

# **Working to End Homelessness**

**Simcoe County 20,000 Homes Campaign Registry Week**

**April 2016**

## Table of Contents

1. Acknowledgements .....	4
2. Introduction .....	5
2.1. Background: 20,000 Homes National Campaign .....	5
2.2. Importance of Local 20,000 Homes Campaign Involvement .....	5
3. Registry Week Process .....	6
3.1. Survey Methodology .....	6
3.1.1. Purpose and Objectives.....	6
3.1.2. Population of Focus .....	7
3.1.3. Sampling Framework.....	7
3.1.4. Areas of Focus .....	7
3.1.5. Survey Tool: VI-SPDAT .....	8
3.1.6. Survey Participation.....	9
3.2. Community Ethics Review Process.....	10
3.2.1. Data Collection Protocols .....	10
3.2.2. Informed Consent Process .....	10
3.3. Data Limitations .....	11
3.4. Lessons Learned.....	11
3.4.1. More time was needed .....	11
3.4.2. Pilot the VI-SPDAT locally .....	12
3.4.3. Media outreach in local communities.....	12
3.4.4. Better coordination between multiple survey headquarter sites.....	12
3.4.5. Seasonal considerations.....	12
3.4.6. Outreach to French communities.....	13
3.4.7. Outreach to Aboriginal communities .....	13
3.4.8. Incorporating specialized specific assessment tools for sub-populations ..	13
4. Findings .....	14
4.1. Demographics .....	14
4.1.1. Gender.....	14
4.1.2. Age Groups .....	14
4.1.3. Demographic Characteristics.....	15
4.2. Housing and Homelessness.....	15
4.2.1. History of Housing and Homelessness .....	15
4.2.2. Chronic and Episodic Homelessness .....	16
4.2.3. Acuity.....	16
4.3. Risks .....	17
4.3.1. Emergency Service Use in the Past Six Months.....	17

4.4. Socialization and Daily Functioning.....	18
4.5. Wellness .....	19
4.6. Housing Preferences.....	20
4.7. Depth of Need Analysis.....	21
4.7.1. High-Acuity .....	21
4.7.2. Chronic Homelessness.....	23
4.7.3. Youth (Aged 16-24) .....	25
4.7.4. Aboriginal Identity .....	25
5. Discussion.....	26
6. Next Steps and Recommendations.....	27
7. Appendix A: VI-SPDAT .....	29
8. Appendix B: Consent Form .....	38
9. Appendix C: Registry Week Data Transfer Process.....	40

### List of Figures

Figure 1: Gender .....	14
Figure 2: Age Groups .....	14
Figure 3: Demographic Characteristics .....	15
Figure 4: Where survey participant sleeps most often.....	15
Figure 5: Type of Homelessness.....	16
Figure 6: Acuity .....	17
Figure 7: Emergency Service Use.....	18
Figure 8: Wellness.....	20
Figure 9: Housing Preferences.....	20
Figure 10: Demographic Characteristics: Total sample compared to high-acuity group	21
Figure 11: Where sleeping most often: Total sample compared to high-acuity group ...	22
Figure 12: Wellness and Risk Factors: Total sample compared to high-acuity group ...	22
Figure 13: Demographic Characteristics: Total sample compared to group experiencing chronic homelessness .....	23
Figure 14: Where sleeping most often: Total sample compared to group experiencing chronic homelessness .....	24
Figure 15: Wellness and Risk Factors: Total sample compared to high-acuity group ...	24
Figure 16: Where sleeping most often: Youth .....	25
Figure 17: Where sleeping most often: Aboriginal Identity .....	26

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- Luke Allen, CONTACT Community Services (South Simcoe Community Information Centre)
- Tracy Calliste, Salvation Army- Bayside Mission Barrie
- Dorian Calvano, County of Simcoe
- Christine Colcy, Barrie Community Health Centre
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- Community Reach North Simcoe – Housing Services
- Georgian Triangle Resource Centre: Housing Support Services, Orillia and area
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## 2. INTRODUCTION

The purpose of this report is to provide information about:

- The 20,000 Homes National Campaign and the importance of local participation;
- The process used for the Registry Week in Simcoe County, including the volunteer recruitment, survey methodology, and data protocols;
- Lessons learned during the Registry Week for an urban-rural county;
- A summary of the findings of the anonymous, aggregate data collected; and
- Next steps and recommendations for local service delivery, community engagement, program policy and service program design.

### 2.1. Background: 20,000 Homes National Campaign

The 20,000 Homes Campaign is a national movement led by the Canadian Alliance to End Homelessness (CAEH) to house 20,000 of Canada's most vulnerable population experiencing homelessness by 2018. Communities across Canada are mobilizing together to contribute to the success of the national campaign goal by supporting the campaign locally in their own community. The 20,000 Homes Campaign is inspired by the successful 100,000 Homes Campaign in the United States.

The six core elements of the national campaign are:

1. Knowing every homeless person by name and understanding each person's needs and preferences;
2. Implementing Housing First in a way that makes sense for each community;
3. Using data to track progress and to make decisions to improve a community's homeless programs and the system as a whole;
4. Improving housing placement and working toward building a coordinated local homelessness system of care focused on ending homelessness;
5. Learning from other communities across Canada; and
6. Providing a united voice at a national and provincial level to secure the housing and resources necessary to end homelessness in Canada.

The 20,000 Homes National Campaign is built on action at the local community level, including outreach, data collection, and service prioritization for housing and related programs and services.

### 2.2. Importance of Local 20,000 Homes Campaign Involvement

For Simcoe County, the 20,000 Homes Campaign continues to leverage important work in housing placements and on-going efforts to create an integrated service model for housing and supports. Recent homelessness sector training initiatives in Simcoe County have included system design, trauma informed care, mental health first aid, the use of Service Prioritization Decision Assessment Tool (SPDAT), and excellence in

housing case management approaches to help support vulnerable residents achieve housing stability.

The 20,000 Homes Campaign is yet another local partnership initiative to support local agencies delivering homelessness prevention and supports. The Campaign supports key advocacy issues, undertaking a local enumeration count, and housing delivery activities as documented in the *Simcoe County Housing Our Future: Our Community 10-Year Affordable Housing and Homelessness Prevention Strategy*. It also helps the community to continue to engage the public in awareness building and improve investments to local systems that support coordinated housing and support systems.

### **3. REGISTRY WEEK PROCESS**

Locally, the Campaign is a comprehensive outreach to individuals experiencing or at risk of experiencing homelessness, with the goal of providing appropriate housing interventions. The process is called Registry Week, and is comprised of community engagement, volunteer training, and data collection. Registry Week in Simcoe County was January 13<sup>th</sup> to 20<sup>th</sup>, 2016, with data collection happening on January 15<sup>th</sup> and 16<sup>th</sup>. A community debrief session was hosted on January 20<sup>th</sup>, 2016 to discuss the Registry Week process, share preliminary data results, and investigate next steps.

The local 20,000 Homes Campaign Registry Week is led by the Simcoe County Alliance to End Homelessness (SCATEH), and directed by a project Steering Committee. A project coordinator was recruited to help support the Registry Week work plan activities, and was instrumental in coordinating the registry week planning, engaging various stakeholders, volunteer recruitment and training, and follow-up activities.

Volunteer survey teams were an integral part of the Registry Week, and were comprised of professional service staff and community volunteers. All volunteer survey teams received training which included a background of the 20,000 Homes Campaign and how to complete the survey assessment tool, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Over 120 volunteers were involved in the Simcoe County Registry Week.

#### **3.1. Survey Methodology**

##### **3.1.1. Purpose and Objectives**

The main purposes of data collection during Registry Week were:

1. To collect information about an individual's current situation of homelessness and to identify recommended intervention strategies based on their acuity using the VI-SPDAT. This information is used by service providers to help match people to existing programs and services;

2. To track the progress of housing individuals at the local level for the national campaign; and
3. To use anonymous, aggregate data to enhance program designs, evaluation, and raise awareness about homelessness in Simcoe County.

These purposes contained the following objectives:

1. To prioritize survey participants for referral to affordable housing and related services and programs through Housing Resource Centres;
2. To inform national research, advocacy, lobbying, and education about homelessness in Canada;
3. To engage and survey individuals and families impacted by homelessness to identify local gaps, trends, and targets; and
4. To identify service delivery opportunities to better meet the needs of people experiencing homelessness in Simcoe County.

### 3.1.2. Population of Focus

Data was collected from individuals experiencing or at risk of experiencing homelessness in Simcoe County. The 20,000 Homes Campaign is the first enumeration count for this region using a targeted approach to help identify local challenges for people experiencing chronic and episodic homelessness.

### 3.1.3. Sampling Framework

A convenience sampling method was used, which means that survey volunteer teams invited survey participants through their outreach efforts during Registry Week, (i.e., during the provision of services and through community outreach at hotspots<sup>1</sup>) and did not have a pre-determined list of participants from which to select. There was no pre-determined sample size.

### 3.1.4. Areas of Focus

Registry Week was organized with input from service providers and community stakeholders using the five Simcoe County Alliance to End Homelessness Chapter districts. This local engagement approach helped inform the process. These Chapters districts include the following areas:

- Barrie;
- North Simcoe (Midland/Penetanguishene area);
- Orillia;
- South Georgian Bay (Collingwood/Wasaga Beach area); and,
- South Simcoe (Alliston/Bradford area).

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<sup>1</sup> Hotspots were identified as public spaces for outreach to engage with people experiencing homelessness, such as libraries, motels, parks, etc., and were identified with the help of service providers in each of the communities.

Data collection included a mixed methods approach because of the urban/rural diversity of different communities. In more urban areas, survey volunteer teams were able to engage with potential survey participants during the provision of services (i.e., shelters, housing programs, food banks, etc.). However, in more rural areas, survey volunteer teams used an outreach process to engage with people experiencing homelessness by visiting hotspot areas, such as libraries, motels, parks, etc.

A toll-free telephone number was also established so that survey participants could call at a time when it was convenient for them and complete the survey over the telephone. The telephone number provided an alternate method of completing the survey that wasn't limited by location, which helped ensure broader geographic coverage.

Final survey location sites were selected by the Steering Committee. This selection included both service provider agencies, and 'hotspot locations' in local communities. The outreach of the campaign was intended to be fluid and dynamic using the knowledge of the local service providers. This approach helped the Campaign reach as many 'hidden homeless' as possible (i.e., people that are couch surfing).

### 3.1.5. Survey Tool: VI-SPDAT

The assessment tool used during Registry Week is the *Vulnerability Index - Service Prioritization Decision Assistance Tool* (VI-SPDAT). The VI-SPDAT is a self-reporting pre-screening questionnaire that quickly assesses the health and social needs of people experiencing homelessness so that they can be matched to the most appropriate housing and support interventions available<sup>2</sup>.

The VI-SPDAT is a combination of the *Vulnerability Index* (VI), which helps measure chronicity and medical vulnerability, and the *Service Prioritization Decision Assistance Tool* (SPDAT), which is used as an intake and case management tool. Used together, the VI-SPDAT helps identify who should be recommended for housing and support interventions, based on eligibility and greatest need.

An important distinction between the SPDAT and the VI-SPDAT is that the SPDAT is a lengthier intake and assessment tool used by front-line service providers to assess their clients' housing acuity. The VI-SPDAT is a shorter pre-screen survey tool used to quickly triage and prioritize individuals to appropriate services and programs.

The VI-SPDAT was used as an in-person interview-style tool by Registry Week volunteers with people experiencing homelessness who volunteered to participate ("survey participants"). Although the answers are self-reported, the answers were recorded by the interviewer. Survey teams were comprised of professional service staff

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<sup>2</sup> OrgCode Consulting, Inc. 2016. *About the VI-SPDAT*. Available: <http://www.orgcode.com/lesson/what-does-the-vi-spd-at-do/>



and community volunteers. They systematically canvassed pre-identified programs and hot spot locations across Simcoe County and invited potential survey participants to complete the VI-SPDAT. A toll-free telephone number was also established so that survey participants could call and complete the VI-SPDAT over the telephone. Volunteers received training in completing the VI-SPDAT during Registry Week.

The VI-SPDAT consists of a series of primarily Yes/No questions. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. The term “acuity” is used to describe the complexity of the situation or issues that an individual is facing which are likely to have an effect on their housing stability. Questions are categorized and scored within the following domains:

- History of Housing and Homelessness;
- Risks;
- Socialization and Daily Functions;
- Wellness; and,
- Demographics.

Based on the domain scores, respondent scores are categorized by acuity level and an appropriate housing intervention is recommended as follows:

<b>Acuity Level</b>	<b>Recommendation</b>
High	An Assessment for Permanent Supportive Housing/Housing First
Moderate	An Assessment for Rapid Re-Housing
Low	No Housing Intervention (though other types of referrals may be made)

The VI-SPDAT does not make decisions; it informs decisions. It helps inform the order in which people should receive services by helping to identify needs of the people experiencing homelessness, as well as determine priority service provision based on those who are most vulnerable. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action to take.

### 3.1.6. Survey Participation

A total of 301 people responded to the invitation to participate in the VI-SPDAT survey. Seven people declined to participate, and two people withdrew their consent during the survey. The findings in this report are based on the 292 surveys that were data-entered into the anonymous database.

## **3.2. Community Ethics Review Process**

### **3.2.1. Data Collection Protocols**

A Data Protocols Sub-Committee of the project Steering Committee was established to provide guidance and oversight in the development of data collection and storage processes, research ethics, and the informed consent process. Although the Simcoe County 20,000 Homes Campaign did not go through a formal community Research Ethics Board (REB) review, data collection protocols were based on the policies and procedures followed by the Simcoe Muskoka District Health Unit, including the development of a Data Collection Plan (DCP). The DCP considers all aspects of the data collection process, and helps to identify potential risks and mitigation measures.

The information collected during Registry Week is personal and sensitive, so specific data protocols were established to ensure data was being collected and maintained appropriately. Protocols regarding the collection and storage of data collected were established to ensure responsible data stewardship, as outlined in the Data Transfer Process in Appendix C. Data from the survey participant interviews was recorded on the paper-based VI-SPDAT, and data entered by volunteers into the anonymous database provided by Community Solutions.

### **3.2.2. Informed Consent Process**

An informed consent process was used for the Simcoe County 20,000 Homes Campaign. This process helped to ensure that each potential survey participant had the choice of participating or not after reviewing the consent form (Appendix B) with the volunteer team. The consent form included the following information:

- Background information about the 20,000 Homes Campaign;
- Purpose of the local Registry Week;
- How the data collected will be used;
- Where data will be stored;
- Who will have access to the information collected;
- Contact person name;
- Acknowledgement that a survey participant can choose to skip any question, end the survey, and/or choose to withdraw consent at any time during the process.

Survey participants' consent was collected for both service provision and anonymous and aggregate data reporting. It is important to note that survey participants' data remains anonymous for aggregate reporting purposes, and no personally identifying data was entered into the database. For the purpose of service provision, service providers will use the paper-based VI-SPDAT as a case-management assessment tool for follow-up with each survey participant who indicated this preference.

### 3.3. Data Limitations

Due to the voluntary nature of VI-SPDAT participation and the convenience sampling procedure used by survey volunteer teams, the data is reflective of the population experiencing homelessness who consented to be surveyed during Registry Week, and is not necessarily representative of the entire portion of the population experiencing homelessness in Simcoe County. For example, as discussed in the *Lessons Learned* section below, the sample of 292 survey participants likely under-represents the portion of the population experiencing homelessness in rural areas. This should be taken into consideration when making generalizations about homelessness in Simcoe County based on the findings from the Registry Week data.

There is a risk of interviewer bias due to the interview-style nature of the VI-SPDAT and the high-level of sensitivity of the questions. This means that the survey volunteer interviewer could have unintentionally influenced the response provided by the survey participant. Common examples of this include the survey interviewer listing examples to help explain a question (which the survey participant then chooses as their response), or summarizing a response provided instead of transcribing it verbatim. Although interviewer bias is often a risk in social research, the Simcoe County Registry Week followed the standardized approach of the 20,000 National Campaign and mitigated the risk of interviewer bias by providing training to survey volunteer teams.

It is important to note that the data provided for emergency service use is likely under-reported. It was observed during data entry that for a significant number of VI-SPDAT surveys, interviewers recorded a checkmark response (indicating at least one service use) instead of recording the actual number of service use interactions. This results in an under-reporting of the number of times survey participants interacted with emergency services.

### 3.4. Lessons Learned

The Steering Committee identified the following lessons learned from Registry Week:

#### 3.4.1. More time was needed

##### a. *More time for **training and preparation***

This discussion often came up during training sessions. It would have been beneficial to have additional time to train volunteers, to address their questions about the VI-SPDAT, and to solicit their input about the selected hotspots in their communities. More time for training would have also ensured more consistency and comprehensive delivery in the training content across all the communities.

*b. More time for **community engagement***

It became clear during volunteer training that many of the volunteers also had keen insights regarding the processes of the Registry Week, such as the identification of hotspots. Having more time to solicit broader engagement with service provider agencies and volunteers before the training would have helped inform the Registry Week processes.

*c. More time for **survey data collection***

Having a lengthier data collection period to reach the survey population of focus would have also been beneficial, particularly in rural areas where extensive travel can be required for participant contact, survey distribution, and collection.

*d. More time for **volunteer recruitment***

Engaging volunteers in some of the more rural areas in a tight-timeframe was challenging. In many rural communities word-of-mouth still exists as the best way to engage community members. It was identified that having more time for volunteer recruitment would have likely helped the engagement process, as many small communities do have a strong volunteer contingent, but communicating with this contingent can take time due to physical distances between places of work and home.

#### 3.4.2. Pilot the VI-SPDAT locally

Feedback was received that the consent form was too lengthy and/or complicated. It was recommended that having time built into the 20,000 Homes Campaign to pilot the VI-SPDAT process would have been beneficial in gathering feedback before Registry Week, to help mitigate any complicated language.

#### 3.4.3. Media outreach in local communities

A broad media campaign across Simcoe County was undertaken and was considered to be informative. However, reaching out to local media in smaller communities would have also helped to engage more volunteers and potentially survey participants.

#### 3.4.4. Better coordination between multiple survey headquarter sites

Headquarter sites were setup in each of the five chapter communities. While the Steering Committee agreed that this was a good strategy, coordination and communication between the multiple sites was challenging.

#### 3.4.5. Seasonal considerations

Hosting Registry Week in the winter was identified as an advantage for survey collection in urban areas, as the winter weather tends to concentrate people experiencing homelessness at service locations. However, it was identified that the winter season

was less ideal to engage with “hidden homelessness” (ie. couchsurfing). Although hidden homelessness occurs in every community, a greater percentage of persons experiencing homelessness in rural areas are understood as “hidden homeless”, given there is often a lack of shelters, etc. As such, outreach with persons experiencing homelessness, specifically in rural areas where hidden homelessness is prevalent, proves difficult and has the potential to be much more successful when the weather is warmer and people are out and about in public areas.

In addition, Registry Week was held shortly after the holiday season. This timing significantly affected the time allocation around a more meaningful media and volunteer engagement strategy.

#### 3.4.6. Outreach to French communities

A French version of the VI-SPDAT was not available during the Registry Week. Although this was not raised as a barrier for any of the survey participants, it was noted that having a French version of the VI-SPDAT, as well as volunteers who could conduct the VI-SPDAT in French, would have been beneficial to increase potential accessibility for persons whose preferred language of correspondence is French.

#### 3.4.7. Outreach to Aboriginal communities

Engaging with Aboriginal communities for the local 20,000 Homes Campaign would help ensure a culturally sensitive and appropriate approach was provided for volunteering or survey participation.

#### 3.4.8. Incorporating specialized specific assessment tools for sub-populations

The assessment tool used during Simcoe County’s Registry Week was the VI-SPDAT. In addition to the VI-SPDAT, there are specialized assessment tools for specific sub-populations, including the Transition Aged Youth (TAY) VI-SPDAT, and the VI-SPDAT for Families. Using specialized assessment tools for sub-population groups would have been helpful in developing a better understanding of the specific issues faced by these sub-populations.

## 4. FINDINGS

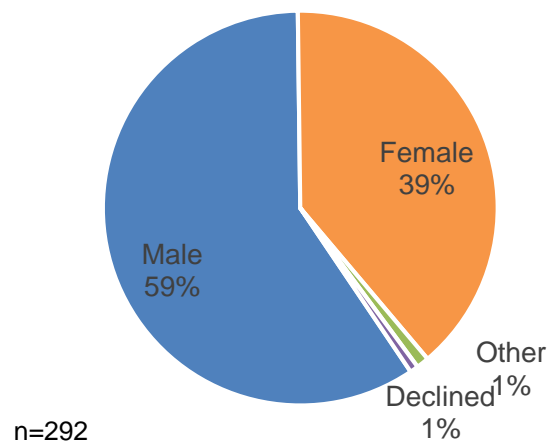
The following provides a summary of the data collected from the total sample group of 292 survey participants and is organized by the VI-SPDAT domains: demographics; housing and homelessness; risks; socialization and daily functioning; wellness; and housing preferences. A depth of need analysis is also provided for four specific cohort groups: survey participants who scored in the VI-SPDAT high acuity range; those experiencing chronic homelessness; youth aged 16-24; and, those that self-identified as Aboriginal or having Aboriginal ancestry.

### 4.1. Demographics

#### 4.1.1. Gender

The majority of the 292 survey participants were male (59%), and 39% were female. 1% of participants provided an *Other* response, and another 1% declined to answer the question.

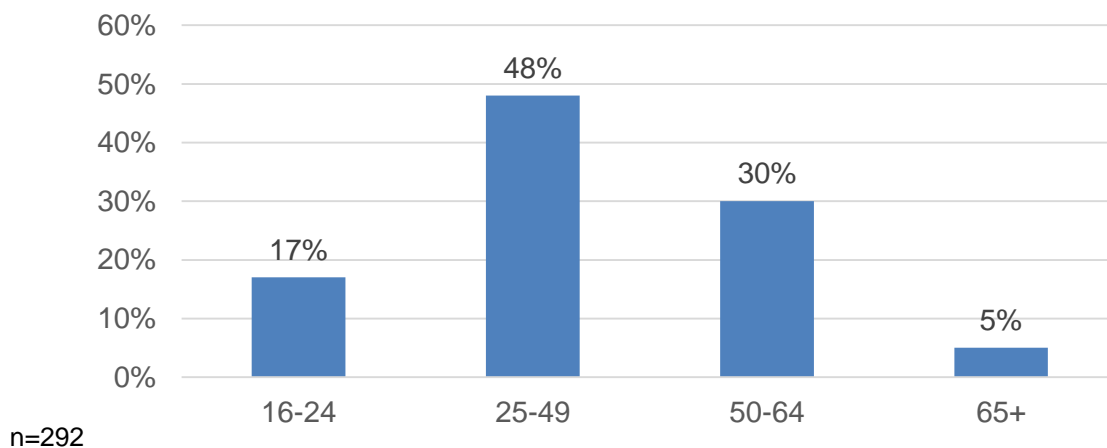
Figure 1: Gender



#### 4.1.2. Age Groups

Almost half of survey participants (48%) were between 25 and 49 years of age. 17% of the survey participants were youth between the ages of 16 to 24. Only 5% of survey participants were 65 years of age or older.

Figure 2: Age Groups



### 4.1.3. Demographic Characteristics

Figure 3 represents a summary of the demographic characteristics of the survey participants', which is helpful in developing an understanding of the population that is experiencing homelessness in Simcoe County.

Figure 3: Demographic Characteristics

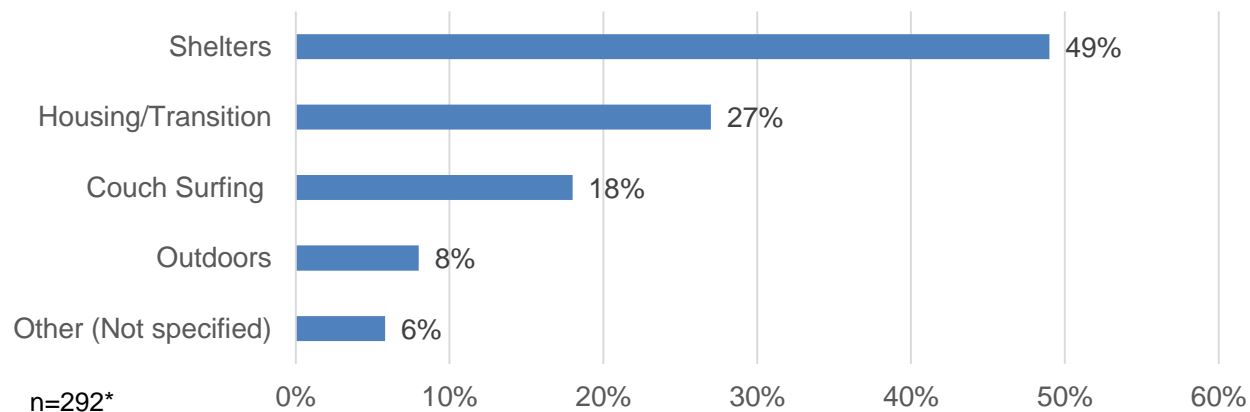
	# of survey participants	% of total survey participants (292)
<b>Aboriginal Identity</b>		
Self-identified as Aboriginal or having Aboriginal ancestry (including First Nations, Metis, or Inuit, with or without status)	65	22%
<b>Canadian Military or RCMP service</b>	17	5%
<b>Recent Immigrant or refugee</b>		
Moved to Canada within last five years	3	1%
<b>Mobility</b>		
Moved to Simcoe County within the last year	85	29%
<b>Foster Care</b>	47	16%
<b>Jail/Prison in past six months</b>	38	13%

## 4.2. Housing and Homelessness

### 4.2.1. History of Housing and Homelessness

The majority of survey participants, close to half (48%), sleep most frequently in emergency shelters. Just over a quarter (27%) do have housing, such as a rented room, apartment, townhome, or house, or are living in a transition home, but many of these housing situations are precarious. Almost one in five (19%) are couch surfing, and 8% indicated they sleep most frequently outdoors.

Figure 4: Where survey participant sleeps most often



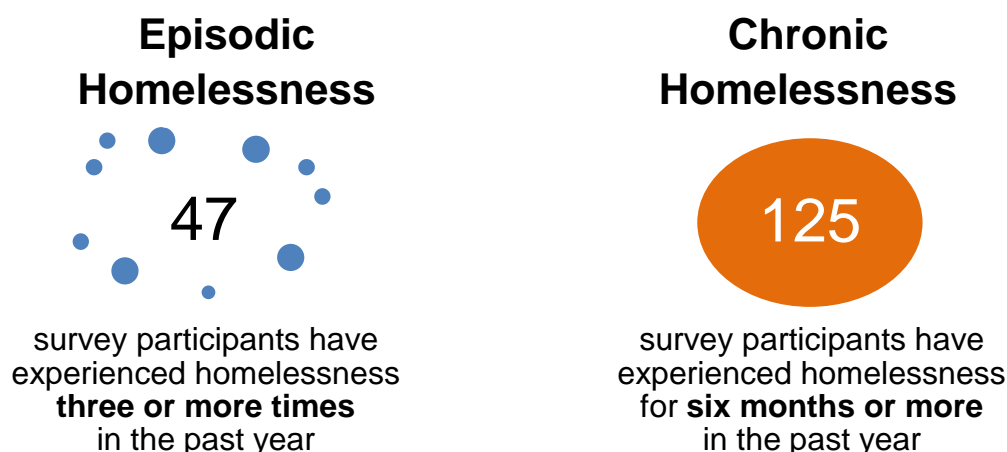
\*multiple response question, so percentages add to greater than 100%

#### 4.2.2. Chronic and Episodic Homelessness

**Chronic** homelessness refers to the length of time a person has been experiencing homelessness, and is defined by the VI-SPDAT as six months or more in the past year.

**Episodic** homelessness refers to the number of times a person has faced homelessness, and is defined as three or more times in the past year. 125 survey participants (43%) indicated that they have been experiencing chronic homelessness, and 47 survey participants (16%) have been experiencing episodic homelessness.

Figure 5: Type of Homelessness



Of particular note is that 32 survey participants (11%) shared that they've experienced BOTH chronic and episodic homelessness in the past year, indicating an acutely vulnerable segment of the population experiencing homelessness.

On average, survey participants have been homeless 3 times in the past year, and have not lived in permanent stable housing for 2.4 years.

#### 4.2.3. Acuity

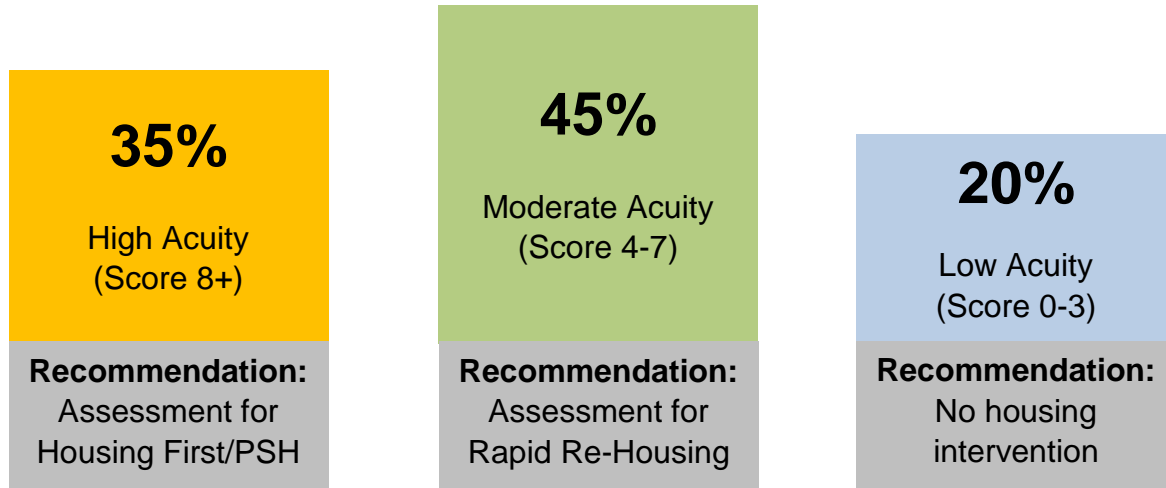
The term *acuity* is used to describe the complexity of the situation that an individual is facing, which is likely to have an effect on their housing stability. "In the case of an evidence-informed common assessment tool like the SPDAT, acuity is expressed as a number, with a higher number representing more complex co-occurring issues that are likely to impact overall housing stability"<sup>3</sup>. Acuity is an important indicator in recommending the type of housing intervention. A higher acuity score indicates a greater need for affordable and stable housing support. The assessment tool used for the Registry Week, the VI-SPDAT, provides an acuity score based on survey

<sup>3</sup> OrgCode Consulting. 2014. *The Difference Between Having Higher Acuity and Being Chronic*. Available: <http://www.orgcode.com/2014/03/10/the-difference-between-having-higher-acuity-and-being-chronic/>



participants' responses to certain questions, and also provides a recommendation of housing intervention based on that acuity score.

Figure 6: Acuity



Of the 292 survey participants, almost half (131, or 45%) scored within the moderate acuity range of 4-7, resulting in a recommendation for a Rapid Re-Housing intervention. Just over a third of survey participants (100, or 35%) scored in the high acuity range of 8 or more, resulting in a recommendation for Permanent Supportive Housing (PSH) or Housing First. One out of 5 survey participants (61, or 20%) scored in the low acuity range, resulting in no recommendation for housing intervention (although other types of support services may be recommended).

Of the 100 survey participants who scored in the high acuity range, 51 of them indicated experiencing homelessness for six months or more in the past year (referred to as chronic homelessness), which indicates an acutely vulnerable segment of the population experiencing homelessness.

### 4.3. Risks

#### 4.3.1. Emergency Service Use in the Past Six Months

42% of survey participants have used at least one or more emergency services over the last six months. The table below reports the number of survey participants that indicated using an emergency service in the past six months, the total number of service uses for all those individuals, and the average number of service uses per individual.

Figure 7: Emergency Service Use

	# (%) of survey participants	Total # of service uses for all survey participants*	Average # of service uses per survey participant
Received Health Care at an Emergency Department/Room	128 (51%)	478	1.7
Taken an ambulance to the hospital	79 (27%)	246	0.9
Been hospitalized as an inpatient	68 (23%)	129	0.5
Used a Crisis Service (i.e., sexual assault, mental health, distress centre, family/intimate violence, or suicide prevention hotline)	103 (35%)	589	1.4
Talked to Police (as a witness, victim, or alleged perpetrator of a crime, or because the police said to move along)	128 (44%)	665	2.4
Stayed one or more nights in a holding cell, jail, or prison	63 (22%)	101	0.4

\* As documented in the data limitations section, it is important to note that emergency service use is likely under-reported, because a significant number of VI-SPDAT surveys had a checkmark response recorded (indicating at least one service use) instead of an actual number.

The survey also revealed that survey participants are often at risk of experiencing physical harm, legal issues, or of being exploited in different ways:

**Harm:** 35% have been attacked or beaten up since becoming homeless, or have threatened or tried to harm themselves or someone else in the last year.

**Exploitation:** 35% are being forced or tricked into doing things that they do not want to do, or are doing risky things, such as exchanging sex for money, running drugs for someone, having unprotected sex, sharing a needle, etc.

**Legal:** 27% are facing issues that may result in being locked up, having to pay fines, or that might make it more difficult to rent a place to live.

#### 4.4. Socialization and Daily Functioning

50% of survey participants indicated they are facing money management issues. This could include owing money somewhere, such as to a past landlord, a business, or a government group like the Canada Revenue Agency (39%), and/or not having any source of income (15%).

Almost one-third (32%) of survey participants feel that they do not have meaningful daily activities that make them feel happy and fulfilled, and 8% indicated they struggle with being able to take care of self-care basic needs such as bathing, changing clothes, using a restroom, or getting food and clean water.

More than half of survey respondents (55%) shared that their current homelessness is in some way caused by a breakdown in their social relationships, such as a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused them to become evicted.

#### **4.5. Wellness**

A large majority of survey participants (71%) indicated that they are facing physical health issues. This could include having to leave an apartment, shelter program, or other place because of their physical health, having chronic health issues, or having a physical disability that could limit the type of housing available to them or that makes it difficult to live independently.

40% of survey participants indicated that they have had difficulty maintaining housing because of a mental health issue or concern, a past head injury, or a learning, developmental, or other type of impairment, or having difficulty living independently because help is required.

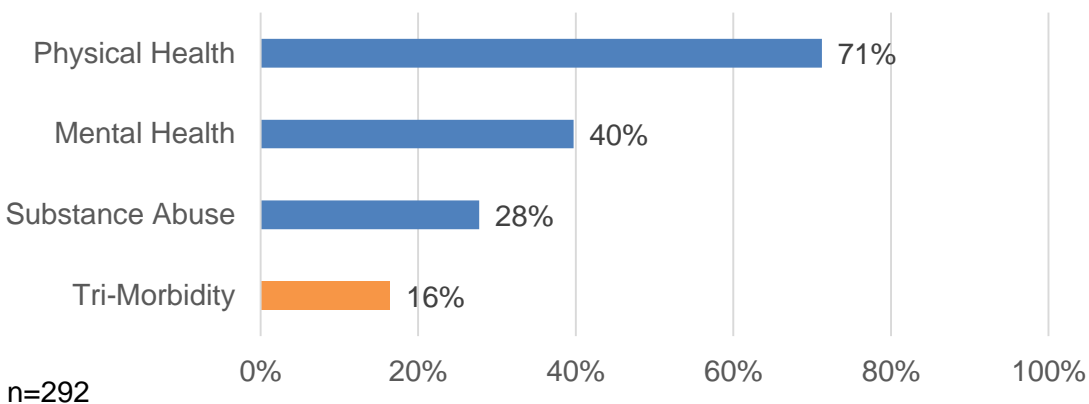
Over a quarter of survey participants (28%) indicated that drinking or drug use had led them to be kicked out of an apartment or program where they were staying in the past, or that their drinking or drug use may make it difficult to stay housed or to be able to afford housing.

16% of survey participants face the complexity of all three wellness factors, including issues related physical health, mental health, and substance abuse, which is referred to as **tri-morbidity**.

32% of survey participants are not taking medications that a doctor has prescribed, or they are selling their prescribed medication.

46% of survey participants reported that their current period of homelessness has been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by another type of trauma.

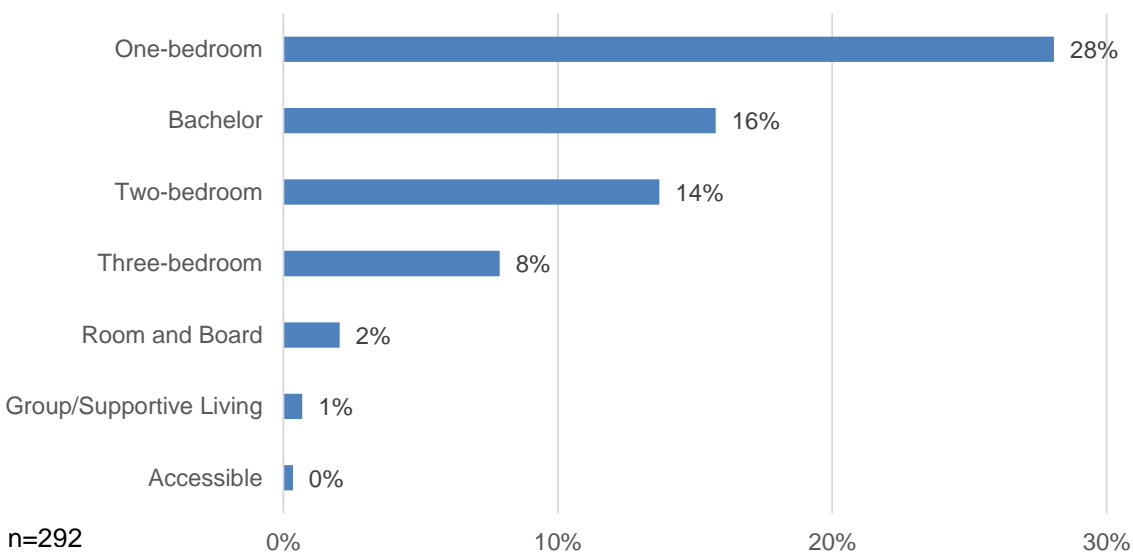
Figure 8: Wellness



#### 4.6. Housing Preferences

The majority of survey participants (30%) indicated that they require a one-bedroom, followed by 16% indicating they require a bachelor unit, 14% requiring a two-bedroom unit, and 8% looking for a three-bedroom. Fewer than 3% were looking for room and board, group/supportive living, or an accessible unit. Survey participants could select more than one response for their housing preference.

Figure 9: Housing Preferences



Almost all survey participants (98%) indicated that having a monthly rental benefit/allowance would help them to find and keep stable housing.

## 4.7. Depth of Need Analysis

### 4.7.1. High-Acuity

As mentioned above, just over one-third (35%) of survey participants scored within the high acuity range of the VI-SPDAT, which results in a recommendation for Housing First or Permanent Supportive Housing. The following table outlines a number of key demographic characteristics and complex situations that this group of 100 survey participants is facing, which helps to develop an understanding of this group and helps to inform meaningful recommendations for local service delivery and funding priorities (such as Housing First) at the regional level.

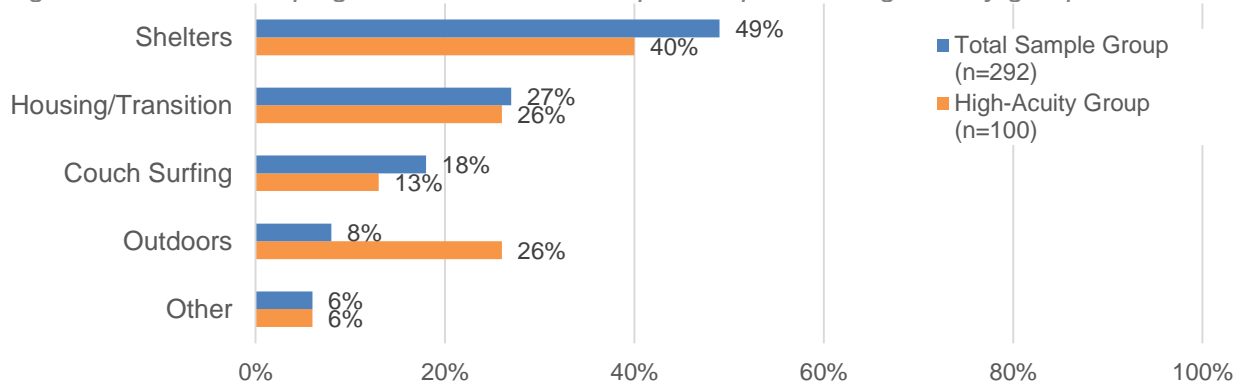
When compared with the total sample group, there are fewer people aged 50-64 in the high-acuity group, and more people aged 25-49. The high-acuity group has a greater proportion of people that have been in jail/prison in the last six months, have moved to Simcoe County within the past year, have been in foster care, and a slightly greater proportion that identify with Aboriginal ancestry. The high-acuity group also has a greater number of individuals experiencing chronic homelessness and episodic homelessness than the total sample group.

*Figure 10: Demographic Characteristics: Total sample compared to high-acuity group*

	High-Acuity Group (n=100)	Total Sample Group (n=292)
<b>Age groups</b>		
16-24	17%	17%
25-49	56%	48%
50-64	25%	30%
65+	2%	5%
<b>Gender</b>		
Female	40%	39%
Male	60%	59%
Has been in <b>jail/prison</b> in the past six months	19%	13%
Identified with <b>Aboriginal ancestry</b>	24%	22%
<b>Moved</b> to Simcoe County in the last year	32%	29%
Has been in <b>Foster Care</b>	20%	16%
<b>Chronic</b> Homelessness (experienced homelessness for <b>six months or more</b> in the past year)	51%	43%
<b>Episodic</b> Homelessness (experienced homelessness <b>three times or more</b> in the past year)	24%	16%

The high-acuity group tends to utilize the shelter system less frequently than the total sample group (40% compared to 49%, respectively). However, the high-acuity group is more likely to be sleeping outdoors more frequently than the total sample group (26% compared to 8%, respectively).

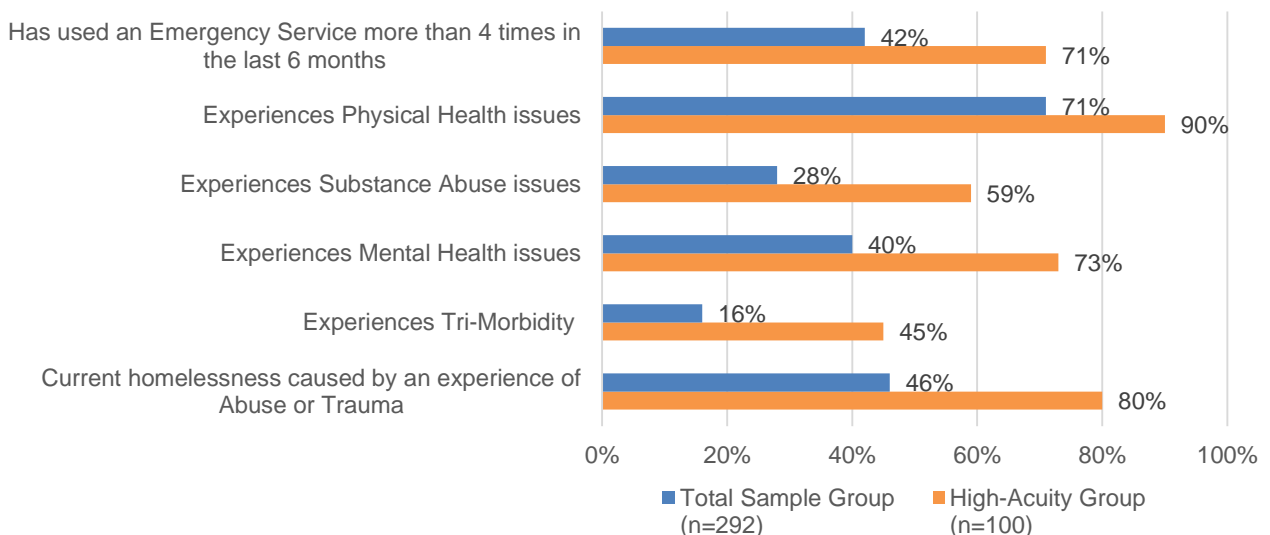
Figure 11: Where sleeping most often: Total sample compared to high-acuity group



The high-acuity group are also experiencing a greater number of wellness and risk factors, as displayed in Figure 12 below. 71% of the high-acuity group has used an emergency service more than 4 times in the last six months, compared to 42% of the total sample group. Also within the high-acuity group, 90% experience physical health issues, 59% experience substance abuse issues, and 73% experience mental health issues. Close to half (45%) of t group is also in the tri-morbidity category, meaning that these individuals face the complexity of all three wellness factors of physical health, mental health, and substance abuse (compared to 16% of the total sample group).

Of particular note is that 80% of the high-acuity group reported that their current period of homelessness is caused by an experience of abuse or trauma, which is almost double that of the total sample group of 46%.

Figure 12: Wellness and Risk Factors: Total sample compared to high-acuity group



#### 4.7.2. Chronic Homelessness

Chronic homelessness refers to the length of time a person has been experiencing homelessness, and is defined by the VI-SPDAT as six months or more in the past year. 125 survey participants (43%) identified they are experiencing chronic homelessness. The following table outlines some key demographic characteristics of this group.

The age and gender characteristics of the group experiencing chronic homelessness compared to the total sample group are fairly similar. There is a slightly greater proportion of survey participants experiencing chronic homelessness that have been in jail/prison in the last six months (17%) than the total sample group (13%). A similarly slightly greater proportion of survey participants experiencing chronic homelessness self-identified with Aboriginal ancestry (25%) than the total sample group (22%).

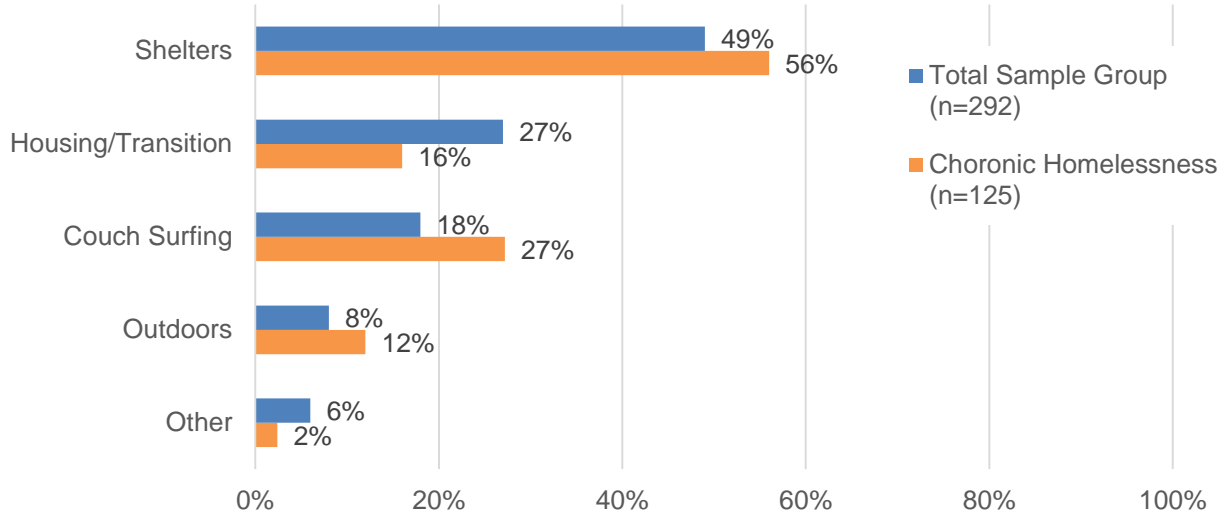
A slightly greater proportion of survey participants experiencing chronic homelessness scored in the high-acuity range (41%) than the total sample group (34%). A smaller proportion of survey participants experiencing chronic homelessness scored in the low acuity range of the VI-SPDAT (16% compared to 21% of the total sample group), and the moderate acuity range (43% compared to 45% of the total sample group).

*Figure 13: Demographic Characteristics: Total sample compared to group experiencing chronic homelessness*

	Chronic Homelessness (n=125)	Total Sample Group (n=292)
<b>Age groups</b>		
16-24	18%	17%
25-49	48%	48%
50-64	29%	30%
65+	6%	5%
<b>Gender</b>		
Female	35%	39%
Male	63%	59%
Has been in <b>jail/prison</b> in the past six months	17%	13%
Identified with <b>Aboriginal ancestry</b>	25%	22%
<b>Moved</b> to Simcoe County in the last year	28%	29%
Has been in <b>Foster Care</b>	15%	16%
<b>Acuity Score</b>		
High	41%	34%
Moderate	43%	45%
Low	16%	21%

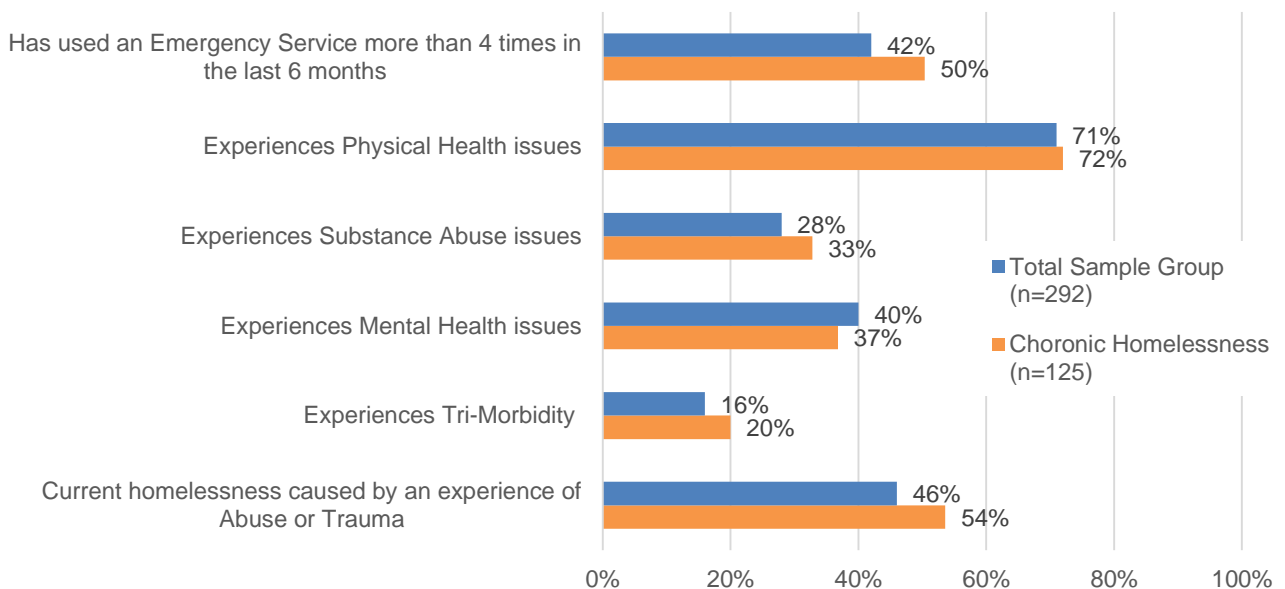
Survey participants experiencing chronic homelessness tend to use the shelter system more frequently, couch surf, or sleep outdoors, as displayed on Figure 14 below.

Figure 14: Where sleeping most often: Total sample compared to group experiencing chronic homelessness



Emergency service use by survey participants experiencing chronic homelessness (50%) is slightly greater than the total sample group (42%). Although a smaller proportion of this group experience mental health issues than the total sample group (37% compared to 40%), a greater proportion experience physical health issues and substance abuse issues. A greater proportion are also facing the complexity of all three wellness factors, referred to as tri-morbidity. It is also noteworthy that a greater proportion of this group (54%) indicated that their current period of homelessness was caused by an experience of abuse or trauma than that of the total sample (46%).

Figure 15: Wellness and Risk Factors: Total sample compared to high-acuity group



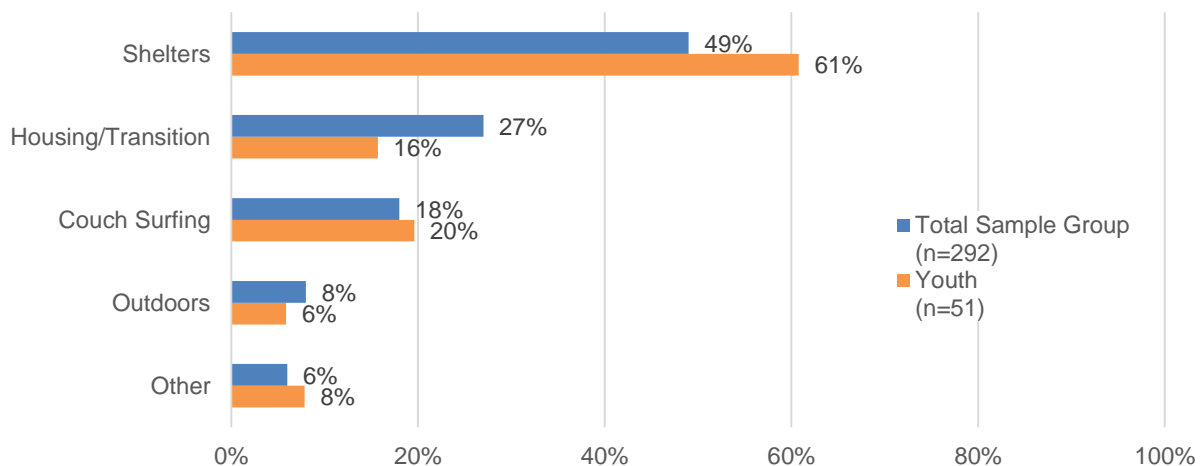


### 4.7.3. Youth (Aged 16-24)

Fifty-one survey participants (17% of the sample) were youth aged 16-24. Although some generalizations can be made about this cohort, it is important to note the smaller sample size when reviewing the results.

Of particular note is that 17 survey participants (35% of all youth) scored in the high-acuity range of the VI-SPDAT, indicating these individuals are facing a complex set of situations. Almost half of this group (22 youth, or 45%) reported experiencing homelessness for six months or more in the past year (chronic homelessness). In addition, 25 (51%) of youth are facing physical health issues, 15 (31%) are facing substance abuse issues, and 24 (49%) are facing mental health issues. Almost half (24 or 49%) indicated that their current period of homelessness is caused by an experience of abuse or trauma, and 32 (65%) indicated that their current homelessness was in some way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family/friends caused them to become evicted. The group of 51 youth aged survey participants tend to use the shelter system most frequently (61%), as well as couch-surf (20%).

Figure 16: Where sleeping most often: Youth



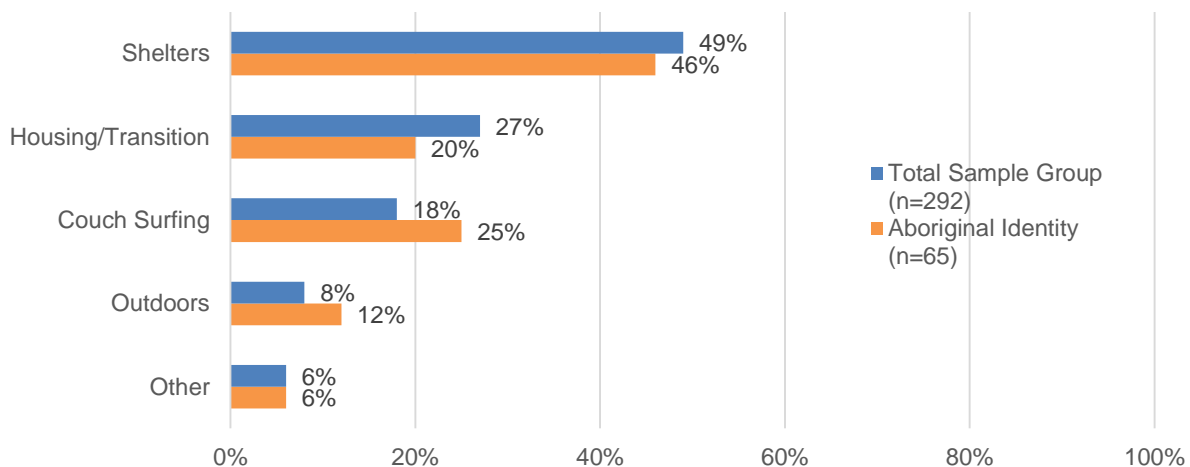
### 4.7.4. Aboriginal Identity

Sixty-five survey participants (22% of the total sample) self-identified as Aboriginal or having Aboriginal ancestry, which could include First Nations, Métis, Inuit, with or without status. Although some generalizations can be made about this cohort, it is important to note the smaller sample size when reviewing the results.

The majority of the individuals that self-identified as Aboriginal or having Aboriginal ancestry are aged 25-49 years (34 survey participants, or 52% of the cohort). 24 survey participants (37%) in the Aboriginal identity cohort scored in the high-acuity range of the

VI-SPDAT, indicated these individuals are facing a complex set of situations. Almost half of the Aboriginal identity cohort (31 individuals, or 48%) reported experiencing homelessness for six months or more in the past year (chronic homelessness). In addition, 52 individuals in the Aboriginal identity cohort (80%) are facing physical health issues, 16 (25%) are facing substance abuse issues, and 21 (32%) are facing mental health issues. 30 individuals in the Aboriginal identity cohort (46%) identified that their current period of homelessness is caused by an experience of abuse or trauma, and 36 (55%) indicated that their current homelessness was in some way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family/friends caused them to become evicted. The group of 65 individuals that identified as Aboriginal tend to use the shelter system most frequently (46%), as well as couch surf (25%).

Figure 17: Where sleeping most often: Aboriginal Identity



## 5. DISCUSSION

Key findings from the aggregate analysis of the VI-SPDAT surveys provide a deeper understanding of the situations and needs of the population who are experiencing homelessness by providing an acuity score and by providing a summary of key demographic and situations faced by survey participants. For example, 35% of survey participants scored in the high-acuity range, which results in a recommendation for an assessment for Housing First programs. This indicates that there is a need for funding for Housing First programs and partnerships across Simcoe County to meet the specific needs of persons with a high-acuity score. A deeper analysis into the characteristics of this group also identifies that more than half of this group (51%) has been experiencing homelessness for six months or more in the past year (chronic homelessness).

A deeper analysis of the survey participants experiencing chronic homelessness shows that the demographic characteristics of this group tends to align with the total sample group (refer to Figure 13). However, as Figure 14 displays, this group tends to use the

shelter system, couch surf, and sleep outdoors more frequently than the total sample group, and fewer identified themselves as currently being housed. The group of survey participants experiencing chronic homelessness also has a higher utilization of emergency services in the past six months, and a greater proportion indicated their current period of homelessness was caused by an experience of abuse or trauma. A significant body of research supports that there are substantial emergency service costs associated to supporting people experiencing homelessness; for example, Gaetz (2012) summarizes the high costs of providing support to people experiencing homelessness through emergency shelters and services, health services, policing, and the criminal justice system, while arguing the cost-effectiveness of Housing First approaches:

“By providing people – especially the chronically homeless - with housing and the supports they need, we lower the costs associated with hospital admissions, emergency outpatient services, incarceration, and other emergency services.”<sup>4</sup>

These key factors support that a Housing First program for individuals experiencing chronic homelessness and scoring in the high acuity range would lead to better housing, health, wellness, and risk factor outcomes for these individuals, and would likely decrease the utilization of emergency service use, as more appropriate supports that align to the specific needs of each individual are identified.

## 6. NEXT STEPS AND RECOMMENDATIONS

The data gathered through Registry Week, as well as the lessons from the development of the Registry Week process, are important in continuing local efforts to address homelessness in Simcoe County. One of the biggest successes of the Registry Week was the community engagement, as survey volunteer teams were eager and committed to supporting Registry Week. Simcoe County is home to several diverse communities facing different challenges related to homelessness - which means solutions will need to be locally-informed. The methodologies developed (i.e., informed consent process) will be helpful for future similar initiatives, such as future Registry Weeks, Point-In-Time (PiT) counts, or a combination of both as strategies for local enumeration approaches to measuring homelessness.

The information will be used to support:

### 1. **Program Recommendations**

Support evidence-informed policy and service program design that is relevant for Simcoe County.

---

<sup>4</sup> Gaetz, Stephen (2012): *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press.

**2. Communication**

Share the results from the local Registry week to raise awareness about homelessness throughout Simcoe County through reports and the Simcoe County Alliance to End Homelessness community forums.

**3. Service Delivery**

Through the VI-SPDAT tool, Housing Resource Centres are able to connect and work with survey participants who identified they were interested in receiving assistance with housing placements, as well as understand their unique needs and recommend appropriate services.

**4. Building Local Capacity**

The VI-SPDAT is an important tool in identifying areas to build local capacity for service delivery providers. Local professional development has supported training for the SPDAT (Service Prioritization Decision Assistance Tool), SPDAT Train-the-Trainer, Trauma Informed Care, housing case management, and Mental Health First Aid, which are important when focusing services on Housing First approaches. An important area of future training could also focus on Aboriginal cultural competency training.

## 7. APPENDIX A: VI-SPDAT



610 Ford Drive, Suite 247, Oakville, ON, L6L 7W4 T: 800.355.0420 F: 416.352.1498 E: info@orgcode.com



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

### **Prescreen Triage Tool for Single Adults**

20,000 HOMES CAMPAIGN - CANADIAN VERSION 2.0

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1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

### Administration

<b>Interviewer's Name</b>	<b>Agency</b>	Team Staff Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/	<b>Survey Time</b> ___:___ AM/PM	<b>Survey Location</b>

### Basic Information

<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>	
In what language do you feel best able to express yourself?			
<b>Date of Birth</b>	<b>Age</b>	<b>Survey ID Number (SIN)</b>	<b>Consent to participate</b>
DD/MM/YYYY ___/___/			Yes      No

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

**SCORE:**

### 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"/> Refused	
----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<b>IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.</b>		<b>SCORE:</b>
		<input type="text"/>

2. How long has it been since you lived in permanent stable housing?		Refused	
3. In the last year, how many times have you been homeless?		Refused	

<b>IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.</b>		<b>SCORE:</b>
		<input type="text"/>

### B. Risks

4. In the past six months, how many times have you...		
a. Received health care at an emergency department/room?		Refused
b. Taken an ambulance to the hospital?		Refused
c. Been hospitalized as an inpatient?		Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		Refused
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?		Refused
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?		Refused

<b>IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.</b>		<b>SCORE:</b>
		<input type="text"/>

5. Have you been attacked or beaten up since you've become homeless?	Y	N	Refused	
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	Y	N	Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.</b>				<b>SCORE:</b> <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	Refused	
<b>IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.</b>				<b>SCORE:</b> <input type="text"/>
8. Does anybody force or trick you to do things that you do not want to do?	Y	N	Refused	
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	Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.</b>				<b>SCORE:</b> <input type="text"/>

### 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	Refused	
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	Refused	
<b>IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.</b>				<b>SCORE:</b> <input type="text"/>



12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Y	N	Refused	
<b>IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.</b>				<b>SCORE:</b> <input type="text"/>
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	Refused	
<b>IF "NO," THEN SCORE 1 FOR SELF-CARE.</b>				<b>SCORE:</b> <input type="text"/>
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	Refused	
<b>IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.</b>				<b>SCORE:</b> <input type="text"/>

### 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	Refused	
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Y	N	Refused	
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	Refused	
18. When you are sick or not feeling well, do you avoid getting help?	Y	N	Refused	
19. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	Y	N	N/A or Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.</b>				<b>SCORE:</b> <input type="text"/>
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	Refused	

21. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	Y	N	Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.</b>				<b>SCORE:</b> <input type="text"/>
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	Refused	
b. A past head injury?	Y	N	Refused	
c. A learning disability, developmental disability, or other impairment?	Y	N	Refused	
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	Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.</b>				<b>SCORE:</b> <input type="text"/>
<b>IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.</b>				<b>SCORE:</b> <input type="text"/>
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Y	N	Refused	
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	Refused	
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.</b>				<b>SCORE:</b> <input type="text"/>
26. <i>YES OR NO:</i> 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	Refused	
<b>IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.</b>				<b>SCORE:</b> <input type="text"/>

## Demographic Information

27. What gender do you identify with?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other Response (Specify): <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	
28. Do you identify as Aboriginal or do you have Aboriginal ancestry? This includes First Nations, Metis, Inuit, with or without status.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	
29. If yes, specify	<input type="checkbox"/> First Nations: off reserve <input type="checkbox"/> First Nations: on reserve <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status / Have Aboriginal Ancestry	
30. Have you ever had any service in the Canadian military or RCMP?	<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	
31. Did you move to [ <u>SAYNAME OF COMMUNITY</u> ] in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	
32. 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	
33. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	
34. 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	
35. Have you been homeless for 6 months or more in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to answer	

## Final Questions

<p>36. What town or city would you prefer to have housing in? (single response)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Barrie</li> <li><input type="checkbox"/> Orillia</li> <li><input type="checkbox"/> Collingwood</li> <li><input type="checkbox"/> Wasaga Beach</li> <li><input type="checkbox"/> Midland</li> <li><input type="checkbox"/> Penetanguishene</li> <li><input type="checkbox"/> Alliston</li> <li><input type="checkbox"/> Bradford</li> <li><input type="checkbox"/> Stayner</li> <li><input type="checkbox"/> Coldwater</li> <li><input type="checkbox"/> Innisfil</li> <li><input type="checkbox"/> Other (please specify) _____</li> <li><input type="checkbox"/> Refused to answer</li> </ul>	
<p>37. What type of housing unit do you need? (multiple response)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bachelor</li> <li><input type="checkbox"/> One-bedroom</li> <li><input type="checkbox"/> Two-bedroom</li> <li><input type="checkbox"/> Three-bedroom</li> <li><input type="checkbox"/> Accessible</li> <li><input type="checkbox"/> Group/Supportive Living</li> <li><input type="checkbox"/> Room and Board</li> <li><input type="checkbox"/> Refused to answer</li> </ul>	
<p>38. What agency would you prefer to receive follow up from? It could be one that you're already involved with, or one you'd like to be connected with.</p>		
<p>39. Would having a monthly rental benefit/allowance help you to find and keep stable housing?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Refused to answer</li> </ul>	

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS								
PRE-SURVEY	/1									
A. HISTORY OF HOUSING & HOMELESSNESS	/2	<table border="1"> <tr> <th>Score:</th> <th>Recommendation:</th> </tr> <tr> <td>0-3:</td> <td>no housing intervention</td> </tr> <tr> <td>4-7:</td> <td>an assessment for Rapid Re-Housing</td> </tr> <tr> <td>8+:</td> <td>an assessment for Permanent Supportive Housing/Housing First</td> </tr> </table>	Score:	Recommendation:	0-3:	no housing intervention	4-7:	an assessment for Rapid Re-Housing	8+:	an assessment for Permanent Supportive Housing/Housing First
Score:	Recommendation:									
0-3:	no housing intervention									
4-7:	an assessment for Rapid Re-Housing									
8+:	an assessment for Permanent Supportive Housing/Housing First									
B. RISKS	/4									
C. SOCIALIZATION & DAILY FUNCTIONS	/4									
D. WELLNESS	/6									
<b>GRAND TOTAL:</b>	<b>/17</b>									

That's the end of the survey. Thank you for your time, we really appreciate it. We just have a couple of follow-up questions about the best way to reach you:

## Follow-Up Questions

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

## 8. APPENDIX B: CONSENT FORM



### **PARTICIPANT CONSENT FORM | 20,000 Homes Campaign** Simcoe County Alliance to End Homelessness (SCATEH)

#### **What is the purpose of the 20,000 Homes Campaign local surveys?**

- The campaign is for communities to work to house 20,000 people across Canada.
- The local survey is to help us understand our community's housing and service needs and to plan for housing supports in Simcoe County.

#### **Who can participate?**

- Anyone age 16 years or over experiencing homelessness can voluntarily participate.
- People who participate will get a gift certificate to thank them for their time.
- If people don't want to participate, it won't affect their ability to receive services (now or future).

#### **Who is involved?**

- Most people asking the survey questions are staff from local agencies, but some are volunteers. The local project is organized by the Simcoe County Alliance to End Homelessness (SCATEH) with support from the Canadian Alliance to End Homelessness, and a group called Community Solutions.

#### **How does it work?**

- The volunteers will read questions to you from the survey, which takes about 10 minutes. The questions are about the history of your health and housing situation. Most questions only need a "yes" or "no" answer, or sometimes a one-word answer.
- To participate, people need to sign a consent form. This form lets us know you agree to participate and that you understand how we're using the information you provide.
- A person can skip a question, take a break, or stop the survey whenever they want to.
- It's important to provide accurate information, because it will be used to recommend services or programs that might be helpful for you. There are no right or wrong answers – we're just looking for information that is relevant to you and your situation.

#### **What happens next?**

- The paper surveys will be forwarded to the Housing Resource Centre in your community. Staff will get in touch with you to prioritize your needs and refer you to suitable community services and affordable housing opportunities.
- Anonymous information - that is, information about you, except for your name - from the paper surveys will be entered in a secure database. Data will be deleted from the database by June 30, 2016. Information from you and other survey participants will be combined and shared broadly to help us understand the traits and situations of people experiencing homelessness, so that we can plan for housing and related services.

#### **How will the information I provide stay safe?**

- Personal information will be securely stored. To help protect your personal information.
- Only agreed upon community agency staff who need to will have access to this information collected today, and they will sign confidentiality agreements. No personally identifying information will ever be shared in any public community reports.

#### **Contact Information**

If you have any questions about the survey or how your personal information will be used, or to withdraw your consent to participate, you can contact:

**Sara Peddle (SCATEH President) 705-739-6916 or [sara@busbycentre.ca](mailto:sara@busbycentre.ca)**

**IT IS IMPORTANT THAT YOU READ THE FOLLOWING AND SIGN THIS FORM BEFORE YOU COMPLETE THE SURVEY.**

**I UNDERSTAND THAT:**

- ✓ The Simcoe County Alliance to End Homelessness (SCATEH) would like to collect my personal information for the following purposes:
  1. To prioritize and refer me to affordable housing and/or related programs/services;
  2. To evaluate and improve affordable housing and related programs/services in Simcoe County;
  3. For research, advocacy, lobbying, and raising awareness about homelessness in Canada.
- ✓ I will be asked questions about the history of my health and housing situation.
- ✓ SCATEH will only disclose my personal information if there is reason to believe I may hurt myself or someone else. Otherwise, my personal information will not be shared with any other third parties or for any other purposes other than set out on this form without my prior, additional consent.
- ✓ I can skip any questions, take a break, or end the survey early without it affecting the services I get now or in the future, or if I get the \$10 gift card as thanks for my time.
- ✓ If I decide not to provide consent, it will not be declined any services. However, for the purposes of prioritizing me for affordable housing, without my consent, agencies may not be able to determine my level of need for housing as effectively. I may decide to limit my consent by only answering the questions and providing information that I am comfortable with disclosing.

**I AGREE AND CONSENT TO MY PERSONAL INFORMATION BEING COLLECTED, USED, STORED, SHARED, AND DESTROYED AS DESCRIBED IN THIS CONSENT FORM:  
(Please check one or both of the following, if you agree).**

- My **personal information** will be shared with staff at agencies in the Simcoe County area who are working together to refer and place people in affordable housing or related programs/services. I can request a listing of all agencies who have access to my information at any time.
- My **personal information, except for my name**, will be shared with the 20,000 Homes Campaign. It will be stored in a database and my information will be grouped together with others to describe the traits and situations of people experiencing homelessness. I will not be identified.

My signature (or mark) below indicates that I have been read all of the information provided above and that I agree

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (or Mark) of Participant

\_\_\_\_\_

Printed Name of Participant

If consent given by mark or verbally:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (or Mark) of Witness

\_\_\_\_\_

Printed Name of Witness

## 9. APPENDIX C: REGISTRY WEEK DATA TRANSFER PROCESS

