REGIONAL MUNICIPALITY OF OTTAWA-CARLETON REPORT

MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON RAPPORT

Our File/N/Réf.
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DATE 29 March 1999

TO/DEST. Co-ordinator
Community Services Committee

FROM/EXP. Commissioner Social Services Department
Medical Officer of Health

SUBJECT/OBJET **HOMELESSNESS: ENVIRONMENTAL SCAN**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee recommend Council assume the role of a local service systems manager for homelessness.

PURPOSE

The purpose of this report is to present the findings of a preliminary study of homelessness in the Region of Ottawa-Carleton. This study will form the foundation for building an integrated community plan to end homelessness in the Region.

BACKGROUND

On November 14, 1998, in response to the level of homelessness in Ottawa-Carleton and other municipalities, a resolution was passed by Regional Council calling upon the Federal Government to declare homelessness a national disaster. In order to address the homelessness issue in Ottawa-Carleton and as a result of the Provincial Task Force on Homelessness recommendation that municipalities act as local service systems managers for homelessness, the Community Services Committee directed Social Services to study the issue of homelessness in Ottawa-Carleton in a manner similar to the Interim Report of the Toronto Mayor's Task Force on Homelessness.

Extensive public consultation with the Region's Community partners has begun to build consensus on an integrated community plan to deliver services to people who are homeless or at risk of becoming homeless.

The report of the Provincial Task Force on Homelessness, released in October of 1998, recommended that local governments assume the role of "local service system managers for homelessness." In this role the Region is expected to work with the community, service providers, provincial ministries and funders to develop co-ordinated approaches to achieve three goals, namely: to move people from the streets to emergency shelters; from emergency shelters to permanent housing and to prevent homelessness by supporting people in the retention of permanent housing. In its role as a local service systems manager, the Region will assume the role of facilitator, working with the community to ensure a co-ordinated and efficient delivery of services to the homeless and those at risk of becoming homeless.

DISCUSSION

The final report of the Toronto Mayor's Task Force on Homelessness, released in January 1999, contains comprehensive recommendations to address homelessness in that city. That report was the result of more than a year of work. Ottawa-Carleton will follow a similar two stage process albeit on a smaller scale.

This first phase of the process, consists of an environmental scan of homelessness in Ottawa-Carleton. The report is the result of a comprehensive review of existing data on homelessness in the Region and is intended to provide a basis for discussion and the development of an integrated community plan to end homelessness. The second phase of the process involves extensive community consultation which will take the form of interviews with key informants from various sectors involved in homelessness, a community forum and a public awareness forum organised in co-operation with the Alliance to End Homelessness and to be held April 8th, 1999. The results of this second phase as well as recommendations for the community plan will be presented in a report to the Community Services Committee in June of 1999.

The study has revealed that although Ottawa-Carleton, at the level of both the community and municipal government, has taken steps to deal with homelessness in the past, the problem persists. The number of people at risk of becoming homeless is on the rise. Data specific to Ottawa-Carleton indicates that in terms of poverty and affordable housing the scope of the problem is proportionately similar to the situation in the City of Toronto with the cities of Ottawa and Vanier having the highest levels of people at risk.

Emergency response initiatives will not result in long term solutions to the underlying causes of homelessness such as poverty and lack of affordable housing. Effectively dealing with homelessness will require a sustained effort by the community and all levels of government adopting a pro-active, co-operative and long-term approach to relieving the underlying issues that result in homelessness.

In order to effectively manage the solutions arrived at through the planning process, the Region must have the co-operation of several key provincial ministries including, but not limited to, the Ministry of Health and the Ministry of Community and Social Services.

PUBLIC CONSULTATION

Public consultation is currently underway. A series of key informant interviews with service providers and representatives of government ministries, involved with services to persons who are homeless, have already been completed. A public consultation is scheduled for April 8, 1999 with community partners to discuss homelessness and work toward solutions. In addition, a public awareness forum is being planned, in partnership with the Alliance to End Homelessness, to take place concurrently with the submission of this report to the Community Services Committee.

FINANCIAL IMPLICATIONS

The financial implications have not yet been determined. Once the public consultation has been completed and an initial plan has been developed the financial implications of such a plan will be determined. It is anticipated that an analysis of the financial implications will be included in the June report to Community Services Committee.

CONCLUSIONS

The study has confirmed that homelessness in Ottawa-Carleton is a problem that is large both in scope and magnitude. Many agencies and providers extend services to the homeless. What is required is a co-ordinated, integrated community wide approach to serving persons who are homeless and those who are at risk of becoming homeless with the exchange of information between agencies in order to support clients to move to stable housing and remain housed. Poverty and the lack of affordable, supportive housing options are core causes of homelessness.

Although the Region has been designated as the local service systems manager for homelessness, the solutions lie beyond the scope of local government alone. A commitment by all levels of government, service providers, funders, the private sector and the citizens of Ottawa-Carleton to a common vision is required to end homelessness. The Region of Ottawa-Carleton can support this vision by assuming the role of facilitating the understanding of the current situation, the causes that lead to unstable housing and by co-ordinating the development of an integrated community plan.

Approved by
Dick Stewart

Approved by
Dr Robert Cushman

EXECUTIVE SUMMARY

The Region of Ottawa-Carleton, through Social Services and Health, has undertaken a comprehensive examination of homelessness in Ottawa-Carleton. The study was conducted in response to the Region's Community Services Committee directing staff to develop an integrated community plan to end homelessness in the Region. The study will form the basis of the discussion, public consultation and planning required to produce long term solutions to homelessness.

Consistent with the recommendations of the Provincial Task Force on Homelessness, the development of a community plan is being done in the context of the Region's role as a local service systems manager for homelessness. To this end, the planning process is being conducted as a co-operative effort between Social Services, Health and Social Housing in partnership with the Alliance to End Homelessness and the Region's provincial and funding partners.

The study is an attempt to comprehensively document the causes of homelessness in Ottawa-Carleton, provide a profile of persons who are homeless in the Region and to provide an indication of the services available to the homeless in Ottawa-Carleton for the purpose of identifying gaps that may exist in the current system.

How homelessness is defined shapes the course of discussions on how to end it. Since the goal of this planning process is to arrive at long term preventative solutions to homelessness, a broad definition has purposely been adopted. The United Nations defines homelessness as being either absolute or relative. The absolutely homeless are those who are without housing and are living in the streets or in emergency shelters. The relatively homeless are those who are living in housing that is beyond what they can afford or which is unsafe or overcrowded.

The causes of homelessness are varied, yet when viewed together they provide a measure of society’s ability to care for its members. The scan has confirmed that a combination of causes often contribute to homelessness. The primary causes of homelessness are Poverty, Lack of Affordable Housing, Evictions, Mental Illness and Addiction.

The diversity of those who are homeless, the many facets of homelessness and the lack of consistent data collection among service providers make it difficult to obtain a concise profile of the homeless at this time. Notwithstanding these limitations, the study provides an indication of the extent of homelessness in Ottawa-Carleton as well as illustrating who is homeless or at risk of becoming homeless.

In terms of absolute homelessness, more than 600 men, women and children are sheltered in the Region's emergency hostels on a daily basis. In 1998, more than 4,500 single persons and 375 families, with a total of 901 children, were sheltered. Eighteen percent of all emergency shelter users are dependent children in the care of a parent.

In terms of relative homelessness, in 1996, 75,500 households paid in excess of 30% of their income on shelter and approximately 30,000 households were estimated to be paying in excess of 50% of their income on shelter.

Poverty and low income contribute to homelessness when people are unable to afford private market housing. The incidence of low income in the Region was 19% in 1996 representing an increase of 26% over the rate in 1990. Low income is particularly prevalent in the cities of Ottawa and Vanier where the rates are 28% and 34 % respectively. The incidence of low income for the former city of Toronto was by comparison 24%.

Vacancy rates for rental housing in Ottawa-Carleton dropped by half between 1997 and 1998, while at the same time the cost of rental housing in the private market increased. Very few new rental housing units have been constructed in Ottawa-Carleton in recent years and no new social housing has been built for several years.

Approximately 80% of persons receiving social assistance and living in non-subsidized housing, pay more than their maximum shelter allowance on rent. There are currently approximately 15,000 outstanding applications for social housing in the Region, which translates into a five to seven year waiting period.

Approximately 40% of the single homeless population suffers from some form of mental illness and a similar proportion suffer from addictions. Although it is agreed that a significant portion of the homeless population suffers concurrently from mental illness and addiction, an accurate estimate of this number is unknown at this time.

The length of stay in shelters varies among the various segments of the homeless population. For example, the average length of stay in emergency shelters for families is approximately 50 days. For single men and women it is approximately 20 days and for single youth it is 10 days.

The study has revealed that homelessness in Ottawa-Carleton is a problem that is as prevalent in this region as it is in other municipalities across the country. In light of these initial findings, it is clear that homelessness is a problem that must be addressed.

In Ottawa-Carleton, there is a strong network of services to help people who are homeless. We have an opportunity to strengthen the supports to people who are homeless by building an integrated approach to service delivery through community planning. An intensive community consultation is underway to begin the development of a community plan to end homelessness in Ottawa-Carleton. Presentation of an initial plan to the Region's Community Services Committee is anticipated in June of 1999.

Homelessness in Ottawa-Carleton

April, 1999

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1/ Introduction

For most residents of Ottawa-Carleton homelessness is not an issue to which they can readily relate. For some, last year's ice storm provided a sample of the stresses faced by those who are homeless. Despite the high level of stress experienced by those people displaced from their homes by the storm, for most, they could be comforted by the hope that they would soon return to their homes and the routine of their lives. For those people facing homelessness as a reality on a daily basis, most often in conjunction with poverty, poor health and a lack of social and family supports, such hope is hard to find.

Homelessness is a complex issue. Persons who are homeless may come from all walks of life and all ethnic backgrounds. They may suffer from illness, both psychological and physical, they may be refugees seeking safety in this country or they may be fleeing violence or abuse from within their own family group. Persons who are homeless may be young or old and they may be alone or they may be homeless as a family. Almost all are faced with a breakdown of interpersonal supports. In addition, ill health predisposes some individuals to homelessness and homelessness in turn results in adverse health effects and particular health needs.

It is essential to preface this report with a definition of homelessness that is sufficiently broad to capture the entire scope of the issue. Homelessness must be viewed as more than the state of being currently without a roof over one's head. Simplifying the homelessness issue to that most basic form leads to the common stereotype of a single male with a substance abuse problem living on the streets when in reality the elderly, persons with disabilities, refugees and parents with children are also homeless. Furthermore, such a narrow view of the depth of the problem will lead to ineffective band-aid solutions to the problem. Instead, an expanded definition of homelessness is required which takes into account those who are currently without shelter, both temporarily and on a long term basis, as well as those who are at a substantial risk of becoming homeless in the near future.

The United Nations defines homelessness as being either absolute or relative. Examples of absolute homelessness include street people and people staying in shelters who have no homes. Relative homelessness would include people whose homes do not meet the UN's basic standards in terms of providing adequate protection from the elements, providing access to safe water and sanitation, providing for secure tenure and personal safety, lying within easy reach of employment, education, health care and which do not cost more than people can afford.

Long term solutions to homelessness need to focus not only on those who are absolutely homeless, but also on those who are relatively homeless. The first stages to a solution may be to take immediate measures to alleviate absolute homelessness but it is essential to continue to give consideration to the problems facing the relatively homeless or the pattern of homelessness will continue.

In an attempt to address the issue of homelessness in Ottawa-Carleton, the Region's Health,

Social Housing and Social Services in collaboration with members of the Alliance to End Homelessness, service providers and funders began a process which will lead to the development of an integrated, comprehensive community plan to help people who are at risk of becoming homeless remain housed, and to support people who are homeless to find appropriate affordable housing. The process began with a look at the current situation in Ottawa-Carleton and this report contains the results of that study.

The study is divided into three sections. The first section examines the causes of homelessness in Ottawa-Carleton. The second provides a profile of persons who are homeless and the final section provides an inventory of the services and programs available to persons who are homeless in Ottawa-Carleton. The spectrum of program and services for the homeless in Ottawa-Carleton is varied and diverse and a complete picture of these services is required to provide the foundation for the development of a community-wide plan for co-ordinated and integrated service provision and delivery. An endeavor is currently underway to develop a full inventory of housing and support services for the homelessness in Ottawa-Carleton. The process of compiling such a service and program inventory is a major undertaking requiring several contacts with agencies and programs. The information yielded requires validation and follow-up once synthesized and catalogued into an inventory format. The appendices of this report provide a sample of these programs and services in Ottawa-Carleton, and is not meant to represent a comprehensive inventory.

The study is intended to provide the necessary context for the discussion and planning phase of developing an integrated community plan to end homelessness. This study is not intended to represent conclusions or to suggest recommendations regarding the current system of service provision. Homelessness is a complex issue, with a myriad of causes, and as such, it is an issue in which many individuals, community groups, agencies and private sector organizations share a stake in finding solutions. Only after the public consultation and planning phases have been completed in conjunction with the Region's community partners, can recommendations for solutions be made. Social Services and Health intend to bring forward, in June, recommendations, based on a comprehensive public consultation with their community partners.

The October 1998 Report of the Provincial Task Force on Homelessness designated municipalities as *Local Service Systems Managers* for homelessness. This approach will require a significant shift from the current role of municipalities as funders and providers of services to the homeless. Currently, there are "silos" of services provided throughout the community. Under the new systems management approach a network of services that support a client in remaining housed is envisioned. Service providers and the community would work in conjunction with each other, to maximize the benefit to the client within a given set of resources. The Region's role as service systems manager will be to act as coordinator for planning services provided by the Region itself, provincial ministries and community agencies. Planning will involve all of the Region's community partners such as service providers, funders of services and persons who are homeless.

This study is the result of a process which involved the review of existing data, literature and

legislation relevant to homelessness in Ottawa-Carleton. In addition, a survey of service providers in the Region was conducted to determine the current use of services by persons who are homeless. It should be noted that the listing of services is by no means exhaustive. The agencies and services listed are those for which information could be collected in verified in the limited time available. As the report is reviewed by the community it is anticipated that more information will be gathered and added to the inventory of services.

It should be noted that the data relied upon in this report has been drawn from a variety of sources. The level of sophistication and scope of data recording varies widely among agencies and groups who have provided information. For this reason, the results reported are not intended to represent a definitive portrayal of homelessness, but rather a starting point for further study and discussion. During the development of the study, feedback was sought from a wide array of agencies, funders and service providers in the community and as much as possible their suggestions and input have been incorporated.

2/ The Causes of Homelessness

Homelessness is a complex problem rarely emanating from one identifiable cause, but rather from a combination of factors attributable both to the individual and to society generally. Pressures in the housing and job markets, social services, education and health care systems all contribute to the problem on a systemic level. Factors which may be unique to the individual include alcohol and substance abuse, mental illness, developmental disabilities, age, compromised physical health and the stability of family and interpersonal relationships. Factors unique to a given individual may also act in combination with systemic components, such as lack of affordable housing, reduced rates of social assistance and reduced accessibility to employment insurance.

Lack of coordination of services also results in people becoming homeless. For example, when people leave, are discharged, or are refused admission by a care facility or institution such as a hospital, correctional facility, foster care, supportive living facility or recovery home the service system for homeless people becomes the default care provider for those who are unable or unwilling to access the appropriate care system. Seldom is there coordination or even consultation before someone appears at a hostel or the offices of a community support service provider. There is never any transfer of resources with the person to the community provider. The result is people entering shelters who could be more appropriately served by other agencies or providers. This may lead to terminally ill people living out their last days on a cot in the dining room of a shelter or seriously mentally ill people leaving or being refused admission to care facilities while in crisis who must cope and be coped with in hostel dormitories.

2.1/ Poverty

Poverty is a significant factor leading to homelessness. It is important to view poverty as more than a lack of sufficient income. Instead, poverty should be viewed in terms of the effect it has on an individual including the ability to access safe, affordable housing, proper nutrition, education and health care as well the cumulative effect that these factors have on the person.

The report entitled "The Health of Canada's Children" documents the profound variation in health and well-being exhibited between poor and non-poor children. Health status improves at each step in income level.

Incidence of Poverty

The incidence of poverty in Ottawa-Carleton, as well as the rest of Ontario, has increased in the past several years despite strong economic growth.

In 1995, the last year for which census income data is available, the number of people across Ottawa-Carleton who would be classified as low income was 134,000 representing approximately 19% of the Region's population. The proportion of the population classified as low-income in the cities of Ottawa and Vanier was considerably higher at 28% and 39% respectively.[1]

The measure of low income is based on Statistic's Canada's low income cut off calculation under which a household is considered to be low income under circumstances in which more than 70% of the total household income is spent on necessities of life such as food, clothing and accommodation. The costs of these items are based on the Consumer Price Index and are updated each census year. [2]

Table 2.1 shows the levels of income below which low income occurs, based on the current system of calculating low income cut-offs for a an urban area with a population in excess of 500,000.

Family Size	Low Income Cut-Off Income Level
1	$17,132
2	$21,414
3	$26,633
4	$32,328
5	$36,036

Table 2.1[3]

For unattached individuals, not living in a family unit, the incidence of low income is considerably higher at 38% across the Region. Again, the rates are elevated in the cities of Ottawa and Vanier with an incidence of low income of approximately 42% and 50% respectively.[4]

[1] Statistics Canada, 1996 Census.
[2] see also the definitions which accompany the 1996 Census for the price method of calculating the incidence of low income.
[3] Prepared by the Centre for International Statistics at the CCSD using Statistics Canada's Low Income Cut-Offs. Cat. No. 13-551-XPB, January 1997.

In excess of 96,000 people, or 13% of the Ottawa-Carleton population, were receiving social assistance in 1998. This figure does not include those persons who are receiving Employment Insurance Benefits, Canada Pension Plan Benefits or other benefits outside of the Provincially legislated social assistance system.

Trends in Poverty

Overall the incidence of low income has increased by more than 29% between the years 1990 and 1995.[5] This increase in the incidence of poverty is particularly disturbing given the relative strength of the Canadian economy over the same period. Traditionally, the incidence of low income has followed trends in the economy with poverty decreasing during times of prosperity and increasing during times of recession. The Canadian economy, as measured by corporate pre-tax profits, has since 1993, exhibited strong growth while during the same period the incidence of poverty has increased.

In recent years, Ottawa-Carleton's economy has been healthy with an unemployment rate consistently below the national average.[6] In spite of this relative prosperity, the incidence of low income in the Region continues to grow. Of particular concern are the cities of Ottawa and Vanier.

[4] *Supra*, note 1.
[5] Based on a comparison of incidence of low income between 1991 and 1996 Census data reported by Statistics Canada for the Ottawa CMA.
[6] The average national unemployment rate for 1998 was 8.3 percent. The rate for Ontario was 7.2 percent and for the Ottawa CMA the average was 7.1 percent according to Statistics Canada.

As illustrated in Figure 2.1, the incidence of low income in the urban core of Ottawa-Carleton is greater than in the City of Toronto. In the 1996 Census year, the incidence of low income for private households, in the City of Ottawa was 28.3 percent while in the City of Toronto it was 24.4 percent.

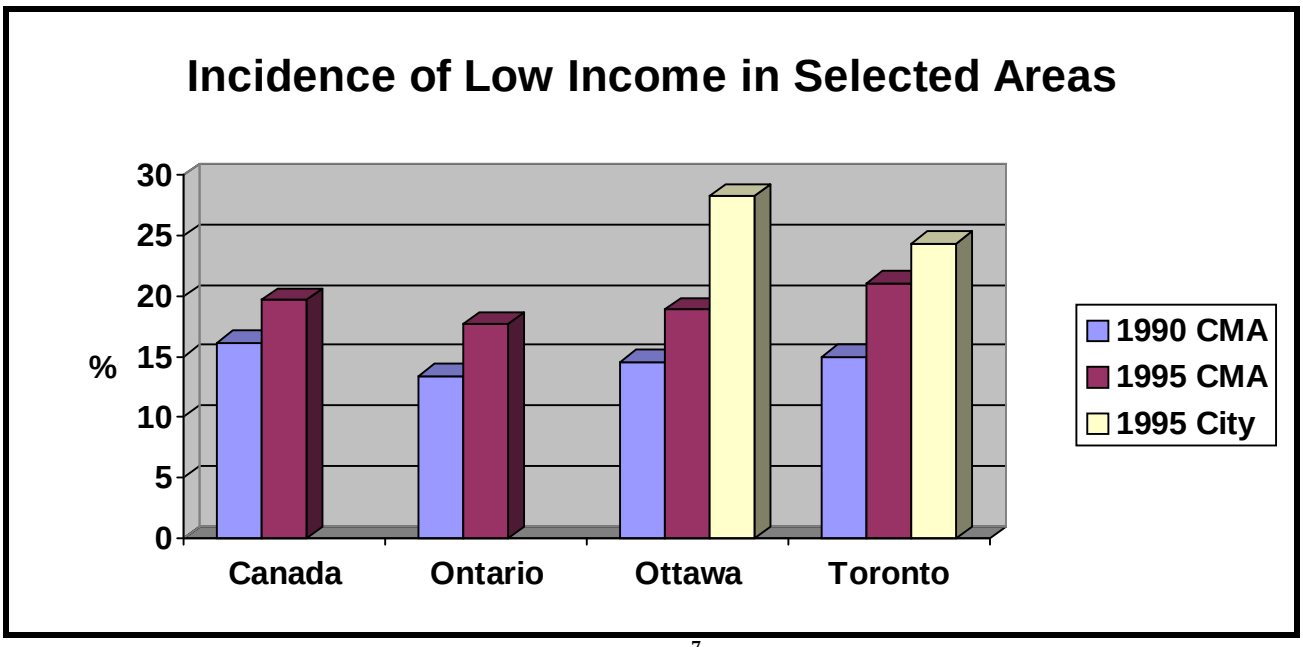

Figure 2.1[7]

While the traditional relationship between the economy and poverty has changed there has also been a significant shift in the demographics of the poor over the same period.

[7] CMA refers to Census Metropolitan Area which is used by Statistics Canada in compiling census data. For example, the Ottawa CMA encompasses a larger area than just the municipal boundaries of the City of Ottawa, but does not include the rural municipalities of the Region.

Figure 2.2 illustrates that the group showing the greatest increase in the incidence of low income is young families. A shift is evident over the sixteen year period, displayed in Figure 2.2, in which younger families have become poorer while older families have grown wealthier. Families in the middle age group display a consistent incidence of low income.

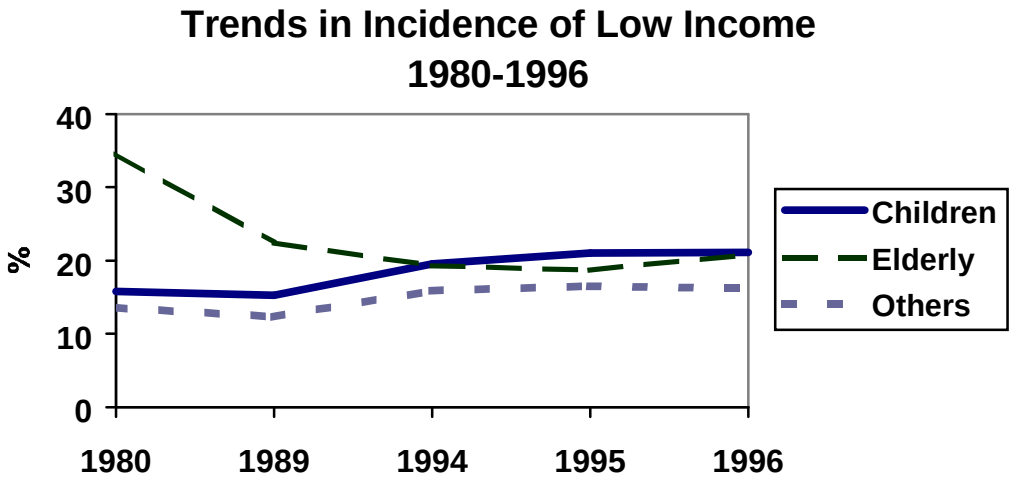

Figure 2.2

The average income of individuals in Ottawa-Carleton dropped between 1990 and 1995 in the Ottawa area from an average of $31,677 in 1990 to $29,749 in 1995 measured on the basis of 1995 dollars.[8]

A recent report, released by the child anti-poverty group Campaign 2000, indicates that the child poverty rate in Ontario has risen 116% between the years 1989 and 1996 with the number of poor children rising in that period from 254,000 to 548,000. The group reports that in 1989 approximately 10% of Ontario children lived in poverty while in 1996 that number had risen to 20%. The report found that 52% of children living in poverty are in two parent families, many of which have at least one parent who is employed.

[8] *Supra*, note 1, the average incomes are expressed in 1995 with 1990 values revised upwards on the basis of the Consumer Price Index for the period for the Ottawa Census Metropolitan Area (CMA).

Individuals and Groups at Risk of Poverty

Families headed by single parents are most susceptible to the incidence of low income while those headed by female single parents, which account for more than 84% of lone parent families in this Region, show the highest incidence of low income with average incomes which are 40% less than the average income of male lone-parent families as shown in Figure 2.3.

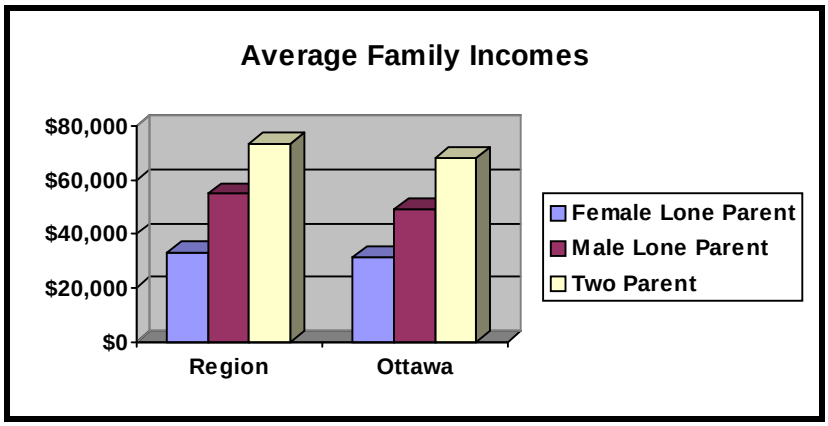

Figure 2.3

Of families staying in the Region's two family shelters in 1998, 77% were headed by a lone female parent compared to just over four percent with a lone male parent as the head. Approximately 17% of those sheltered were two parent families.

Changes in the Economy

Over the past two decades there have been large scale changes in the structure of the labour market in Canada. The proportion of clerical office positions and jobs in the manufacturing sector has dropped as a percentage of the total labour market. Jobs in this category have traditionally provided moderate incomes for unskilled workers. Jobs in the service sector have increased over the same period, however, these positions tend to range from low paying positions in hospitality industry to higher paying professional positions. Lacking, are the middle range jobs that once provided a stable income, job security and benefits such as enhanced medical and dental coverage.[9]

The proportion of workers engaged in permanent full-time employment has also decreased as more employment relationships are based on short-term employment contracts. Such

arrangements often do not provide benefits to the employee and the uncertainty of the employment relationship may act as an impediment to making the transition from the rental to the ownership housing market.

[9] Mayor's Homelessness Action Task Force, Interim Report, *Breaking the Cycle of Homelessness* (Toronto: July, 1998) [hereinafter *Interim Report]* at 18.

As reported in the interim report of the Toronto Mayor's Homelessness Action Task Force, there is now a much wider gap, in terms of unemployment, between those with less education and those with more. The Interim Report of the task force points out that during 1993 and 1996, a time of economic recovery in Ontario, the entire net gain in employment was among workers with a post-secondary education and there was a net loss of about 100,000 jobs for the work force with a high school education or less.[10]

Legislative Impacts on the Poor

The Federal Government's reform of the employment insurance system, over the past several years, has compounded the impact of the changes in the economy. Under the new Employment Insurance (EI) system, workers who are frequently unemployed have greater difficulty meeting the eligibility requirements due to stricter eligibility criteria and a new method of calculating the number of hours worked in order to qualify. For example, in 1997, the number of weekly work hours required to qualify for benefits increased from 15 to 35 hours.[11]

As a result of the changes to the employment insurance system fewer people are able to qualify for benefits who would have otherwise been entitled. In 1989, the percentage of unemployed workers who were covered by employment insurance was 74%. In 1997, under the EI system, the number had fallen to just 36%.[12] In Ottawa-Carleton only 19% of unemployed workers received EI benefits in 1997.[13]

For those persons who are terminated from employment or who choose to leave their jobs for reasons other than those allowed by the legislation, EI benefits are not available. In the past, someone who was denied benefits under the federal insurance system would have been able to rely on the provincially legislated social assistance programs, while attempting to secure new employment. Under the provisions of the former welfare legislation, a discretionary waiting period of up to thirty days was imposed on persons who had been fired from a job or quit without cause. In Ottawa-Carleton, this discretion was exercised to impose a five day waiting period on the basic allowance portion of benefits. With the introduction of the *Ontario Works Act*,[14] a person who is either terminated or leaves employment voluntarily is not entitled to receive benefits for at least three months. There is no provision in the current legislation to reduce this waiting period.

The net result of the changes to employment insurance and the provincial social assistance programs is that more and more people are finding it difficult to meet their immediate needs for food and shelter while attempting to secure long term employment to meet their ongoing needs. In light of the changes that have occurred in the labour market, the availability of secure

[10] *Ibid.* at 20.
[11] Kevin Hayes, "Out in the Cold: The end of UI for Canadian Workers" (Canadian Labour Congress: 1998).
[12] *Ibid.*
[13] *Ibid.*
[14] S.O. 1997, c. 25 schedule A.

employment for workers who are not highly skilled is precarious. For those who find themselves unemployed, gaps now exist in the social safety net that many simply fall through.

Refugees

Particularly vulnerable to poverty are non-sponsored refugees who claim refugee status in Canada on the basis of persecution in their country of origin. Refugees must often overcome language barriers and the detrimental effects of the persecution they have suffered. In addition, refugees are faced with what is often a long legal process in order to obtain refugee status. There are three categories of refugees under the current immigration legislation. Thirty-five percent of all refugees are government sponsored while 15% are privately sponsored by non-governmental organizations. The remaining 50% are non-sponsored refugee claimants who arrive in Canada and claim asylum. The latter group, unlike the other classes of refugees receive no assistance settling in Canada and are not entitled to health care or education benefits. Once refugee status has been obtained, in order to receive landed immigrant status, to remain in Canada permanently, a landing fee of $975 as well as an application fee of $500 per adult and $100 per child must be paid. In some cases the choice facing people is whether to pay the immigration fees or their rent.

2.2/Lack of Affordable Housing

In Ottawa-Carleton, more than twice as many renters than homeowners spend 30% or more of their income on shelter costs.[15] There are approximately 15,000 outstanding applications for social housing in Ottawa-Carleton at the present time, which represents approximately a 5-7 year waiting period. For persons of low and modest income, securing and maintaining safe affordable housing is a difficult task.

Almost 50,000 renters in the Region spend more than 30% of their income on shelter with the cities of Ottawa and Vanier accounting for more than 38,000 of the renters in this category.[16]

Securing affordable housing is particularly difficult for persons on social assistance. In October of 1995, the provincial government cut social assistance benefits under the former *General Welfare Assistance Act*[17] by 21.6%. This reduction applied to the entire benefit entitlement including the shelter allowance portion. There was no corresponding reduction in rent for non-subsidized tenants in the private rental housing market, and in fact, average rents in Ottawa-Carleton have risen by almost 2.5 percent since 1995 compounding the effect of the cuts for tenants seeking rental housing in the non-subsidized market.[18]

A study of users of the Region's family shelters revealed that cuts in benefits had an impact on the ability of low income families to retain affordable housing in the private rental market. The study compared two six months periods before and after the cuts. In the period prior to the cuts, 16%

[15] *Supra* note 1.
[16] *Ibid.*
[17] R.S.O. 1990, c. G.6.
[18] Region of Ottawa-Carleton, Planning Department, *1997 Annual Housing Review* and also Canada Mortgage and Housing Corporation, *Annual Rental Housing Report*, 1998.

of families sought shelter citing eviction, or lease expiry as the reason. In the six month period studied after the social assistance cuts, 44% needed shelter for these reasons. The decreased ability to meet market rents was also reflected in longer stays in the shelters by an average of 20 days. In the period prior to the cuts, 50% of families were discharged into subsidized housing. In the period after the cuts, the number of families discharged to subsidized housing had increased to 74%. The cuts to social assistance benefits have not only affected the ability of families to meet market rents but in turn a greater strain has been placed on the social housing system to supply the needed accommodations.

Adding to the difficulty, for low income tenants, is the effective elimination of rent control under the province's new *Tenant Protection Act*.[19] As of June 17, 1998, those seeking rental accommodation are faced with the possibility of higher rents for a given unit. Under the new legislative regime, tenants will have to negotiate rent subject to market pressures. For tenants of low income, facing limited choices in available affordable housing and a shrinking vacancy rate, the result is a weak bargaining position and susceptibility to exploitation either in terms of the cost of rental housing or its quality for the price paid. The new legislation provides controlled rent increases for standing tenants; however these protections are removed whenever a tenancy is terminated. For tenants of lower income, who typically move with greater frequency, the rent control aspects of the new Act offer little protection. The lack of affordable housing combined with the fragile nature of the tenancies of persons of low income increase the risk of the poor becoming homeless under the current legislative regime.

Rent Increases

Prior to the provincial cuts to social assistance rates, in October of 1995, 36 % of *General Welfare Assistance Act* benefit recipients living in non-subsidized housing paid rent that was equal to, or greater than their maximum shelter allowance. After the cuts were in place, the number of recipients paying more than their maximum shelter allowance for rent grew to 84 percent.

[19] S.O. 1997, c. 24.

Figure 2.4 illustrates the pattern of rental increase in Ottawa-Carleton for the various types of rental accommodation available in the private market. The latest 1998 data is taken from the CMHC's annual report on rental housing which is published in October of each year. As is evident from the graph rents in all categories have begun an increase in 1998. Average rent for bachelor, one bedroom, two bedroom and three bedroom apartment in Ottawa-Carleton in 1998 was $493, $615, $754 and $923 respectively. It remains to be seen if this trend will continue and whether it may be attributed to the removal of rent controls.

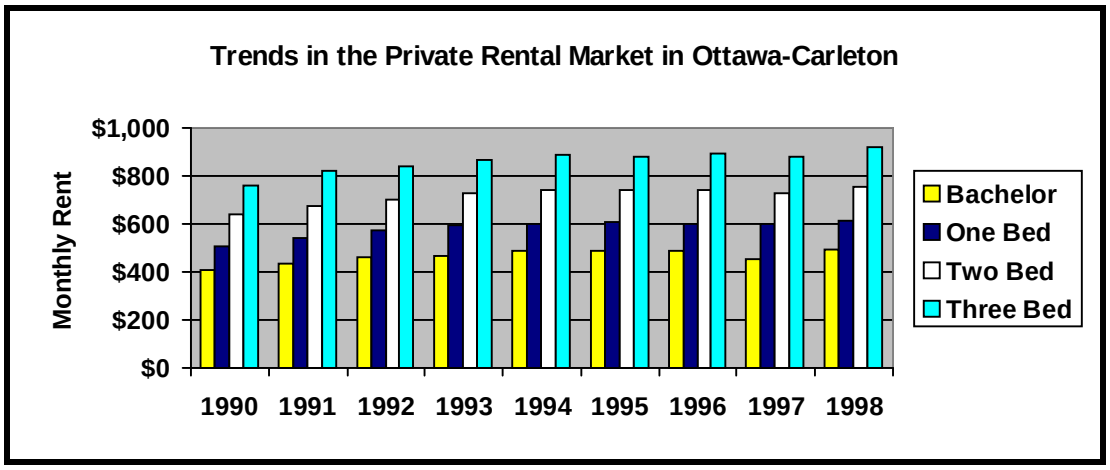

Figure 2.4

Vacancy Rates

Compounding the pressure placed on low income renters to compete for affordable housing is the fact that the vacancy rates for rental units in Ottawa-Carleton dropped sharply in 1998. The vacancy rates in Table 2.2 represent all levels of the rental market and it is generally accepted that the vacancy rates among lower priced units within a given category tend to be even lower.

Percentage of Units Vacant in Ottawa-Carleton

	1997	1998
Three Bedroom	4.4%	2.5%
Two Bedroom	3.6%	1.8%
One Bedroom	4.6%	2.3%
Bachelor	4.5%	1.7%

Table 2.2

The implication of this drop in vacancy rates is that there were approximately half as many available rental units on the market in 1998 than there were in 1997. For the most affordable bachelor apartments the reduction is even more significant with only 37% of the units vacant in 1997 being available in 1998.

The rates shown in table 2.1 represent the overall vacancy rate in the rental market. It is believed that the vacancy rates among lower priced units tend to be lower than the overall rate.

Although the screening of tenants, by landlords, based on their income source is currently prohibited by the Ontario Human Rights Code, there are some landlords who continue to give preference to tenants who's income is more stable and moderate, over those who rely on social assistance or income that is not from conventional employment. For this reason, as rents increase and vacancy rates fall, the difficulty of finding suitable housing for low income tenants and those receiving social assistance is compounded.

Rooming Houses

With the current pressures in the rental housing market, for many low income people, particularly those who are single, rooming houses represent the only viable alternative to living in shelters or on the street. The availability of accommodation in rooming houses has dropped over the past 20 years. In the City of Ottawa, where the bulk of the Region's rooming houses are located, the estimated number of rooming houses in 1977 was 453. The current estimate puts the number at 230 representing an estimated 2,500 individual rooms. In addition to problems of availability, there is concern that in spite of efforts to increase the quality of rooming house accommodations, a portion of the current rooming house stock continues to experience building and fire code violations which combined with a lack of security for residents may result in unsafe accommodations. Approximately 86% of the current rooming house stock is over seventy years old.[20]

Rooming houses in the City of Ottawa are not registered or licensed and without such a process in place, it is difficult to gather conclusive information about their existence and condition.
There are a number of initiatives currently working to improve the rooming house option as an affordable housing alternative.

The Rooming House Response Team that is funded by the City of Ottawa has been in place for two years. The project seeks to address chronic problems at rooming houses and works to provide supports to communities, landlords and tenants.

The Rooming House Landlords Association was set up in 1998 by a group of rooming house landlords. This group works to develop alternatives to the licensing of rooming houses and works with the City of Ottawa to address rooming house issues.

The Rooming House Information Exchange Network is a coalition of social service agencies interested in improving the level of supports to tenants living in rooming houses and maintaining existing stock.

The Rooming House Response Team, in conjunction with members of the Rooming House Information Exchange Network, and with the support of the Alliance to End Homelessness

[20] City of Ottawa, Planning and Economic Development Committee, *Rooming House Initiatives Evaluation and Licensing*, Draft Working Document, 1998.

developed a project proposal that called for the funding of four components, including the (already existing) Rooming House Response Team, the (already existing) Rooming house Landlords Association, tenant peer support workers and housing support workers. Currently, only the Rooming House Response Team is being funded. Funding for this initiative comes from the City of Ottawa. The Rooming House Landlords Association functions as a volunteer initiative. The Rooming House Response Team has one community worker for the entire rooming house sector. There is a major gap in terms of services designed to help people maintain housing in the rooming house sector. In addition, rooming house landlords have few supports they can access to assistance them in dealing with tenants coping with issues such as mental health and addictions.

Migration and Increased Demand

For more than a decade the number of people migrating to Ottawa-Carleton has exceeded the number who have left and as a result the demand for new housing has increased. Between 1987 and 1995 net migration into Ottawa-Carleton was in excess of 52,000 persons.[21] Natural growth of the population is roughly on par with migration resulting in a population increase between the mid eighties and the mid nineties in the order of 100,000 people. Approximately half of the new migrants to the Region are new immigrants to Canada. Approximately 5,000 new immigrants settle in the Region each year. This represents just over two percent of all new immigrants to Canada.[22] More than 60% of these new immigrants reside in the City of Ottawa. Persons under the age of 25 represented the largest proportion of new migrants to the Region, at 64% of the total. Of this group almost half were young adults in the age group of 18-24 years.[23] This influx of new residents who are predominantly young people, families with young children or new immigrants and refugees presents an increased need for affordable housing as members of these groups often most susceptible to poverty.

Lack of New Affordable Housing to Meet the Existing Demand

The Report of the Provincial Task Force on Homelessness states that the private sector is the primary provider of housing for low income people, however, the completion of new, rental housing in recent years has been inconsequential in Ottawa-Carleton. In 1997, a total of 74 units were completed in the Region for rental purposes by the private sector. With the exception of four apartment units constructed in Cumberland, all of the units completed were in the City of Ottawa.[24] The 1996 total for the Region was only 30 units. Of the 74 units completed in 1997, 65 had rental prices that were classified by the CMHC as being affordable in that the rent charged for the units was lower than the CMHC's benchmark of affordability. Currently a rent of less than $875 per month is considered to be affordable by the CMHC. It should be noted that the average rent in Ottawa-Carleton in 1997 was approximately $700 per month and the average shelter allowance for persons on social assistance is far below this level. An income of $35,000 would be

[21] Statistics Canada: 1994-1995 Migration Estimates for 3506, Census Division, Ottawa-Carleton.
[22] Citizenship and Immigration Canada, 1996 Facts and Figures, http://canada.metropolis.globalx.net/research-policy/f&f/index_e.html.
[23] *Supra*, note 1.
[24] Region of Ottawa-Carleton, *supra*, note 18.

required in order to afford a rent of $875 per month while still paying less than 30% of one's income on shelter. Compounding the lack of new rental housing is the removal of rental units from the market through conversion. Between March 1996 and December 1998, over 1600 rental units in the Region were converted to condominium or freehold tenure.

Clearly the private sector is not producing affordable rental units to meet the existing demand when one considers that there are currently 15,000 applications on the waiting list for social housing in Ottawa-Carleton with approximately 5500 new applications received in 1998 alone.

The Provincial Government cites the repeal of the *Rent Control Act* [25] and its replacement with the *Tenant Protection Act* as a catalyst for the construction of new rental housing. Given that the purpose of rent control is to prevent rents from being raised beyond the reach of low and moderate income tenants, it is difficult to comprehend how the effective removal of this legislation will help to increase the stock of affordable housing. The more likely result is that the new legislation will serve to remove barriers to the construction of up market rental units and may also act as an incentive for the renovation of existing low rent stock so that higher paying tenants may be attracted. The most likely effect of these legislative changes is a shift away from the construction of condominium apartments, which currently account for the majority of high end apartment type accommodation in favour of rented high end units. The changes will not act as an incentive for the construction of units at the low end of the market.

In terms of socially assisted housing, no new social housing starts have occurred in the Region since 1995[26] and no new public housing has been constructed in more than a decade. With the federal government withdrawing funding for public housing construction in 1993 and the Ontario provincial government downloading responsibility for social housing to municipalities, it will fall to the Region to initiate the creation of new affordable housing stock in the future.

Social Housing

The primary source of affordable housing in this Region and throughout the province has traditionally been socially assisted housing in either public or privately owned units.

[25] S.O. 1992, c. 11.
[26] CMHC, *Eastern Ontario Housing Market Report*, Fourth Quarter, 1997.

Figure 2.6 shows the amount of social housing stock by type in Ottawa-Carleton as it stood in 1997.

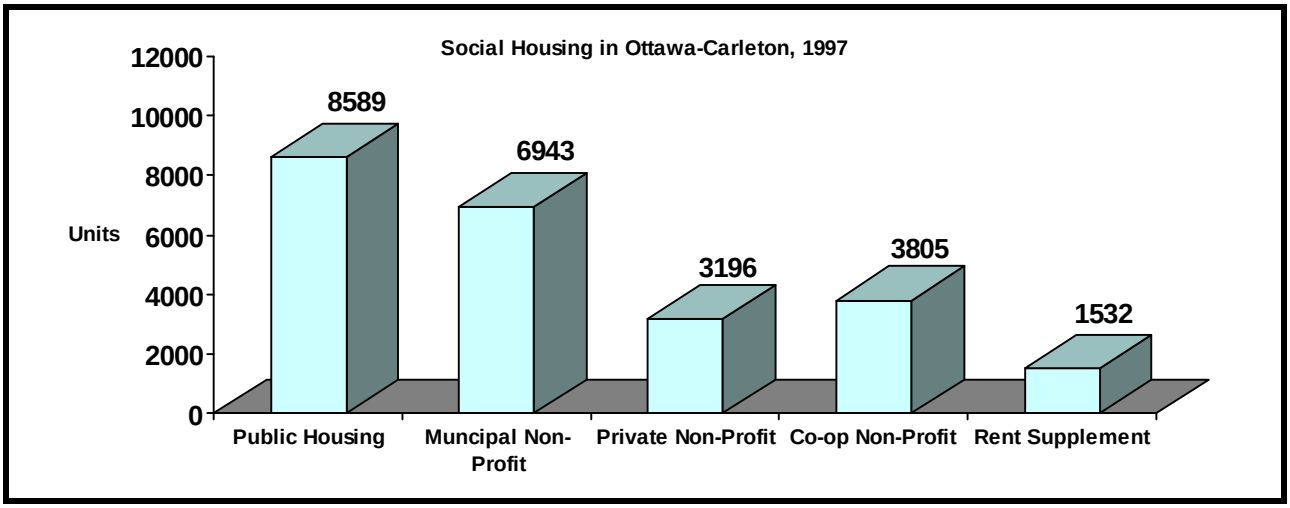

Figure 2.6

In 1997, the total number of socially assisted housing units was 25,628 representing 8.7 percent of the total housing stock across the Region.[27] It should be noted that the vast majority of socially assisted housing, approximately 84%, is located in the City of Ottawa.

More than 80 organizations provide socially assisted housing in the Region with the largest being Ottawa-Carleton Housing which manages the more than 8,500 units of public housing stock in the Region as a local housing authority under the current regulatory regime.

Administration of Social Housing

Social housing is any housing subsidized by government. Social housing is generally of three types; public housing, non-profit housing, and rent supplement units.

Public housing is owned by the provincial government through the Ontario Housing Corporation and managed by Local Housing Authorities (LHAs) under management contracts. There are 54 LHAs in Ontario, each an agency of the provincial government with its own appointed Board. Ottawa-Carleton Housing is the local manager of public housing for the region. LHAs also manage contracts with private sector landlords for rent supplement units that are mixed in with regular market rent units in private rental buildings and communities. Most public housing was developed in the late 1960's and early 1970's. The public housing development program ended in the mid-1970's. All public housing units are available on a rent-geared-to-income basis.

[27] SocStock Database, RMOC Planning and Development Approvals Department, July 1998.

The Non-Profit program took over the development of new social housing when the public housing program ended. Non-profit housing is owned and managed by independently incorporated non-profit housing providers, each with their own Board. There are three major kinds of non-profit housing, namely; municipal non-profit, private non- profit, and co-operative non-profit. Non-profit housing is income-mixed in that each development reserves a certain proportion of units for "high need" tenants, for the working poor, and for market rent tenants.
There have been many different development programs over the past several decades, and each has its own unique funding formula. Social housing is generally funded by the federal government alone, or jointly by the federal and provincial governments, or by the provincial government alone. The jointly funded projects have a variety of cost-sharing arrangements.

Because public housing stock is older, more equity has been established. In fact, debentures will begin to be paid off starting in about ten to fifteen years. Most of the cost will then be in maintenance. Because non-profit housing has been built more recently, the large share of costs still lies in the mortgages.

The administration of social housing, in Ontario, is subject to both legislation and contractual agreements. A 1986 "Global Agreement" defines the federal government's role in social housing as the setting of high-level objectives, while the provincial government is responsible for administration of cost-shared developments through the Ministry of Municipal Affairs and Housing. Each non-profit housing project has a legally binding "operating agreement" which sets out contractual terms between the owner/manager (the non-profit provider) and the funder. The Ministry of Municipal Affairs and Housing, through its regional offices, oversees cost-shared and provincially funded non-profit annual budgets and policy direction and monitors compliance with the operating agreement. Canada Mortgage and Housing Corporation administers developments that are funded solely by the federal government.

As part of the provincial government's restructuring initiatives, the administration of cost-shared and provincially funded social housing will be downloaded to municipalities. This does not mean that municipalities will own or manage the housing as they will simply assume the administrative responsibilities currently performed by the Ministry of Municipal Affairs & Housing. The province's share of subsidy costs for social housing has been charged to municipalities as of January 1st, 1998, as part of the exchange for the province assuming education costs. Administrative control is scheduled to follow by the year 2000. However, until an agreement is reached between the federal and provincial government, the administration of social housing cannot legally be transferred to any other body. It remains to be seen how this roadblock will be resolved. In the meantime, the municipalities have some "say for pay" by at least having representation on the Boards of LHAs.

2.3/ Evictions

Eviction is the legal process by which a landlord seeks to end a tenancy against the will of the tenant. Evictions may take place based on a number of alleged grounds, but the most common is the tenant’s failure to pay rent in a timely manner.

The number of evictions that occur over a given period provides an indication of the risk of homelessness in a community. The number of evictions in Ottawa-Carleton has been steady over the last several years, however it should be noted that the process by which landlord and tenant disputes are resolved has been changed significantly in Ontario in this past year. In June of 1998, the *Tenant Protection Act* replaced the *Landlord and Tenant Act*[28] with respect to residential tenancies and repealed the *Rent Control Act.* As a result of these changes, applications for eviction are no longer heard by the Ontario Court (General Division) but are heard by the Ontario Rental Housing Tribunal which is a quasi-judicial administrative body. Because of this recent transition it will be some time before data is available that will allow evictions to be tracked over the period of change. This is an area that will continue to be monitored to gauge its effect on homelessness.

Under the former court based system, the eviction process was commenced when a landlord filed an application for a writ of possession. Upon hearing this application, if the court found in the Landlord's favour and granted the writ it was then filed with the Sheriff's office, which is the body in Ontario charged with enforcing such orders of the court. Data available from the Ottawa-Carleton Sheriff's office indicates that there was a 16% increase in the number of writs of possession filed during the period of April 1996 to March of 1998, the last period for which a complete total is available.[29] Of the approximately 1,200 writs filed with the Sheriff, in a given year, it is estimated that approximately 80% are executed, meaning that Sheriff's officers will have to attend the residence to enforce the eviction as the tenant has not left voluntarily in the seven day period from the time the writ is granted to the time it may be enforced.[30]

A major impact of the new legislation, on low income tenants, is the fact that under the new process, if a tenant does not file a dispute to the Notice of Eviction within the prescribed period then there is no further notice given to the tenant and no hearing of the matter may be held if the tribunal issues a default order. Under the previous system, a court hearing was scheduled in all cases at which time the landlord would be required to establish his or her grounds for eviction before either the Registrar or a Judge of the Ontario Court (General Division). In many cases negotiations could take place for repayment of arrears at that time. For many tenants, particularly those who have language or reading difficulties and those who are not familiar with the new system, obtaining legal assistance and filing a dispute within limitation period may prove difficult.

A tenant can stop an eviction which is based on arrears of rent by paying the amount that is owing prior to the notice of eviction becoming effective, however if a tenant is being evicted on the basis of multiple late payments this remedy is not available to the tenant.

For social assistance recipients, the current social assistance benefit rates do not reflect the reality of market rents. If a tenant falls into arrears and an application for eviction is commenced, the tenant may pay the outstanding arrears and stop the process. However, if the tenant has fallen into arrears on more than one occasion this constitutes grounds for eviction under the *Tenant*

[28] R.S.O. 1990, c. L.7.

[29] Information supplied in a telephone interview with Loraine Thomlanson of the Ottawa-Carleton Sheriff's office.

[30] Staff at the Sheriff's office indicate that exact statistics on the number of writs that are executed are not available and the estimate of 80% is based on the anecdotal evidence of the staff.

Protection Act and the tenant may be evicted without remedy. With the high proportion of income paid for rent, by persons on social assistance, the prospect of being in arrears of rental payments combined with the effective elimination of rent control for incoming tenants may act as an incentive for some landlords to evict standing tenants, in favour of those willing to pay higher rents.

2.4/ Mental Illness

Although the homeless population is not homogenous, there is agreement that the occurrence of mental illness is on the rise among the absolutely homeless segment of the homeless population. In addition, the incidence of concurrent mental illness and substance abuse is also on the increase.[31]

People who are suffering from mental illness tend to be disproportionately susceptible to poverty and to problems related to housing. In addition to affordable housing, persons suffering from mental illness often require housing with some supportive services.

Opinions on the precise level of mental illness among the absolutely homeless population vary, however, estimates generally put the proportion of homeless people suffering from mental illness at approximately forty percent.[32] The higher rate of mental illness among the homeless population is often attributed to the decrease in chronic psychiatric care beds which first started in the 1960's. It should not be implied from this view that those persons suffering from mental illness who are currently homeless were themselves discharged from a chronic care facility or that it would be appropriate to institutionalize them now. The problem rests with the fact that the transfer of resources from institutions to community resources, which was envisioned as part of the move toward de-institutionalization, has not materialized on the scale that was promised at the outset of the process. As a result there are those who are suffering from mental illness for whom there is no place in the current health care system.

Brockville Psychiatric Hospital is scheduled to close its doors within the next few years. Work is underway to build the capacity to absorb its patients within the community. A concern remains for persons with mental illness who are currently living in the Community and who are not receiving adequate services. It is extremely important that an integrated, comprehensive community plan be developed to ensure equal access to treatment and services that prevent homelessness among those suffering from mental illness.

Neither mental illness nor addiction *cause* a person to be homeless but instead they increase the likelihood that a person will be living in poverty as a result of an inability to compete in the labour market. The over-representation of people with severe mental illness among the homeless population appears to be directly linked to the lack of adequate community supports to overcome barriers to housing such as poverty. There are even fewer such supports for those people with both mental health and addiction problems, who are at a disproportionate risk for homelessness.

[31] *Supra*, note 9.
[32] *Ibid.*

A Consumer Preference Survey conducted by the Canadian Mental Health Association and the University of Ottawa found that among persons suffering from mental illness who are discharged or leave institutional treatment, only 29% had housing arranged upon leaving. Forty percent were able to ultimately find housing. In some cases housing was found with the help of support workers, however, 25% of survey respondents were forced to secure housing on their own which resulted in fully 15% of those surveyed ending up in shelters or on the streets. The survey points out that among the anticipated consequences of releasing patients from institutions without adequate supports are exploitation, violence, entanglement in the criminal justice system and homelessness. The report goes on to state that the provincial government has at no point, since the movement to de-institutionalization, provided resources to support the service requirements created by the elimination of long term care services.[33]

2.5/ Addiction

Like those suffering from mental illness, persons with addictions are susceptible to the causes of homelessness such as poverty and lack of affordable housing. Without adequate supports it is difficult for persons with addictions to maintain employment and in turn to find and keep suitable housing. Of those persons suffering from prolonged mental illness, it is believed that approximately 50-60% have a co-existing substance abuse disorder. It is particularly difficult for people suffering from both mental health and addiction to find the supports in the community necessary to maintain stable housing.

Compounding the effects of addiction, recent legislative changes have created the *Ontario Disability Support Program Act*(ODSPA)[34] which replaces *Family Benefits Act* (FBA)[35] as the legislative framework under which benefits are paid to residents of Ontario who are suffering from mental and physical disabilities. Under the FBA, persons suffering from substance abuse problems, which prevented them from securing and retaining employment, were eligible to claim benefits. Under the new legislation, persons who are unable to work due to an addiction are specifically precluded from receiving benefits under the Act unless they concurrently suffer from another disability.[36] Those persons who are no longer eligible for disability benefits will be forced to apply for benefits under the *Ontario Works Act*.[37] This legislation, unlike the *Ontario Disability Support Program Act* and the *Family Benefits Act*, will require that recipients seek work or undergo training to do so.

Those who suffer from addictions may also experience a loss of family and social connections which in combination with other factors such as poverty may lead to homelessness.

3/ Profile of the Homeless Population in Ottawa-Carleton

It is difficult to determine, with certainty, how many people are homeless at a given time in

[33] Susan Farrell, *Consumer Preference Study 1997-1998, Interim Report*, (Ottawa: Canadian Mental Health Association, 1998).
[34] S.O. 1997, c. 25 schedule B.
[35] R.S.O. 1990, c. F.2.
[36] *Supra*, note 35 s. 5(2).
[37] *Supra*, note 14.

Ottawa-Carleton. Data available from the emergency shelters in the Region provides an indication on the number of people who are absolutely homeless but this data does not account for every individual who is homeless. In a given year, approximately 4,500 single people and 375 families (with a total of more than 900 children) rely on the shelter system in Ottawa-Carleton.

On a daily basis, approximately 620 men, women and children were sheltered in Ottawa-Carleton's eight emergency shelters in 1998. Table 3.1 provides an indication of the shelter usage in Ottawa-Carleton over the past three years.

Table 3.1: Statistics from Emergency Shelters

Shelter Type	Average No. of persons per night	Average Length of Stay	Total No. of persons per year
1996			
Men	239	28 days	3102
Women	NA	NA	NA
Family	210 75 adults/150 children	60 days	363 families 455 adults/920 children)
Shelters for Women Fleeing Abuse	NA	NA	NA
Youth	28	NA	NA
1997			
Men	258	28 days	3402
Women	38	26 days	365
Family	197 (74 adults/144 children)	58 days	378 465 adults/901 children
Shelters for Women Fleeing Abuse	94 (40 women/ 54 children)	116 days	130
Youth	27	NA	NA
1998			
Men	276	**28** days	3570
Women	38	**20** days	395
Family	201 (50 adults/119 children)	**50** days	375 454 adults/872 children
Shelters for Women Fleeing Abuse	89 (40 women./49 children)	**106** days	135
Youth	30	NA	NA

Data available from the Region's family shelters indicates that the occupancy rates of the shelters varies from month to month. Over the period of 1994 to 1998 the combined occupancy rate of the

two shelters varied from a low of 70% to a high of almost 105% with motels being used to handle overflow in times where the capacity was exceeded.[38]

Figure 3.1 illustrates the average monthly family shelter occupancy rates for the period of 1994 to 1998 excluding 1995.[39]

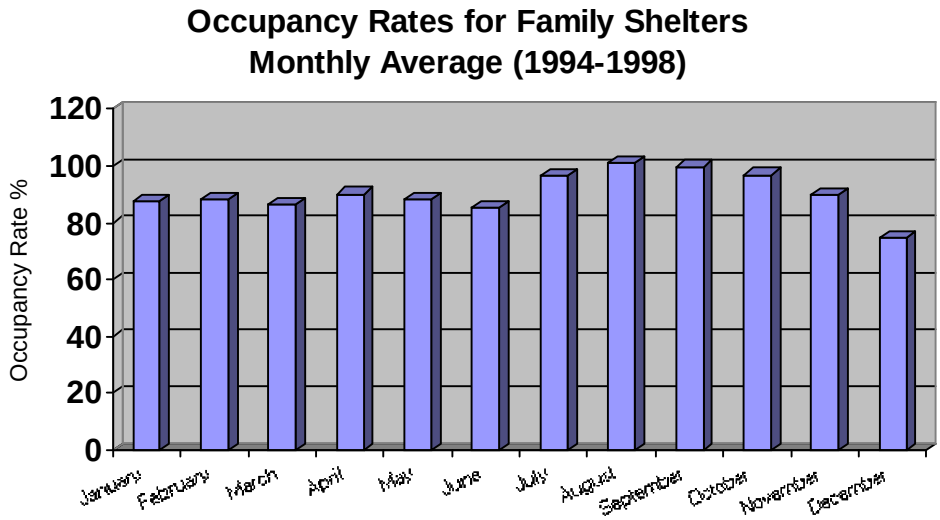

Figure 3.1

Shelter usage provides an indication of the number of people who are absolutely homeless at a given time but it does not account for those who may become homeless when they are discharged or leave, settings such as addiction recovery programs, hospitals, correctional institutions or short term supportive housing such as that provided for women fleeing abuse. Although shelter statistics also do not account for those who live on the streets and do not make use of shelter services. It is estimated that this number is relatively low with less than two dozen individuals in Ottawa-Carleton falling into this category.

There are approximately 15,000 applications on the waiting list for public housing in Ottawa-Carleton at the current time. The current waiting list represents a five to seven year waiting period for those seeking social housing. A portion of those on the waiting list will be currently defined as absolutely homeless, living in shelters, while others will be defined as relatively homeless, living in unsuitable accommodations.

A demographic profile of those on the social housing waiting list is not currently available, however a study of applicants is currently being planned. In many cases an application will have been made on behalf of a family, therefore the number of people waiting for social housing

[38] Data from 1995 was not included in the analysis of the combined shelter occupancy rate as the Forward shelter was closed for four months in that year.
[39] *Ibid.*

exceeds the total number of applications on the waiting list. Once such a study has been completed, conclusions regarding the significance of the number of people on the waiting list will be more clear. According to the manager of the Housing Registry, the agency which now processes almost all of the applications for social housing in Ottawa-Carleton, an indication of the demand for social housing can be found in the fact that the office has received approximately 9,000 walk-in and 17,000 phone inquiries since February of 1998. In the last year alone, 5,500 new applications were added to the list.

3.1/ Persons Who are Homeless in Ottawa-Carleton

The stereotypical portrayal of the person who is homeless as a single male, living on the streets severely limits the public perception of homelessness. In fact, persons who are homeless come from all age groups and are often homeless as a result of a complex combination of influences. It is difficult to measure the number of people who are either homeless or at a risk of becoming homeless as only those who make use of emergency services such as shelters can be readily measured by means of existing data. It is clear that a significant number of people are forced to live in unsafe, overcrowded or substandard housing and although this group is not absolutely homeless, the specter of homelessness is real.

As an indication of the number of families who are relatively homeless, it is estimated that 75,500 households in Ottawa-Carleton were paying more than 30% of their income on shelter alone, in 1996. Over 40% of households which are renting accommodations are paying shelter costs at this level. In comparison, 15% of home owners spend 30% or more of their income on shelter.[40] Thirty percent of gross income, is generally considered to be the limit of affordability in housing. It is further estimated that 30,000 families in Ottawa-Carleton are paying in excess of 50% of their income on shelter. Among renters, 24,000 pay in excess of 50% of their income on shelter representing 20% of the total tenants. Among homeowners, 6,895 or 4% pay more than 50% of their income on shelter.[41]

Among persons who rely on social assistance benefits, the maximum shelter allowance for a single adult is $325 per month with total benefits of $520 per month. The average monthly rent for a one bedroom apartment in Ottawa-Carleton, in 1998, was $615 and the average bachelor unit cost $493 per month. For a parent with one child, maximum monthly benefits total $997 per month with the shelter portion representing 55% or $551. Clearly the cost of rental housing in the private market relative to the benefits provided through social assistance make it difficult for those relying on social assistance to obtain and maintain private rental housing. In fact, in a study conducted by Social Services after the cuts to social assistance benefits in 1995, found that more than 80% of welfare recipients, who rent non-subsidized housing, pay more than their maximum shelter allowance on rent.

The recent elimination of rent control and the corresponding changes to the way in which landlord and tenant disputes are resolved may also be placing pressure on low income renters and increasing the risk of relative homelessness. These legislative changes did not come into effect

[40] *Supra*, note 1.
[41] Alliance to End Homelessness, *Fact Sheet on Homelessness*, October, 1998.

until June of 1998, so it may be some time before their full effect can be measured.

3.2/ Characteristics Of Homeless Individuals And Families

As previously stated those who are absolutely or relatively homeless are not a homogenous group. The homeless population in Ottawa-Carleton is made up of single men and women, youth the elderly and families. Children, in the care of their parents, represent approximately 18% of shelter users in the Region.[42]

It is estimated that approximately 40% of the homeless population suffers from some form of mental health condition. In Ottawa-Carleton this would represent approximately 1700 individuals, the majority of which are single homeless men. Approximately 30% of the single homeless population suffers from some form of substance abuse. It is further estimated that a significant portion of those suffering from mental illness also suffer from a substance abuse problem.[43]

Those experiencing homelessness range in age from children to the elderly. Statistics from the Region's men's shelters provide an indication of the age distribution of the single population experiencing absolute homelessness. This data is displayed in figure 3.2.

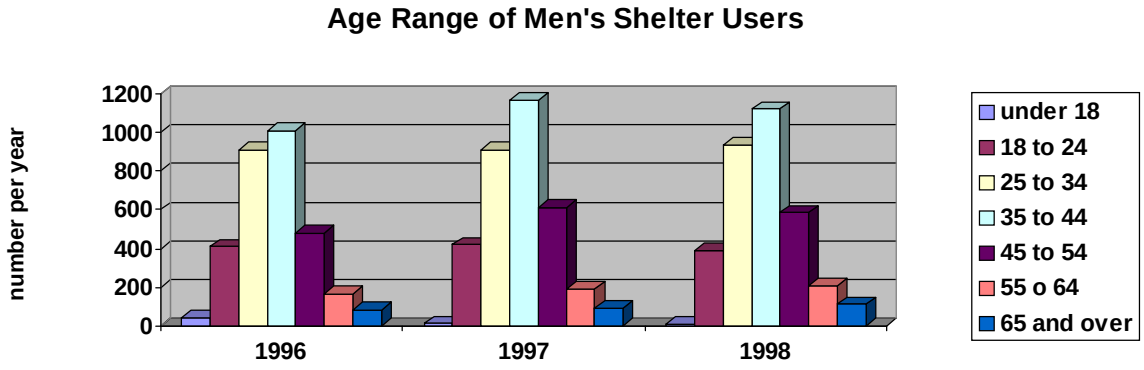

Figure 3.2

A survey of shelter and drop-in users, and the staff, volunteers, and outreach workers assisting them, was carried out by Health Department staff in 1992. Respondents identified their major health problems to be addictions (alcohol, drugs, and tobacco); circulatory ailments and related leg, knee and foot problems; mental illness, seizures, and psychological problems; inadequate diet and nutrition; and deficiencies in living conditions. Staff, volunteers and outreach workers

[42] Children living with their parent in transition homes, although considered to be homeless, are not included in this figure as statistics were not available for inclusion in this report.
[43] Greyer Szadkowski, *Homelessness, Mental Health, and Addictions*, Report Prepared for the City of Toronto Homelessness Action Task Force, Greyer Szadkowski Consulting Inc., July, 1998.

reported that the most critical health-related problems faced by their clients were: mental illness, psychological and behavioural problems; addictions; poor personal hygiene, head and body lice; and infectious diseases including illness related to AIDS

In the consumer preference survey, previously referenced,[44] the 100 respondents reported a range of health problems including memory problems(25), vision problems(29), dental problems(26), asthma(23), HIV/AIDS(6), injury(13), and difficulty with mobility(15). With respect to substance use, 90% of the homeless in that sample reported that they smoke and 39% reported drinking alcohol more than 12 drinks a week.

In 1997, the Region of Ottawa-Carleton Community Services Committee requested an annual health status report on the homeless. The Health Department now collects data on individuals seen by the Public Health Nurses that provide outreach services to shelters and drop-ins. The data collected will be the basis for an annual health report. Shelters will be consulted in the future about collecting data to add to the information base. The first report will be generated in the Fall of 1999.

Current documents about the homeless in Canada note that persons who are homeless tend to be at a greater risk of contracting infectious diseases such as tuberculosis, HIV/AIDS and hepatitis. Beyond the obvious lack of shelter, persons who are homeless suffer from the detrimental affects of a lack of good nutrition, access to adequate health care and exposure to violence.[45]

Health issues of the "street youth" population are similar to those of homeless adults, but may also include injury and disease arising from commercial sex. Street youth who turn to the sex trade not only suffer from a higher incidence of physical and sexual abuse; they also contract far more sexually transmitted diseases. A substantially higher incidence of mental health issues and suicide attempts occurs among homeless youth than is documented for their housed counterparts. An emerging issue is pregnancy and the parenting teen among the street youth population.

Compared to children who have permanent homes, children living with homeless parents face health risks that include obesity, anemia, injuries and burns, and developmental delays. They are also less likely to be immunized.

Persons who are homeless tend to be at a greater risk of contracting infectious diseases such as tuberculosis, HIV/AIDS and hepatitis. Beyond the obvious lack of shelter, persons who are homeless suffer from the detrimental affects of a lack of good nutrition, access to adequate health care and exposure to violence.[46]

3.3/ Shelter Usage

The following chart is drawn from data collected by the Region's family shelters during the period

[44] *Supra*, note 34.
[45] *Supra*, note 9.
[46] *Supra*, note 9.

of 1994-1998. The chart illustrates the percentage of the total time spent in shelters attributable to the reason cited for the need.

Family Shelters: Reason for Need as a Proportion of Total Shelter Usage (1994-1998)

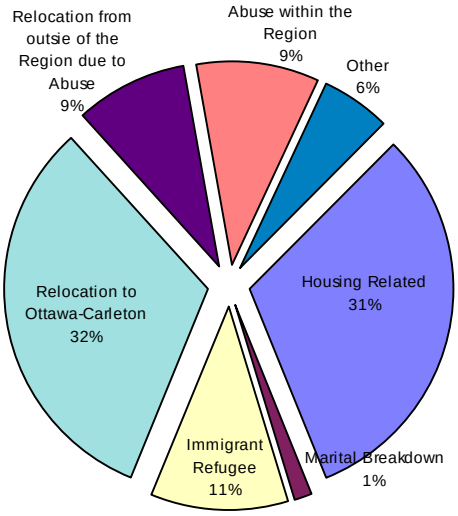

Figure 3.3

In Figure 3.3, “housing related” reasons combines families using the shelters as a result of eviction, expired leases, and accommodations rendered uninhabitable by causes such as flood or fire. “Relocation abuse” refers to those families who have fled abuse in other regions compared to those seeking shelter due to abuse who are Ottawa-Carleton residents. In terms of voluntary relocation, in 1998, one third of those families seeking shelter after relocation were former residents of Montreal, Quebec which is approximately equal to the number of families relocating from all other areas of Ontario combined. The remaining third of those sheltered after relocation originated from cities across Canada

Records from the Region's family shelters indicate that shelter usage by adults (women and men) has remained relatively stable over the period of 1995 to 1998, while there has been an increase in the number of shelter beds used by children since 1995. A bed night is defined as one shelter bed for one night. For example, if a family of four were to stay in a shelter for five nights, this would represent twenty bed nights.

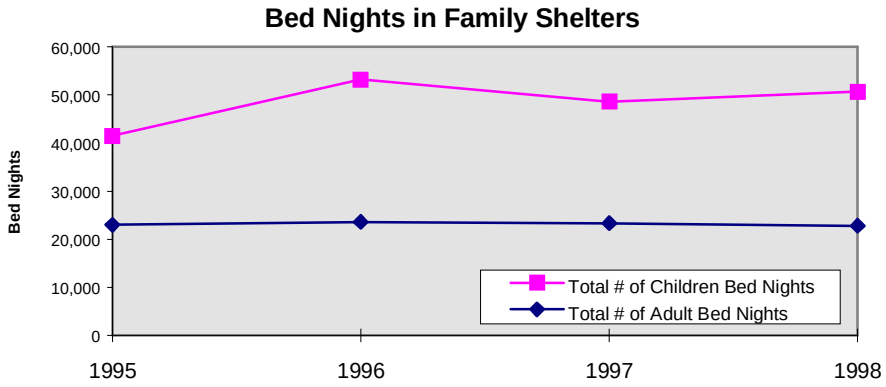

Figure 3.4

Use of the men's shelters is also on the increase in Ottawa-Carleton. During the period of 1996 to 1998, an increase of almost 8.5% was experienced in the total number of overnight visits each year. Figure 3.5 illustrates the increase in bed nights in the men's shelters over the period of 1996-1998.

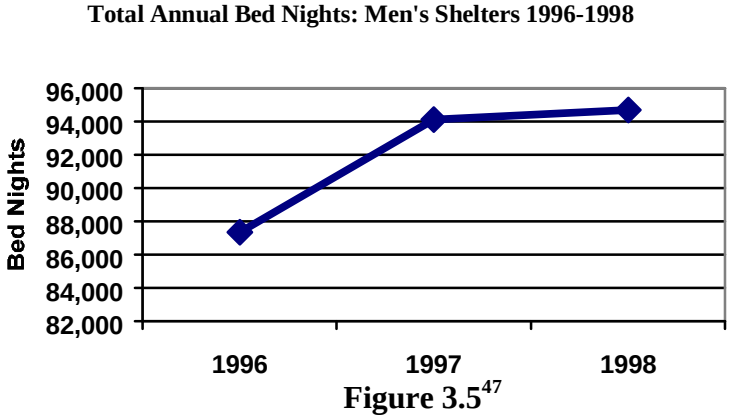

Figure 3.5[47]

Over the same period, the number of different people using the shelters increased by a margin of nearly 10%. The average length of stay in the men's shelters has remained constant at an average

[47]The source of data for the Men's Shelters is the website of the Mission located at www.compmore.net/~mission/stats.html.

Over the same period, number of different people using the shelters increased by a margin of nearly 10%. The average length of stay in the men's shelters has remained constant at an average of 28 days.

The data from the family shelters, indicates that the average length of stay in the years 1994 to 1998 was approximately 54 days.

An analysis of the 1998 data, as displayed in table 3.2, indicates that the length of time that persons experiencing homelessness make use of emergency housing varies considerably between the various emergency and short term housing programs in operation.

Service Type	Range of Length of Stay
Emergency Shelter for Men	11 to 32 days
Emergency Shelter for Women	20 days
Emergency Shelter for Youth	9 to 11 days
Emergency Shelter for Families	48 to 52 days
Long Term Supportive Housing (YW-YMCA)	345 days
Short Term Supportive Housing for Women	56 to 135 days
Residential Treatment	28 to 120 days

Table 3.2

The length of time that a person spends in shelter provides an indication of the difficulty that they face in securing housing. A length of stay in excess of 7 days signifies that a person may have greater difficulty in securing housing. Data from the local men's shelters indicates that 51% of shelter users spend 1-7 days in shelter. The remaining 49% will typically have more difficulty finding long term housing and as a result use a proportionally higher level of shelter resources.

4/ Programs and Services Available in Ottawa-Carleton

The following sections provide an indication of the programs and services currently available to homeless people in Ottawa-Carleton. The information provided has been gathered by surveying individual agencies and service providers. As stated in the introduction a complete picture of the available to homeless persons is required to provide the foundation for the development of a community-wide plan for co-ordinated and integrated service provision and delivery. Social Services is currently developing a complete inventory of housing and support services for the homelessness in Ottawa-Carleton but this process could not be completed in the time frame required for the completion of this study. The process of compiling a comprehensive service and program inventory is a major undertaking requiring several contacts with agencies and programs. The appendices of this report provide a sample of these programs and services in Ottawa-Carleton, and is in no way meant to represent a comprehensive inventory.

4.1/ Shelters

The Region of Ottawa-Carleton, through Social Services, directly operates two family shelters with a total of 57 units. Social Services has provided shelter to families since the early 1980's in response to low vacancy rates in the housing market. Initially, homeless families were accommodated in hotels and motels. The Department opened the family shelters in order to better provide support services, centralize facilities, improve control over the use of emergency housing and to accommodate fluctuation in emergency housing demand. In 1997, the Region sheltered 378 different families and, in 1998, 375 families were sheltered in the two shelters. The average length of stay in the shelters was 55 days in 1997 and 42 days in 1998 with a total of 71,920 and 73,463 bed nights provided between the two shelters in each of the respective years.

In addition to the two family shelters, Regional Social Services purchases services from six other shelters including three men's shelters, one women's shelter and two youth shelters. In total, the Region accommodates, on average, 600 persons in shelters on a given day. In addition, depending on shelter vacancy, an additional 50 persons may be sheltered at the YM-YWCA, motels and Reception House. The latter is operated by Catholic Immigration Services and provides short term supportive housing to government sponsored new immigrants and refugee claimants. In addition to basic shelter, meals are also provided to shelter residents. In 1998, the region's three men's shelters served 395,000 meals which represented a 17% increase over the previous year.

The Region provides an estimated 10-12% of the hostel care available in the Province of Ontario. The annual budget for the family shelters is approximately 2.5 million dollars while the budget for the purchase of other shelter services is 4.2 million dollars. These costs are shared with the province on an 80/20 split with the Region paying the lessor amount.

A plan is being implemented which will develop the capacity of the shelters to transmit information electronically between the shelters and Regional Social Services in order to monitor the utilization of emergency shelter space.

As a result of the Provincial Task Force on Homelessness, the Region has been allocated $210,000, out of the four million dollars that is available, in total, across the Province, on an annual basis to address homelessness. The first round of funding, which has already been allocated, required that proposals be for one-time rather than on-going funding. The second annual installment, which is due to be received in June of 1999, will be allocated based on community priorities identified though a community planning process. Appendix A shows the distribution of the first allocation from the fund.

The Provincial Government recently announced an additional six million dollars in homelessness funding which will result in approximately $730,000 in new funds being allocated for homelessness in Ottawa-Carleton.

Agencies providing emergency shelter services to the homeless population in Ottawa-Carleton can be found in Appendix B.

In addition to shelter, services are provided to persons who are both absolutely and relatively homeless in terms of providing emergency food to persons in need, crisis counseling and referrals to other agencies. Appendix C outlines emergency and outreach services, other than those providing shelter. Included in this section are the seven day programs funded by the Region of Ottawa-Carleton. These programs provide a daily drop-in service for both the absolute and the relatively homeless of the region. On average, day programs service up to 1000 individuals per day and provide a range of services that include activity programs, laundry services, clothing, showers and hygienic support. Also provided is counseling with respect to HIV/AIDS, addictions, employment, housing, health and nutrition. Three of the day programs also provide lunch and all have refreshments.

The day programs are a critical component of the matrix of services to the homeless community. A number of community agencies and government departments provide their services in partnership with the Day Programs so as to best meet the needs of the community. These agencies include, but are not limited to, the Health Department, Community Health Centres, CMHA and the ROH.

4.2/ Supportive Housing

A significant portion of the homeless population cannot be housed independently on a long term basis without some system of support to deal with conditions such as mental illness, addiction, physical and emotions difficulties and life skills generally. Programs that combine affordable safe housing with support services are considered necessary if homelessness is to be addressed in the long term.

Supportive housing may include a wide range of housing options combined with support services ranging from intensive 24 hour care to minimal visiting support care depending on what is best suited for the individuals and group involved.

The supportive housing model involves the assignment of support staff to the household or facility, for the development of community living. Counseling, crisis intervention, life skills training and group development activities are offered on-site.

Generally, supportive housing is provided to individuals with long term health care requirements including those with developmental, physical or psychiatric disabilities, troubled youth, victims of abuse, those with addictions and the elderly. It is often the case that persons who are homeless can readily be classified in one, if not more, of these groups. For this reason those who are homeless are often in need of supportive housing and those in need of supportive housing are often most at risk of being homeless. This is illustrative of the spiraling nature of homelessness and the need for systems that address the problem from a wide perspective acknowledging the needs of those who are both relatively as well as absolutely homeless.

Although socially assisted housing was not constructed specifically to serve those individuals with special needs it is possible to modify this existing stock and to put in place supportive services. At the current time, approximately 750 of the Region's 20,000 units of socially assisted housing have been modified to accommodate residents with physical disabilities and 200 units provide supportive living services under service agreements with private sector providers.

The majority of affordable supportive housing options are currently offered by public providers, however, there are limited private sector initiatives to fill this need. These include group living arrangements in which an individual rents a room in a private group home, usually with the provision of meals & housekeeping services by a live-in care provider. Alternatively, home sharing is available in which a person rents a room in a private home with shared facilities and/or board.

The Region's Social Housing Group is currently studying the broader issue of supportive housing in the Region. Examples of supportive housing services targeted specifically to those who are at risk of becoming homeless are presented in Appendix D.

4.3/ Health Care Services

Barriers to Health

Despite a health care system built on the principle of universal access, the homeless continue to encounter barriers in accessing proper health care. Persons who are homeless may be unable to afford dental care, carry out special diets, purchase medical devices and supplies, or access other services not covered by OHIP. For example, transportation to and from appointments for treatment, may act as a barrier. The health issues of the homeless even when treated, are exacerbated by living in crowded, disorderly communal settings; lack of sleep; exposure to extreme temperatures; lack of resources for personal hygiene; insufficient convalescent or palliative care; poor diet; and lack of a social support network.

Local Services

Several agencies provide health care to the homeless population. Service is provided mainly by nurses and physicians employed by the Region; Community Health Centres (CHCs); agencies serving the street population; the Community Care Access Centre (CCAC); and hospitals. Representatives of many of these agencies work together as members of The Street Health Coalition in addressing the health needs of the homeless.

Ongoing relationships with physicians and nurses for prevention and treatment are rare. The homeless feel powerless about advocating for their health needs, are difficult to contact about test results or need for treatment, and may be ill-equipped to keep or remember appointments. When medication is prescribed, a drug card and often funds to cover pharmacy dispensing fees are required. Medication storage issues, theft or abuse of medication, compound the problem.

Community Care Access Centres (CCACs) provide a single point of access for in-home services. The Ottawa-Carleton CCAC interprets the definition of “home” flexibly and allows services to be delivered in shelters and drop-ins. Difficulties in service delivery result because clients often have difficulty keeping appointments due to the nature of homelessness

The Region’s Health Department provides a range of services to persons who are homeless or at risk of homelessness through its Street Health, HIV Prevention and Healthy Sexuality Programs. Activities focus on prevention, treatment, and support. Included in these services are communicable disease screening (e.g., Tuberculosis, HIV, Hepatitis B and C and other sexually transmitted diseases), immunization, health promotion and education services, needle exchange, assessments and referrals to other services, and crisis counseling. Many of these activities are carried out in partnership with other community-based organizations. Service is delivered in shelters, drop-ins, on the street, in existing community agencies, in satellite sexual health clinics, in prisons and the Regional Detention Centre, and in the Region’s mobile needle exchange van.

The Street Health Coalition

Local service providers have worked together over the last decade in addressing the health needs of the homeless. In 1988, the Region of Ottawa Carleton, Health Department and Sandy Hill Community Health Centre initiated a pilot project to study the health issues of the homeless in Ottawa-Carleton. The goal of the project was to improve the health status of the homeless through intervention, treatment and health promotion strategies; and to promote collaboration among community agencies. The result is a community-based coalition of organizations who work together to improve the health of people who are homeless, unstably housed, or who use the services of shelters and day programs. Known today as "The Street Health Coalition," members work together to improve client access to health, and health care. Appendix H lists current members. To date the coalition has accomplished the following:

- coordinated provision of primary care and mental health services to clients in shelters and drop-ins;
- increased nursing outreach;
- improved access to health care services, and the establishment of a strong working relationship with primary health care organizations. This includes improved access to and discharge from hospitals, and sensitivity training for ambulance and hospital emergency staff;
- collaborated approach to disease prevention through TB screening, Influenza, Pneumococcal and Hepatitis B immunization;
- provided joint health promotion and education activities for the homeless and their service providers;
- advocated for improved mental health and addictions services and housing;
- secured funding of a walk-in, primary care service at Sandyhill Community Health Centre;
- established links to dental services;
- secured funding for the OASIS Health clinic to address the needs of those with and at risk for HIV infection;
- increased awareness about convalescent and palliative care needs of the homeless;
- produced a policy for needle stick injuries;
- developed protocol for seizure management.

Obtaining and maintaining Ontario Health Cards

The government's current policy of refusing treatment to persons who do not have a valid health card is an obstacle that is particularly difficult for the homeless to overcome. For many homeless persons, the conditions under which they live are not conducive to carrying identification. Identification is often lost or stolen. Navigating the bureaucracy required to replace such documents is difficult. Lack of a current address and replacement fees create barriers that may result in persons who are homeless being denied access to the medical care they are entitled to receive.

Despite these difficulties, the Street Health Coalition supports the continuation of the use of Health Cards for the homeless rather than establishing a separate system. The focus is to reduce

the difficulties in obtaining and maintaining cards so that access to existing services is assured. As well, some homeless individuals are able to maintain periods of independence within mainstream society where a Health Card is a requirement.

In 1995, the Street Health Coalition with the assistance of OHIP established the following local process to assist the homeless:

1. OHIP provides temporary coverage and then a permanent card when the following are provided: a birth certificate/immigration status as proof of citizenship, shelter/drop-in form letter as proof of Ontario residency, plus any other ID with a signature
2. The Region's Social Services Department assists by covering the cost of Birth Certificates, and Community Health Centres serve clients without Health Cards.

New funding to enhance primary health cares services for the homeless in Ottawa-Carleton

In 1998 funding was received from the Community Health Branch, Ministry of Health by Centretown, Sandy Hill, Somerset West and Pinecrest-Queensway CHCs to address issues related to homelessness and its impact on health. Some of the recurring $850,000 is being used to build on the working relationship established by The Street Health Coalition with OHIP in 1995. New initiatives include: expanded primary health care services supported by a 24 hour OHIP access line for health care providers; a centralized ID program that assists in obtaining and retaining health cards; and resources to assist the homeless who do not have a health card and are in immediate need of mainstream health care services. The Region's Social Services Department continues to provide funding to obtain Birth Certificates.

Appendix E outlines the community health care services available to the homeless in Ottawa-Carleton.[47]

4.4/ Mental Health

Mental health services are provided through traditional psychiatric institutions such as the Royal Ottawa Hospital acute care community and teaching hospitals such as the Montfort and the Ottawa Hospital, community agencies and private practitioners. Given the move toward de-institutionalize the treatment of mental illness, a greater burden has been placed on community agencies and family physicians to provide and support the provision care for the mentally ill. Institutions have had to be flexible in developing alternative service delivery models such as Outreach services.

Because addiction and mental illness often coexist, there is a need to improve access to, and availability of, services for individuals suffering from concurrent addiction and mental illness.

[47] Data collected by Larry Arpaia of RANA International Inc. between January 12 and January 26, 1999.

Appendix F provides an indication of those services that are available in the Region for persons who are homeless and suffering from mental illness.

4.5/ Addictions

As is the case with mental illness, community agencies continue to play an ever increasing role in the treatment of clients. Services range from addiction recovery homes to day programs and drop-in centres.

Appendix G outlines some of the services that are available to persons with addictions.

5/ Conclusions and Next Steps

Given the initial findings of this study it is clear that homelessness is a problem that needs to be addressed in Ottawa-Carleton as in other cities.

In this region there is a strong network of services to help people who are homeless. We have an opportunity to strengthen the supports to people who are homeless by building an integrated approach to community planning. The October 1998 Report of the Provincial Task Force on Homelessness suggested that municipalities take on the role of local service systems managers. This role encompasses the development of a comprehensive community plan.

An intensive community consultation is underway to begin the development of an integrated community plan to end homelessness in Ottawa-Carleton. Community consultation is being conducted in partnership with the Alliance to End Homelessness and will take the form of a community forum which is scheduled to be held on April 8, 1999. This forum will bring together representatives of government, service providers, funders and the business community to discuss solutions to end homelessness in Ottawa-Carleton. In addition a community awareness event is planned to coincide with the release of this study. This event will allow the public to learn more about homelessness and to discuss the issue. Presentation of the community plan to end homelessness, to the Region's Community Services Committee, is anticipated in June of 1999.

Appendix A: Homelessness Initiatives Fund Allocation Decisions

The Homelessness Initiative Fund Allocations Committee made the following funding decisions:

Funding Approved

Organization	Amount	Proposal
Canadian Mental Health Assoc.	$46,100	Housing outreach worker for Youth
Cornerstone	$18,426	Housing worker for women in shelter
Centre 507	$19,834	Expand Street Outreach hours
Centretown Citizens Ottawa Corporation	$14,700	Development bachelor units
Housing Help/Action Logement	$29,000	Integrated vacancy listing
Ottawa Salus Corporation	$18,518	Community develop for housing on Flora St. and some renovations
Pinganodin Lodge	$21,000	Outreach for aboriginal persons who are homeless
The Mission	$18,426	Half time housing worker
Salvation Army	$24,000	Rent Bank

Community Consultation

The Alliance to End Homelessness was consulted on the development of the funding priorities for the 1999 winter allocations. The Alliance recommended that Social Services allocate the funds as quickly as possible in order to address the needs of persons who are homeless in the winter months. The Alliance has further agreed to work collaboratively with Social Services to undertake a community planning process prior to the next allocation.

Appendix B: Emergency Shelter Services for Persons Who are Homeless

Organization	Beds	Notes
MEN'S EMERGENCY SHELTERS		
Salvation Army, Booth Centre	108	provides emergency shelter basic needs (e.g. meals, clothing) as required
Salvation Army Young Men's Shelter, Booth Centre	24	residential program serving 16-19 year old homeless males in O-C basic needs (food, bed, clothing) plus services such as crisis intervention counselling, chaplancy, referral to community resources service planning/case management (e.g. clients assigned key workers)
Shepherds of Good Hope **Main Shelter** **Hope Recovery**	 74 10	Main shelter: basic needs of shelter, food, clothing. shelter for intoxicated clients (Hope Recovery) day program for clients & supportive residential program
Shepherds of Good Hope Hope Outreach	16-18	for persons barred for more than 24 hours from all other residences & shelters in Ottawa (e.g. barred due to erratic, violent & unpredictable behaviour)
Union Mission **Life Skills Program** **Boarding Home**	100 10-15 10-20	provides free meals daily to men & women meals three times daily, health supervision & counselling services, free clothing, life skills program for residence of the boarding home addiction counselling service

Appendix B: continued

FAMILY SHELTERS		
YMCA-YWCA of O-C	27 rooms	emergency shelter overflow for families, women and vulnerable men crisis counselling, referral & emergency assistance
Forward Family Shelter	21 units 100+ persons	operated by Region of Ottawa-Carleton Social Services provides secure temporary shelter in a supportive environment to homeless families & assistance in obtaining appropriate housing
Carling Family Shelter	36 units 150+ persons	operated by Region of Ottawa-Carleton Social Services includes 14 units (one floor) for women fleeing abuse
WOMEN'S EMERGENCY SHELTERS		
Cornerstone	39 beds	emergency shelter & basic needs homeless women 18-65 serves clients in crisis due to violence, mental illness addiction and poverty.
Youth Services Bureau Young Women's Emergency Shelter	12 beds	short term length of stay for women ages 12-20
TRANSITION HOMES FOR ABUSED WOMEN (& CHILDREN)		
Interval House, Ottawa	20-30 beds	temporary shelter; flexible length of stay services include food, counselling, referral, advocacy & a crisis line
Maison D'Amitie, Ottawa	10-15 beds	temporary shelter services include emergency housing, 24 hour help line, children's program & follow up services
Nelson House of Ottawa-Carleton	15-20 beds	temporary shelter bilingual service
La Presence, Ottawa	17 beds	temporary shelter bilingual service
Harmony House	16 rooms	medium-term supportive housing bilingual service funded by donations information, referrals, childcare

Appendix C: Support Services for Persons who are Homeless

Organization	Services	Notes
Housing Help	assistance in obtaining and maintaining safe and affordable housing, advocacy, prevention.	funded by MMAH, RMOC, City of Ottawa approximately 40 cases per month.
Action Lodgement	assistance in obtaining and maintaining safe and affordable housing, advocacy, prevention.	funded by MMAH, RMOC approximately 50 cases per month
YMCA Housing Referral Service for Singles	assistance in obtaining housing in private homes and rooming houses.	
Operation Go Home	assist youth in crisis to return to their families or to connect with appropriate agencies for assistance, advocacy, community outreach, prevention in schools.	privately funded. 3117 contacts in 1998.
Causeway	community outreach to assist homeless persons access services and programs, social and recreational programs, employment and job training, pre-vocational training.	funded by RMOC, MOH, MCSS. 400 clients currently
Canadian Red Cross	Warm Hands Warm Heart program provides mittens and other knitted items for shelters and schools. Personal care and hygiene supplies provided to shelter residents.	funded by the United Way.
Hope Centre (Shepherds of Good Hope)	drop-in centre offering recreational and educational programs for men and women	

Appendix C: continued

Organization	Services	Notes
Centre 507	drop-in centre offering job counselling for people who are homeless or at risk of becoming homeless.	
Centre 454	drop-in centre for men and women	operated by Anglican Social Services.
Causeway	drop-in centre offering skills training, education and social skills training	funded by MOH and donations. focused on persons with mental illness.
Lowertown Community Resource Centre	crisis intervention, home support, information and referral, counselling, drop-ins, advocacy, outreach services to homeless persons.	funded by RMOC and MCSS clients profile: low income, female victims of abuse, seniors, refugee families.
Vanier Community Service Centre	crisis intervention, home support, information and referral, counselling, employment services.	funded by HRDC, MCSS, RMOC and fundraising.
The Food Bank	collects and distributes food to approximately 70 agencies in Eastern Ontario and Western Quebec.	distributed approximately 10,000 pounds of food in 1998 and provides food for approximately 850 meals per day.

Appendix D: Supportive Housing*

Program	Beds	Notes
Shepherds of Good Hope (Hope Community)	52 units	funded by RMOC, MOH, donations hour supervision rooming house setting life skill coaching information/referral advocacy
Ottawa Salus Corporation	35 beds (in 4 homes)	funded by MOH and donations crisis support life skills recreation 160 people served in 1998
Options Bytown	3 residences 122 tenants	funded by MCSS, MMAH, donations focused on "hard to house" clients permanent housing with counselling and life skills training. tenants with 250 people using the facilities.
Reception House (Catholic Immigration Services)	24 rooms (5 may be used as family shelter overflow)	funded by Immigration and Citizenship Canada, RMOC. short term supportive housing for new immigrants and refugee claimants. in 1998, 350 government sponsored refugees and 130 convention refugees were housed.
John Howard Society (Kirkpatrick House)	22 beds	funded by Correctional Services Canada residence for men released from a correctional facility. provides shelter meals and counselling

** The resources listed in this appendix are agencies where information and data could be validated for this inventory. This is <u>not</u> a comprehensive list of all Supportive Housing in Ottawa-Carleton.*

Appendix D: continued

Program	Beds	Notes
Edgewood Residence	200 beds (45 long term)	long term beds funded by MOH, private funding for remainder. supportive housing, counselling , education, health care.
Hampton Lodge	90 beds	funded by MCSS supportive housing for persons with mental illness, addictions and discharged from institutions.
Parklane Residence	110 residents	privately owned boarding home. supportive housing for persons with mental illness, addictions and discharged from institutions.
Alexander/Kimberlaine Residences	50 Tenants	funded by MCSS, RMOC serves persons with mental illness, addictions and recently released from institutions.
Elizabeth Fry Society	1998-6 beds 1999- no beds	funded by Corrections Canada, United Way, donations provides counselling, social support and housing to women who have been in conflict with the law.
Daybreak	3 homes for men -25 beds 1 home for women-10 beds	funded by CMHC, MMAH, MCSS and donations minimal support during business hours, crisis intervention as needed.

** The resources listed in this appendix are agencies where information and data could be validated for this inventory. This is <u>not</u> a comprehensive list of all Supportive Housing in Ottawa-Carleton.*

Appendix E: Health Services for Homeless People or People At Risk of Becoming Homeless

Organization	Services	Notes
Sandy Hill Community Health Centre	health and social services, addiction treatment services, walk-in clinic. Outreach Oasis also provides laundry, drop-in, food and referral).	funded by MOH, MCSS, Aids Bureau, Ontario Substance Abuse Bureau and RMOC.
Pinecrest -Queensway Health and Community Services	health services - nurse practitioner partnered with Carling Family Shelter	funded by RMOC, MOH, MCSS
Centertown Community Health Centre	health and social services, outreach to shelters, drop-ins, home support	funded by RMOC, MOH, MCSS
Somerset West Community Health Centre	for clients at risk of homelessness: health and social services, advocacy, prevention, crisis intervention, employment services, outreach, drop-in and conflict resolution for persons in rooming houses.	funded by MOH, MCSS, RMOC, City of Ottawa
Inner City Ministries	voluntary organization: nursing clinics at various community locations (e.g. drop-in centres)	funded by church donations
Region of Ottawa-Carleton Health Street Health Program	provides outreach services to shelters & drop-ins, with the goal to: improve client's access to health care provide health education advocate on behalf of clients provide flu/pneumococcal immunization offer TB screening follow-up of active TB cases	funded by Region of Ottawa-Carleton 1998 - # of clients seen in shelters and drop-in centres: 1365

Appendix E: continued

Organization	Services	Notes
Region of Ottawa-Carleton Health SITE Van	HIV prevention program for injection drug users & other people at risk for HIV & blood-borne infections. Provides clean needles in exchange of used ones as well as condom distribution, HIV, hepatitis B and C testing hepatitis B vaccination, harm reduction counselling, health education & referrals. Services offered through fixed location, street outreach and mobile van.	funded by Region of Ottawa-Carleton 1998: 5977 client contacts
University of Ottawa Physician Outreach	one physician providing service at Shepherds of Good Hope and Sandy Hill Community Health Centre	funded by University of Ottawa
University of Ottawa Health Services	health services to the homeless; specialize in HIV/AIDS and IV drug use	OHIP Fee for service
St. Anne's Medical Centre	health and social services; program for women and HIV; methadone clinic; service to community agencies (e.g. Detox Centre).	funded by MOH

Appendix F: Services for Homeless Persons with Mental Illness

Organization	Services	Notes
Canadian Mental Health Association	mental health treatment, outreach, counselling, education, advocacy, long-term community support	funded by MOH, United Way, RMOC daily: 150 long term case management files and 175 Outreach client files are active annually: 180 case management client files and 420 clients served through Outreach services.
Brockville Psychiatric Hospital	Assertive Community Treatment Teams- intensive case management and long term rehabilitation services for persons with serious long-term mental illness.	funded by MOH self-contained clinical team emphasis on outreach and individualization of services
Cornerstone (Women in Crisis Project)	supportive housing for women with a history of mental illness requiring 24 support. counselling, education, life skills, health services	funded by MCSS, donations and Anglican Diocese of Ottawa beds women served annually.
Royal Ottawa Hospital	Mobile Outreach Team- team of health care professionals provide crisis intervention, assessment, counseling, support and linkage to other services for chronically mentally ill Addiction Counsellor - provides outreach counseling and linkage to services.	funded by MOH service delivery takes place in emergency shelters, drop-in centres, boarding homes and rooming houses.
Carlington Community Health Services	crisis intervention, referral Outreach Act Team	funded by MOH, MCSS, RMOC supports provided to chronically mental ill persons (began March 1, 1999)

Appendix G: Services for Persons with Addictions

Organization	Capacity	Comments
Anchorage, Salvation Army, Booth Centre	38	Salvation Army Booth Centre
Billy Buffet's House of Welcome	2 homes/ 56 clients	male alcoholics or addicts age 18 or over social housing (transfer to MCSS)
Empathy House Residential Treatment **Residence/Housing**	3 homes/23 clients 2 homes/13 beds	residential treatment centre for women addicted to alcohol or drugs also operates two supportive residences for women social housing (transfer to MCSS)
Gateway House	14	residential alcohol & drug treatment program for males over 18 maximum stay 28 days social housing (transfer to MCSS)
Harvest House **The Sanctuary**	24 7	residential alcohol & drug treatment program for males 16-35 spiritually-oriented program residential alcohol & drug treatment program for women between 16-35
James Street Recovery Program	15	drug & alcohol recovery home for women 18 and over flexible length of stay with one year aftercare social housing - transfer to
Maison Fraternite	2 homes total of 30 beds	French speaking males & females social housing (transfer to MCSS)

Appendix H: Members of the Street Health Coalition

Somerset West Community
Health Centre
Addiction Program Outreach Team
55 Eccles Street
Ottawa, ON K1R 6S3
Tel: 238-8210

Royal Ottawa Hospital
Addiction Program Outreach Team
1145 Carling Avenue
Ottawa, ON K1Z 7K4
Tel: 722-6521, ext. 6676

Ottawa Inner-city Ministries
251 Bank Street, # 505
Ottawa, ON K2P 1X3
Tel: 237-6031

Ottawa-Carleton Detention Centre
2244 Innes Road
Gloucester, ON K1B 4C4
Tel: 824-6080

The Well – La Source
154 Somerset Street west
Ottawa, ON K2P 0H8
Tel: 594-2843

Tapestry House
271 Stewart Street
Ottawa, ON K1N 6K3
Tel: 562-9628

The Grace Hospital
Administrative Assistant
37 Ready Way
Ottawa, ON K2J 2R7
Tel: 825-5875

Sandy Hill Community
Health Centre
Attention: Outreach Worker
221 Nelson Street
Ottawa, ON K1N 1C7
Tel: 789-7752

YM-YWCA
180 Argyle Avenue
Ottawa, ON K2P 1B7
Tel: 237-1320, ext. 5092

St. Joe's Women's Centre
151 Laurier Avenue East
Ottawa, ON K1N 6N8
Tel: 231-6722

Shepherds of Good Hope
233 Murray Avenue
Ottawa, ON K1N 5M9
Tel: 241-6494

Centretown Community Health Centre
Attention: Sharon Evans
340 MacLaren Street
Ottawa, ON K2P 0M6
Tel: 563-4771

Region of Ottawa-Carleton
Health Department
Hepatitis B Outreach
179 Clarence Street
Ottawa, ON K1N 5P7
Tel: 560-6095, ext. 6745

Centre 515
515 MacLaren Street
Ottawa, ON K1R 5K5
Tel: 233-2243

Salvation Army Youth Shelter
171 George Street
Ottawa, ON K1N 5W5
Tel: 241-1573

Union Mission
35 Waller Street
Ottawa, ON K1N 7G4
Tel: 234-1144

OASIS
116 Lisgar Street, Suite 200
Ottawa, ON K1A 0K1
Tel: 569-3488

Bridges – Metropolitan Bible Church
453 Bank Street
Ottawa, ON K2P 1Y9
Tel: 238-8182

Youth Service Bureau — Drop In
147 Besserer Street
Ottawa, ON K1N 6A7
Tel: 241-7788

Region of Ottawa-Carleton
Social Services Department
370 Catherine Street
Ottawa, ON K1R 5T7
Tel: 560-0622, ext. 6565

Inuit Community Health Centre
604 Laurier Avenue West
Ottawa, ON K1R 6L1
Tel: 563-3546

The AIDS Committee of Ottawa
207 Queen Street, 4th Floor
Ottawa, ON K1P 6E5
Tel: 238-5014

Canadian Mental Health Association – Outreach
1355 Bank Street
Ottawa, ON K1H 8K7
Tel: 737-7791, ext. 114

Centre 454
454 King Edward Avenue
Ottawa, ON K1N 7M8
Tel: 235-4351

Youth Service Bureau — Drop In
147 Besserer Street
Ottawa, ON K1N 6A7
Tel: 241-7788

Centre 507
507 Bank Street
Ottawa, ON K2P 1Z5
Tel: 233-5626

St. Luke's Lunch Club
760 Somerset Street West
Ottawa, ON K1R 6R1
Tel: 238-4193

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Ontario Works Act, S.O. 1997, c. 25 schedule A.

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