

Experiencing Homelessness

Third Report Card on ENDING Homelessness in Ottawa

Jan-Dec **2006**

Homeless Population in Ottawa Shows Small Increase in 2006

Policy makers still need to do their part for progress to occur

Service agencies and concerned community members continue to help individuals and families who become homeless in Ottawa successfully move from emergency shelters into housing. However, despite these efforts, the number of people experiencing homelessness in Ottawa increased over the past year.

The missing pieces are significant actions to improve low income levels and to create affordable and appropriate housing.

It's time for political leaders to change current policies on income and housing that play a significant role in people becoming homeless in spite of community-based efforts and successes in assisting them.



Photo: Josh Jefferies

9,010 people were homeless and stayed in a shelter at some point in 2006

Progress Jan-Dec 2006

C INCOME

Small increases in income are offset by cost of living increases and fail to have an impact on the number of homeless people in Ottawa. *More on page 4*

C- HOUSING

Higher rents and the creation of only a small number of affordable housing units contribute to the lack of progress in reducing homelessness. *More on page 15*

D HOMELESSNESS

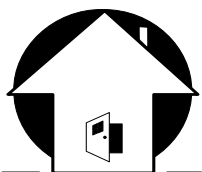
The number of persons using emergency shelters increased by 1.8% in 2006 to 9,010. The number of children rose by 12.4%, the number of single women by 14.5%. *More on pages 2 & 3*

B LENGTH OF SHELTER STAY

Shorter stays in emergency shelters – especially for women and families – suggest that community services are assisting people in shelters to find housing more quickly. *More on pages 2 & 3*

SPECIAL REPORT: Health issues can contribute to homelessness. *Pages 5-14*

DETAILS ON 2006 INDICATORS – PAGES 2 & 3



The Alliance to End Homelessness in Ottawa is a coalition of community agencies and individuals in Ottawa committed to working collaboratively to end homelessness by gaining and promoting a better understanding of homelessness and advocating for strategies to end it.

Visit the Alliance website for more information or to download English or French PDFs of the Report Card.

www.endhomelessnessottawa.ca

What changes occurred between 2005 and 2006

Overall environment did not improve in 2006

HOUSING

- The rental vacancy rate decreased to 2.3%, contributing to small increases in average rents. (A one bedroom apt. is now \$774.)
- There was a small increase in the number of affordable housing units available in the Ottawa area. Yet, the waiting list for social housing increased by 1.4% in 2006 to 10,055 households.
- The number of available supportive housing units increased. However, the waiting list for these units also increased.

INCOME

- Cost of living increases offset small income increases in Minimum Wage as well as increases in Ontario Works and Ontario Disability Support Program (ODSP) benefits. (Ontario Works for a single person is \$548 per month, the bachelor apt. average rent is \$633.)

HOMELESSNESS

- The number of different individuals using emergency shelters in Ottawa increased by 1.8% to 9,010.
- The number of single women using shelters increased by 14.5%.
- The number of youth using shelters increased by 11.8%.
- The number of children using shelters increased by 12.4%, even though the number of families decreased by 7.9%.

LENGTH OF SHELTER STAY

- Shorter stays in the shelter system suggest that supports offered by community agencies are assisting people to move into housing faster.
- Families had an almost 16% decrease in the length of stay in a shelter; and single women stayed on average 12% less time.

Indicators of the Alliance to End Homelessness

	2004	2005	2006
HOUSING			
C-			
Affordable Housing			
Pre-1995 social housing units (total stock)	22,400	22,400	22,400
Post-2000 affordable units (total stock) (i.e., Action Ottawa & NHI units)	509*	521*	760
Rent supplements (City of Ottawa & CMHA)	3,000	3,085	3,198
Supportive housing units (total stock)	500	669	806
Waiting Lists			
Households on social housing waiting list	10,500	9,914	10,055
Supportive housing waiting list	2,000	2,214	2,630
Housing Market Indicators			
Rental vacancy rate	3.9%	3.3%	2.3%
Average rent for a 1-bedroom apartment	\$771	\$762	\$774
INCOME			
C			
Ontario Works for a single person	\$520	\$536	\$548
ODSP Assistance for a Single Person	\$930	\$959	\$979
Average monthly # of Ontario Works cases	17,879	17,552	16,541
Minimum Wage	\$7.15	\$7.45	\$7.75
Increase in Consumer Price Index	1.8%	2.3%	1.1%
HOMELESSNESS			
D			
# of individuals in an emergency shelter	8,664	8,853	9,010
Single men	4,845	4,905	5,007
Single women	1,221	1,267	1,451
Youth	509	543	607
Families (children & adults)	631 (1,092 children + 997 adults)	668 (1,035 children + 1,103 adults)	615 (1,163 children + 782 adults)
# of times shelter beds were used	323,612	310,299	323,625
LENGTH OF SHELTER STAY			
B			
Average length of stay in shelters (days)	38	36.1	33.7
Single men	40	39.1	38.4
Single women	31	31.9	28.1
Youth	23	17.4	16.2
Families	45	36.7	30.9

*The City of Ottawa method of calculation has changed; it was previously 429 in 2004 & 441 in 2005.
 SOURCES – Housing: City of Ottawa (National Homelessness Initiative) and CMHC Rental Market Survey; Income and Support Programs: Province of Ontario; Homelessness: Homeless Individuals and Families Information System (HIFIS), City of Ottawa.

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OUR GRADES

- A = Significant Progress**
B = Some Progress
C = No or Slight Progress
D = Some Loss
E = Significant Loss

Trends in shelter use, low incomes & affordable housing Ottawa 2004-2006

Number of people using shelters rose by almost 4% between 2004 and 2006 (346)

- In the latest year (2006), 35.6% of shelter users had more than one episode of homelessness

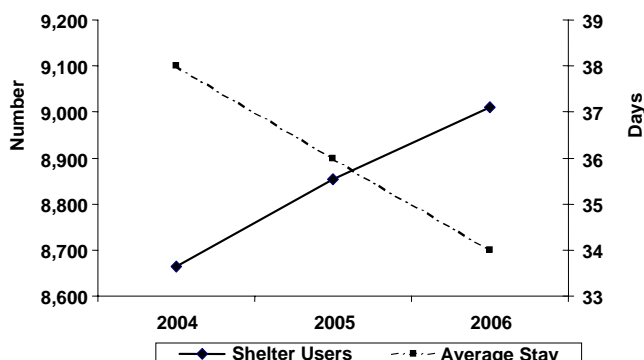
Length of average stay in the 3 years declined by 10%

- In 2006 housing support efforts, including provincially funded staff who helped 1,550 households move from emergency shelters to permanent housing, has likely contributed to the decline in the length of shelter stay.

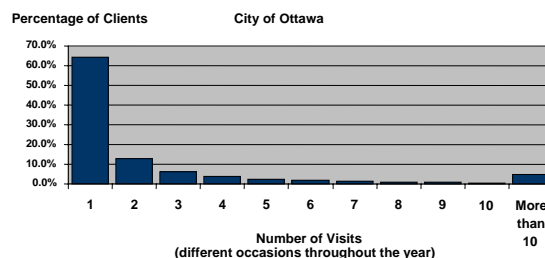
9,143 households at risk of losing their housing helped in Ottawa in 2006

- 6,774 households at risk of homelessness were helped with consolidated Province of Ontario and City of Ottawa funding – 1,773 of these households were within one month of losing their homes.
- 2,369 households were helped with National Homelessness Initiative funding, Supporting Communities Partnership Initiatives (SCPI).

of Shelter Users & Average Stay (Days), 2004-2006



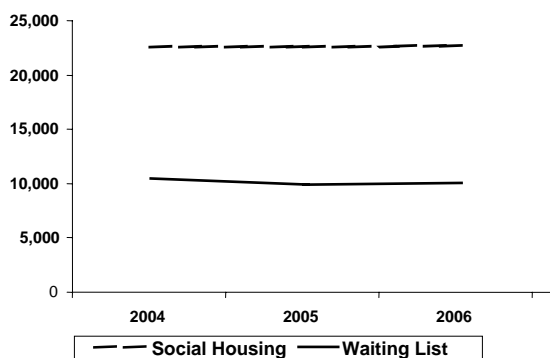
Episodes of Emergency Shelter Use in 2006



Little growth in affordable units

- There is a fairly constant number of households on the social housing waiting list.

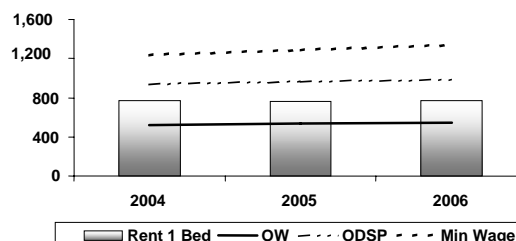
Social Housing Units & Waiting List, 2006-2006



Lower-income groups in Ottawa do not have 'affordable housing' at average Ottawa rents

- Canada Mortgage and Housing Corp. defines 'affordable housing' as costing less than 30% of pre-tax income.

Ontario Low Income Levels Versus Ottawa 1-Bedroom Average Rent, 2004-2006



Why a Special Report on Health now?

- Poor health is a risk factor for homelessness.
- Homelessness is a risk factor for poor health.

More on page 5

A client of the Inner City Health Project and Dr. Jeffrey Turnbull, Chairman, Department of Medicine, Faculty of Medicine, The Ottawa Hospital - University of Ottawa, Medical Director, Inner City Health Project



Photo: Ottawa Inner City Health

35.6 % of shelter users had more than one episode of homelessness in 2006

Low income = risk of homelessness

Perhaps your neighbour is a senior living on \$1,195.84 monthly from the Old Age Security and the Guaranteed Income Supplement for a single person (it is \$1,969.94 for a couple). Your senior neighbour might pay \$774 to rent a 1-bedroom apartment, spend \$161 for food each month*, and have only \$261 left for all "Other Costs"***.

Do you know a single parent with a full-time minimum wage job with two children under 9 who live in a 2 bedroom apartment? With a gross income of \$1,343 monthly (pay), rent of \$941 has to be paid, food would be \$312*, leaving only \$90 for everything else.

Is this someone you know?

Perhaps your neighbour is an unemployed man or woman, who receives a \$1,375 Employment Insurance monthly payment based on a \$30,000 income at their last job. Suppose they're living in a one bedroom unit at \$774. If \$193* is spent on food there'd be only \$408 for all "Other Costs" while they look for work.

Do you know a disabled person living on a monthly ODSP benefit payment of \$979? Rent might be \$633 for a bachelor unit and if food is \$193 a month, only \$153 is left for all 'Other Costs'. **Imagine a single woman or man on Ontario Works** social assistance benefit of \$548 monthly. If the rent for their room is \$450, it leaves only \$98 for food and "Other Costs"*** (the 2006 Food Basket recommends \$145* for food).

What is homelessness?

The Alliance to End Homelessness defines homelessness as living on the streets, staying in a shelter, living in places not meant for human habitation (such as cars), or "couch surfing" – moving continuously between the homes of friends, family or strangers.

Who is 'at risk of homelessness'?

Families and individuals can lose their housing for any number of reasons: fleeing abuse, losing a job, or having an income too low to stay in suitable housing. Some are at risk because of physical or mental illness, or substance use problems, or lack the life skills or ability to live on their own.

The Canada Mortgage and Housing Corp. defines 'affordable housing' as costing less than 30% of pre-tax income. The 2001 Census found over 24,000 households living on low incomes in Ottawa.

Candice Shirreff, Carleton University, Volunteer

2006 DATA SOURCES: Low incomes: (Federal and Provincial Rates); Average 2006 Rents Ottawa: (CMHC);

* 2006 Food Basket Costs: Public Health Ottawa; ** Other Costs: utilities, clothing, child care, telephone, transportation (bus tickets, gas, car payments, etc.), income tax (where applicable), over-the-counter medication, toiletries, haircut, etc.

DID YOU KNOW . . .

The **MINIMUM HOUSING WAGE** – the hourly income required to pay 2006 rents in Ottawa – is:

<u>Bachelor</u>	<u>1-Bedroom</u>	<u>2-Bedroom</u>	<u>3-Bedroom</u>
\$12.17 / hr	\$14.88 / hr	\$18.10 / hr	\$22.04 / hr

Ontario Minimum Wage is \$8.00 / hr as of Feb 2007
(It was \$7.75 / hr in 2006)

SOURCE: *Minimum Housing Wage - A New Way to Think About Rental Housing Affordability*. Canadian Housing Renewal Association, Jan 2007. Calculation based on a full time worker, 40 hours a week for 52 weeks.

AND At the **FOOD BANK** in Ottawa

- **40,000 people per month** receive assistance through food programs supplied by The Food Bank
- **40% of those** receiving food assistance are children
- **112+ Member Agencies** are helped with food

Poor health has more serious implications for homeless people

SPECIAL REPORT 2006

Health is important to every one of us

Poor health increases the risk of homelessness and being homeless can negatively affect health, making it difficult to make the transition to secure housing.

On the following pages, we hear from community leaders in the health field and from the people delivering health care to homeless families, children, youth, women and men.

Poor health is a risk factor for homelessness

Many working people do not have extended health and other types of benefits, so a serious illness or accident can threaten their employment and, for some, their housing.

- Chronic illnesses, whether physical or mental in nature, can prevent someone from keeping a job.
- Time spent receiving treatments, high medical costs and reduced capacity to work may mean that a person has to stop working or will be able to work only sporadically.
- Income benefits that people fall back on when ill (e.g. employment insurance, social assistance, ODSP) provide inadequate income for some people to be able to keep their housing.

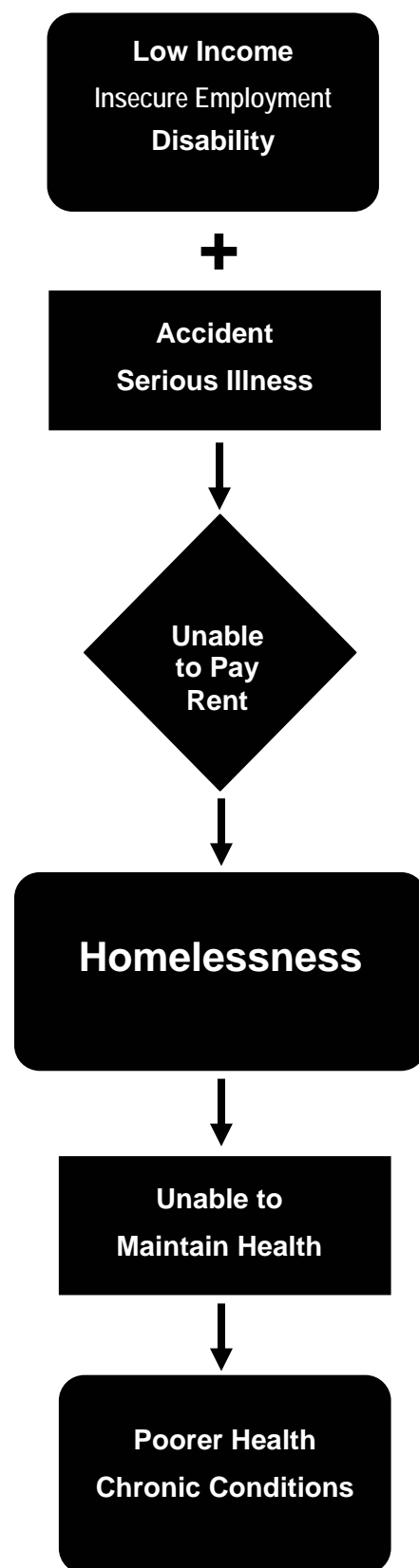
Homelessness can lead to deterioration in health

The building blocks of good health – nutrition, rest, low stress and preventative care – are nearly impossible for homeless people.

- For someone already in poor health, conditions deteriorate more quickly; homeless people spend much of their time moving continuously throughout the day or surrounded by people.
- Without secure housing it is difficult to maintain the supporting elements for health such as regular visits to doctors and other health professionals.

“Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

World Health Organization



Not having a home is harmful to a child's health

Homeless Families and Health

1,163 children had to stay in an emergency family shelter in 2006

Shockingly, 615 families, which included 1,163 children and 782 adults, had to stay in emergency shelter in 2006, on average for 31 days per visit.

This would be an even greater crisis without the success of community-based Housing Loss Prevention programs that help families avoid homelessness.

In 2006, provincial and federal funding made it possible to help 9,143 households in Ottawa in their efforts to stay housed.

A partnership between the health care sector and housing experts, *The Ottawa Child/Youth Housing Advocacy Initiative*, believes that families with low incomes face particular health hardships in trying to provide all the basic necessities, including housing, for their children.

Health care at the family shelters

Homeless families are now able to receive health care through nurse practitioners working inside the two City operated family shelters through a partnership with the Somerset West Community Health Centre and Pinecrest-Queensway Health and Community Services.

In the experience of nurse practitioners at the family shelters the concentration of physical, mental and social problems seems higher than families with housing. On top of ongoing health concerns faced by any family, homeless parents experience depression and insomnia tied directly to their housing situation and their general sense that their life is in chaos.

Homelessness is no parent's choice.

Nurse practitioners hear parents talk about their children and the stigmatization they experience at school. Kids don't want their school friends to visit; they don't want anyone to know where they are living. The nurse practitioners see many children with developmental issues but find big time gaps when needing to access services.

When families do become housed, they face the same lack of access to health care as the rest of the community: few physicians are taking new patients.



Photo: David Vincent

Debbie Tirrul, nurse practitioner from Somerset West Community Health Centre provides health care at a family shelter

“Children are homeless every night . . . lack of proper nutrition, lack of sleep, loss of friends, and exposure to contagious diseases like scabies are some of the difficulties faced by children who live in emergency shelters.

Another problem facing homeless families, or indeed anyone, in accessing health care in Ottawa is the lack of primary health care providers, nurse practitioners and physicians.”

Debbie Tirrul

Homelessness worsens a newcomer's health status dramatically

Homeless Families and Health

“Imagine how you would feel if you couldn’t provide a home for your children. Imagine the stress, the anxiety, the depression you and your kids would experience when there is just nowhere and no one to turn to except an emergency shelter.

Thankfully, the City of Ottawa is there to help families, but that doesn’t change the fact that it is fundamentally wrong that children are homeless in Ottawa.”

Mary-Martha Hale,
Chair, Alliance to End Homelessness

2006 Social Housing Registry Waiting List

This list is a good indication of family need for affordable and appropriate housing.

- 4,054 households with children are included in the 10,055 households on the waiting list at the end of 2006
- 5,160 household applications were received by the Registry in 2006
- 2,165 households were housed in 2006

Higher risk for severe mental health issues among newcomers

Poor health is a common problem for newcomer families and children that have to stay in an emergency shelter, says **Cynthia Kitson**, a nurse practitioner, from the **Pinecrest-Queensway Health and Community Services** who provides health care at the **Carling Family Shelter**.

Many newcomers from war-torn countries experienced or witnessed life-threatening situations, putting them at risk for more severe mental health issues. Kitson sees mental health care as an area with the greatest lack of access for newcomers.

While newcomers have the same health problems as the other homeless families but Kitson sees some newcomers with more severe chronic health problems and illnesses due to a lack of preventative or basic health care and exposure to certain environments.

Lack of dental care is a big health issue, resulting in gingivitis and tooth decay, for both child and adult newcomers; and many need but do not have glasses. Kitson has noticed that few opticians accept Interim Federal Health benefits for eye care.

“The stress of arriving in a new country and then ending up in an emergency shelter can put an added strain on their health,” states Kitson.

She points out that “the health system is not streamlined and, as well, newcomers must overcome barriers due to language difficulties in accessing appropriate transportation and obtaining adequate medical coverage.”

Pinecrest-Queensway and the City are attempting to overcome these barriers at the Carling Family Shelter by providing accessible ‘in-house’ health care services to homeless newcomer families and children. But that care is short-term, taking an ‘episodic’ approach since families tend to stay in the shelter, on average, for 31 days.

Kitson described this reality as challenging because once newcomer families leave the shelter the additional barriers they face include the difficulty of accessing health care. From that perspective, it seems that more education is needed for health care professionals in the community about the needs of newcomers.

*Melissa Calhoun, Researcher
CRECS, University of Ottawa*

Root causes of youth homelessness

Homeless Youth and Health

Childhood maltreatment and deteriorating health

Dr. Bob Flynn is familiar with the challenges facing youth today. Flynn states that a common link between youth who are homeless and their deteriorating health is childhood maltreatment. “The literature is clear that early abuse or neglect which leads to involvement in child welfare services are risk factors for later homelessness, health issues, and difficulties in school and work.” Flynn is the senior editor of the recent book, *Promoting Resilience in Child Welfare*, and Director of the Centre for Research on Educational and Community Services at the University of Ottawa.

Canadian youth are staying longer in the parental home

Data from Statistics Canada shows that young people in the general population now stay longer in the parental home than in previous generations. More time is spent pursuing educational and career goals, in an often stable familial environment that provides emotional and financial support. Flynn points out “in contrast, many youth in care experience the anxiety of ‘aging out’ of child welfare services at the age of 18, without the safety net of family or financial resources.”

Youth making the transition from care

Flynn notes that “many young people in care are resilient”. With the assistance of foster parents and child welfare staff, many adapt well despite their early experience of abuse or neglect. Flynn points to a 2006 report, *Youth Leaving Care*, from the Ontario Association of Children’s Aid Societies. In it, over 300 young people in transition from care and more than 300 Children’s Aid society staff indicated that what helps young people in transition the most is ongoing, long-term emotional and social support. “All youth need someone to call”, says Flynn, “someone to care, someone to help when assistance is wanted or needed – in other words, a competent adult!”

Other recommendations to ease the transition process include ongoing financial support, tuition coverage for further education, continuation of medical, dental and eye-care costs, and priority access to mental health and addiction services.

Robert Flynn, Director
Centre for Research on Educational
and Community Services, University of Ottawa Dental



Photo: Joan Degan, Algonquin

Hygienists at the Health Clinic
Downtown Drop-in Youth Services Bureau

“It just makes me feel good to hear I’m doing better with brushing and flossing. I’ve come in a few times and they’re given me a card to see a dentist to get my tooth fixed.”

A youth on and off the street for 7 years

“The clinic here is great. Dental care, STD testing and even the needle exchange is good because youth aren’t comfortable going to adult places. But I have this lump on my neck . . . the doctor who helped here has gone to India. We really need a doctor at the clinic . . . I’m working now and I can’t afford time off to go to emergency.”

Youth volunteer, YSB youth engagement program

The youth choose to come see us. They are so appreciative and responsive to instruction on taking care of their gums and teeth. We’re impressed by how polite they are.”

Tracy and Sandra, Students in the Dental Hygiene Program, Algonquin College, with a placement at the Health Clinic

Being young is no guarantee of being healthy, if you're homeless

Homeless Youth and Health



Photo: Lynne Browne

Stefanie Goddyn, Chiroprapist, and Liette Duguay,
Coordinator, Downtown Services and Drop-In, at the
YSB Health Clinic

*“So many people think of
homelessness as a choice rather
than a reflection of desperation.*

*Being homeless is not a choice,
it is a lack of choice!”*

Liette Duguay

Suggestions to improve services and health and other outcomes for street youth

- Offer youth friendly services such as peer to peer programming, receptive staff familiar with youth culture and mobile units to go to where youth are located.
- Provide longer-term support and transitional housing to give street youth independent living skills, education and health management and prevention strategies.
- Improve transition planning from child welfare to reflect the level of emotional and financial support needed to prepare emerging adults with the education, skills and maturity to become healthy and contributing citizens.

Street youth suffer a high incidence of health problems

In fact, life on the street is very often incompatible with maintaining good health according to **Liette Duguay**, Coordinator for the **Downtown Services and Drop-In** at the Youth Services Bureau (YSB).

Street youth experience a high rate of serious physical afflictions such as hepatitis, sleep deprivation, HIV/Aids and sexually transmitted diseases plus mental health problems such as depression.

Infections brought on by extreme weather, as well as injuries resulting from violence or victimization, are also common among the street youth population.

Street life not only causes health issues, but it also amplifies existing problems and interferes with common treatment practices that most of us take for granted. Simple things like, having money for transportation to the doctor, accessible water to wash down medicine, nutrition, rest and good hygiene to promote recovery are all luxuries to a street kid.

Keeping telephone numbers, or even access to a telephone becomes a barrier when you're homeless and fighting an illness. Lack of personal identification or health cards are further obstacles for many youth, even if one can get to a clinic.

Street life is such a crisis for most youth that moment to moment survival supplants longer term planning necessary to break the cycle of homelessness and diminishing health.

Duguay bemoans the fact that so many people think of homelessness as a choice, rather than a reflection of desperation. “Being homeless is not a choice, it is a lack of choice!”

*David Vincent, Coordinator,
Centre for Research on Educational
and Community Services, U of O*

Who are the 1,451 women who stayed in an emergency shelter in 2006?

Homeless Women and Health

Poor health, low or fixed incomes can lead to homelessness

Sharon Evans is an outreach nurse from **Centretown Community Health Centre (CCHC)** who sees clients at the **Cornerstone Women's Shelter**. She says women who experience stressors such as job loss, partner abuse, or a change in physical or mental health status will often be faced with eviction, and housing loss which will result in these women coming to the emergency shelter.

Widows on fixed incomes can find their housing at risk, especially if they are isolated without supports, in poor health and with little expertise in managing their financial and legal affairs.

Evans spoke of an elderly woman who faced eviction because she had neglected paperwork related to her pension. Her seeming dementia lifted once her infection and dehydration were resolved, and she successfully returned to her home.

Another woman was ill enough to be placed in palliative care, where her health improved to the point that she was discharged and re-housed.

Refugee women are also at risk because they often come to Ottawa traumatized, having lost family members and their culture, with no place to turn but an emergency shelter. One woman who had escaped persecution and traveled in sub-human conditions received help locally from Dentists Without Borders and the CCHC team, including multicultural programming. She now has a place to live and the support she needs.

Evans believes that for women "mental illness and addiction play the most significant role when it comes to housing loss and homelessness, as they often lead to eviction. Having been evicted in the past makes it harder to be accepted by a new landlord."

The lack of discharge planning for women who have received mental health and substance use treatment in prison contributes to the homelessness cycle. Without supports, some turn to street drugs to address the symptoms they experience as a result of abrupt withdrawal from medications they were once prescribed.

"And because it is nearly impossible to get a family doctor in Ottawa", Evans notes that "homeless women only have access to episodic care."

*Marcia Gibson, Project Consultant
Centre for Addiction and Mental Health*

*"At different points in our lives,
many of us experience migraines,
back strain, allergies, stress,
arthritis, depression, diabetes,
sleeping difficulties, heart disease,
cancer, problems during pregnancy,
and the effects of aging.*

*I am always amazed by the strength
and courage of women who are
living with these challenges
IN ADDITION to being homeless
or in unstable housing.*

I'm not sure I'd be that strong."

Sue Garvey, Executive Director
Cornerstone Women's Shelter

More about women

Families

- There were 615 homeless families that included 1,163 children and 782 adults, many led by single parent mothers in addition to the 1,451 women who stayed in a shelter in 2006.
- Shelter use by women increased by almost 15% in 2006.

Seniors on low or fixed incomes

- There were 1,382 households of seniors (women and/or men over 60) on the waiting list of 10,055 households at the Social Housing Registry by the end of 2006.
- In 2006, a single woman on Old Age Security and the Guaranteed Income Supplement received \$1,195.84 each month. Average rent for a one bedroom apartment was \$774.

Aboriginal woman face additional barriers to housing – *prejudice and discrimination*

Homeless Women and Health



Photo: Wabano

Wabano Centre for Aboriginal Health

There is hope

Both Evans and Bradfield noted that health care providers offering street outreach (Inner City Health, City of Ottawa Health Department and Community Health Centres, for example), are working together to meet the health needs of women who are homeless.

They each had the same wish – more nurse practitioners and family physicians to serve people who are homeless or at risk of losing their housing.

Within 3 months they've lost everything including their health

Aboriginal women experiencing a combination of physical and mental health problems are especially at risk of losing their housing, according to **Annette Bradfield**, a nurse practitioner at **Wabano Centre for Aboriginal Health**.

And once homeless, Aboriginal women face an additional barrier to housing: discrimination.

Bradfield recalled a number of Aboriginal women who were new to Ottawa and fleeing abusive situations.

“They came with a car and were well groomed and healthy. But within three months they’d lost everything including their health when they couldn’t find a place to live.”

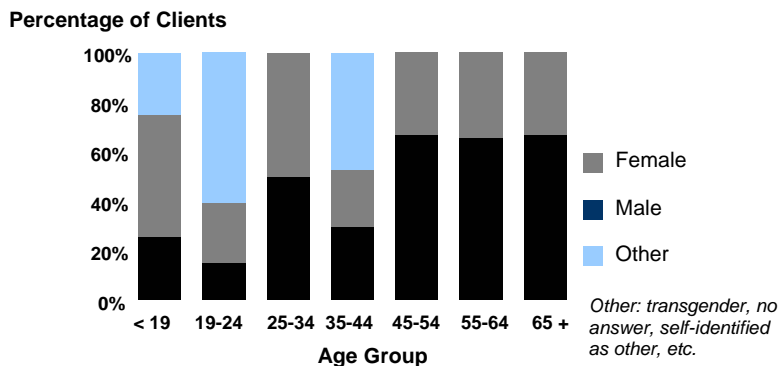
In her outreach work, Bradfield sees mental illness, addiction, diabetes, HIV/AIDS, stroke, liver disease, malnutrition and transmittable conditions like serious staph infections that can be fatal. Given the fact that these women are struggling to meet their basic needs, medical follow-up is almost impossible.

In addition to providing health care, says Bradfield, health care providers must also advocate on behalf of vulnerable people who are homeless or at risk of losing their housing.

Homeless Aboriginal women are often reluctant to seek help from mainstream health care providers because of previous negative experiences. Bradfield believes that awareness training for the health care sector would improve their approach to the Aboriginal population over time.

*Marcia Gibson, Project Consultant
Centre for Addiction and Mental Health*

Age & Gender Breakdown Emergency Shelter Users 2006, Ottawa



Cancer, stroke, diabetes or accident can lead to homelessness

Homeless Men and Health

Poor health is major risk factor for homelessness among low-income men

In **Judy Taylor**'s experience, recurring health problems or a disability can limit career options, resulting in low and often interrupted income and sometimes homelessness. Taylor is a **public health nurse with the City of Ottawa** who provides health care to homeless people at The Mission and Centre 454.

"Homeless men's health inevitably suffers, along with any prevention measures that could ward off more serious issues later," says Taylor. She sees that those with mental illness especially neglect their physical health.

Taylor finds that homeless men end up taking poor care of themselves during an illness that might, for example, require avoiding certain foods. "People who are homeless have less say than the rest of us in what they eat," she points out.

Shelter residents who require bed rest can get it, but many choose to spend the day outside on their feet, leading to foot problems. Keeping feet clean, dry and rested can be a challenge.

Consequently, Taylor often finds herself in the role of health manager and advocate for her clients. This can involve trying to find a family doctor, escorting them to the free dental clinic, and making sure her clients follow up with treatments.



Photo: David Vincent

Judy Taylor, public health nurse at health clinics for homeless individuals

Homeless after licence lost due to diabetes

Operating a crane on a construction site requires great skill and concentration. Bob Jones (not his real name) had done this job successfully for many years, earning up to \$1,000 a week.

When he started to experience sudden blackouts lasting a second or two, his boss referred him to a doctor because of the risk he posed to his co-workers. Diagnosed with diabetes, he was barred from operating a crane.

A series of less demanding jobs followed but the diabetes worsened and Jones lost his commercial driving license. His marriage ended under the strain, and he moved to Ottawa for a fresh start. With the help of The Mission's health and housing support, Jones is now living independently on a disability pension.

Bob is determined to put his life back together starting with his health and has plans to start a small business with the friends he has made in the shelter.

*Researcher, volunteer
Alliance to End Homelessness*

Long-term homelessness = major health care needs

Homeless Men and Health



Photo: David Vincent

Wendy Muckle with a patient at The Mission Hospice

“The people I work with often have a history that includes physical and mental abuse, family breakdown, and attendance at residential schools for the First Nations people.”

Wendy Muckle

Ottawa Inner City Health

- Caseload of about 80-90 people admitted to beds at any one time
- Mostly men but an increasing number of women are helped
- Care is provided in special facilities in the shelters: The Mission Hospice, the Special Care Unit and the Managed Alcohol Program
- Most common health conditions include Hepatitis C, HIV, liver failure, etc
- Acute and preventative care as well as health maintenance is provided

Inner City Health helps a population that was not well served earlier in life

“Homelessness is definitely bad for your health!” declares **Wendy Muckle, Executive Director at Ottawa Inner City Health (OICH)**. “Homeless people suffer serious stresses and deprivations and many of them engage in high risk behaviour such as alcohol and drug use.”

“The longer term homeless will often have experienced family breakdown, and physical and mental abuse including residential school attendance. They may have a developmental disability, Fetal Alcohol Syndrome or other underlying conditions such as a mental illness.”

Muckle and the other health professionals at Ottawa Inner City Health support a population that was not well served earlier in life – at home, in school, etc. Consequently, the goals for them must be adjusted accordingly – to relieving symptoms, reducing suffering and restoring a measure of stability.

“Our clients respond well when treated with respect and professionalism”, states Muckle. “Because of the close partnership between the agencies, the sharing of experience, and innovation based on research, we have been increasingly successful with this group that was ignored in the past.”

Ottawa Inner City Health was established in 2001 by organizations that provide health care and services to the homeless (University of Ottawa, the Ottawa Hospital, the shelters, etc). In partnership with the Royal Ottawa Mental Health Centre, the City Health Department, etc, they provide acute and preventative health care as well as health maintenance. Most common health conditions include Hepatitis C, HIV, liver failure, etc.

If the course of the illness has progressed too far, the homeless want to end their lives among their friends and community and for those a hospice at The Mission provides end of life care. Muckle tells the story of one man who found the care at the hospice so good that he was back on his feet in short order and needed help with housing.

*Researcher, volunteer
Alliance to End Homelessness*

Community leaders in the health field conclude:

SPECIAL REPORT 2006

"I see the impact of housing on the health of children and youth everyday at CHEO.

From the 6 year old with a chronic illness whose family must choose between paying the rent or buying essential food to the infant whose family is living in emergency shelter in an overflow motel room where there is no refrigerator available to store life-saving medicine, to the youth whose apartment is covered in mould which triggers her asthma attacks – the link between housing and health is profound.

A recent survey identified that more than 50% of children attending CHEO's emergency department lived in housing need."

Dr Lindy Samson
Infectious Disease Paediatrician, CHEO

"Among the homeless population, there is a significantly higher rate of individuals with mental health and addiction issues.

Homeless individuals face many barriers in accessing health and other social services and as a result, often have numerous unmet needs. In my own experience as a clinician, I've seen that when people have access to services, they can begin the road to recovery.

Through research, funding and focus, I believe that we can develop a comprehensive and coordinated approach that will transform the lives of individuals truly deserving of our support."

Dr. Raj Bhatla
A/Psychiatrist in Chief
Royal Ottawa Health Care Group

Health

"Homelessness in youth is neither desired nor is it random. It is the culmination of ruptured connectedness to family, to school and to the future that academic success might have offered, to positive peer relationships and a positive sense of self, and often to one's mental health.

The path into homelessness is a steep and slippery slope. The road out is painful and fraught with challenges. More time must be spent on survival than on growing up. Malnutrition, infectious diseases, substance abuse and violence threaten the youth's making it into adulthood.

Society has no hesitation in providing the most advanced intensive care to the motor vehicle victim with multiple injuries. Society is painfully silent to youth who require social intensive care."

Dr. Stephen H. Feder
Head, Adolescent Health
CHEO

"In addition to all of the consequences of being socially isolated and living on the street, the homeless suffer disproportionately higher health-related consequences. The medical burden of psychiatric disease, drug and alcohol abuse and their health related impact is made worse by the difficulties that the homeless experience in accessing timely and effective health-care.

As a result, the homeless not only experience the same illnesses prevalent within the general population but also higher rates of serious psychiatric disease, addictions, infectious diseases, trauma and abuse. For the homeless, care is often impossible and illness is too frequently disabling or terminal."

Dr. Jeffrey Turnbull
Chairman, Department of Medicine,
Faculty of Medicine, The Ottawa Hospital-
University of Ottawa
Medical Director, Inner City Health Project
President, Council of the College of
Physicians and Surgeons of Ontario

Affordable, appropriate housing – created too slowly



Ottawa Community Housing - Bank and Somerset

2006 Average Market Rents in Ottawa (CMHC)

\$450	a room
\$633	bachelor unit
\$774	one-bedroom
\$941	two-bedroom
\$1,146	3 or more bedrms

City backs 239 new units in 2006

Since 2000, under various initiatives including Action Ottawa and the National Homelessness Initiative ('SCPI') a total of 760 affordable rental units were created; 239 of them in 2006.

Projects are made affordable by combining federal and provincial funding with municipal funding, reducing municipal property taxes and development fees, and in some cases using free City-owned land. In some of the units, non-profit agencies provide housing support.

The Action Ottawa program creates government-assisted affordable housing in mixed income communities - approximately 40% have rents equal to the CMHC average market rent in Ottawa and 60% of the units have rents affordable to low income households on the Social Housing Registry waiting list. With 10,055 households on that list in 2006, the pace is very slow despite the City of Ottawa's efforts to mobilize the community and support from the provincial and federal governments.

We're learning from talking with homeless people in Ottawa

Information from "The panel study on homelessness in Ottawa"

Economic Factors	<ul style="list-style-type: none">▪ Having a higher income and accessing subsidized housing emerged as key factors in predicting who was housed two years after having been homeless.
Interpersonal Factors	<ul style="list-style-type: none">▪ For some, sharing accommodations for cost-saving purposes contributed to ongoing housing difficulties and even further homelessness.▪ For others, living with roommates was a source of important social support that assisted them to keep their housing.
Community Supports & Services	<ul style="list-style-type: none">▪ Many respondents identified the assistance from community workers and organizations as important in helping them to become housed.▪ For some, one key element provided by community services made all the difference helping them move into housing.▪ For others, an appropriate on-going 'basket' of complementary services and supports was required for them to maintain their housing.
Housing and Neighbourhood Quality	<ul style="list-style-type: none">▪ Living in better quality housing in terms of comfort, privacy, and space was related to higher levels of mental health.▪ Negative features about a neighbourhood or housing were cited by some respondents as reasons for leaving their housing and them becoming homeless again.

The study tracked the same homeless individuals (single adults, families, and youth) over time in two rounds of interviews. The research involved speaking with 412 homeless individuals in 2002-03 and then re-interviewing 255 (62%) of them two years later in 2004-05.

The work was undertaken by the Centre for Research on Educational and Community Services at the University of Ottawa, Carleton University, and Saint Paul University in partnership with the Alliance to End Homelessness and the City of Ottawa with funding from the Social Sciences Humanities Research Council and the National Homelessness Initiative.

READ MORE ON THE INTERVIEW THEMES – Affordable Housing, Shared Accommodations, Community Services and Housing Quality – in the **LATEST PANEL STUDY REPORTS** at:

www.endhomelessnessottawa.ca/events/forum2006.cfm

A message from the Alliance to End Homelessness

Positive approaches that work

1. Housing Loss Prevention

These services helped **9,143** households at risk of losing their housing in Ottawa in 2006. The Province of Ontario and City of Ottawa consolidated funding to help 6774 households and another 2369 were helped with through National Homelessness Initiative (Supporting Communities Partnership Initiatives-SCPI) – a success!

2. 'Housing First'

Ottawa's CMHA leads Canada with a 'housing first' approach which provides permanent housing to homelessness individuals with serious mental illness, co-occurring substance use disorders and other complex needs. This is permanent housing that is affordable and integrated across the city, has supports attached and does not require individuals to be 'housing ready' or have 'house rules' – barriers to many other housing programs. A success!

3. Supportive Housing & Services

There are now 768 units with staff on site to provide advice, coaching and help to residents – up from 669. (There are 2,630 households on the waiting list.) Options Bytown successfully provides on-site supportive services for tenants living in social housing who are at high risk of homelessness.

4. Homelessness Training & Development

The Homelessness Community Capacity Building (CCB) committee helped agencies and coalitions in Ottawa increase their capacity to deliver services with 24 training sessions and 25 grants of \$5,000-8,000.

5. Municipal, Federal & Provincial Efforts

The City of Ottawa manages homelessness funding from the Government of Canada, the Province of Ontario and from the City itself to provide residential and support services – from street outreach, drop-in centres, emergency shelters, supportive and transitional housing and rent supplements to housing search & loss prevention.

The City works with the Federal and Provincial Governments to increase affordable housing.

The Provincial Ministry of Health and Long Term Care directly funds Ottawa Inner City Health and many community mental health support services.

Public policies will end homelessness

Federal

- Create a National Housing Program to directly and significantly increase affordable, supportive and supported housing
- Put in place long-term and sustained homelessness funding to build our community's capacity to end homelessness
- Increase significantly rates of and access to income support programs for seniors (OAS, GIS, CPP) and for Employment Insurance.

Provincial

- Increase benefits for Ontario Works, Ontario Disability Support Program to pre-1995 levels
- Increase Minimum Wage to at least \$10/hr., tying the rate to average Ontario rents.
- Increase the amount of and the yearly funding for affordable, supportive and supported housing
- Increase mental health and addictions services to meet the current need

Municipal

- Spearhead construction of 1,000 housing units yearly that people on low incomes can afford
- Reduce the number of homeless individuals and families by 15% yearly with support services and housing
- Complete within two years Ottawa's 2006-8 Community Action Plan on Homelessness
- Develop a 10 year plan with the goal to end homelessness in Ottawa

You can help

REMIND the media, your family, friends and neighbours that homelessness is a serious problem that needs our attention

CONTACT your MP, MPP and Councillor about what needs to be done – by phone, email or letter

CONTINUE your much-appreciated donations of time, skills, energy, and money

CHECK the Alliance website for ways to help

The Third Report Card on Homelessness in Ottawa is produced by the Alliance to End Homelessness, funded by the National Homelessness Initiative through the City of Ottawa.

The Alliance wishes to thank all contributors. Editor: Lynne Browne

