adequate, stable, affordable, well maintained and diverse housing choices with access to a variety of flexible supports, enabling people to meet their housing needs throughout their lifetime.”³

2019 marks the 5th year and halfway point of the implementation phase of the Housing and Homelessness Plan (HHP). CKL-H has committed to reviewing the plan and making both improvements and additions to the HHP ensuring that the plan is relevant and based in current knowledge of housing, homelessness and opportunities for investment in housing stock and supports. Information from the 2016 and 2018 Registry Week reports as well as program data and evaluation will be used to inform the updated plan.

Overview of the 20,000 Homes Campaign

The 20,000 Homes Campaign is a “national change movement focused on ending chronic homelessness in 20 communities and housing 20,000 of Canada’s most vulnerable homeless people by July 1, 2020”.⁴ Initiated and supported by the Canadian Alliance to End Homelessness (CAEH), the principles that guide the campaign are:

- **Housing First.** Permanent, safe, appropriate and affordable housing with the support necessary to sustain it, happens first and fast. We believe housing is a right for all Canadians.
- **Knowing who’s out there.** Every homeless person is known by name because someone has deliberately gone out onto the streets, into shelters and wherever necessary to find them, assess their needs and meet them where they are at.
- **Tracking our progress.** Local teams and the national campaign will use regularly collected, person-specific data to accurately track progress toward our goal. We will be transparent in our progress through good times and bad.

- **Improving local systems.** We will seek to build coordinated housing and support systems that are simple to navigate, while targeting resources quickly and efficiently to the people who need it the most.
- **Resolutely focused on our mission.** We are not interested in who gets credit or who gets blame. We are only interested in achieving our objective and ending homelessness.
- **Taking action.** We favour action over perfection and will find a way to meet our objectives, despite the challenges that will come.

In each community, the 20K Homes Campaign begins with a Registry Week, during which volunteers are trained to conduct short housing and health surveys with individuals and families who are experiencing homelessness. The survey collects person-specific information that allows communities the ability to tailor service responses and begin to track progress toward the goal of ending homelessness. As participating communities, the City of Kawartha Lakes and County of Haliburton hosted a Registry Week from August 22nd to August 26th, 2016 and hosted a follow-up Registry Week from May 28th – June 1st, 2018.

Canadian Definition of Homelessness and Indigenous Homelessness

CKL-H has adopted the **Canadian Definition of Homelessness⁵** and **Definition of Indigenous Homelessness in Canada**. These definitions help to clarify for the community what situations fall into the scope of ‘homelessness’.

In summary, the Canadian Definition of Homelessness includes people who are:

- Unsheltered
 - Living outside (sidewalks, parks, forests, etc.)
 - Living in places not intended for permanent human habitation (cars, garages, out buildings, shacks, tents, etc.)
- Emergency Sheltered
 - Emergency overnight shelters for people who are homeless
 - Shelters for individuals/families affected by family violence
 - Shelters for people affected by a natural disaster (fire, flood, etc.)
- Provisionally Accommodated
 - Interim housing for people who are homeless
 - Temporary living with other people (couch surfing, staying with family, etc.)

- Short-term rental accommodation without security of tenancy
- People in institutional care with no guarantee of permanent housing upon release (hospital, corrections facilities, treatment facilities, etc.)
- Reception centers for recently arrived immigrants and refugees

For the complete typology of homelessness as defined by the Canadian Observatory on Homelessness, see [Appendix B: The Canadian Definition of Homelessness](#).

In 2017, The Canadian Observatory on Homelessness, together with elders, indigenous leaders and scholar Jesse Thistle PhD, published the **Indigenous Definition of Homelessness in Canada**. The Indigenous Definition of Homelessness helps CKL-H understand homelessness from an Indigenous perspective and will continue to guide conversations with Indigenous partners to ensure that housing and supports are equitably accessible for all individuals and families who identify as having indigenous ancestry. This definition of homelessness acknowledges the typologies of homelessness outlined in the Canadian Definition of Homelessness, but also acknowledges that ‘unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.’¹⁶

For the complete **Definition of Indigenous Homelessness in Canada** as published by the Canadian Observatory on Homelessness, see [Appendix C: Definition of Indigenous Homelessness in Canada](#).

CKL-H Progress on Homelessness 2016 – 2018

Registry Week 2016 prompted coordinated community action to begin an organized and improved response to homelessness. Key activities included:

Homelessness Coordinated Response Team

The Homelessness Coordinated Response Team (HCRT) was implemented immediately following Registry Week 2016. HCRT is a case conferencing mechanism that brings together agencies who provide services to the homeless population in CKL-H. HCRT is intended to provide a forum to share resources and expertise to develop coordinated community responses to improve opportunities for homeless individuals and families who score high on the VI-SPDAT to find and keep housing.

HCRT meets every two weeks from a consent-driven case conferencing model. Membership is comprised of frontline staff of the member organizations providing services directly to those experiencing or at risk of homelessness in the CKL-H area.

At HCRT meetings, both new and existing cases are discussed with the intention to help remove barriers and improve opportunities for housing stabilization.

Homelessness Response Steering Committee

The Homelessness Response Steering Committee (HRSC) was formed in March 2017 with a vision to build a collaborative community response system that functions to end long term homelessness in CKL-H. Membership includes executive directors or senior managers with decision making authority of organizations providing services directly to those who are experiencing or at risk of homelessness in the CKL-H area.

Key goals include:

- To build and support a framework for a community wide Coordinated Entry and By-Name List System using a Housing First approach.
- To maximize resources by using them efficiently in a coordinated way.
- To build on strengths and increase the capacity and quality of services delivered to those who are homeless or at risk of homelessness.

Investments to Date

A number of investments have been secured to address the needs of homelessness individuals and families including:

- 1. Federal investments through the Homelessness Partnering Strategy – 3** year funding (\$75,000 annually) toward intensive case management for the homelessness population
- 2. Federal investment through the Homelessness Partnering Strategy – capital** funding of \$203,000 toward the purchase of a property to provide housing to homeless
- 3. Provincial Investment through the CELHIN – \$130,900** annually for clinical case management for mental health and addictions and rent supplement funding
- 4. Provincial Investments through the Home for Good Program – \$353,100** annually for 2 clinical case management positions and 3 housing support workers to provide place based support services within 68 Lindsay Street North
- 5. Funding through the City’s Homelessness program including the Community Homelessness Prevention Initiative – \$202,000** annually for clinical case management positions; \$150,000 annually for housing assistance to those on the By Name List, \$15,000 annually for evaluation and \$45,000 annually for a part time Homelessness Response System Coordinator.

Successes to Date

Since Registry Week in 2016, there has been considerable progress in the community response to homelessness. This progress is directly related to increased capacity, investment and dedicated collaboration between community agencies. In 2016, City and County Councils made a commitment as part of the 20,000 Homes Campaign to house 24 of the most vulnerable homeless in the area by July 1, 2018. To date, a total of 60 individuals have been housed in the community and are no longer experiencing homelessness.

Trent University is currently conducting a study, analyzing the impact of the Housing First project funded by the Homelessness Partnering Strategy in the City of Kawartha Lakes. Within the first 12 months of the project, there have been numerous positive impacts, including:

- Hospital usage dropped between 50%-86%.
- 911 calls decreased from 35.7% to 14.3%
- 50% reduction in the number of individuals transported to hospital by ambulance.

This evaluation will continue until 2019, and results will be actively reviewed quarterly to inform service delivery and program improvements.

Survey Methods and Limitations

The purpose of the 2018 CKL-H Registry Week was to provide a snapshot of individuals in the community identified to be experiencing homelessness during the week of May 28th to June 1st. Using evidence-based assessment tools and methods, the level of acuity and names of 75 individuals were collected.

The Planning Process

Prior to Registry Week, community partners and agencies formed a working group to help support the efforts and ensure the success of Registry Week. The agencies involved with the working group are all experts in homelessness, with many of them serving individuals in the local community who are acutely homeless. Working Group members helped to identify locations to survey, shared communications among their staff and clients and provided staff time to conduct surveys with anyone who presented in their agencies.

Survey Tool

The 2018 Registry Week survey tool was comprised of four distinct parts;

- The Survey Screener,
- The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT),
- The Ministry of Municipal Affairs and Housing (MMAH) Ontario Enumeration Survey and;
- Additional local context questions.

The screener helped to determine who should complete the survey ([see Appendix D: Survey Screener](#)). The screener questions identified participants as having access to secure or permanent housing, therefore being ‘screened out,’ or identified participants without access to permanent and secure housing, therefore ‘screened in’. All participants who screened in were invited to complete the rest of the survey.

The second part of the survey was the VI-SPDAT, an evidence-based assessment tool developed by Org. Code Consulting ([see Appendix E: VI-SPDAT Tool – Adult Version](#)). The VI-SPDAT is a short, self-reported assessment tool that gathers person-specific information and measures an individual’s level of acuity, or depth of need. The survey acts as a triage tool, providing a quick snapshot of an individual’s health and social needs to help identify the most appropriate housing and support intervention, to resolve homelessness. The tool measures three levels of need or acuity:

Low Acuity (1-3)

Affordable Housing

Individuals do not require intensive supports but may still benefit from access to affordable housing

Mid Acuity (4-7)

Rapid Re-Housing

Individuals or families with moderate health, mental health and/or behavioural concerns but who are likely to be able to achieve housing stability with medium to short term access financial and or/support services

High Acuity (8+)

Permanent Supportive Housing

Individuals or families who needs permanent housing with ongoing access to services and case management to remain stably housed

During the 2018 Registry Week, three different versions of the VI-SPDAT tool were utilized, depending on the demographic of the individual being surveyed. The three different versions include:

- **Transitional Age Youth VI-SPDAT:** Survey tool for any youth age 16-24, with additional questions focused on specific factors that affect youth homelessness
- **Single Adult VI-SDPAT:** Survey tool for individuals age 25 or over
- **Family VI-SPDAT:** Survey tool for a household with children either present in the family, or for any household where children are expected to return once housed. This survey also has an additional section that accounts for the complexities and added vulnerabilities that occur when children are involved.

The third section of the survey included the MMAH Ontario Enumeration Survey ([see Appendix F: Ontario Enumeration Survey](#)). The data from this section of the survey is submitted to the MMAH after all personal information or identifiers are removed. The questions included in the Ontario Enumeration Survey were decided by housing experts and government staff in an effort to be able to track patterns and trends of homelessness across the province.

The final section of the survey included local context questions that were developed by the CKL-H Registry Week Working Group ([see Appendix G: Local Context Questions](#)). The Working Group identified key indicators and trends that are important to track over time, such as the age an individual first became homeless, the person's highest level of education, and if they had recently arrived in the community in the last year.

Participation in the survey was voluntary and any survey completion required the individual to provide their consent ([see Appendix H: Survey Consent](#)). Individuals could determine if they wished to share personal, identifying information such as their name, birth date and contact information or complete the survey anonymously. Agencies agreed that access to services would not be hindered regardless of survey participation. Any information that is shared publicly has been de-identified in order to protect the anonymity of individuals who were surveyed.

Over 40 volunteers and community agency staff administered the survey throughout Registry Week. All volunteers attended a training session to learn more about the Registry Week process, how to approach individuals and how to administer the survey. Volunteers signed an oath of confidentiality acknowledging that any information collected during Registry Week would not be shared, recognizing that CKL-H is a small community and many service agency staff may recognize the individuals that they surveyed. Many volunteers administered completed surveys at their own agency, while some volunteers surveyed at community events, food banks and public libraries.

Registry Week as it Unfolded

Survey locations for Registry Week were selected with input from the Working Group and includes agencies who provide supports and services to those experiencing homelessness and areas where homeless individuals were seen or known to frequent.

In total, 41 locations were used as survey sites, including 27 in the City of Kawartha Lakes and 14 in the County of Haliburton. The Housing Help Centre advertised its phone number throughout the community for individuals to complete a survey over the phone with staff, for those individuals who had barriers to accessing survey locations. In addition, there was a community event at Victoria Park in Lindsay, where agency staff surveyed individuals but also engaged in conversations with interested community members about Registry Week and the community shift in homelessness response. Finally, Kawartha Lakes Police and A Place Called Home shelter staff completed walking routes in CKL where they anticipated individuals may be staying outside, in an effort to connect those who may not be connected to formal services. To see the comprehensive list of survey locations, please see [Appendix I: List of Survey Locations](#).



Prior to Registry Week, posters were distributed to survey locations and community agencies to promote Registry Week. They included a list of the dates and times that all survey locations would be available. Registry Week was also promoted through radio interviews, in-print media and various social media outlets. Information flyers were distributed to all Ontario Works recipients with their April cheques to promote Registry Week survey locations and participation.

Volunteers were provided with a Registry Week package for their specific volunteer shift that included printed surveys, consent forms and additional information on available community supports, specific to either the City of Kawartha Lakes or County of Haliburton. Volunteers attended survey location sites during the week of May 28th to June 1st from 8am to 6pm. Volunteers included people from diverse backgrounds including, agencies within the social services sector, community volunteers, area municipal staff and health system staff. Volunteers were required to check in and out of

their shifts with the Campaign Coordinator and were offered access to Registry Week Headquarters if they needed support at any time.

Volunteers approached every person, regardless of appearance who entered their survey location, to reduce stigma and ensure assumptions about who looks homeless were avoided. Individuals were asked if they were interested in completing the survey and then were either screened in or out of the survey. If the individual identified as being without a permanent and secure place to stay, they were invited to complete the full survey and sign consent to participate. It was stressed that participation in the survey was completely voluntary and survey respondents could skip any question they wished to or stop the survey at any time without any consequence. All responses were recorded exactly as given by the survey respondent and individuals were provided with a \$10 honorarium gift card for Tim Hortons to both acknowledge and thank them for their time.

Two additional survey locations were used outside of the designated Registry Week dates. On Wednesday June 6th, surveys were administered at Lindsay Court House and the Haliburton Court House. The Working Group decided that given the known population frequenting community court, efforts should be made to be present at both court locations to ensure people experiencing homelessness at either location. Three agencies provided staff who are typically involved with the court process to survey any individuals who were known to be homeless, or self identified as lacking permanent housing.

Data Entry and Analysis

Volunteers and agencies were asked to return all surveys to Registry Week Headquarters by Friday, June 1st at 10am. The Registry Week Headquarters team entered surveys into a secure database. Initial findings from the data was presented at two Community Debrief sessions on Tuesday, June 5th in both Lindsay and Minden. Community partners, volunteers, survey respondents and the public were invited to attend to learn about the results.

Following Registry Week, survey data was further reviewed and analyzed to be presented in this report. Any differences in data between the Community Debrief and the final report are due to surveys returned after the June 1st deadline. It should be noted that there were no duplicate surveys found.

Registry Week Limitations:

There are seven important limitations of the survey methods and process in the 2018 CKL-H Registry Week that may have impacted the data collected.

- 1) Provides a snapshot of those currently experiencing homelessness:** The total number of individuals and families who were surveyed are not a full or accurate depiction of the number of individuals who are experiencing homelessness in the community. Instead, Registry Week data is only a snapshot of the number of homeless individual's and families located during that specific week. There are people that were not surveyed and who are experiencing homelessness and did not present at a survey location, so consequently, are not known to the system. Some reasons to explain this include being unaware of Registry Week, lack of access to transportation, prior negative experiences with services etc. The number of individuals surveyed during Registry Week are more likely an underrepresentation of the number of people experiencing homelessness in the CKL-H.
- 2) Self-Identifying nature of the survey:** The VI-SPDAT is a self-reporting assessment tool, relying on survey respondents to report their own experience. The answers are recorded as exactly they are shared, without any changes by the interviewer, even if they have some insight into the specific individual and disagree with an answer that was provided. Some of the survey questions require the respondent to share very personal information and experiences which they may choose not to share with someone they don't have an existing relationship with. The data collected in the Registry Week process cannot be corroborated or confirmed.
- 3) Perceptions of homelessness:** It was reported that some individuals and families were either hesitant to identify as homeless or do not consider themselves homeless, even when their living situation fits within the definition of homelessness. This is a common occurrence, specifically with those who are "couch surfing" who often believe that they have shelter and therefore are not homeless. According to the definition of homelessness, any individual staying in an accommodation without security or permanency of tenancy is considered homeless. The Registry Week approach relied heavily on volunteers connecting with people who were known to be homeless or survey locations based on areas where homeless individuals are known to congregate. Some individuals and families could have chosen not to attend survey locations based on the perception that they are not homeless or did not want to be identified as such.

- 4) **Timing of Registry Week:** During Registry Week, the weather was unseasonably hot and humid which had an impacted the number of individuals who attended events or survey locations. An event was held at Boys and Girls Club of Kawartha Lakes in Lindsay where in weeks prior to Registry Week, youth were often seen playing basketball. The aim was to approach youth to complete a survey but due to the weather being so warm youth did not attend the basketball courts. This could have been the same for many other survey locations.
- 5) **Geographical size of the area:** The geographical size of the City of Kawartha Lakes and County of Haliburton is a 7, 084km area.⁷ It was impossible to cover all areas of the region due to volunteer limitations and outreach capacity. To address this, the Working Group provided input into survey locations that were thought to be places where the most individuals could be identified. Public libraries were chosen as survey locations as they were the main community meeting place in some of the smaller, more rural communities. In addition, service providers were asked to connect with any clients known to be homeless in the community prior to, and during Registry Week.
- 6) **Survey Location Misconceptions:** Survey locations were set up across the CKL -H area in libraries, food banks, agencies and public spaces. When identifying what community an individual is from, the specified location where the survey was completed is used. This method, while the best option, can be misleading as some individuals may travel to access services in the area. This is especially the case in rural communities where there are very few service area options and as a result, the specified survey location may not be the home community of the survey respondent.
- 7) **Rural Homelessness:** It has been acknowledged that the nature of rural homelessness is vastly different compared to that seen in urban settings. The most obvious signs of homelessness in many urban areas are individuals sleeping outside in visible spaces. Conversely, in rural areas, homelessness isn't as easily observable and is often in the form of individuals staying temporarily with family or friends or staying outside in wooded areas.⁸ It is often considered to be "hidden homelessness" due to the less visible presentation. While many efforts were made to identify individuals, who are experiencing hidden homelessness, it should be recognized that there were a number of individuals and families who were not surveyed, simply because they were not visible or seen to be experiencing homelessness.

Registry Week Findings

The CKL-H Registry Week findings are presented below with some of the categories separated by the City of Kawartha Lakes (CKL) and County of Haliburton (COH) where relevant. It should be noted that the information presented below should be considered a point in time “snapshot” and does not reflect everyone in the community who would be considered homeless. It is a presentation of the information collected during Registry Week, but it should be acknowledged that while this information is the best that we can collect, it is most likely an underrepresentation of the number of individuals who are experiencing homelessness within the City and County.

Registry Week Participation

The data collection period for Registry Week occurred from May 28th to June 1, 2018 with an additional 2 days where surveys were administered at local courthouses on June 5th. Individuals were screened before being asked to complete the survey, to ensure survey completion with only those individuals who met the definition of homelessness.

A total of 75 households self-identified as experiencing homelessness during Registry Week, all of whom completed the full survey tool. Youth accounted for 21% of all survey respondents, adults accounted for 59% and families represented 20% of surveys completed.

Table 2: **Registry Week Participation**

	Youth (16-24)	Adults	Family	Total Surveys
CKL	6	35	5	46
COH	10	9	10	29
Demographic Total	16	44	15	75

In total, 46 (61%) of the surveys were completed in CKL and 29 (39%) surveys were completed in COH. It should be noted that survey location may not accurately represent an individual’s home community, but instead, indicates where that individual was found at that point in time, or where they accessed a service/community event.

Acuity of Housing Need

The VI-SPDAT is a self-reporting, triage assessment tool developed by Org. Code Consulting. It was designed to provide a quick glance at an individual's level of acuity, or their depth of need. By understanding an individual's acuity, service providers can match the individuals to the type of support and housing intervention that is most appropriate for housing stabilization. The youth and adult VI-SPDAT have a maximum score of 17, while the family VI-SPDAT has a maximum score of 22, accounting for the additional vulnerability and risk factors that are associated with children. Individuals who score low (1-3) require little to no housing supports to resolve their homelessness, medium acuity (4-7) require time-limited case management and/or financial supports and, those who have the highest acuity and score (8+) will require permanent supportive housing. Widespread use of the VI-SPDAT survey tool throughout communities in North America have found that only a small portion (usually around 5%) of the homelessness population have a high depth of need and score in the high acuity range.⁹

As shown in the tables below, the majority of respondents in both CKL and COH score within the highest level of acuity, scoring an 8 or higher. When broken down, 88% of youth score 8+, while 73% of families and 54% of adults are also considered high acuity. When both regions are combined, the number of individuals who score an 8+ is 50, accounting for 67% of total respondents which is significantly higher than the 5% average across North America.

Table 3A: **Level of Acuity – City of Kawartha Lakes**

Level of Acuity, CKL	Youth (16-24)	Adult (25+)	Family	Total Respondents	Total Percentage
0-3	0	2	1	3	7%
4-7	1	15	0	16	35%
8+	5	18	4	27	59%
Total	6	35	5	46	100%

Table 3B: **Level of Acuity – County of Haliburton**

Level of Acuity, COH	Youth (16-24)	Adult (25+)	Family	Total Respondents	Total Percentage
0-3	1	1	0	2	7%
4-7	0	2	2	4	14%
8+	9	6	8	23	79%
Total	10	9	10	29	100%

When comparing the data collected from 2016 to 2018, there is a significant increase in the total percentage of households who have scored in the highest level of acuity. **In 2016, a total of 44% of households scored an 8+, compared to 67% of households who scored an 8+ in 2018.** This increase of 23% is significant as it demonstrates the continued rise of the depth of need within the community and in turn, the intensive supports needed for those households.

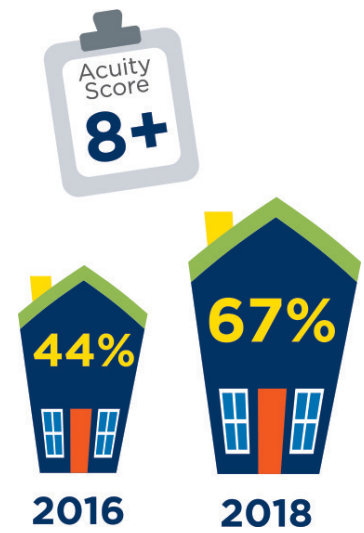


Figure 1: 2016 and 2018 High Acuity Comparison

Demographic Information

Age and Gender Identity

More than half of the households surveyed were between the ages of 25-59 (68%), while youth aged 16-24 comprised of 24% and older adults who were 60+ accounted for 8% of households surveyed. The youngest survey respondent was 17, and the oldest was 79 years old. The average age of survey respondents was 35 years. Only 1 family surveyed was between the ages of 16-24, while the remaining 14 families (93%) were between the ages of 25-59. The number of youth who were surveyed in COH compared to CKL is almost double, as 34% of youth were surveyed in COH (compared to 17% in CKL). Table 4 shows the breakdown of age categories by region.

Table 4: Age Categories of surveyed individuals separated by CKL and COH

Age of Respondents	CKL (n=46)	COH (n=29)
Youth (16-24)	8 (17%)	10 (34%)
Adults (25-59)	34 (74%)	17 (59%)
Older Adults (60+)	4 (9%)	2 (7%)

More than half of the survey respondents identified as female (55%), compared to those who identified as male (44%) and 1% identified as genderqueer, or gender non-conforming. When analyzing the data and comparing to data collected in 2016, the percentage of those who identified as female increased from 39% and male identified respondents decreased from 56% in 2016.

Table 5: **Gender Categories**

Gender	Total Number of Respondents	Percentage of Total Respondents
Male/Man	33	44%
Female/Woman	41	55%

Indigenous Populations

The mandatory Ontario Enumeration Survey included in the 2018 survey tool included a question asking individuals if they identified as Indigenous or had any Indigenous ancestry. The Ministry of Municipal Affairs and Housing is interested in looking at how homelessness impacts those individuals who identify as Indigenous or having Indigenous ancestry, acknowledging the national trend of over a representation of Indigenous people experiencing homelessness.¹⁰

Table 6 demonstrates that the CKL-H region is no different from the national trends that have been highlighted. The 2011 National Housing Survey reports that just 3% of individuals in the CKL-H area identify with Indigenous ancestry. A total of 17% of all 2018 survey respondents either identified as Indigenous or as having Indigenous ancestry, demonstrating a disproportionate number of individuals households who identify as Indigenous or having ancestry are experiencing homelessness in the CKL-H area. Of the 13 households who identified, 46% identified as First Nations, 31% identified as Metis and 23% responded as either unknown or declined to answer.

Table 6: **Indigenous Peoples Breakdown**

Indigenous Peoples Breakdown	Number of Indigenous Respondents	Percent of all who identified as Indigenous
First Nations	6	46%
Métis	4	31%
Unknown/ No response	3	23%
Total Indigenous Peoples	13	100%

For a more in-depth analysis of respondents who identified as Indigenous, see the Special Populations section (page 34).

New to the Kawartha Lakes/Haliburton Area

A total of 15 households or 20% of all survey respondents report moving to the CKL-H area in the past 12 months. Of the 15 households, youth account for 27%, while families represent 33% and adults 40% of those who reported being new to the CKL-H area.

Income and Education

Of the 75 households surveyed, 91% report some income, whether government, pension, or work. Survey respondents were asked if they owed money to any person, business, landlord or government agency, 57% of households indicated yes. Individuals were asked to indicate the highest level of education that they had completed and 56% of all respondents reported completing high school. A total of 31% reported completing some post secondary education and only 9% report having elementary school as their highest level of education completed.

Experience of housing and homelessness

The VI-SPDAT asks a series of questions to better understand an individual or family's history of housing and homelessness. The data tables presented below have been separated by CKL and COH to better understand the differences and similarities between the two regions.

Most frequent sleeping location

When asked where respondents sleep most frequently, the highest number of households identified that they couch surf without permanency of tenancy, with 50% in CKL and 48% in CKL. Over one quarter (30%) of respondents in CKL and 24% of COH respondents report staying in shelter. See Table 7 for a breakdown of the identified sleeping locations throughout CKL and COH.

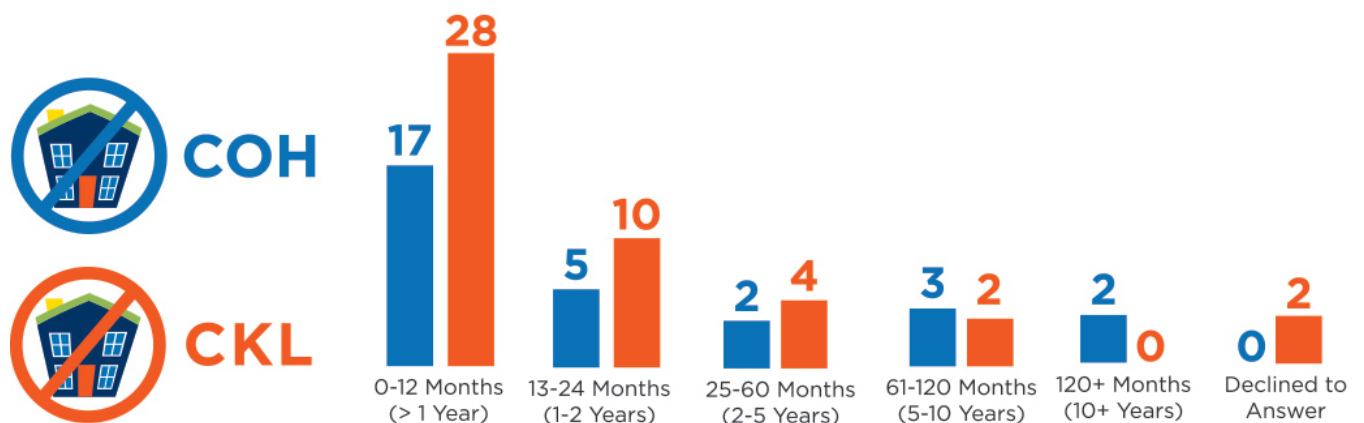
Table 7: Most Frequent Sleeping Location

Frequent Sleeping	Number of Respondents in CKL	Percentage CKL	Number of Respondents in COH	Percentage COH
Shelters	14	30%	7	24%
Couch Surfing	23	50%	14	48%
Abandoned/ Vacant Building	1	2%	0	0%
Outdoors	0	0%	0	0%
Motel/Hotel	2	4%	2	7%
Vehicle	1	2%	1	3%
Other	3	7%	2	7%
Someone's Home	1	2%	2	7%
Declined/Refused	1	2%	1	3%
Total	46	100%	29	100%

Length of time without permanent housing

On average, people across the CKL/COH have lived without permanent housing for a year and a half (average 18.5 months). A small percentage, only 7% report living without permanent housing for 10+ years (see Figure 2 below). Of note, youth (age 16-24) report living an average of a year and a half without permanent housing while families report an average of 3 years without permanent housing.

Figure 2: Length of time without permanent housing by COH and CKL



A total of 13 households (17%) reported that they have been without permanent housing for more than 2 years. It is significant to note that of those 13 households, 77% scored an 8+ on the VI-SPDAT, the highest level of acuity where the most appropriate intervention is permanent supportive housing. This may suggest that individuals who are homeless for more than 2 years experience increased levels of acuity. Extended homelessness can lead to extended exposures to the risks of homelessness, including criminal victimization, trauma, catastrophic health crises, addictions and social and economic isolation.¹¹

The Federal Government released the Homelessness Partnering Strategy (HPS) Directive 2014-2019 where the definition of chronic and or episodic homeless was based on the length or number of times an individual or family experiences homelessness. According to the HPS definition, chronic homelessness refers to people who are currently homeless and have been homeless for 6 or more months in the last year.¹² A total of 22 households (59%) in CKL and 19 households (61%) in COH indicated that they had been homeless for more than 6 months in the last year. Episodic homelessness is defined as individuals who are currently homeless and have experienced three or more episodes, or occurrences of homelessness in the past year.¹³ A total of 15 households (41%) in CKL and 12 households (39%) in COH indicated that they had experienced 3 or more episodes of homelessness in the past year. For a breakdown by youth and family population groups, please go to the Special Populations (page 34).

Factors Indicating Risk

The VI-SPDAT assessment tool recognizes that homelessness is often complicated or caused by co-occurring social and health factors and consequently, asks questions to gain insight into the depth and complexity of an individual's need based on those health and risk factors. Survey respondents were asked to estimate how many times they had used crisis and health services in the past six months, including the number of visits to an emergency room, taking an ambulance to the hospital, hospitalization as an inpatient and using a crisis service. Figure 3A depicts a summary of the total number of interactions reported for all households surveyed.

Figure 3A: Number of interactions with health and crisis services in previous 6 months



Frequent users are defined as individuals who have utilized crisis services three or more times within the last six months. Using this definition to analyze the number of frequent users in both CKL and COH, the data demonstrates that frequent users of the health care system are responsible for 93% of emergency room visits, 29% of ambulance trips to the hospital, 29% of hospitalizations and, 90% of interactions with crisis services. Table 8 summarizes the number of total interactions with health and crisis services by frequent users.

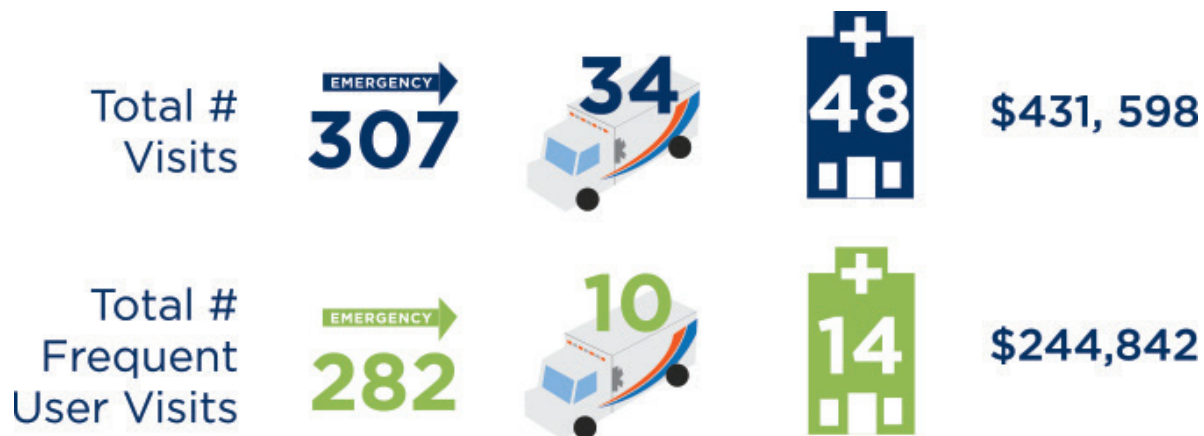
Table 8: Interactions with Health and Crisis Services in previous 6 months

Service	Number of Frequent Users	Number of Interactions	Average Number of interactions per frequent user	Total interactions across whole population	Percentage of total interactions
Emergency Room Visits	31	282	4	307	93%
Ambulance Rides	3	10	1	34	29%
Hospitalization as in-patient	2	14	2	48	29%
Crisis Services	17	168	10	187	90%

Cost of unresolved homelessness to the health care system

Examination and estimation of the cost of homelessness in Canada aims to compare public spending on health, social and judicial services to the cost of an individual or family becoming stably housed. The Canadian Observatory on Homelessness and the Canadian Alliance to End Homelessness estimate the total cost of homelessness to be over \$7 billion annually to the Canadian economy.¹⁷ In CKLH, a similar cost analysis is done based on self-reported use of health and crisis services through the VI-SPDAT. The SPDAT data collected, in collaboration with local health service providers and research being conducted by Trent University at A Place Called Home Shelter in Lindsay, is being analyzed to estimate the cost of homelessness to local health care services where possible. The total cost of interactions with an emergency room, ambulance rides to the hospital and hospitalizations for the last six months for all survey respondents is estimated to be \$431,598.¹⁸ Frequent users of the healthcare system (29 individuals who accessed service 3 or more times in the last six months) can be attributed to 57% of that total cost, accounting for \$244,842. This number is very similar to the numbers calculated in 2016 where Frequent Users accounted for 64% of the total cost, using the same calculations and costs from 2018 (See Figure 3B).¹⁹

Figure 3B: Total cost of interactions with ER, Ambulance and Hospitalization in previous 6 months



These costs, especially those connected to Frequent Users can be reduced by connecting individuals to health, housing and support services, specifically to the City of Kawartha Lakes and County of Haliburton. Currently, there is a research study being conducted with Trent University and the shelter in Lindsay, called A Place Called Home where they are trying to evaluate the benefits of permanent supportive housing with Intensive Case Management supports through a variety of different markers. Based on the 17 individuals that are involved in the case study who are being supported with the appropriate supports, the research estimates that the savings of providing those supports will translate into an estimated \$1 million reduction in hospital, police and ambulance expenditure over the course of the 3-year project.²⁰ This research demonstrates the savings to the health care and crisis systems when investing in improved response to housing and homelessness.

Respondents were also asked to quantify the number of interactions with police and incarceration in the past six months. Analyzing the data further, frequent users of police services account for 21% of all police interactions and 27% of all experiences with incarceration. (See Figure 4).

Figure 4: Interactions with police and incarceration in previous 6 months



Additional Risk Factors

The VI-SPDAT asked a series of questions related to other risk factors to determine the level of risk of harm and vulnerability. The list of risks includes being attacked or beaten up since becoming homeless, and history of harm or threats of harm to themselves or someone else in the past year. Survey respondents were also asked if they had any ‘illegal stuff’ going on that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live. Finally, respondents were asked if they were at risk of exploitation, or if they were engaged in risky behaviour, such as exchange of sex for money or drugs, unprotected sex with someone they didn’t know, or sharing needles. See Table 9 below that outlines a summary of responses for the total population.

Table 9: Additional Risk Factors

Indicator	CKL (n=46)	COH (n=29)
Attacked or beaten up	28%	24%
Threatened to harm or harmed self or others	33%	34%
Legal issues	35%	38%
Forced or tricked into doing things they did not want to	17%	28%
Engaged in risky behaviour	28%	28%

Socialization, Daily Functioning and Money Management

Survey respondents were asked questions to measure whether they had meaningful daily activities and whether they could manage their own self-care. A summary of households who indicated 'yes' is summarized in Table 10 below.

Table 10: **Daily Activity and Self Care**

Self care activities	CKL (n=46)	COH (n=29)
Planned daily activities other than just surviving	48%	52%
Able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water	80%	83%

Survey respondents were asked some questions regarding money management. According to the data, three-quarters (75%) of respondents indicated that they received some money from the government, an inheritance/allowance or from some form of employment. In addition, more than half or 64% of households indicated that a person, landlord, government agency or group believes that they owed them money.

Finally, individuals were also asked if their current state of homelessness was in anyway caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused them to be evicted. The youth version of the VI-SPDAT also asked some additional questions to further determine the reasons behind the youth losing their stable housing. As a result, the youth data related to those factors has been separated and can be seen in further detail in the Special Populations section (see page 36). A total of 66% adults and 73% of families indicated that they had become homeless due to a relationship breakdown or abuse with family and friends. In addition, survey respondents were asked if their current period of homelessness had been caused by an experience of abuse or trauma to which 39% of adults and 60% of family respondents indicated 'yes'.

Wellness

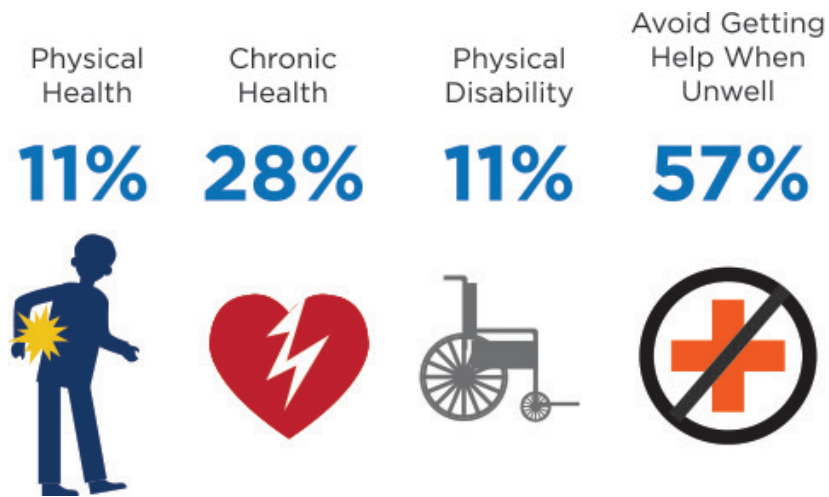
The final section of the VI-SPDAT asks survey respondents a series of questions regarding their physical health, mental health, addictions and medications.

Physical Health

Eleven percent (11%) of household's report having to leave an apartment or other place they were staying because of their physical health. When asked about chronic health, 28% of respondents indicated that they had a condition that affects their lungs, liver,

kidneys, stomach or heart. Only 11% of all survey respondents indicated that they had a physical disability that limits the type of housing they could access or live independently in. Finally, more than half (57%) of households reported that they avoid getting help when they are sick or not feeling well. The summary of Physical Health Factors for all survey respondents can be seen in Figure 5.

Figure 5: Physical Health Related Factors



Mental Health

The VI-SPDAT asks a series of questions about an individual’s mental health, head injuries, learning and developmental disabilities but again, as it pertains to their housing stability. A total of 21% of all survey respondents indicated having trouble maintaining housing because of a mental health issue, while 13% households report that a mental health issue will make independent living difficult.

Table 11: Mental Health Factors and Housing Stability

Challenge	Number of Respondents	Percent of Respondents
Trouble maintaining housing because of mental health issue	16	21%
Trouble maintaining housing because of past head injury	5	7%
Trouble maintaining housing because of learning/developmental disability	13	17%
Mental health issues will make it difficult for independent living	10	13%

Tri-morbidity

The VI-SPDAT also identifies individuals who are considered to be tri-morbid, or who have co-occurring physical health, substance use and mental health conditions which increases an individual's acuity significantly. Often individuals who are tri-morbid require immediate intervention to prevent further negative health outcomes. The number of respondents who indicate tri-morbidity has doubled from 7% in 2016 to 16% in 2018. Table 12 provides a breakdown of those who identified as tri-morbid by demographic.

Table 12: Tri-morbidity by Demographic Breakdown

Demographic	CKL (n=46)	COH (n=29)	Total number of respondents (n=75)
Youth (16-24)	4%	10%	7%
Adult	11%	3%	8%
Family	0%	3%	1%
Total	15%	17%	16%

Medications

The final section of the VI-SPDAT measuring wellness examines an individual's use and need for medications, acknowledging that individual's who are homeless experience a variety of barriers with regards to medication adherence and which often negatively affects treatment outcomes. Survey respondents were asked if there were any medications that a doctor said they should be taking, that for whatever reason they were not taking, and 29% of households indicated 'yes'. Survey respondents were also asked if there were any medications that they did not take the way a doctor prescribed, or where they sold the medication and 16% of households responded 'yes', again an increase compared to 2016 where the total was only 6%.

Barriers to Permanent Housing

When survey respondents were asked to list at least two main barriers that were keeping them from securing permanent housing, the two most common listed barriers were a lack of housing (23%) and and/or low income (25%).

Table 13: **Barriers to Permanent Housing by Region**

List of Barriers	CKL (n=46)	COH (n=29)	Total percentage of all respondents
Lack of housing	19	15	23%
Rent too expensive	9	11	13%
Lack of and/or No Income	24	14	25%
Mental Health	5	2	5%
Family/Relationships	2	2	3%
Addictions	5	0	3%
Lack of Suitable Housing	9	2	7%
Other	16	15	21%

When analyzing the data further, of the 21% of respondents who answered within the ‘Other’ category, 19% reported poor credit checks, 16% indicated conflict with landlords and another 16% of households reported that transportation was a barrier to securing permanent housing (Table 14).

Table 14: **Breakdown of “Other” Barriers to Housing**

“Other” Barriers Breakdown	CKL (n=46)	COH (n=29)	Total percentage of “other” respondents
Poor Credit Checks	5	1	19%
Lack of Transportation	1	4	16%
Poor/Lack of References	3	0	10%
Conflict with Landlords	4	1	16%
Unsuitable Location	1	1	6%
Other	2	8	32%

Special Populations

Prior to the beginning of Registry Week, the Working Group highlighted four special population groups that they wanted to pay attention to when planning an improved service response, including those who identified as Indigenous, youth, seniors and families.

Indigenous Ancestry

According to the latest Census Canada data released in 2016, the City of Kawartha Lakes¹⁴ and Haliburton Area, only 2.8% of people identify with Indigenous Ancestry. Registry Week data reveals that 17% of survey respondents identified as Indigenous or having Indigenous Ancestry.¹⁵ This reflects the national emerging trends that Indigenous people are overrepresented in the homelessness population. See Table 15 for a more in-depth analysis of survey data regarding Indigenous Ancestry. Of all survey respondents who identified as Indigenous, 2 were youth, 7 were adults and 1 family.

Table 15: Indigenous People and Ancestry

Indigenous Peoples	CKL (n=46)	COH (n=29)	Total percentage of all respondents
First Nations	6	8%	46%
Inuit	0	0%	0%
Metis	4	5%	31%
Non-status/have Indigenous Ancestry	0	0%	0%
Unknown/No Response	3	4%	23%
Total Responses:	10	17%	100%

Upon further analysis, the data showed some significant trends regarding the acuity and length of time homeless for Indigenous individuals and families. It is significant to note that 31% of Indigenous respondents scored in the mid-acuity range (4-7) on the VI-SPDAT and, the majority of individuals at 69% scored in the highest acuity range (8+), where permanent supportive housing is the recommended intervention.

Of all the respondents who identified as Indigenous or having Indigenous ancestry, 46% noted that they had been homeless 3 and/or more times in the last year or are episodically homeless. Over half, 54% of Indigenous households identified as being chronically homeless and reported being homeless for 6 or more months in the last year. The average length of time homeless for Indigenous households is 20 months, slightly higher than the total household average of 18.5 months.

Table 16: **Indigenous Acuity Breakdown**

Indigenous People Acuity Level	Number of VI-SPDAT Indigenous Respondents	Percent of all VI-SPDAT's Submitted	Percent out of all who identified as Indigenous
Mainstream Housing (Score 0-3)	0	0%	0%
Rapid Re-housing (Score 4-7)	4	5%	31%
Permanent Supportive Housing (Score 8+)	9	12%	69%

Youth Population (Age 16-24)

Youth are defined as 16-24 years of age and they accounted for 21% of all survey respondents. Youth were asked to identify their most frequent sleeping location and, more than half of all respondents, 56%, indicated that they couch-surfed while 22% indicated that they stayed in emergency shelter. Table 17 outlines the sleeping locations identified by youth survey respondents.

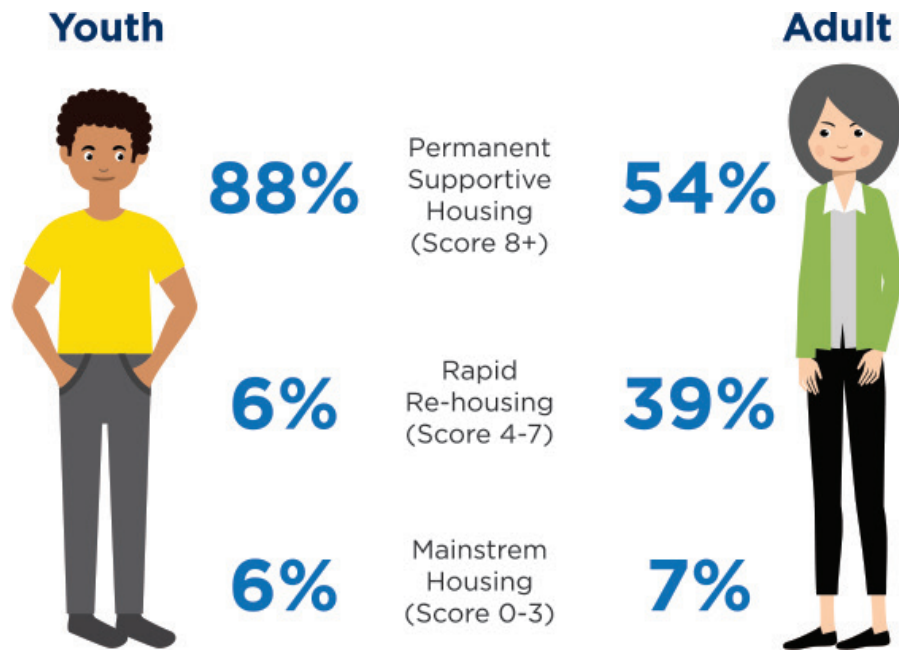
Table 17: **Youth Frequent Sleeping Location**

Frequent Sleeping Location	Number of respondents in COH	Number of respondents in CKL	Total number of all youth respondents	Total percent of all youth respondents
Couch Surfing	6	4	10	56%
Shelters	2	2	4	22%
Other	1	2	3	17%
Vehicle	1	0	1	6%

The Youth VI-SPDAT asks specific questions to determine how and if any relationships with family or friends impacts a youth's ability to maintain stable housing. A total of 63% of youth respondents reported that their friends or family caused them to become homeless, while 25% reported that they had run away from either a family home, group home or foster home.

VI-SPDAT scores for youth show a significantly higher percentage (88%) who score in the highest acuity range (8+) and need permanent supportive housing compared to the 54% of adults who score in the same acuity range. See Figure 6 for the full acuity comparison.

Figure 6: Youth and Adult Acuity Comparison



When examining some of the risk factors that affect a youth’s housing stability, the data shows that 27% reported physical health concerns, 33% reported mental health concerns and 20% reported that substance use affected their housing stability. (See Table 18).

Table 18: Youth Risk Factors

Risk Factor	Number of VI-SPDAT youth respondents	Percent (out of all VI-SPDAT submitted)	Percent out of all youth respondents
Physical Health	4	5%	25%
Substance Abuse	3	4%	19%
Mental Health	5	7%	31%

It is also significant to note that 38% of all youth survey respondents indicated that they had been homeless for more than 6 months in the past year (chronically homeless), while 56% reported that they had been homeless 3 or more occurrences in the past year (episodically homeless). See Table 19 for additional youth-specific demographics.

Table 19: **Additional Youth-Specific Demographics**

Demographic Indicators	Number of VI-SPDAT youth respondents	Percent out of all youth respondents
Chronic Homelessness (Homeless for 6 or more months in the past year)	6	38%
Episodically Homeless (Homeless 3 times or more in the past year)	9	56%
Indigenous	3	19%
Moved to Kawartha Lakes or Haliburton Region in the past year	4	25%
Foster Care	4	25%

One-quarter of all youth respondents experiencing homelessness in the City of Kawartha Lakes and County of Haliburton reported involvement with the foster care system. According to the final report recently released by the Advisory Committee on Homelessness, youth experiencing homelessness are 193 times more likely to have been involved with the child welfare system than the general public.¹⁶ Combatting youth homelessness at a local and national scale will mean intentional investments to help youth connected to the foster care system have opportunities for safe, stable and affordable housing, and are diverted from homelessness or rapidly re-housed whenever possible.

Seniors (age 60+)

Of the total number of individuals who completed the survey, only 8%, or 6 individuals identified as being 60 years of age or older. Similar to the youth population, seniors are identified as a special priority population due to the increased risks related to their age. Of the seniors who were surveyed, a total of 17% reported having a physical health issue that has resulted in housing loss, while 50% report a chronic health issue.

The number of seniors who report couch surfing as their most common sleeping arrangement, is the same as those who identify both shelters and other, or motel/hotels as their sleeping arrangement at 33%. See Table 20 with a list of the most frequent sleeping location for seniors.

Table 20: **Most Frequent Sleeping Location for Seniors (age 60+)**

Where do you sleep most frequently?	Percentage of respondents age 60+
Couch Surfing	33%
Shelters	33%
Other (Motel/Hotel)	33%

The level of acuity of seniors shows that 17% scored in the lowest acuity range (0-3), while the remaining 83% all scored in the mid-acuity range (4-7), where Rapid Re-housing is the recommended intervention. There were no seniors who scored in the highest acuity range.

Families

Families are defined as any household with children or any household where children are expected to return once the family is housed. 15 families accounted for 20% of all survey respondents, with 27 children currently staying with their families and an additional 10 children expected to return to the family once stable housing is secured. Almost half of all the children represented are between the ages of 5-9 years old (See Table 21).

Table 21: **Breakdown of Ages of Children**

Age of Children	Total number of children	Total % of children
0-4	10	27%
5-9	17	46%
10-14	6	16%
15-17	2	5%
Age not provided	1	3%

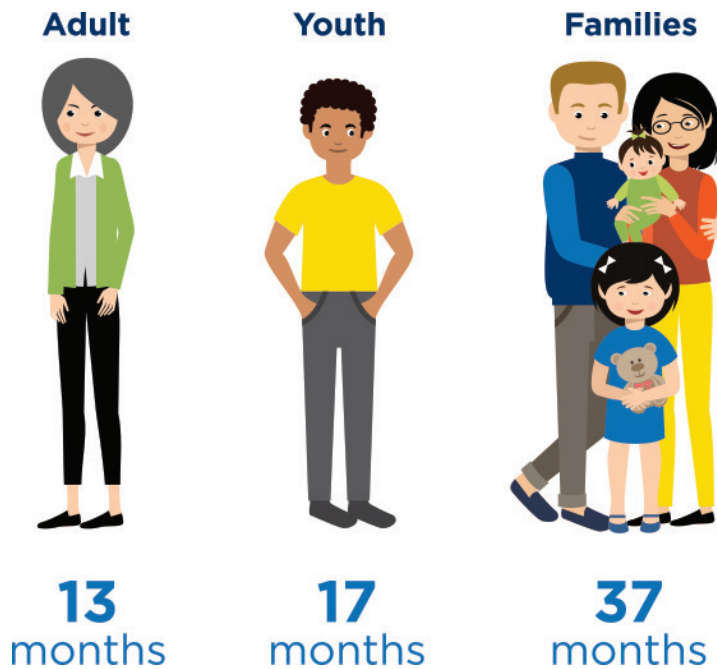
When asked to identify their most frequent sleeping location, 67% of families reported couch surfed. Table 22 outlines the sleeping locations identified by the family survey respondents.

Table 22: **Most Frequent Sleeping Location for Families**

Frequent Sleeping Location	Total % of family respondents
Couch Surfing	67%
Other	7%
Motel	13%
Shelters	7%
Declined	7%
Total	100%

The level of acuity of families who were experiencing homelessness show that 7% scored low acuity, 20% score medium and the majority, 73% scored in the highest acuity range. The average length of time homeless for families is 3 years. When comparing this to the average length of homelessness for adults and youth, families spend more than double the average amount of time homeless. Please see the comparison in Figure 7 below.

Figure 7: **Average Length of Time Homeless Comparison Chart**

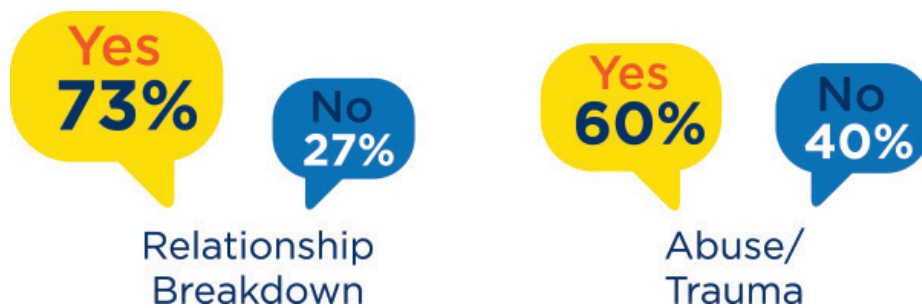


When examining the length of time families are staying homeless, 53% are chronically homeless (homeless for 6 or more months in the past year), while 7% are episodically homeless (3 or more episodes of homelessness in the last year). The remaining families are transitionally homeless and do not yet fit into either of those categories.

Risk factors that affect a family’s ability to maintain stable housing include 60% of families with physical health concerns and 27% with mental health concerns, while 7% reported substance use as affecting their housing stability.

Another key indicator contributing to families losing their housing and becoming homeless are the breakdown of relationships as well as the experience of abuse and/or trauma. Almost three-quarters (73%) of families reported that their current homelessness is caused by a relationship that broke down, an unhealthy or abusive relationship or because other friends or family caused them to become evicted. The VI-SPDAT also asks, “Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by any other trauma you or anyone in your family have experienced?” to which 60% of all families who completed the survey responded ‘yes’. See Figure 8 below.

Figure 8: **Family Reasons for Losing Housing**



Next Steps:

10 Year Housing & Homelessness Plans

The Ministry of Municipal Affairs and Housing's Long-Term Affordable Housing Strategy (LTAHS) was released in November 2010 and in response, the Housing Services Act, 2011 came into effect in January 2012. The Act requires Service Managers (the City is the Service Manager for both the City of Kawartha Lakes and the County of Haliburton) to develop and approve 10-year Housing and Homelessness plans that meet established provincial interests and the Ontario Housing Policy Statement.

The City and County's local plan was developed in consultation with community members, service providers and other stakeholders and came into effect in February 2014. The Act stipulated that at least once every five years, Service Managers must review their housing and homelessness plans and make amendments as necessary. As the initial plan was approved in 2014, the City and County must complete and submit their review report and revised plan to the ministry by June 30th, 2019.

Changes to the Ontario Policy Statement along with the data collected from enumeration reports (2016 & 2018) and local program evaluations will help guide the goals and objectives centred on homelessness within the CKL-H five-year revised plan.

Changes to the Ontario Policy Statement include:

- The provincial goal to end chronic homelessness in Ontario by 2025
- Four provincial homelessness priorities; chronic, youth, Indigenous and homeless following transitions from provincially funded institutions and service systems like hospitals, correction facilities and child welfare
- Use of results of local homeless enumeration in developing plans
- Use of strategies to prevent and reduce homelessness that reflect innovation and a Housing First philosophy

The five-year review and revision process will begin in the fall of 2018 with the revised plan presented to councils for their adoption in May or June of 2019. The revised plan will be developed in consultation with local community members, service providers and other key stakeholders.

Implementation of a Coordinated Entry System of Homelessness Response

Coordinated Entry is an emerging methodology that helps communities to organize their response to homelessness and improve outcomes with intentional housing and supports allocation.

In short, Coordinated Entry includes the following components:

1) Community Entry Points

Community Entry Points (CEP) are identified agency locations in CKL-H who have regular contact with people who are at risk of or who are experiencing homelessness and have been trained to assess individuals and families needs. Community Entry Points ensure that anyone experiencing homelessness in the CKL-H area has equitable access to available housing and supports that are appropriate to their needs.

When an individual or family presents as experiencing homelessness in the community, they will be directed to an identified CEP to begin the process of assessment and referral to appropriate supports. Agency staff at CEPs will be trained to help individuals and families be diverted from homelessness wherever possible. When diversion is not possible, CEPs will connect the individual or family to an emergency shelter or alternative accommodation and community level resources for support.

If an individual or family has been homeless for 14+ days without being able to resolve their own homelessness, the CEP will:

- Gain consent to collect information
- Complete an assessment to determine their unique needs
- Identify barriers to finding and keeping housing.

2) Common Assessment

The Vulnerability Index Service Prioritization Decision Assistance Tool, or the VI-SPDAT, is a triage or screening tool used by people working in the housing and homelessness sector. It allows assessors to identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention. Similar to a triage station in a hospital emergency room, this tool allows the housing and homelessness system to efficiently prioritize people and respond based on need.

A standardized screening tool, like the VI-SPDAT is an important component of a coordinated system of care because it allows for standard data collection, prioritization and expectations by participants and workers. VI-SPDAT scores help the community to prioritize who has the greatest depth of need.

3) By Name List Database

A By-Name List (BNL) is a real time, up to date list of all people known to be experiencing homelessness and listed by unique identifiers such as name, current state of housing, presenting risks and vulnerabilities.

This information will be added to the CKL-H By-Name List and prioritized based on assessment results. As individuals are added to the BNL, they will be referred to appropriate housing intervention or community supports dedicated to resolving homelessness as those resources become available.

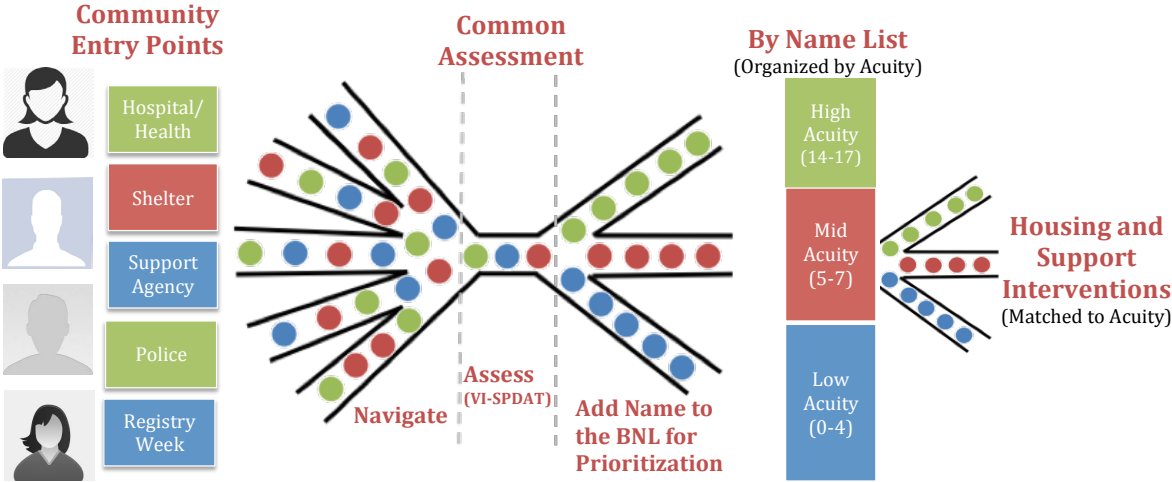
A high functioning By-Name List can be used to track progress towards ending long-term homelessness. The data acquired on the in-flow to and out flow from homelessness can be used to illuminate the strengths and gaps in our system, and to advocate for additional resources to meet the needs of our community. Paired with strong evaluation of outcomes and program investments, the BNL is a valuable tool to help the community to invest in appropriate responses, and ensure high quality, effective intervention.

Currently CKL-H Housing Help is developing and testing a customized database to ensure that all personal information is well protected and organized to facilitate that appropriate matches to housing and supports can be made easily and consistently.

4) Housing and Supports Inventory

The City of Kawartha Lakes and County of Haliburton are working to secure dedicated housing and supports inventory to address local homelessness. Currently, funded resources through community agencies have been dedicated to support and house individuals with high acuity who are experiencing homelessness. Additional housing destinations and supports are being proposed with community partners, housing providers, private landlords, and through investments in affordable housing.

Figure 9: **Diagram of Coordinated Entry**



Funding Opportunities

The data and analysis captured in registry week reports and other homelessness reports are used to guide the City’s response to homelessness and assist the municipality and its community partners in securing funding.

Funders including federal and provincial government ministries are making funding allocations based on current local data and evidence driven interventions. In the past the City couldn’t accurately report on homelessness related research, reporting is now possible in real time using both Registry Week and the ongoing Coordinated Entry System and By Name List. In addition to collecting data, the City has partnered with Trent University to survey and report back on the impact of Housing First programs and investments are having.

A more recent example is the provincial program Home for Good. Using the 2016 Registry Week data, the City was able to secure \$600,000 in capital and \$353,100 in support service funding toward the 24 new units being constructed on 68 Lindsay Street North in Lindsay. That building will house 24 homeless individuals from the City’s By Name List and provide on-site programming and support services to help ensure successful tenancies. The Home for Good funding was an application process open to all 47 Service Managers. The province received applications from 46 of the 47 and the City was one of only 22 that were successful. Structuring our application around real data and real needs contributed to the success of the application.

The new National Housing Strategy includes changes to the former Homelessness Partnering Strategy, recently renamed Reaching Home, a key vehicle through which federal money flows for funding local efforts on homelessness. The program will include a major shift towards a data driven, performance-based program. Registry week

enumerations, coordinated entry systems, and the use of real time data with By Name Lists will be requirements when applying for funding. The development of these key system level pieces will position the City well for future funding opportunities.

System Training and Continued Evaluation

The implementation of a new system of response will require investment in ongoing training and communication to engage community partners and improve capacity for participation.

In the fall of 2018, CKL-H partners will be invited to participate in the following training opportunities:

- Introduction to the CKL-H Coordinated Entry System
- Common Assessment – the SPDAT suite of tools
- How to be an Awesome Shelter
- Diversion and Prevention Strategies
- Housing Based Case Management

Community wide information sharing is required to ensure that the whole community understands what to do when they are experiencing a housing crisis, or how to support an individual or family experiencing or at risk of homelessness. In the fall of 2018, community partners will develop a communication strategy to ensure that Coordinated Entry is a clear, easy to access process across CKL-H.

Appendix A: Glossary (Definition of Terms)

- **Chronic Homelessness:** refers to individuals, often with disabling conditions (such as chronic physical or mental illness, substance use problems), who are currently homeless and have been homeless for six months or more in the past year (i.e., have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).²¹
- **Episodic Homelessness:** refers to individuals, often with disabling conditions (such as chronic physical or mental illness, substance use problems), who are currently homeless and have experienced three or more episodes of homelessness in the past year. Episodes are defined as periods when a person would be in a shelter or place not fit for human habitation, and after at least 30 days, would be back in the shelter or inhabitable location.²²
- **By Name List:** is a real time, up to date list of all known people known to be experiencing homelessness in the community and are listed by unique identifiers such as name, current state of housing, presenting risks and vulnerabilities.²¹
- **Coordinated Entry:** Refers to a system designed to streamline the process for people experiencing homelessness to access the housing and support services needed to permanently end their homelessness. By standardizing access to the system, utilizing common assessment tools, sharing information in real time with the community and prioritizing the most vulnerable individuals first, communities are able to more effectively prevent and end homelessness.²⁴
- **Acuity:** Is a measure of the overall vulnerability of an individual//family, or depth of need.²⁵
- **Hidden Homelessness:** refers specifically to people who live “temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.” Often known as ‘couch surfing’. This population is considered to be ‘hidden’ because they usually do not access homelessness supports and services even though they are improperly or inadequately housed. Because they do not access services, they do not show up on standard statistics regarding homelessness.²⁶
- **Registry Week:** Registry Week is a week-long event where information is collected from as many people experiencing homelessness as possible within a defined geographic area. This information includes person specific information such as names, acuity level and contact information. The result of Registry Week is a static list of names and associated acuity, and a point-in-time count of the number of people experiencing homelessness.²⁷
- **Housing First:** a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing followed by a provision of additional supports and services as needed.²⁸
- **Mainstream Housing:** refers to housing that is not intended for specific populations but instead, is available for public application to rent and it can include affordable housing or market rental housing.
- **Rapid Rehousing:** refers to an approach to housing that is similar to Housing First as it has no ‘readiness requirement’, however, this approach is best suited for people experiencing episodic and transitional homelessness, as supports are less intensive and more time-limited than in Housing First.²⁹

- **Permanent Supportive Housing:** refers to housing that combines rental or housing assistance with individualized, flexible support services for people with high needs related to physical or mental health, developmental disabilities or substance use.³⁰
- **Frequent User:** An individual who uses any crisis service 3 or more times within the last 6 months. This includes crisis services such as the ER, hospital, crisis service line and/or an ambulance.³¹
- **Tri-Morbidity:** Indicates that an individual has a jointly occurring physical health condition, substance use and a mental health condition. Tri-morbidity increases an individuals' depth of need significantly.³²
- **Indigenous Homelessness:** refers to the newly created Indigenous Definition of Homelessness published by Jesse Thistle PhD in consultation with elders and indigenous leaders. This definition acknowledges the typologies of homelessness outlined in the Canadian Definition of Homelessness, but also acknowledges that 'unlike common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.'³³

Endnotes

1. Kightley, Kerri, “City of Kawartha Lakes and County of Haliburton Homelessness Services Capacity Assessment Final Report, (City of Kawartha Lakes: 2017), 22.
2. Canadian Alliance to End Homelessness, “20,000 Homes Campaign”, accessed July 17, 2018, www.20khomes.com.
3. Welch, Tim, “Building Strong Communities: 2014-2023”, (City of Kawartha Lakes, 2013), 6.
4. Canadian Alliance to End Homelessness, “20,000 Homes Campaign”.
5. Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press
6. Thistle, J, “Indigenous Definition of Homelessness in Canada”, (Toronto: Canadian Observatory on Homelessness Press, 2017), 6.
7. Statistics Canada, “Census Profile 2016: Haliburton-Kawartha Lakes-Brock”, last modified April 24, 2018, <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=FED&Code1=35034&Geo2=PR&Code2=13&Data=Count&SearchText=Haliburton--Kawartha%20Lakes--Brock&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=35034&TABID=1&wbdisable=true>.
8. Hall, Barbara, “Enumeration of the Homeless Population in Rural Communities”, MPA Major Research Papers: 170 (Western University, 2017), accessed August 1, 2018, <https://ir.lib.uwo.ca/lgp-mrps/170>.
9. Northumberland County, “A Home For Everyone is Key: 2016 State of Homelessness in Northumberland County”, (Cobourg: Northumberland County, 2016) 13.
10. Employment and Social Development Canada, “Final Report of the Advisory Committee on Homelessness on the Homelessness Partnering Strategy”, last modified May 17, 2018, www.canada.ca/en/employment-social-development/programs/communities/homelessness/publications-bulletins/advisory-committee-report.html, 20.
11. Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver, “The State of Homelessness in Canada 2014”, (Toronto: Canadian Homelessness Research Network Press, 2014), 40.
12. Employment and Social Development Canada, “Homelessness Partnering Strategy Directives 2014-2019- Directive 1”, last modified August 15, 2016, www.canada.ca/en/employment-social-development/services/funding/homeless/homeless-directives.html#d1
13. Employment and Social Development Canada, “Homelessness Partnering Strategy Directives 2014-2019- Directive 1”.

14. Statistics Canada, “2016 Census Division of Kawartha Lakes” , last modified April 24, 2018, www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cd-eng.cfm?GC=3514&GK=CD&LANG=Eng&TOPIC=1
<http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3516&Geo2=PR&Code2=47&Data=Count&SearchText=Kawartha%20Lakes&SearchType=Begins&SearchPR=01&B1=All&TABID=1#fnb80>
15. Statistics Canada, “2016 Census Division of Haliburton”, last modified April 24, 2018, <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page>.
16. Employment and Social Development Canada, “Final Report on Homelessness on the Homelessness Partnering Strategy”.
17. Gaetz, et. al, “The State of Homelessness in Canada 2014”.
18. The 2018 calculations for the cost of healthcare services was calculated using the same numbers presented in research by Dr. Kristy Buccieri and the research between Trent University and a Place Called Home. This is for consistency when reporting on health care costs within the community. Therefore, the cost breakdown is as follows: visit to the ER (\$618), ride in an ambulance (\$240) and an in-patient hospitalization (\$4869).
19. In 2016, the total cost of interactions with the health care services was calculated using numbers current for the time. In order to keep with consistency in the community and with reports ongoing, the number of interactions o 2016 were re-calculated when compiling the data for this report using the same calculations for 2018 and also those used by Dr. Kristy Buccieri in the research between Trent University and A Place Called Home. As such, the total cost for all interactions in 2016 was \$586, 917 and the total cost of Frequent Users was \$375, 015 or 64% of the total cost.
20. Kristy Buccieri, “City of Kawartha Lakes Homelessness Partnering Strategy Evaluation: Infographic Report #4”, (Trent University, 2018), 16.
21. Employment and Social Development Canada, “Homelessness Partnering Strategy Directives 2014-2019-Directive 1”.
22. Employment and Social Development Canada, “Homelessness Partnering Strategy Directives 2014-2019-Directive 1”.
23. 20,000 Homes Campaign, “By-Name List Question and Answer Document”, October 19th, 2017, <http://www.20khomes.ca/wp-content/uploads/20KHomes-BNL-QA.pdf, 2>.
24. Canadian Alliance to End Homelessness, “What is a Coordinated Access System”, CAEH, last modified June 25, 2018, : <http://caeh.ca/cas/>
25. De Jong, Iain, “The Difference between Having Higher Acuity and Being Chronic”, Org Code Consulting, March 10, 2014, http://www.orgcode.com/the_difference_between_having_higher_acuity_and_being_chronic.
26. Canadian Observatory on Homelessness, “Homelessness 101: Hidden Homelessness,” accessed July 27, 2018, <http://homelesshub.ca/about-homelessness/population-specific/hidden-homelessness>.

27. 20,000 Homes Campaign, “By-Name List Question and Answer Document”, 7.
28. Canadian Observatory on Homelessness, “Homelessness 101: Homelessness Glossary”, accessed July 27, 2018, <http://homelesshub.ca/about-homelessness/homelessness-101/homelessness-glossary>.
29. Canadian Observatory on Homelessness “Homelessness 101: Homelessness Glossary”.
30. Canadian Observatory on Homelessness, “Permanent Supportive/Supported Housing”, accessed July 27th 2018, <http://homelesshub.ca/solutions/transitional-housing/permanent-supportivesupported-housing>.
31. Jessica Ramirez Mendoza, “High Users of Acute Care Services”, Presentation at Canadian Association for Health Services and Policy Research, May 2015, <https://www.cahspr.ca/en/presentation/557061c837dee81a799dd2f1>
32. Calgary Homeless Foundation, “Rehousing Triage and Assessment Survey Toolkit”, accessed July 27, 2018, <http://www.homelesshub.ca/sites/default/files/vpipprgm.pdf> ,8.
33. Thistle, “Indigenous Definition of Homelessness in Canada”.

Appendix B: Canadian Definition of Homelessness



Canadian Definition Of Homelessness

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

Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. That is, homelessness encompasses a range of physical living situations, organized here in a **typology** that includes 1) **Unsheltered**, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) **Provisionally Accommodated**, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.

The *problem* of homelessness and housing exclusion refers to the failure of society to ensure that adequate systems, funding and support are in place so that all people, even in crisis situations, have access to housing. The goal of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible and suitable in size), and includes required services as needed (supportive), in addition to income and supports.

Numerous populations, such as youth, individuals from different ethno-cultural backgrounds, families, newcomers to Canada, people impacted by family violence, the elderly, etc., experience homelessness due to a unique constellation of circumstances and as such the appropriateness of community responses has to take into account such diversity. The over-representation of Aboriginal peoples (including First Nations, Métis, and Inuit peoples), for instance, amongst Canadian homeless populations, necessitates the inclusion of their historical, experiential and cultural differences, as well as experiences with colonization and racism, in their consideration of homelessness.

The Canadian Observatory on Homelessness (COH) (formerly the Canadian Homelessness Research Network) established a working group with leaders from the areas of research, policy and practice, to develop, refine and test a new definition. The CHRN Working Group included: Dr. Stephen Gaetz, Director, Canadian Observatory on Homelessness, York University; Carolann Barr, Executive Director, Raising the Roof; Anita Friesen, Senior Policy Advisor, Program Policy and Planning, Family Violence Prevention and Homeless Supports, Alberta Human Services; Bradley Harris, Social Services Consultant, The Salvation Army; Charlie Hill, Executive Director, National Aboriginal Housing Association; Dr. Kathy Kovacs-Burns, Associate Director, Health Sciences Council, University of Alberta; Dr. Bernie Pauly, Associate Professor, School of Nursing, University of Victoria; Bruce Pearce, President, Canadian Housing Renewal Association; Alina Turner, VP Strategy, Calgary Homeless Foundation; Allyson Marsolais, Project Manager, Canadian Observatory on Homelessness.

TYOLOGY

OPERATIONAL CATEGORY	LIVING SITUATION	GENERIC DEFINITION
1 UNSHELTERED	1.1 People living in public or private spaces without consent or contract	<ul style="list-style-type: none"> Public space, such as sidewalks, squares, parks, forests, etc. Private space and vacant buildings (squatting)
	1.2 People living in places not intended for permanent human habitation	<ul style="list-style-type: none"> Living in cars or other vehicles Living in garages, attics, closets or buildings not designed for habitation People in makeshift shelters, shacks or tents
2 EMERGENCY SHELTERED	2.1 Emergency overnight shelters for people who are homeless	These facilities are designed to meet the immediate needs of people who are homeless. Such short-term emergency shelters may target specific sub-populations, including women, families, youth or Aboriginal persons, for instance. These shelters typically have minimal eligibility criteria, offer shared sleeping facilities and amenities, and often expect clients to leave in the morning. They may or may not offer food, clothing or other services. Some emergency shelters allow people to stay on an ongoing basis while others are short term and are set up to respond to special circumstances, such as extreme weather.
	2.2 Shelters for individuals/families impacted by family violence	
	2.3 Emergency shelter for people fleeing a natural disaster or destruction of accommodation due to fires, floods, etc.	
3 PROVISIONALLY ACCOMMODATED	3.1 Interim Housing for people who are homeless	Interim housing is a systems-supported form of housing that is meant to bridge the gap between unsheltered homelessness or emergency accommodation and permanent housing.
	3.2 People living temporarily with others, but without guarantee of continued residency or immediate prospects for accessing permanent housing	Often referred to as ‘couch surfers’ or the ‘hidden homeless’, this describes people who stay with friends, family, or even strangers.
	3.3 People accessing short term, temporary rental accommodations without security of tenure	In some cases people who are homeless make temporary rental arrangements, such as staying in motels, hostels, rooming houses, etc.
	3.4 People in institutional care who lack permanent housing arrangements	People who may transition into homelessness upon release from: Penal institutions; Medical / mental health institutions; Residential treatment programs or withdrawal management centers; Children’s institutions / group homes.
	3.5 Accommodation / reception centers for recently arrived immigrants and refugees	Prior to securing their own housing, recently arrived immigrants and refugees may be temporarily housed while receiving settlement support and orientation to life in Canada.
4 AT-RISK OF HOMELESSNESS	4.1 People at imminent risk of homelessness	<ul style="list-style-type: none"> Those whose employment is precarious Those experiencing sudden unemployment Households facing eviction Housing with transitional supports about to be discontinued People with severe and persistent mental illness, active addictions, substance use, and / or behavioural issues Breakdown in family relations People facing, or living in direct fear, of violence / abuse
	4.2 Individuals and families who are precariously housed	Those who face challenges that may or may not leave them homeless in the immediate or near future. CMHC defines a household as being in core housing need if its housing: “falls below at least one of the adequacy, affordability or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).”

For a more detailed typology of the Canadian Definition of Homelessness, go to: www.homelesshub.ca/homelessdefinition

Appendix C: Definition of Indigenous Homelessness in Canada

Definition of

Indigenous Homelessness

in Canada

About The Definition's Design

The colour scheme (red, black, white and yellow) and the representation of the colours as the four directions are used on the cover and within this report to embody significant meanings that exist within First Nations, Métis and Inuit Indigenous cultures.

A central philosophy for many Indigenous Peoples is connectedness. Across Indigenous cultures, the circle serves as a recurring shape that represents interconnectivity, as seen with Indigenous medicine wheels and the Indigenous perspective of “All My Relations.” This is the circle of life.

“All My Relations” is represented by the circular placement of the fireweed, sweetgrass and mayflowers. It is a phrase that encompasses the view that all things are connected, linked to their families, communities, the lands that they inhabit and the ancestors who came before them. Therefore, all beings—animate and inanimate—are viewed as worthy of respect and care and in possession of a purpose are related.

Fireweed is a symbol of Indigenous resistance and perseverance; it is also used as a medicine by many Indigenous cultures across Turtle Island. Its young shoots provide springtime nourishment, its mature stems provide a tough fibre for string and nets, and its flowers produce sweet nectar for bees and other insects. Fireweed (*Epilobium angustifolium*) grows virtually everywhere in North America, as does sweetgrass (*Hierochloe odorata*) and so these plants were chosen to represent of all three Indigenous Peoples. Moreover, braided sweetgrass is burned as an incense in various Indigenous ceremonies and can be counted as one of the most sacred medicines of First Nations, Métis and Inuit peoples on Turtle Island. It is still widely traded and used as a gift.

The deep red-purple of the fireweed signifies success and resistance during challenging times, as this particular flower blooms in summer, but the shoots emerge at the end of the winter season when the remnants of snow are still around.

The greyish-white mayflower is representative of Euro-style colonial settlement, as the first successful colony of English settlers in North America was aboard the Mayflower galleon. Mayflowers, despite their colonial representation, do have a spot within the circle of All My Relations – Algonquin, Cherokee, and Haudenosaunee Peoples have long used mayflowers (*Epigaea repens*) as medicine for kidney disorders, arthritis and relieving pain during childbirth. Therefore, mayflower, as depicted in the circle, represents both the invasive and destructive aspects of settlement, as well as hope because it can be incorporated into the relationship web of All My Relations for its pre-colonial uses to Indigenous Peoples.

About The Definition's Design

Black, yellow, white and red are the four Indigenous colours commonly displayed in a well-known Indigenous medicine wheel. These four colours are often divided into four quadrants and hold meanings that are linked to the seven aspects of life's specific stages: four directions, four elements of life, four medicines, four seasons, and four stages of well-being. The yellow and red placements of the colours throughout the definition work are explicit in graphics. The white and black, however, are implicit and are represented in the white of the background and the black of the texts. The white and the black colours of the medicine wheel literally carry the message of Indigenous Homelessness and articulate it to the world with the help of the red and yellow accents; therefore, the document itself is the medicine wheel.

The placement of the title in its off-centre position was done intentionally, to signify that Indigenous experiences of homelessness are counter to the interconnectivity that is so central to Indigenous cultures. Indigenous individuals who are without home and shelter have been symbolically, as in their lived experiences of homelessness, displaced from their relationships to land, water, place, family, kin, each other, animals, their cultures, languages and identities.

Sources:

<https://www.ictinc.ca/about-team>

<http://firstnationspedagogy.com/interconnection.html>

<http://ojibweresources.weebly.com/medicine-wheel.html>

<https://www.ictinc.ca/blog/what-is-an-aboriginal-medicine-wheel>

Author: Jesse A. Thistle

© 2017 Canadian Observatory on Homelessness Press



This research paper is protected under a Creative Commons license that allows you to share, copy, distribute, and transmit the work for non-commercial purposes, provided you attribute it to the original source.

How to cite this document: Thistle, J. (2017.) *Indigenous Definition of Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press.

Special Acknowledgements:

Althea Guiboche, Eric Weissman, Cyndy Baskin and Beverly Allard provided an abundance of concepts, ideas, and understandings throughout all phases of writing this definition. Their knowledge, writing skills, and input were invaluable and represents the core contributions of this piece.

Contribution Acknowledgements:

The people listed below were part of the consultation the Canadian Observatory on Homelessness undertook with Indigenous scholars, community members, knowledge keepers and Elders during the 18 months (January 2, 2016 to August 3, 2017) the National Definition of Indigenous Homelessness in Canada was developed. There were three levels of consultation: 1) The National Steering Committee; 2) The Regional Advisors Committee; and 3) The National Elders Council. Contributions ranged from brief suggestions to extensive input, but all were valued, and we gratefully acknowledge the time and ideas of all contributors.

Alicia Campney, Stephen Gaetz, Yale Belanger, Suzanne Stewart, Patrick Stewart, Cindy Sue McCormack, Marcel Swain, David Newhouse, Susan McGee, Wendy Wetland, Julia Christensen, Chris Andersen, Janine Manning, Kaitlin Schwan, Al Day, David T. McNab, Donna Dolson, Steve Teekins, Ashley Quinn, Lori Mishibinijima, Rene Timlick, Susan Barberstock, Gregory Phillips, Neal McLeod, Ruth Koleszar-Green, Carole Leclair, Irene Goodwin, Jocelyn Murphy, Danielle Woodcock, Sheryl Lindsay, Tamon Scarlett, Patricia Farr, Elaine Brindley, Maha Hussain, Rose Gutierrez, Marie Wilson, Justin Wiebe, Catherine Longboat, Crystal Sinclair, Robynn Sadler, Erica Gray, Jason Leblanc, Amy Desjarlais, Sarah Zell, Scott McCullough, Jennifer St. Germaine, Randy Pitawanakwat, Katie Mysak, Robynn Maluga, Ralph Thistle, Pahan Pte San Win, Belinda Vandenbroeck, and 10 others who preferred not to be named.

Layout & design by: Joss Frank / www.jossfrank.com



Definition of Indigenous Homelessness in Canada

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 worldviews.

I) The Definition

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 worldviews. 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).

The complex interactions between these factors in Indigenous homelessness produce situations that intersect with the typology of four kinds of homelessness, as presented in the Canadian Definition of Homelessness. These include: Unsheltered, Emergency Sheltered, Provisionally Accommodated and At Risk of Homelessness. While aspects of these four categories are tied to current housing markets and the limited availability of affordable housing, Indigenous homelessness is not simply a response to such circumstances, but is best understood as the outcome of historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Métis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories.

Colonization of Indigenous bodies, minds and lands has had the historic and contemporary effect of traumatizing generations of First Nations, Métis and Inuit by disrupting traditional and vital domestic and territorial systems of governance, and obliterating timeless institutions responsible for the socialization of Indigenous Peoples. Linguicide¹ (McCarty, Romero, & Zepeda, 2006), the calculated extermination of Indigenous languages, was the key tool employed by the Canadian state in the intentional undermining and, in some cases, destruction of essential Indigenous social systems, cultures and worldviews. This deep cultural destabilization has produced—and continues to produce—individual and community traumas, responsible for the disproportionate levels of mental, cognitive, behavioural, social and physical challenges faced by Indigenous individuals, families, communities and Nations (Christensen, 2013). This thorough, complex and intentional unravelling of traditional social and cultural systems, known as cultural genocide, has created and prolonged, and continues to perpetuate, Indigenous homelessness in Canada (Menzies, 2007; The Truth and Reconciliation Commission, 2015).

Racism and discrimination aimed at Indigenous peoples are firmly entrenched in Canadian society

The observable manifestations of intergenerational trauma in Indigenous Peoples, such as intemperance, addiction and street-engaged poverty, are incorrectly assumed to be causes of homelessness in popular and worldwide blame-the-victim discourses. Obscured behind these discourses are the historical processes and narrative prejudices practiced by the Canadian state and settler society that have produced Indigenous homelessness. Discourse about these processes disappears into myths about flawed Indigenous individuals: mental “illness,” substance abuse, recidivism, delinquency, and other myths.

Racism and discrimination aimed at Indigenous peoples are firmly entrenched in Canadian society, producing impenetrable systemic and societal barriers, such as a lack of affordable and appropriate housing, insufficient and culturally inappropriate health and education services, irrelevant and inadequate employment opportunities, and a crumbling infrastructure in First Nations, Inuit, and Métis communities. The fiduciary abandonment of Indigenous communities by the state, which has greatly contributed to Indigenous homelessness, is manifested by chronic underfunding by the federal, provincial and territorial governments of Canada.

The key to understanding a healthy community, Indigenous or not, is appreciating that cultivation of the human spirit is grounded in emplaced networks of significance. Grounded emplacement gives positive meaning to individual and collective life in social groups and society as a whole, and produces a healthy “sense of place,” as well as a healthy sense of identity. Yet the ineffective political and economic conditions cited above contribute to an assault on the socio-cultural practices and confidence of Indigenous populations, which has made impossible a meaningful sense of emplacement necessary for dignified social experiences for First Nations, Métis, and Inuit Peoples within broader Canadian society. External and foreign factors contribute greatly to rural and urban Indigenous homelessness by neglecting and starving healthy Indigenous relationships—

personal, social, cultural, spiritual and political. These factors are not innate to Indigenous cultural practices; they are instead external and state driven, imposed on, rather than generated by, Indigenous cultural practices.

In addition to uprooting the material and social vectors of experience that predated colonialism, European-style settlement on Indigenous land has extended colonialism's attack on Indigenous Peoples through official policies such as the Indian Act, residential schools, the Métis scrip system, Inuit relocations, and the encroachment and management of national and provincial parks (Sandlos, 2011), among others.

These policies, as well as unfulfilled treaties, physically displaced First Nations, Métis, and Inuit Peoples into unviable, marginal geographic spaces. In these scattered urban and rural ghettos—considered by some to function similarly to African systems of apartheid—poverty, poor housing and economic disadvantage have become normalized.

In some of these marginalized reserve and community spaces, Indigenous Peoples have managed to prosper, but they are a small minority, and most people continue to experience great marginalization in these geographic and social settings. Contemporary Indigenous Homelessness can therefore be understood only by recognizing the injustice that undergirds these settlements and broken treaties (Peters & Robillard, 2009).

*Canadians
must finally
agree on some
difficult truths...*

Canadians must finally agree on some difficult truths:

1. Indigenous people do not choose to be homeless;
2. The experience is negative, stressful and traumatic;
3. Homelessness itself forces a disproportionate number of Indigenous people into activities deemed criminal by the state; and
4. The higher mortality rate in First Nations, Métis and Inuit has been ignored too long.

Lastly, and most importantly, because a lack of home, much as a sense of place or homeplace, is a culturally understood experience, we must develop and recognize an Indigenous definition of homelessness that must inform policy-making to solve the tragedy of Indigenous homelessness.



The 12 dimensions of Indigenous Homelessness

as articulated by Indigenous Peoples
across Canada

Historic Displacement Homelessness

Indigenous communities and Nations made historically homeless after being displaced from pre-colonial Indigenous lands.



Contemporary Geographic Separation Homelessness

An Indigenous individual's or community's separation from Indigenous lands, after colonial control.



Spiritual Disconnection Homelessness

An Indigenous individual's or community's separation from Indigenous worldviews or connection to the Creator or equivalent deity.



Mental Disruption and Imbalance Homelessness

Mental homelessness, described as an imbalance of mental faculties, experienced by Indigenous individuals and communities caused by colonization's entrenched social and economic marginalization of Indigenous Peoples.

Cultural Disintegration and Loss Homelessness

Homelessness that totally dislocates or alienates Indigenous individuals and communities from their culture and from the relationship web of Indigenous society known as “All My Relations.”

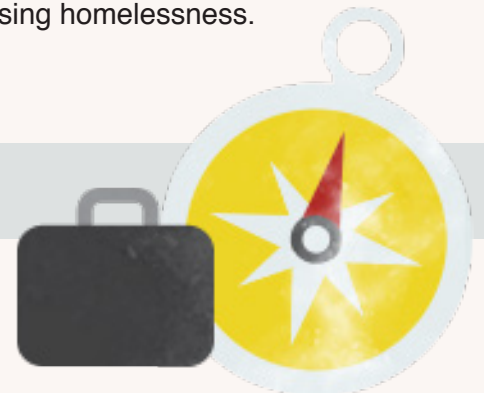


Overcrowding Homelessness

The number of people per dwelling in urban and rural Indigenous households that exceeds the national Canadian household average, thus contributing to and creating unsafe, unhealthy and overcrowded living spaces, in turn causing homelessness.

Relocation and Mobility Homelessness

Mobile Indigenous homeless people travelling over geographic distances between urban and rural spaces for access to work, health, education, recreation, legal and childcare services, to attend spiritual events and ceremonies, have access to affordable housing, and to see family, friends and community members.



Going Home Homelessness

An Indigenous individual or family who has grown up or lived outside their home community for a period of time, and on returning “home,” are often seen as outsiders, making them unable to secure a physical structure in which to live, due to federal, provincial, territorial or municipal bureaucratic barriers, uncooperative band or community councils, hostile community and kin members, lateral violence and cultural dislocation.

Nowhere to Go Homelessness

A complete lack of access to stable shelter, housing, accommodation, shelter services or relationships; literally having nowhere to go.



Escaping or Evading Harm Homelessness

Indigenous persons fleeing, leaving or vacating unstable, unsafe, unhealthy or overcrowded households or homes to obtain a measure of safety or to survive. Young people, women, and LGBTQ2S people are particularly vulnerable.



Emergency Crisis Homelessness

Natural disasters, large-scale environmental manipulation and acts of human mischief and destruction, along with bureaucratic red tape, combining to cause Indigenous people to lose their homes because the system is not ready or willing to cope with an immediate demand for housing.²

Climatic Refugee Homelessness

Indigenous peoples whose lifestyle, subsistence patterns and food sources, relationship to animals, and connection to land and water have been greatly altered by drastic and cumulative weather shifts due to climate change. These shifts have made individuals and entire Indigenous communities homeless.



Appendix D: Survey Screener



INTRODUCTION

(Volunteers please complete Introductory Script, Screening, and Survey Selection)

Hi my name is _____, I am a volunteer with the City of Kawartha Lakes and County of Haliburton Registry Week. This week we are meeting with people who don't have a permanent place to live, are couch surfing, who are homeless or who are about to lose their housing. We want to better understand housing needs in the City of Kawartha Lakes and County of Haliburton.

- **Do you have time to answer a few questions with me?**
 - If NO:** Thank and tally
 - If YES:** [Please continue]
- **Have you answered a survey this week with a person with a badge like this?**
 - If YES:** [Thank and tally]
 - If NO ask:** [Go to Section A: Introductory Screening]

A. INTRODUCTORY SCREENING

A. Where are you staying tonight? / Where did you stay last night?

<input type="checkbox"/> DECLINE TO ANSWER -> [THANK & TALLY RESPONSE]	<input type="checkbox"/> SOMEONE ELSE'S PLACE -> ASK B1 AND B2	<input type="checkbox"/> EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER
<input type="checkbox"/> OWN APARTMENT/ HOUSE --> [THANK & TALLY RESPONSE]	<input type="checkbox"/> MOTEL/HOTEL -> ASK B2	<input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING
	<input type="checkbox"/> HOSPITAL, JAIL, PRISON, REMAND CENTRE -> ASK B2	<input type="checkbox"/> PUBLIC SPACE (E.G., SIDEWALK, PARK, FOREST, BUS SHELTER)
		<input type="checkbox"/> VEHICLE (CAR, VAN, RV, TRUCK)
		<input type="checkbox"/> MAKESHIFT SHELTER, TENT OR SHACK
		<input type="checkbox"/> ABANDONED/VACANT BUILDING
		<input type="checkbox"/> OTHER UNSHELTERED LOCATION
		<input type="checkbox"/> RESPONDENT DOESN'T KNOW [LIKELY HOMELESS] -> If person answers anything above – go to Section C (Full Survey Introduction)

B1. Can you stay there as long as you want or is this a temporary situation?

- AS LONG AS THEY WANT-> [THANK & TALLY]**
- TEMPORARY -> ASK B2**
- DON'T KNOW ->ASK B2**
- DECLINE -> [THANK & TALLY]**

B2. Do you have your own house or apartment you can safely return to?

- YES -> [THANK & TALLY]**
- NO -> GO TO C**
- DON'T KNOW -> GO TO C**
- DECLINE -> [THANK & TALLY]**

C. FULL SURVEY INTRODUCTION

I would like to complete the full survey with you now. The full survey is totally voluntary, takes about 10-15 minutes and we will provide you with a \$10 gift card for your time.

This week, we hope to interview as many people as possible using a short housing and health survey. This will help us to know more about housing issues in our community and better understand what some of your unique needs are. This information will help connect people to any available opportunities to find and keep permanent housing.

A few things you will want to know about the survey:

- We are only looking for ‘yes’, ‘no’, or one word answers
- Any question can be skipped or refused
- If you do not understand a question, let me know, and I will do my best to explain.
- Your information collected in the survey will be stored by the City of Kawartha Lakes.
- All personal information you provide is confidential. What I learn today will not stop you from being able to access other supports or services.
- The results from the surveys will be shared in a final report to the City and County and the 20,000 Homes Campaign. Results will also be shared at two community events on **Tuesday, June 5th at:**
 - **Lindsay Salvation Army from 10am-11:30am (30 Peel St) and,**
 - **Minden Council Chambers from 3:00-4:30 (11 Newcastle St)**

**All of your personal information (name, date of birth and contact information) will be removed when sharing information in these reports.

- **Do you have any questions?**
- **Would you like to continue?**

YES
 (Continue with Section D: Survey
 Package Selection)

NO
 (Thank them for their time, tally &
 proceed to the next person)

D. SURVEY PACKAGE SELECTION

1. Do you have children with you tonight, or do you anticipate having your children live with you once you are housed?

- YES [Use **GREEN** packet with **FAMILY**, have the individual(s) sign consent form in packet, begin survey]
- NO [proceed to 2]

2. Are you 24 years old or younger?

- YES [Use **YELLOW** packet labeled **YOUTH**, have the individual sign consent in packet, and begin survey]
- NO [Use **RED** packet with **ADULT**, have the individual sign consent in packet, and begin survey]

Appendix E: VI-SDPAT Surver – Adult Version

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

**COMMUNITY
SOLUTIONS**



CANADIAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

Interviewer's Name	Agency and/or Contact #	Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/	Survey Time ___ : ___ AM/PM	Survey Location

1. Where are you staying tonight? / Where did you stay last night? **(copy from screener)**

<input type="checkbox"/> DECLINE TO ANSWER	<input type="checkbox"/> SOMEONE ELSE'S PLACE	<input type="checkbox"/> EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER
<input type="checkbox"/> OWN APARTMENT/HOUSE	<input type="checkbox"/> MOTEL/HOTEL	<input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING
	<input type="checkbox"/> HOSPITAL, JAIL, PRISON, REMAND CENTRE	<input type="checkbox"/> PUBLIC SPACE (E.G., SIDEWALK, PARK, FOREST, BUS SHELTER)
		<input type="checkbox"/> VEHICLE (CAR, VAN, RV, TRUCK)
		<input type="checkbox"/> MAKESHIFT SHELTER, TENT OR SHACK
		<input type="checkbox"/> ABANDONED/VACANT BUILDING
		<input type="checkbox"/> OTHER UNSHELTERED LOCATION
		<input type="checkbox"/> RESPONDENT DOESN'T KNOW [LIKELY HOMELESS]

Basic Information

First Name	Nickname	Last Name	
Date of Birth	Age	Consent to participate	
DD/MM/YYYY ____/____/____		Yes	No

SCORE:

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): <input type="checkbox"/> Declined	
---	--	--

SCORE:

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.

2. How long has it been since you lived in permanent stable housing? (please specify days/months/years)		Declined	
3. In the last year, how many times have you been homeless?		Declined	

SCORE:

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

B. Risks

4. In the past six months (since November), how many times have you... <i>** (Please enter a number in the boxes, not a yes or no)</i>				
a. Received health care at an emergency department/room?			Declined	
b. Taken an ambulance to the hospital?			Declined	
c. Been hospitalized as an inpatient?			Declined	
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?			Declined	
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?			Declined	
f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?			Declined	
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.				SCORE: <input type="text"/>
5. Have you been attacked or beaten up since you've become homeless?	Y	N	Declined	
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.				SCORE: <input type="text"/>
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	Y	N	Declined	

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do?	Y	N	Declined	
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	Y	N	Declined	

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money?	Y	N	Declined	
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Y	N	Declined	

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Y	N	Declined	
---	---	---	----------	--

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	Y	N	Declined	
--	---	---	----------	--

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?

Y

N

Declined

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	Y	N	Declined	
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Y	N	Declined	
17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	Y	N	Declined	
18. When you are sick or not feeling well, do you avoid getting help?	Y	N	Declined	
19. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	Y	N	N/A or Declined	

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

Y

N

Declined

21. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.				SCORE: -----
22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:				
a. A mental health issue or concern?	Y	N	Declined	
b. A past head injury?	Y	N	Declined	
c. A learning disability, developmental disability, or other impairment?	Y	N	Declined	
23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.				SCORE: -----
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.				SCORE: -----
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Y	N	Declined	
25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	Y	N	Declined	
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.				SCORE: -----
26. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	Y	N	Declined	

SCORE:

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

Follow-Up Questions

<p>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</p>	<p>place: time: ____: ____ or Morning/Afternoon/Evening/Night</p>
<p>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</p>	<p>phone: (____) _____ - email:</p>

Appendix F: Ontario Enumeration Survey

Ontario Enumeration Survey

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

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT
<input type="checkbox"/> PARTNER	<input type="checkbox"/> DECLINE TO ANSWER

For the next questions, “homelessness” means any time when you have been without a secure place to live, including sleeping in shelters, on the streets, or living temporarily with others.

<p>2. In total, how much time have you been homeless over the past year?</p> <p>[Best estimate]</p>	<input type="checkbox"/> Length _____ (<i>days/weeks/months</i>) <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
<p>3. What happened that caused you to lose your housing most recently?</p> <p>[This is an open question with categories provided]</p>	<input type="checkbox"/> Illness or medical condition <input type="checkbox"/> Addiction or substance use <input type="checkbox"/> Job loss <input type="checkbox"/> Unable to pay rent or mortgage <input type="checkbox"/> Evicted other reason (not financial) <input type="checkbox"/> Experienced abuse by: parent / guardian <input type="checkbox"/> Experienced abuse by: spouse / partner <input type="checkbox"/> Conflict with: parent / guardian <input type="checkbox"/> Conflict with: spouse / partner <input type="checkbox"/> Incarcerated (jail or prison) <input type="checkbox"/> Hospitalization or treatment program <input type="checkbox"/> Unsafe housing conditions <input type="checkbox"/> Other reason: _____ <input type="checkbox"/> Don't Know
<p>4. Do you identify as Indigenous or do you have Indigenous ancestry with or without status? This includes First Nations with or without status, Métis, and Inuit.</p> <p>[If yes, please follow up to specify]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> First Nations (with and without status) <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Have Indigenous ancestry <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer

<p>5. People may identify as belonging to a particular racial group. For example, some people may identify as Black or African-Canadian, other people may identify as Asian or South Asian and other people may identify as white. What racialized identity do you identify with?</p> <p>[Do not list categories. Select all that apply]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Aboriginal or Indigenous <input type="checkbox"/> Arab <input type="checkbox"/> Asian (e.g., Chinese, Korean, Japanese, etc.) <input type="checkbox"/> South-East Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.) <input type="checkbox"/> Black or African-Canadian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latin American <input type="checkbox"/> White (e.g., European-Canadian) <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
<p>6. What gender do you identify with?</p> <p>[Show list to respondent. Do not read categories unless asked]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Male / Man <input type="checkbox"/> Female / Woman <input type="checkbox"/> Trans female / Trans woman <input type="checkbox"/> Trans male / Trans man <input type="checkbox"/> Two-spirit <input type="checkbox"/> Genderqueer / Gender non-conforming <input type="checkbox"/> Not listed: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
<p>7. How do you describe your sexual orientation, for example Straight, Gay, Lesbian?</p> <p>[Show list to respondent. Check all that apply]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Two-spirit <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not listed: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
<p>8. In what language do you feel best able to express yourself?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> No preference <input type="checkbox"/> Neither (please specify) _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer

<p>9. Have you ever had any service in the Canadian military or RCMP? (Military includes Canadian Navy, Army or Air Force)</p>	<input type="checkbox"/> Yes, Military <input type="checkbox"/> Yes, RCMP <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer		
<p>10. Do you identify as having any of the following?</p>			
<p>Chronic/Acute Medical Condition</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	<p>Physical Disability</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	<p>Addiction</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	<p>Mental Health Issue</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
<p>11. Have you ever been in foster care and/or a group home?</p> <p>If yes, how long ago was that? <i>*(Refers to the length of time since leaving foster care or a group home)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer Length (in years) _____		
<p>12. What are your sources of income? [Read list and select all that apply]</p>	<input type="checkbox"/> Employment <input type="checkbox"/> Informal / Self-Employment (e.g., bottle returns, panhandling) <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Welfare / Income Assistance <input type="checkbox"/> Disability Benefit <input type="checkbox"/> Seniors Benefits (e.g., Canadian Pension Plan/ Old Age Security / Guaranteed Income Supplement) <input type="checkbox"/> GST Refund <input type="checkbox"/> Child and Family Tax Benefits <input type="checkbox"/> Money from family and friends <input type="checkbox"/> Other source: _____ <input type="checkbox"/> No income <input type="checkbox"/> Decline to answer		

Appendix G: Local Context Questions

ADDITIONAL LOCAL QUESTIONS

1. Did you move to the Kawartha Lakes or Haliburton region in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
2. If yes, where were you living before coming here?	<input type="checkbox"/> _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
3. Did you come to Canada as an immigrant or refugee within the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
4. Have you been in jail and/or prison in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
5. What is the highest level of education that you have completed?	<input type="checkbox"/> Elementary (1-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Post-Secondary Education <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer
6. How old were you when you first became homeless?	<input type="checkbox"/> Less than 10 years old <input type="checkbox"/> 10-14 years old <input type="checkbox"/> 15-20 years old <input type="checkbox"/> 21-30 years old <input type="checkbox"/> 31-40 years old <input type="checkbox"/> 41-50 years old <input type="checkbox"/> 51+ years old <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer
7. What are the two things that are keeping you from having a permanent place to live?	1) 2)

Appendix H: Survey Consent



CLIENT CONSENT | CITY OF KAWARTHA LAKES | 20,000 HOMES CAMPAIGN

Consent:

If you give your consent (permission), the information you share today will be collected and stored by City of Kawartha Lakes and County of Haliburton (CKL-H). All of your personal information will be protected, and only used as described below.

How is your Personal Information used?

(CKL-H) wants to help you find affordable housing and/or housing supports by linking you with agencies who can help.

Your personal information will also be used to create a list called the City of Kawartha Lakes and County of Haliburton By Name List (BNL). The BNL is an up-to-date list of all individuals and families experiencing homelessness in CKL-H. The goal of the BNL is to match homeless individuals and families to housing and support services as quickly as they become available. When housing is not available, agencies will work with individuals and families to find other solutions.

Your personal information will be seen only by agencies who are able to offer you help. Everyone who will see it has agreed to protect your information and keep it strictly confidential.

How is your Non-Identifiable Information used?

Non-identifiable information is information that has your name, date of birth, and any contact information removed. This information will be used to help the CKL-H and community partners understand homelessness better and to help politicians and funders to understand the needs in our community.

Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

Because you are sharing your personal information, I have to explain that all personal information is collected under the authority of the *Housing Services Act 2011* section 19.1 for the purpose of enumeration (count) and will be used to evaluate homelessness programs and services. Questions about this collection should be directed to Michelle Corley of Housing Help at mcorley@kawarthalakes.ca or calling (705-324-9870 ext. 3103).

You will still be eligible for service by CKL-H even if you do not want to give consent.

This consent is valid for 12 months. At any time, you can take back your consent by emailing jblazey@kawarthalakes.ca or calling 705-324-9870. If you change or remove consent, we will not collect or share any further information about you.



CLIENT CONSENT | CITY OF KAWARTHA LAKES | 20,000 HOMES CAMPAIGN

Consent:

I agree with the above and consent to my personal information being collected, used, stored, and shared as described in this consent form.

I understand that the following agencies will have access to my information:

- City of Kawartha Lakes Human Services Division
- Fourcast (Four Counties Addiction Services Team)
- Canadian Mental Health Association (C.M.H.A. – HKPR)
- A Place Called Home
- Women’s Resources
- Kawartha Lakes Haliburton Housing Corporation
- Kawartha Participation Projects
- Haliburton Highland Health Services
- Ross Memorial Hospital
- John Howard Society- Kawartha Lakes Haliburton
- Kawartha Lakes Police Services
- YWCA Minden
- Ontario Disability Support Program (ODSP)

I understand that City of Kawartha Lakes Human Services staff or one of the agencies working in partnership with CKL-H may contact me to connect me to available supports.

My signature (or mark below) indicates that I have read (or have been read to) all of the information provided above and give permission to CKL-H to collect my personal information and add it to the CKL-H By-Name List.

First and last name: (please print)	
Signature (or Mark):	Date:
If consent given by mark or verbally, first and last name of witness (please print)	
Signature:	Date:

Appendix I: List of Survey Locations

In Kawartha Lakes:

- City of Kawartha Lakes Social Services
- Housing Help
- A Place Called Home
- Four Counties Addictions Services (FourCAST)
- Salvation Army- Lindsay Community Ministries
- Salvation Army – Fenlon Falls Food Bank
- John Howard Society
- Ross Memorial Hospital
- Canadian Mental Health Association
- Boys and Girls Club of Kawartha Lakes
- Community Care of Kawartha Lakes
- Women’s Resources, Fenlon Falls & Lindsay Offices
- Vicky’s Values
- Walking Routes:
 - Tim Hortons, Downtown Lindsay
- Victoria Park
- Lindsay Courthouse
- Kawartha Lakes Libraries:
 - Woodville
 - Bobcaygeon
 - Bethany
 - Omemee
 - Dunsford
 - Fenlon Falls
 - Kirkfield
 - Lindsay
 - Oakwood
 - Coboconk
 - Norland
 - Kinmount
 - Little Britain

In Haliburton County:

- City of Kawartha Lakes Social Services
- Housing Help
- Haliburton Highlands Mental Health Services, Minden
- Four Counties Addictions Services, Minden Office
- Central Food Network, Haliburton
- Canadian Mental Health Association
- YWCA Women's Centre, Minden
- Cardiff Community Food Bank
- Wilberforce Food Bank
- Haliburton Alternate Education and Training Centre, Minden
- Haliburton Courthouse
- Haliburton County Libraries:
 - Minden
 - Gooderham
 - Highland Grove
 - Dorset
 - Stanhope
 - Dysart

Contact

City of Kawartha Lakes–Housing Help Division



705-878-9367
1-844-878-9367



housinghelp@kawarthalakes.ca



www.klhhousinghelp.ca



www.facebook.com/KLHHousingHelp

Kawartha Lakes Office

37 Lindsay Street South, Unit A
Lindsay, ON K9V 2L9

Haliburton Office

49 Maple Avenue, Unit 8
Haliburton, ON K0M 1S0

