

APPENDIX I
March 1, 2001

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**COMMUNITY SUPPORTS PLAN TO ADDRESS HOMELESSNESS IN THE REGION
OF PEEL**

**COMMUNITY SUPPORTS PLAN
TO ADDRESS HOMELESSNESS
IN THE
REGION OF PEEL**

JANUARY 2001

COMMUNITY SUPPORTS PLAN TO ADDRESS HOMELESSNESS IN THE REGION OF PEEL

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Executive Summary

Geographic Area

The Region of Peel, comprising the Town of Caledon and the Cities of Brampton and Mississauga is located in the heart of Ontario. Peel is a large area geographically with a diverse culture, large urban centres and extensive rural areas. The Region of Peel is one of the fastest growing areas in Canada, with its population of close to one million people expected to grow by 50% in the next 25 years.

Regional government makes it possible to co-ordinate services that affect all three municipalities and to ensure consistent service levels, access to programs and an equitable distribution of resources.

Regional Council is committed to ensuring that the area municipalities, community partners and citizens play an important role in the planning and delivery of services. The Region of Peel is also committed to furthering partnerships with community stakeholders and public and private partners in order to meet the Region's strategic goals and objectives.

Developing the Community Supports Plan

Since the May 1999 release of the final report of the Region of Peel's Task Force on Homelessness, staff has focused efforts on initiatives designed to both prevent homelessness and assist those who have become especially vulnerable. Staff has been working with colleagues in both the Federal and Provincial governments to increase awareness of the needs of people experiencing homelessness and increasing poverty in the Region. Initiatives have also been undertaken to work with community partners to identify emerging trends and implement appropriate shelter, housing and focussed service solutions. This Community Supports Plan outlines efforts in Peel toward addressing and preventing homelessness, supply initiatives and community partnerships. Specifically, this Community Supports Plan would not be possible without significant community input. Extensive consultation and consensus building over time demonstrates the wealth of experience among stakeholders and a willingness to work together toward the development of sustainable solutions.

Formation of Community Advisory Committee

It is recognized that in order to be effective and comprehensive, a community supports plan must contain the following three components:

- . long-term comprehensive focus dealing with the full range of needs of people who are homeless or at risk
- . community involvement in the plan, reflecting the needs of the key groups at risk in the community, and include
- . community initiatives linked to overall vision

The formation of a community planning group to coordinate research and discussions, including determination of priority areas, is both a desired approach from a community planning

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perspective and a requirement for federal funding under the Supporting Communities Partnership Initiative.

A Homeless Advisory Group representing key stakeholders throughout the Region of Peel, including political representation, formed in late 2000 to carry on from the work of the original Task Force on Homelessness in the Region.

Formation of the Homelessness Advisory Group has in no way diminished the work of established committees and work groups. The work of the established committees and work groups will continue to act as subcommittees of the Homeless Advisory Group and that way the Advisory Group, on an on-going basis, can effectively coordinate research and discussions, provide direction to sub-committees, determine priority areas, as well as identify sustainable funding sources.

With the approval of this Community Supports Plan by the Homeless Advisory Group, the Community Supports Plan will be forwarded to Peel Regional Council for endorsement. Following endorsement at Peel Council, the Plan will be forwarded to Human Resources Development Canada for review and approval. Funding for projects designated as priority areas under SCPI is anticipated early in 2001.

Supporting Communities Partnership Initiative

This Community Supports Plan is being tailored to support Peel's application to the Federal government for Supporting Communities Partnership Initiative (SCPI) funding. In December 1999 the Federal government announced a program that would invest \$753 million across Canada to alleviate and prevent homelessness. Of this total program funding, \$305 million was made available through the SCPI program. SCPI is designed to help communities develop local solutions to their homelessness problems and implement local support networks to assist those experiencing or at-risk of homelessness. The Region of Peel expressed an interest in partnering with the Federal government in the Initiative; however, the Region of Peel was not included as a priority area in the initial allocation of funding for this program. As the second largest municipality in Ontario, Peel made the case that the Region, comprising the Town of Caledon, the City of Brampton and the City of Mississauga, is experiencing growth in both population and poverty rates exceeding those in the three Ontario municipalities designated as priority need municipalities. In spite of being overlooked in this regard, staff continued to work with Human Resources and Development Canada, as well as Canada Mortgage and Housing Corporation and the Homelessness Secretariat in Ottawa. Staff also continued to work with community partners to document community trends and needs regarding issues of rising poverty and homelessness. As a result of the commitment and on-going consensus building among community partners, the Region of Peel has been able to quickly move forward in terms of needs planning and identification of service gaps.

Under SCPI, the Regions of Peel, Halton and Dufferin will receive just under \$1.4 million in each fiscal year from 2000 to 2003. The Region of Peel will receive 70% of the allocation amounting to approximately \$2.9 million over the three-year SCPI program.

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It should be recognized that the Supporting Communities Partnership Initiative is intended to provide funding to assist with community priority implementation, building on existing programs and services. SCPI is not designed to replace local financial support. SCPI funded initiatives must also prove sustainability after the three-year SCPI program concludes.

The Supporting Communities Partnership Initiative emphasizes the need to develop a “continuum of supports” model in which to develop comprehensive strategies for the delivery and co-ordination of homeless services. The Region of Peel and its community partners and stakeholders remain in full agreement with this approach and have developed a “made in Peel” continuum model.

Consultation and Research: Community Findings

It has become increasingly clear, through the many collaborative initiatives undertaken and summarized in this Plan, that the extent of poverty and homelessness is rising in the Region. As an example, Peel Region had a higher poverty rate (15%) as identified in the 1996 Census than other Greater Toronto Area Municipalities excluding the City of Toronto. It should also be noted that even though the population of Peel grew significantly between 1991 – 1996 (16.3%), the number of poor in the Region grew at a much faster rate (276%). It was observed that youth aged 15-24 were among the most likely to live in poverty due to their low status in the labour market. In addition, recent immigrant poverty rates were high as a result of low earning potential of new immigrants. Traditionally, the incidence of low income among recent immigrants declines over time but employment trends appear to indicate concern whether those poverty rates will decline as significantly as in the past.

Research undertaken to date and consultation with community partners has revealed that for most low-income people in the Region of Peel, the hard reality is that the income available is not sufficient to pay for the high cost of housing as well as other necessities, such as food. For example, the three Community Partners funded agencies in Peel (Catholic-Cross Cultural, Malton Neighbourhood Services, John Howard Society) recently reported that each counselor, in each of the three agencies, are seeing 20 new families in need of housing each week. With no affordable accommodation available in Peel, families are being sent to the Kitchener/Waterloo area. Of those families not leaving for Kitchener/Waterloo, the agencies reported that families are paying 70% of household income on rent. It should also be noted that with Peel Living’s waiting list at approximately 13,000 households, the time required to access subsidized housing in Peel is growing at an alarming rate. With limited availability of affordable housing it would appear that even more Peel residents who are at risk of becoming homeless are actually losing their shelter and increasing the occupancy rate of Peel’s shelters.

Another example indicating the decline of affordable housing stock, staff recently determined that although there are many reasons why clients leave Peel’s homeless shelters, the majority that return, cite their continued inability to obtain permanent housing. Clearly, without affordable housing options and supportive services appropriate to meet client needs, shelter use can become cyclical with even those who are employed, relying on shelters for housing.

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It is also becoming apparent that there is a serious family housing situation in the Region of Peel. Emergency shelters are operating at capacity and the Region's use of a Brampton hotel, traditionally only used for overflow purposes, has also reached capacity with families. The hotel has also become home for self-paying families who have lost their housing as the hotel provides affordable accommodation that is not currently accessible elsewhere.

The issues that contribute to homelessness have become as complex as the individual needs of those experiencing homelessness. Compounding family housing needs, rising eviction rates have led to expanded program funding to prevent families and individuals from losing their accommodation but need is anticipated to surpass additional funding allocated to the Homelessness Prevention Program. It is also becoming apparent from community agency personnel, that the reported increase in illegal evictions in Peel will require greater efforts to inform tenants of their rights in this regard.

It has become clear that in Peel, there is an urgent need for diverse shelter and housing options that provide a range of supportive services to allow independent living. Emergency housing options perform a valuable resource but cannot provide stable housing nor the supports required to break the emerging cycle of poverty and homelessness in the Region.

Initiatives undertaken have also revealed the extent of unaddressed physical health and mental health services issues in the Region. The lack of services in Peel, including residential-based programs, targeted to those who are dual-diagnosed, both increases the complexities of the homeless condition and presents a challenge to overcoming barriers.

SCPI and Priority Areas in Peel

The Region of Peel and its community partners developed this Community Supports Plan based on the recommendations of the Region of Peel's 1999 Task Force on Homelessness. It was the final report of the Task Force that provided the base to move forward on the provision of outreach and shelter services as well as efforts directed toward the development of transitional and permanent housing options. The recommendations of the Task Force also directed Regional staff to work in partnership with community-based organizations and private sector partners toward projects which increase the available supply of rental housing in the absence of government supply programs. In addition, the Task Force report authorized initiatives to provide permanent housing for people who need supports to live in the community. Emergency housing options for families and youth was also a key component of the Task Force report as was ensuring adequate emergency shelter options in the Region.

It has become clear that the Region of Peel must have in place a support system that allows the homeless into appropriate shelter for a length of time that will provide professionals with the opportunity to assess client needs and then place the individual into a program that meets their needs. If there are time limits assigned to length of stay, delays, barriers or waiting lists encountered, the individual cannot move into the next stage of appropriate and supportive housing. The end result means that housing designed to be temporary and targeted for emergency purposes, reaches capacity, begins to warehouse individuals and is unable to accept new clientele.

In summary, the objectives of this Community Supports Plan are to:

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- . increase the supply of transitional and permanent housing options
- . provide street outreach services
- . improve the health of those experiencing homelessness and address barriers to accessing health care
- . move individuals and families from emergency and temporary housing into more stable permanent housing
- . educate the community within Peel of the nature of Peel's homeless population
- . address barriers and gaps in service delivery
- . prevention initiatives
- . improve partnerships and engage in consensus building with community stakeholders and all levels of government which result in long-term solutions to homelessness
- . work with community partners and stakeholders to produce program and service funding models to offer sustainability beyond the three-year timeframe of the SCPI program
- . create efficiencies within the "network" of services and supports to homeless individuals and families
- . build on existing community-based programs and services
- . include homeless people through employment/training and in the planning implementation and evaluation stages of projects and initiatives

This Community Supports Plan provides the first steps that have been initiated toward building a cooperative and consensus building process with community stakeholders that identifies the systematic and individual root causes of homelessness, and identifies local needs and barriers to service access, as well as responds to the issues that lead to homelessness in the Region. It is acknowledged that much more needs to be done to produce the continuum of housing options required in the Region of Peel or to reduce the extent of poverty that is growing in the community. The Supporting Communities Partnership Initiative can help by investing capital in key priority areas and can be used to kick start initiatives that can be sustained in the community.

SCPI Priorities and Funding

The Federal government, through the Canada Mortgage and Housing Corporation, has recently responded with a major financial commitment. The Region has received \$164,000 toward the retrofit of the Mavis Road shelter in Mississauga. In addition, the Federal government has provided \$500,000 toward the construction of a new homeless shelter in Brampton. This is a significant indication that the Federal government recognized the seriousness of Peel's efforts.

Following consultations with community stakeholders, community consensus building, and acknowledgement of priority, the Region of Peel made two applications under the homelessness related "urgent needs" program of Human Resources Development Canada.

An "urgent needs" application for \$220,000 was made to HRDC for continuing the Outreach Program in 2001. Outreach has effectively bridged the gap between traditional services and the homeless and at-risk population, by providing continuity of care that is a valuable extension of current practices. HRDC urgent need funding will ensure that the pilot project operated in 2000 evolves into a sustainable component of Peel's comprehensive response to homelessness. A valuable component of outreach that will be expanded through development of a communication strategy is the street help line. The intent of this 24 hour emergency response telephone service

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is to provide a service that provides both emergency assistance and an empathetic ear for those who are vulnerable. The telephone service, as determined through the pilot outreach project, provides an outreach mobile service connection and a credible service referral system.

The second application to HRDC related to federal contribution toward the costs of preparing the community plan to reduce homelessness and disseminating information about programs and services directed toward those experiencing homelessness throughout Peel. Included in the proposal was funding to hire a community development staff position. The role of this person will be to coordinate the Supporting Communities Partnership allocation, work with the Community Advisory Group in administering priorities, strategic planning associated with moving the Youth Task Force and Family Housing Work Group forward and begin execution of the Region of Peel's Community Supports Plan. As the Region of Peel is both diverse and geographically large, special attention will be focused by the community development staff person on the needs of those homeless and at risk in the Town of Caledon. The application sought HRDC contribution for \$30,000.

Funding priorities contained in this Community Supports Plan are:

- . outreach
- . youth transitional housing
- . family housing options

As the continuation and expansion of the outreach program and street help line will be provided through HRDC "urgent need" funding, the two key SCPI funding priorities, as determined by the Community Advisory Group, are:

1. Youth Village – A comprehensive transitional housing and community development facility. Currently, consensus building and consultations continue in order to determine appropriate programs and services to be offered. Design of the facility has involved the expertise of the community and youth during a consultation process. A key component of this project is a strong training/education/employment emphasis to enable and empower youth.
2. Family Transitional Housing Project – Support for the development of a family transitional housing project is also underway using a consensus building model. The community is telling us that there has been many years of pent up need for this type of facility in Peel which has led to the serious family housing situation that has emerged in the Region. The nature of this situation is outlined in the Community Supports Plan.

The Community Supports Plan stated objective and funding priority is to designate 50% of SCPI funding being directed to Peel equally between these two priorities. Any change in this allocation approach will be approved by HRDC.

There are additional priorities that the Community Advisory Group has identified:

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- 1) Assistance for those in Shelters – A community economic development project designed to assist people in the shelter system to develop alternative meaningful work or to ensure those without work experience to acquire job readiness skills.
- 2) Harm Reduction – The Region of Peel does not have a residential facility that offers services based on a harm reduction model. Consensus building is currently underway to determine the feasibility of such a model being introduced in the Region.
- 3) Working with Institutions – Efforts have been directed toward negotiating with service institutions including hospitals for the provision of appropriate service delivery for people experiencing homelessness.
- 4) Health Promotion and Health Care – The Region of Peel has been working toward delivery of programs to increase accessibility to primary health care, enhancing health education, developing linkages with community agencies, promoting partnerships, as well as communicable disease prevention.

Currently, these initiatives are funded through Provincial Homelessness Initiative Funds and by the Region of Peel. Alternative funding will need to be sought to replace time-limited Provincial funding of homelessness initiatives as well as funding to expand Regional programs and services beyond reliance on the local property tax base.

Communication Strategy

It is proposed that the Community Supports Plan will be shared with the public through the representatives that comprise the Community Advisory Group. The political representatives on the Advisory Group will ensure on-going sharing of information with colleagues and City/Town staff and politicians so that interested members of the public can have input. It is also proposed that with the wide network of collaboration on homelessness issues and with the sub committees of the Advisory Group continuing their consensus building objectives, any community-based agency that is interested in participating can have valuable input and/or access to SCPI funding.

The Region of Peel will conduct an annual review on the progress of the Community Supports Plan. An annual report, evaluating housing and homelessness initiatives and projects funded through SCPI will also go to Council making access to information by any agency or member of the public accessible.

Matching Funding, Community Contribution and Sustainability

As outlined in the Terms and Conditions of SCPI, matching community contributions are required in order for HRDC to fund an initiative through the SCPI program. Community contributions are defined as non-federal funds used to address homelessness in the community over the three-year duration of the SCPI program. Non-federal funds for SCPI initiatives in Peel come from the Region of Peel, including donations in kind, and the Province of Ontario. Additional funds are raised by community-based agencies and community stakeholders.

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Matching funds for Peel to participate in the SCPI program far exceed the funding designated by the federal government for the Region of Peel.

The Region of Peel will ensure that projects approved for SCPI contribution will be sustainable. The Community Supports Plan identifies these projects as priority and the Community Advisory Group would not endorse these priority areas and expect SCPI funds if the sustainable criteria required by the federal government to participate in the program was not present. Both SCPI priority areas identified in this Community Supports Plan are capital projects. Regional staff will ensure that each capital project will have a multi-year financial plan in order for the project to move forward.

The responsibilities related to SCPI will fall under the jurisdiction of the Region of Peel's Department of Housing and Property and rest in the Department's Housing and Homelessness Initiatives Section. As a result, the Region of Peel shall remain fully accountable to Human Resources and Development Canada to ensure administration of the SCPI funds meet federal program requirements.

Developing the Community Supports Plan in the Region of Peel

Following the May 1999 release of the Final Report of the Region of Peel's Task Force on Homelessness, efforts have been targeted at community initiatives designed to both prevent homelessness and assist those who have become vulnerable and are at risk of homelessness. Region of Peel staff has been working with colleagues in both the Federal and Provincial governments to increase awareness of the needs of people experiencing homelessness and increasing poverty in the Region. Efforts have also been focussed on working with community partners, the business community, the faith community and established coalitions and stakeholders to identify emerging trends and implement Region-wide shelter, housing and focussed service solutions.

This Community Supports Plan outlines existing efforts in Peel directed toward addressing and preventing homelessness, and outlines supply initiatives, community partnerships and service gaps, as well as barriers to service access. This Plan also has been developed to put in place a framework for working co-operatively with the federal government in their Supporting Communities Partnership Initiative (SCPI).

Specifically, this Community Supports Plan outlines:

- . The Supporting Communities Partnership Initiative
- . The goals and objectives of the Supporting Communities Partnership Initiative
- . The extent of homelessness, those populations facing homelessness in the Region of Peel and emerging trends
- . Identifies existing gaps and barriers to accessing services
- . How this Community Supports Plan was developed
- . Funding priorities for homelessness initiatives in the Region of Peel
- . SCPI funding priorities

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- . Initiatives undertaken resulting from the Recommendations of Peel's Task Force on Homelessness
- . SCPI administration, accountability and evaluation strategy

A) Background

In June 2000, the Federal government announced the \$305 million, SCPI program. Under the three year Initiative, which is the cornerstone of the federal government's \$753 million homelessness program, the federal government has come to the table with funding to build on homelessness initiatives already underway in communities. Region of Peel Council was very encouraged by the federal government's willingness to support homelessness initiatives.

The Region of Peel will receive \$2.9 million over the three years. Building on what already works in communities, SCPI funding will provide flexible funding for partnership development; assist in the development of local strategies to tackle the growing issue of homelessness; as well as provide funding for sustainable supports and services to help make the transition from the street, to more secure accommodation, for homeless populations. Work in this regard in Peel is already well ahead of efforts in other parts of Canada. This Community Supports Plan would not be possible without significant ongoing community input. Extensive consultation and consensus building over time demonstrates the wealth of experience among all stakeholders and a willingness to work together toward the development of sustainable solutions.

Through partnerships, building community consensus and the final report of Peel's Task Force on Homelessness, it is believed that SCPI funding can be used to pursue specific priority areas in the Region. The Region of Peel has already taken steps to assist with emerging homelessness issues in the Region. The Region, through a partnership with the Salvation Army, is operating hostels for homeless men and women in both the City of Mississauga and the City of Brampton. In addition, through a partnership with community agencies and Human Service Departments of the Region of Peel, a street outreach program was initiated in 2000. The Region also embarked on partnerships with community based organizations and the private sector to determine the feasibility of developing new affordable housing and new transitional housing options to provide permanent housing for people who need supports to live independently.

With the approval of this Community Supports Plan by the Homeless Advisory Group, the Community Supports Plan will be forwarded to Peel Regional Council for endorsement. Following endorsement at Peel Council, expected by early 2001, the Plan will be forwarded to Human Resources Development Canada for review and approval. Funding for projects designated as priority areas under SCPI is anticipated by Spring 2001.

B) Additional SCPI Funding

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The Region of Peel was extremely disconcerted not to be included as a priority area in the allocation of SCPI funding. As the second largest municipality in Ontario, experiencing growth in both population and poverty rates, exceed in those in many SCPI funding designated municipalities, there can be no question as to the emerging needs in Peel. Though 80% of the \$305 million dollar SCPI program will go to 10 municipalities across Canada, 20% will go to other municipalities. The Region of Peel will receive \$2.9 million dollars from 2000 to 2003 when the Initiative will end.

In addition to this funding, there is other funding that is available through the \$753 federal homelessness initiative that Peel has taken steps to access. There is a total of approximately \$184,000 allocated to the Region of Peel for youth employment initiatives; the availability of "urgent need" funding; and funding for community planning and research.

Interested agency representatives from the Region's Youth Network have been meeting with federal Human Resources and Development Canada staff, as well as Region of Peel staff, in order to develop a proposal for youth employment initiatives in Peel. Clearly, there is consensus among participants that this funding can help build on programs that work in the community.

An "urgent needs" application for \$220,000 was made to HRDC for continuing the Outreach Program in 2001. Outreach has effectively bridged the gap between traditional services and the homeless and at-risk population, providing an extension of current practices to a wider audience in the community. HRDC urgent need funding will ensure that the pilot project operated in 2000 evolves into a sustainable component of Peel's comprehensive response to homelessness. In addition, a valuable component of outreach that will be expanded, through development of an outreach communication strategy, is the street help line. The 24 hour emergency response telephone service will provide a service that serves as both emergency response assistance and an empathetic ear for those who are vulnerable.

The Region of Peel also applied to HRDC for a \$30,000 federal contribution toward the cost of preparing the Community Supports Plan to reduce homelessness and disseminating information about programs and services directed toward those experiencing homelessness throughout Peel. Included in the proposal was funding to assist in the hiring of a community development staff position to work with the Community Advisory Group in administering priorities, strategic planning and begin execution of the Region of Peel's Community Supports Plan.

The Region of Peel has also made a significant financial commitment to homelessness and prevention initiatives. The following describes Peel's financial contributions toward homelessness and prevention initiatives 1999-2002. The contributions from the Region will form Peel's contributions toward SCPI initiatives:

1. SHELTERS AND TRANSITIONAL HOUSING
- | | |
|---|----------------|
| - Shelter development contributions 1999-2001 (less Federal RRAP \$630,000) | = \$ 2,370,000 |
|---|----------------|

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- Transitional housing contributions	= \$	335,318
- Shelter management contributions	= \$	4,165,992
2. HOMELESS SERVICES		
- Employment , training and support (including mobile outreach \$444,000 annual)	= \$	1,332,000
- Direct service homeless staff (Housing, Health and Social Services)	= \$	1,918,500
	Total	= \$10,121,810
3. Request for SCPI SUPPORT		
ADDITIONAL TRANSITIONAL HOUSING, SUPPORT AND EMPLOYMENT = \$2,900,000		

Clearly, matching funds for Peel to participate in the SCPI program far exceed the funding designated by the federal government for the Region of Peel.

C) Objectives of Peel's Community Supports Plan

The formation of a community planning group to coordinate research and discussions, including determination of priority areas, was both a preferred approach from a community planning perspective and a requirement for federal funding under the SCPI program. Following extensive consultations and community consensus building over many years, this Community Supports Plan truly represents a culmination of efforts that is supported by the Region of Peel's Community Advisory Group.

The Community Advisory Group supports this Plan since it contains the following three key components:

- . provides a long-term comprehensive focus covering the full range of needs of those experiencing homelessness and at risk in Peel
- . provides extensive community involvement in the development of the Community Supports Plan, and
- . identifies community initiatives that are connected to an overall purpose and vision for our community

The objectives of this Plan are as follows:

- . increase the supply of transitional and permanent housing options
- . provide street outreach services
- . improve the health of those experiencing homelessness and address barriers to accessing health care
- . move individuals and families from emergency and temporary housing into more stable permanent housing
- . educate the community within Peel of the nature of Peel's homeless population
- . address barriers and gaps in service delivery
- . prevention initiatives
- . improve partnerships and engage in consensus building with community stakeholders and all levels of government which result in long-term solutions to homelessness

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- . work with community partners and stakeholders to produce program and service funding models to offer sustainability beyond the three-year timeframe of the SCPI program
- . create efficiencies within the “network” of services and supports to homeless individuals and families
- . build on existing community-based programs and services
- . include homeless people through employment/training and in the planning implementation and evaluation stages of projects and initiatives

Continuum of Supports Plan

In preparation for Federal and Provincial funding applications, staff developed a Continuum of Supports Plan for the Region of Peel in consultation with community stakeholders. The value of a continuum of supports plan is that it identifies the function or role of each initiative, identifies where municipal initiatives may be warranted, and where partnerships are required. The purpose of the plan is to develop comprehensive strategies for the delivery and co-ordination of homeless housing and services, based on the diversity of people who are homeless and their individual needs.

The continuum of supports plan is a matrix, first identifying who services are required for in terms of identifying an individual's present state of homelessness, falling within the following three continuum categories:

MOST ISOLATED: -People socially isolated, vulnerable, not trusting of honest attempts of assistance, or individuals who are skilled at remaining “invisible”. These individuals could be in the community camping in wilderness locations or “sleeping rough” in parks, under bridges, in the sewer system, garbage bins or other hidden areas.

PEOPLE WITH IDENTIFIED ISSUES:

-People seeking overnight shelter in out of the cold locations, hostels, shelters or transitional living accommodations; those seeking shelter in supported accommodations such as rooming and boarding houses, social housing or community agency supported accommodations; or those living independently with minimal support services. This category includes populations that no longer deny their issues, those that are prepared to accept responsibility and consequence, as well as those fleeing abusing relationships (women alone and with children and youth).

PEOPLE LIVING INDEPENDENTLY WHO ARE AT RISK:

-Individuals or households living in a stable housing situation, in control of their lives; however, circumstances have created a condition of vulnerability or ongoing family breakdown that threatens their stability.

Upon identification of who programs and services are directed toward, based on an individual's present state of homelessness, the next step of the continuum logic model can be implemented. The

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second step involves a needs determination for each category outlined above, through implementation of a community consultation process. The third step involves determination of appropriate responses for each category, including community development initiatives and homelessness prevention initiatives. The fourth step involves the actual provision of service and supports. And the fifth and final step involves addressing gaps and co-ordination of opportunities, including implementation of pilot projects directed toward increasing the required housing options to meet the needs identified for each continuum category

Through the housing and homelessness initiatives identified in this Community Supports Plan, the Region of Peel has moved forward on the implementation of a comprehensive continuum of supports plan in partnership with our community stakeholders. The objective in the implementation of the Region's continuum of supports plan is to provide appropriate shelter options for a length of time that will allow professionals to assess individual needs and direct the individual into a program that meets those needs. The key to success is the availability of supportive housing options to allow the individual to move into the next appropriate stage of housing. Failure to achieve continuum objectives will result in a crisis at the level of emergency housing as the system will be unable to accept new homeless individuals because the provision of emergency shelter will have become long-term housing. For this reason, a continuum of supports plan was created that is comprehensive, involves partnerships with community stakeholders, and addresses the needs of those on the street and individuals at-risk of losing their housing.

A visual representation of the continuum of supports matrix is provided in Appendix 1.

Housing Initiatives

A) Housing Supply

The Recommendations of the Region of Peel's Task Force on Homelessness provided a solid base to create a housing continuum that included outreach and shelter services, as well as the initiatives directed toward the development of transitional and permanent housing options. The Recommendations also directed staff to work in partnership with community-based organizations and private sector developers toward the development of new affordable housing to meet emerging community needs. To this end, housing supply initiatives have been directed toward increasing the available supply of rental housing and creating demonstration projects in the absence of government supply programs.

Specifically, staff have been working to develop an affordable 136 unit senior's rental project to be located adjacent to Peel Living's Twin Pines Mobile Home Park. In addition, staff has been working with both non-profit and private sector developers to identify incentives, government contributions and regulatory mechanisms that would encourage the production of both affordable rental and affordable ownership housing in the Region of Peel.

B) Supportive Housing

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In the Task Force on Homelessness report, Council authorized that the Region of Peel actively support initiatives to provide permanent housing for people who need supports to live in the community.

i) **St. Leonard's House**

Many community-based agencies have been active in attempting to fill gaps that exist in the network of services addressing homelessness and poverty. St. Leonard's House offers an intensive program of support to ex-offenders to assist them to re-integrate into the community. In addition to providing shelter to men being released from correctional institutions who might otherwise find themselves homeless, St. Leonard's staff provide support to homeless men at-risk of becoming involved in criminal activity. In response to growing community need, St. Leonard's expanded their services as well as created a 10 -bed program designed to serve homeless men who meet program requirements. The Region of Peel is funding this program through the Province's Redirection of Hostel Funding Initiative.

During the first six months of 2000, St. Leonard's has accepted a total of twelve residents into their homeless male program, of whom nine currently reside in the program at the facility. The program, in addition to offering housing, provides a basic life skills model that gets the residents involved and reconnected with life outside of prison. Clearly, careful planning of health maintenance, financial independence through employment and the reestablishment of social support networks are pivotal to the program's success. The residents have progressed in areas of improved social and communications skills, substance abuse prevention, increased self esteem and employment skill development. In addition, there have been instances of reuniting residents with estranged family members.

Reestablishment of social support networks, life skill training, budget counseling and employment search, all leading to reintegration into the community, is a process that takes time and is different for each client. Many of the residents have suffered from a variety of psychological and substance abuse issues like alcohol, drugs, mental illness and social isolation. The goals for one can be the ability to prepare a meal, while for another it may be to improve and stabilize their mental health status.

St. Leonard's staff work closely with Regional staff in Ontario Works and Peel Health as required. The facility itself offers a supportive, safe and secure environment for individuals that have experienced homelessness. It is becoming clear that more initiatives must be implemented, such as the homelessness program at St. Leonard's House, that serve to remove the barriers that exist for the homeless. At a later date, Council will be presented with a report that will provide an overall analysis of the program to date.

A future report to Council will also assess the potential and need for expansion of transitory housing facilities based on the St. Leonard's model.

ii) **Efficiency Apartment Project**

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The first supportive housing initiative identified in the Task Force on Homelessness report was to pursue the merits of creating "Single Room Occupancy" units or development of an efficiency apartment project, in consultation with appropriate area municipalities. It was requested that Regional staff work to resolve regulatory issues, identify potential Regional land to donate to the project, and report to Council on specific municipal, provincial and federal government action required to develop efficiency units and make the efficiency apartment pilot project a reality.

In October 1999, Peel Regional Council approved in principle the development of one efficiency apartment pilot project. Further, Council approved in principle the contribution of land owned by the Region for the development of these efficient self-contained bachelor apartment units. The proposal is to develop a 55-unit efficiency apartment project on Regionally owned lands in the City of Brampton, as part of the Peel Manor campus on Main Street.

Staff has retained architectural services and a development consultant for the pilot efficiency apartment project and site drawings have been prepared. Dialogue with the City of Brampton Planning Department has been initiated in order to determine what specific planning requirements need to be met to move the pilot project forward has been undertaken.

Staff has also met with employees of Peel Manor to review the project with them and answer all questions, and at the time of writing, had scheduled an information open house for the community on September 21st, 2000.

Council directed the Commissioner of Housing and Property to enter into a partnership arrangement with Supportive Housing in Peel for resident support services. The commitment of the Region of Peel to working with Supportive Housing in Peel in this efficiency apartment project responds to Council's direction to address the housing needs of chronically homeless people using the efficiency apartment model.

It is proposed that one-third of the individual tenants will previously have experienced homelessness and may be utilizing the hostel system for shelter. An additional one-third of the units will be filled by clients of Supportive Housing in Peel. Supportive Housing in Peel (SHIP) will ensure that residents of the building fit their client profile and can live independently. SHIP is anticipating that funding support for their approximately 30 units will come from the Ministry of Health and Long-Term Care. This provides a secure revenue stream for 54% of the project and will help minimize vacancy losses. The final one-third of the residents will be low-end market rent tenants that would otherwise be vulnerable to homelessness if living in private market accommodations. One unit will be reserved for an on-site superintendent. The housing will be managed by Peel Living.

Critical barriers must still be overcome to ensure the project's success. Collective involvement of all levels of government will be needed. As an example, federal relief

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or reduction of the Goods and Services Tax may be useful. Some degree of financial relief will be required from all levels of government to ensure project viability.

iii) **Boarding House Pilot Project**

Boarding homes, rooming houses and supportive housing represent a valuable affordable housing resource in the Region of Peel for low-income singles and those in need of support. Privately owned premises represent the largest component of this stock but recent Provincial initiatives will be providing resources to enhance the non-profit portfolio. Council requested staff to work with the Peel Mental Health Housing Coalition (a community-based coalition including representation from various service agencies, consumer groups and Regional staff) to develop a program model for rooming, boarding and lodging houses in Peel Region. Council also directed staff to work in partnership with supportive housing providers and to determine a means of increasing the supply of supportive housing available for people with special needs, including additional shelter spaces and supports for people living with mental illness.

Upon investigation, staff has determined that within private sector operated boarding homes and rooming houses, landlords have to deal with solving complex support issues for individuals who have few alternatives. In terms of the development of a program model for rooming, boarding and lodging houses in Peel Region, talks with community stakeholders and government officials have been initiated. The goal is to structure a co-ordinated approach to ensure that licensing, multi jurisdiction inspections, capital improvement resources and operational supports provide a solid base to help in maintaining safe and appropriate housing.

For capital improvements to comply to building standards and provide supportive space, such as common areas, smoking areas, and adequate kitchen facilities, forgivable loans are available through the Federal Residential Rehabilitation Assistance Program. Staff has provided direction to private sector providers. At this point in time, two homes are now in the application stage for these funds and represent a pilot for other operators. Operational support funding is anticipated through the Provincial Long-Term Care Program for individuals who need ongoing support for mental health issues.

In terms of initiatives directed toward working in partnership with supportive housing providers to increase the supply supportive housing available for people with special needs, staff has been working with Supportive Housing In Peel (SHIP). This community-based agency, that provides housing and residential supports for people with psychiatric illnesses, has received a Provincial rent supplement allocation for up to 130 beds (including the acquisition of 30 units) to provide rent supplements and service support programming. As a major resource transfer agency in Peel, Supportive Housing in Peel can now assist other community agencies in Peel in collaborative initiatives and can effectively partner in the Region's pilot efficiency apartment project.

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C) Improved Access

Council requested the Commissioner of Housing and Property to seek ways to increase accessibility of people experiencing homelessness or at imminent risk of becoming homeless through the planned transfer of social housing responsibilities from the province to the Region of Peel. The Region of Peel has been unable to take concrete action on social housing devolution until either the actual legislation was tabled or the province announced a policy framework to guide implementation of social housing devolution to municipalities. Devolution legislation was passed in the Ontario Legislature in December 2000.

We know that the Region of Peel, as a provincially designated Consolidated Municipal Service Manager (CMSM), will own and control all property currently administered by the Peel Regional Housing Authority. The province has announced that this transfer will take place on January 1st, 2001. Municipalities will have the 2001 calendar year to implement the necessary management structure and policy framework needed for transfer of program responsibility.

Recommendations of the Social Housing Committee and discussions with Provincial staff suggest CMSMs will be allowed to vary from applicant priority categories which are currently part of modified chronological system of resident selection. One-on-one meetings are in progress between housing providers and the Commissioner of Housing and Property. At these meetings the prospect of increasing accessibility to social housing for those at-risk or experiencing homelessness has been raised. Providers have been encouraged to participate in whatever consultation takes place to come up with a made-in-Peel policy. It is expected that a formal consultation process will be initiated. It is anticipated that agencies involved in serving various needs, including homelessness, will also be involved in the consultation process.

Emergency Housing Initiatives

A) Families

In the Task Force on Homelessness, Council requested that Regional staff explore alternatives to the use of a local hotel as emergency accommodation for homeless families. In November 1999, staff reported to the Chair and Members of General Committee that the emergency need for family housing had not increased over the previous year. It was believed that existing community resources and shelter facilities, coupled with the use of the Brampton hotel, was sufficient to meet immediate family shelter needs. However, Council authorized staff to continue to monitor the usage of the Family Life Resource Centre (FLRC) and the Rosetown Inn in Brampton and report on any emerging trends.

The Family Life Resource Centre is an emergency shelter for women and children who are victims of domestic violence and provides shelter to homeless families. The Salvation Army facility, located in north Brampton, accommodates 15 families and 10 single women. Though facility statistics reveal that the number of families, adults and children, admitted to the Family Life Resource Centre is expected to decrease by 27% in 2000, the length of time

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that families are staying at the facility has increased by 44%. Over the first 6 months of 2000, the facility has operated at capacity and it is projected that the total costs associated with operating the Family Life Resource Center will also increase.

In terms of the Rosetown Inn in Brampton, the intent of the Inn was to use this private sector operated hotel in emergency situations for client overflow purposes. With the Family Life Resource Centre operating at capacity, the number of families that have been referred to the Rosetown Inn has increased by 14%. In terms of the total number of people, this represents an increase of 32% with a corresponding 46% increase in children housed at the Rosetown Inn. It should also be noted that in the first 6 months of 2000, the number of women admitted to the Rosetown Inn has increased by 27% because shelter beds remain at capacity in existing shelters. Interestingly, admissions of males have decreased by 83% at the Inn, likely a result of the operation of both the Rutherford Rd. and Mavis Rd. shelters. Couples' use of the Inn has increased by 172% with 36% more families admitted in the first 6 months of 2000 over the first 6 months of 1999 due to other facilities in Peel being at capacity. Also of note, the average length of stay at the Rosetown Inn has increased by 33%. Costs in 2000 for the operation of this overflow facility are expected to increase by 52%.

Clearly, the length of stay statistics cited above indicate the increasing length of time required for families in need to acquire housing or housing alternatives in the community. Operating at capacity, with individuals and families having to remain in accommodations designed for temporary use, the Family Life Resource Centre is now serving fewer clients. As a result, the Rosetown Inn is serving 37 % more clients than last year at this time.

Staff at both facilities report that clients are often moved from the Rosetown Inn to the Family Life Resource Centre when space becomes available. The Rosetown Inn does not offer any program support beyond Ontario Works staff meeting with clients to discuss case plans. However, families and single females with complex issues often do not move from within the shelter system until they find support services offered at the Family Life Resource Centre.

Staff report that clients have expressed concern about being placed at the Rosetown Inn. Although the individuals and families remain grateful for the shelter and food provided at the Inn, they have felt uncertain about remaining in a facility that is not as well equipped or staffed as a shelter. The Inn is also not an appropriate location for the increasing number of children that are residing at this facility.

Ontario Works staff believe that the increasing length of stay at shelter facilities and the Rosetown Inn may be caused by the increasingly complex issues that homeless and vulnerable families are facing. Staff report that many suffer from addictions and mental health concerns, inappropriate or unavailable childcare, lack of life skills training, parenting abilities and budgeting knowledge. With the hotel and FLRC operating at capacity, there is a clear indication of the need for supportive housing options where both affordable housing is provided, along with appropriate support services, to allow for personal growth and the opportunity to break the cycle of poverty and homelessness.

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Families close to the poverty line are finding it increasingly difficult to cope with rising rents and are having difficulty locating affordable housing. The Rosetown Inn has also become home for self-paying families who have lost their housing as the hotel provides affordable accommodation that is not currently accessible elsewhere.

As another example, agency personnel are reporting an increase in the number of families faced with illegal eviction. In addition, a recent report from the Canadian Bar Association suggest that with the under-funded legal aid system, those that require timely legal assistance to prevent an illegal eviction are experiencing difficulty accessing the legal aid system. The end result is that families are finding their way into the shelter system and are increasingly vulnerable to homeless. Community Partners funded agencies recently reported that each counselor, in each of the three Community Partners agencies (Catholic-Cross Cultural, Malton Neighbourhood Services, John Howard Society), are seeing 20 new families in need of housing each week. With no affordable accommodation available in Peel and emergency housing full, families are being sent to the Kitchener/Waterloo area where Peel households are achieving a 50% success rate at finding affordable housing. Of those families not leaving for Kitchener/Waterloo, the three agencies report that families are paying 70% of household income on rent. The key reason cited for the emerging family housing crisis is the demise of provincial Rent Control legislation.

During the summer of 2000, with both the Family Life Resource Centre and the Rosetown Inn at capacity, Ontario Works staff have had no other option but to refer Region of Peel shelter applicants to Toronto shelter facilities. Toronto Central Intake has contacted Regional staff about this situation. Peel staff has explained the crisis faced in the Region for women and families. While Toronto staff has done their best to accommodate our residents, as Peel has done to house some Toronto residents in the Region's shelters, they cite the City of Toronto's policy to send non-Toronto residents back to their home municipality and the intent to implement this policy with increased regularity. It is hoped that the introduction of a new computerized information gathering system can clarify issues such as municipality of origin of shelter users over time. This new system will be discussed later in this document.

In terms of the growing need for family housing in Peel, Regional staff initiated the formation of a Family Housing Work Group during the summer of 2000. The Family Housing Work Group is comprised of staff from the Housing and Homelessness Initiatives Section of the Housing Department, Ontario Works, the faith community, Family and Children's Services of Peel, and Catholic Cross Cultural Services.

The Working Group has determined the need to collaborate toward the development of a family transitional housing project. During the coming months, the Working Group will prepare a proposal and will approach the broader community for program input through a consultation process. Following community consensus on a proposal to produce family housing, it is anticipated that the Working Group will prepare a continuum of supports plan to be used to base a funding request through the Federal government's Supporting Community Partnerships Initiative. Regional staff has expressed to colleagues in both Human Resources Development Canada and the Canada Mortgage and Housing Corporation,

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that a proposal will originate from Peel, seeking approximately \$2 million in each year of 2001 and 2002 for family and youth accommodation needs.

A progress report on this initiative will be provided to Regional Council and the Community Advisory Group. This report is anticipated in Spring 2001. However, the immediate seriousness of the situation requires additional emergency response. The Commissioners of Housing and Property and Social Services are currently conducting a series of consultations to design a more rapid response.

B) Youth

In December 1999, the Region of Peel Council approved an important initiative in regard to assisting homeless and at-risk youth in the Region of Peel. Following a staff report outlining the usage of current facilities for homeless youth; the inadequate number of beds dedicated to homeless youth in the Region; an increase in youth experiencing mental health issues; and the disconnectedness of youth services in Peel, Council approved the establishment of a Task Force on Homeless Youth. The lack of emergency shelters and programs for homeless youth was apparent considering that approximately 250 youth find themselves turned away on an annual basis from the Region's only youth shelter because it is full most of the time. The Task Force recognized that homeless youth lack the support network of family and friends and that many are victims of abusive homes and suffer from mental illness, learning difficulties and substance abuse. The goal of the Task Force was to establish collaborative links between agencies currently assisting homeless youth and to develop a Peel-wide strategy designed to reduce homelessness among the youth population in the Region.

Representatives from 42 youth-serving agencies from across the Region have been meeting regularly since February 2000 to exchange information on the activities and programs of each agency and to begin to identify gaps and resource needs. Membership includes representatives from mental health service-based agencies, advocates, boards of education, drop-in centres, sexual health clinics, drug abuse counselling, criminal justice counselling, the police service and faith-based organizations. All agencies represented at the Task Force serve young people and provide programs and services of relevance to homeless youth and youth at risk of homelessness.

After much discussion about the factors contributing to homelessness among young people, Task Force members agreed on a broad and simple definition that would ensure that the work of the Task Force encompasses all people experiencing the challenges of homeless youth:

“A homeless youth shall be defined as an individual between the ages of 12-29 who is without reliable, safe, and stable shelter.”

The Task Force chose to use the same age range standard for defining youth as used by the Canada Mortgage and Housing Corporation.

To ensure that the work of the Task Force is appropriate and relevant to the needs of homeless youth, focussed efforts have been initiated to hear from youth directly. Agencies

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that work with youth are being encouraged to develop mechanisms for dialogue with homeless youth or youth at risk of homelessness. The intent is to encourage agencies that work with homeless youth or youth at-risk of homelessness, to initiate non-threatening forums in which a broad spectrum of young people can articulate their issues. It is also anticipated that the opportunity will be provided for youth to speak directly to members of the Task Force for those who are willing and able to do so.

At the outset of the work of the Task Force, a continuum of supports model was incorporated which is not unlike the Continuum of Supports Plan that was developed for Peel. The advantage of the Task Force using a continuum of supports model is that the plan can be a useful means of illustrating the different places in which different youth find themselves and identifying the support needs required by them.

The categories identified in the Continuum of Supports are:

1. Youth who are most socially isolated
2. Youth who have identified their issues
3. Youth who are addressing their issues
4. Youth who are participating in the management of their lives
5. Youth who are independent and stable.

In an effort to establish collaborative links between agencies currently assisting homeless youth and to develop a Peel-wide strategy designed to reduce homelessness among the youth population in the Region, agencies were asked to undergo a process of self examination and disclosure. This has led to a series of presentations in which agency representatives readily discuss with other agencies, the areas in which they are not able to be effective, as well as those in which they are more successful. This process has proved invaluable as insight into the gaps that exist in the network of services available to young people in the Region. Several agencies have expressed concerns about the lack of adequate services to reach youth on the street. This is an indication that most agencies in Peel recognize the need to serve those most socially isolated, but service to this category of youth is a gap in Peel. It has also been identified that Provincial legislation for Ontario Works and gaps in agency mandates contribute to difficulty in providing adequate services to youth aged 16 and 17. As well, many agencies are faced with youth under the age of 16 that they cannot serve. Task Force members suggest that this problem is a growing concern in Peel. In addition, many agencies identified a shortage of resources leading to long waiting lists, inability to provide adequate follow-up, limitations on their range of services, geographic limits, and high staff turnover due to inadequate salaries.

Perhaps the most striking resource gap that is becoming apparent is in terms of housing and shelter options for youth in need. There are only 18 shelter beds specifically identified for youth aged 16 to 21 in the Region. The two programs operated by Our Place (Peel) contain 12 short-term beds (maximum stay 21 days) and 6 long-term residential beds (up to one year). When these beds are full, youth are referred to the Mavis Road and Rutherford Road shelters or homeless youth must go to other communities for shelter. In the first six months of 2000, a total of 39% of the residents at the Rutherford Road shelter and 53% of Mavis road shelter occupants were between the ages of 16 and 29. Task Force members remain

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extremely concerned that young people are required to leave their home community in order to meet their basic needs. There is clearly a need for more shelter beds including beds targeted to young people for whom a transition period of 21 days is insufficient and for whom the long-term program is not suitable.

There is no permanent housing in Peel with appropriate support for young people who are facing homelessness. There is a need for a housing project in Peel which offers a full range of services and programs that address all of the needs and issues of today's homeless young person and meets emerging demand for these services.

Part of the original mandate of the Youth Task Force was to develop a strategic plan for reducing homelessness among Peel's youth population. The Task Force membership has decided to build consensus around the highest priority gaps and initiate a process of joint action to fill those gaps. Agencies participating in the Task Force agree that there is value in an ongoing forum for exchange of information, collaborative planning, joint initiatives and community education. To this end, members have identified the need for an ongoing Network and/or working group to continue collaboration efforts directed toward development of innovative solutions that the Task Force has initiated.

To be specific, the Task Force membership is currently exploring the formation of a Homeless Youth Network that would collaborate on the development and management of a facility designed to provide a range of needed programs and supports for young people who are homeless or at-risk of homelessness. The Peel Youth Village model that is under development would include a spectrum of shelter solutions designed to meet the needs of young people at various points in their journey from the street to stability. The overall focus would be on harm reduction, education and capacity building; however, the most immediate benefit of the project would be to increase the range of shelter options for homeless youth, offering short and long-term shelter as well as permanent housing. The programs and services offered will be determined in close collaboration with potential program users and may include outreach, counselling, life skills and basic medical support. The long-term benefit for homeless young people would be personal growth, empowerment and an avenue to fulfilling lives off the street.

Focussed efforts are underway at the Task Force to hear the voices of youth directly. Agencies and individuals are developing forums in which young people can articulate their issues. These processes will provide a forum to involve youth a broad spectrum of youth in the design process. The Task Force will act as a reference group, providing advice, support and resources as required; while a small number of agencies will assume direct responsibility for day to day management.

Recently, a full day visioning exercise (brainstorming session) involving members of the Youth Task Force was held in order to determine specific gaps in existing services in Peel and to achieve consensus on principles and broad objectives of a youth facility. The community has demonstrated the ability and willingness to collaborate on a shared project and a project design charrette is being planned.

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While Regional staff and Task Force members continue to explore a range of funding sources for the Peel Youth Village model, it should be noted once again that a proposal will originate from Peel, seeking approximately \$2 million in each year of 2001 and 2002, for family and youth accommodation needs.

C) Emergency Shelter

i) Rutherford Road, Brampton

The Rutherford Rd. Shelter originally opened on December 23, 1998. It operated as an out of the cold program, opening at 5:00 p.m. serving dinner and breakfast, and closing at 8:00 a.m. It was staffed by the Canadian Mental Health Association, John Howard Society and H.I.S. Ministries and had a very large faith community volunteer base. It was funded through the Region of Peel. Programming included financial assistance from Ontario Works staff, mental health and addiction supports, employment and housing supports through outreach staff during day and night time hours, life skills training and recreation. It is important to note that this program was the result of a strong faith and business community concern about the extent of the predominantly male street population in the downtown Brampton core. This program phase ended on April 30, 1999.

On November 1, 1999, Rutherford Rd. reopened as a shelter for homeless males. It is operated by the Region of Peel Social Services Department and managed by the Salvation Army. The program is designed to serve 40 males with space available for an additional 20 men.

The facility operates 7 days a week, 24 hours a day and offers programs which include, but are not limited to, employment supports, health services, housing supports, mental health and addiction supports, chaplaincy, life skills training and recreation. Ontario Works staff visit the residents of Rutherford Road daily, assisting them financially and working with the Salvation Army counselors and front line staff to develop case plans with the client. The program continues to be strongly supported by the faith community of the Brampton area.

Rutherford Rd. Resident Profile

During the first six month of 2000, the following information was gathered regarding the usage of the emergency shelter facility.

Average Age 2000	34
Average Age 1999	34
Age 20-29	30%
Age 30-39	30%
Age 40-49	22%
Age 16-19	9%
Age 50+	9%

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The highest range for repeat users of the facility were those in the age range between 30 and 39 (35%), with the second largest group between 20 and 29 years of age.

People seek shelter at the Rutherford Rd. facility for many different reasons. Of all the reasons cited, the most cited reason for return to the shelter, at 25%, was that they have no other acceptable housing option available. Some are chronically homeless and had lived on the streets for years, while others just recently found themselves facing this situation.

Eviction was also declared as a reason for coming to the emergency shelter. Some residents also declared that they were illegally evicted or “just locked out”, while some acknowledged going through the formal eviction process. Some acknowledged that they just left their housing knowing that an eviction was pending and chose to avoid the conflict.

Interestingly, 15% of those using the Rutherford Rd. facility sought refuge at the emergency shelter due to some form of family breakdown, separation, abuse, broken homes or a serious disagreement where a “cooling off” period was required in order to mend the relationship. A total of 12% reported having been released from an institution, hospital, correctional facility or treatment centre with no where else to go. Those admitted to the Rutherford Rd. shelter also declared to being transient or being discharged from another shelter. Those totals are very small, registering 5% of users of the facility.

There are many reasons why clients return to the Rutherford Rd. shelter after being discharged. The most significant being 47% declaring to be homeless, 16% evicted, and 12% released from an institution. Clearly, without affordable housing options and supportive services appropriate to meet client needs, shelter use can become cyclical with even those who are employed, relying on shelters for housing.

Employment statistics of Rutherford Rd. residents revealed that 34% of the 375 different individuals admitted to Rutherford Rd. were employed.

- 20% being full-time
- 11% temporarily
- 3% either part time or pending first pay

Of those that returned to Rutherford after discharge, 40% were employed:

- 16% being full-time
- 18% through temp agencies
- 5% either part time or pending first pay

It appears that a higher rate of males returning to the shelter were temporarily employed rather than full-time employed. Possibly the inconsistency of employment

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through temporary agencies and the lower rate of pay has made it difficult for those that have obtained housing and left the shelter to maintain their housing arrangements.

The ability to successfully secure employment depends on a number variables such as skills, education, family abuse history, motivation and health. A total of 66% of the residents at Rutherford Rd. were not employed as of the end of June 2000, though 52 % of the 66% participated in job searching. It should be noted, however, that 14% were medically unemployable.

Of those admitted more than once to the shelter, the following statistics were revealed:

- 60% were not working
- 27% seeking employment
- 13% declaring medically unemployable

The majority not employed declared physical conditions as the cause. The staff operating the Rutherford Rd. shelter support this assertion as they suggest that a greater percentage of those not working are unemployed due to undiagnosed and undeclared mental health and substance abuse issues. The reality of these undiagnosed and undeclared conditions is that case management and program development is problematic and the ability for these people to achieve self-sufficiency, through a time limited shelter stay, is virtually impossible.

The average length of stay at Rutherford during the first six months of 2000 was 7.5 days, with the majority (37%) remaining at Rutherford between 3 and 6 days. When someone returns to Rutherford following discharge, it is often within less than 30 days of discharge and they stay an average 7 days.

Reasons for discharge at Rutherford Rd. were difficult to track as 34% discharged had left and not provided a reason. This suggests a number of possibilities. Some may have had alternate accommodations and returned home, some may have not been able to cope with the structure of the program, or those most isolated and in need of intensive support services were perhaps not able to feel comfortable and safe in such a busy environment. It has been confirmed that 26% of those discharged secured accommodations. The downtown Brampton area has the largest quantity of rooming and boarding houses and affordable accommodations but rents have been rising quickly in these units of late, while their quality of maintenance has declined.

In addition, 8% left Rutherford due to Ontario Works non-compliance and a further 3% left as a result of ineligibility for Ontario Works. A further 19% left Rutherford for other reasons, including returning to institutions.

It should also be noted that 10% have been discharged by the Salvation Army for unacceptable behavior or violation of rules. This may be an indication of the inability of the homeless individual to cope with a chronic addiction or mental health issue.

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Recognizing the need to balance individual needs versus the needs of all residents of the shelter, discharged residents are often readmitted after a period away from the shelter if they are willing to work with staff to ensure a safe and respectful environment for all. For many, a shelter is not the most appropriate place to reside, nor is the street. Appropriate treatment facilities are required but waiting lists are long in Peel and many treatment centres are not located in the Region nor readily accessible. Considering that the rate of mental health and addictions concerns are suspected to be greater than self reported, the ability to develop appropriate case plans, based on client history and need is challenging. Without a doubt client actions have been misinterpreted, as the context in which they should have been framed does not exist.

Challenges and Resolutions

The Rutherford Rd. shelter is leased from the City of Brampton and was previously used as a public works yard. It was originally intended that the building would be used for a short period of time, as an emergency measure, until a more suitable location could be found. Unfortunately, an alternate location could not be identified prior to the November 1999 reopening. After years of use as a public works yard, and serving as an out of the cold for one year, the facility has begun to deteriorate. Though a good deal of structural work has been performed on the facility, structural challenges at Rutherford Rd. require on-going attention to ensure that the facility is safe and secure for occupancy.

When the facility reopened in November of 1999, shelter and Ontario Works staff, as well as the clients of the facility, experienced a serious transition as the design of the program had changed. Clients were now expected to meet with counselors and Ontario Works staff to develop a case plan towards self-sufficiency. After some time and a great deal of public education, the staff, clients and community have adjusted to the new program initiatives.

Program Outcomes

It is estimated that over 1,000 admissions, including readmissions, will occur at the Rutherford Rd. shelter in 2000, averaging between 35 and 47 men each night. Between January and June 2000, 375 different people have visited the shelter, 282 have returned to Rutherford more than once for various reasons. It has become clear that the given the prevalence of readmission, 3 weeks is likely not an effective time frame to ensure self-sufficiency.

Through the support of the community and the staff of the facility, the Rutherford Rd. shelter has grown into a place where clients can be recognized as individuals with different skills, challenges and abilities. The program continues to expand as client need indicates, and staff and volunteers continue to adjust with each new issue they encounter.

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The Rutherford Rd. shelter presents a true example of community collaboration. Over three years ago the Peel community spoke out about the lack of services for single homeless males. A forum was held by the Peel Coalition for Shelter giving the homeless population an opportunity to share personal experiences and suggestions for resolution. Today, the Region has a program in place that provides our homeless male population with a safe and supportive, yet short-term, place to seek refuge from the tragedy of homelessness.

The excitement of late is that the program will be moved into a more appropriate facility that will serve both men and women. The shelter will be developed at the Region's Public Works Yard at Copper Road and will replace the facility at 52 Rutherford Road. The former City of Brampton Public Works garage was never intended to provide long-term shelter space. The physical nature of the old building and the fact that women can not be accepted has created a burden on existing resources.

The Federal government has made a major commitment to the new Copper Road facility, providing \$500,000. Staff worked very hard ensuring that Federal officials knew that in Peel, community service agencies, government organizations and the faith community are working together to build consensus about strategies to ensure vulnerable and homeless individuals do not remain in despair and poverty.

ii) **Mavis Road Shelter, Mississauga**

The Mavis Rd. Shelter opened on February 15, 2000. It is managed by the Salvation Army and operated by the Region of Peel Social Services Department. It is located on Regional property at 3190 Mavis Rd. South in Mississauga.

The program operates 24 hours a day, 7 days a week and is staffed by front line workers and counselors. The program was designed to not only offer emergency shelter and basic needs such as food and clothing, but also to assist homeless individuals in taking steps towards coping with personal issues. Through employment supports, housing supports, chaplaincy, life skills training, a health clinic and mental health and addictions supports, it is hoped that steps can be taken for residents to get connected with the assistance they require in order to be reintegrated into the community in a positive manner. It has become clear that, given the prevalence of readmission, a time limited or short-term shelter stay is likely not an effective time frame to ensure self-sufficiency. If steps could be taken to ensure self sufficiency and the ability to live independently through a supportive housing framework, and appropriate housing options available, shelter space would be freed up and clients would not be using the shelter as a long-term housing option.

Ontario Works in Peel staff are present at the shelter on a daily basis, assisting with the development of case plans and assessments for financial assistance. The program also has a strong volunteer base, which fosters a sense of community, understanding and acceptance within the facility.

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The facility was designed to accommodate 20 males and 20 females with an overflow option for 20 males. Within days of opening the facility, the shelter was close to capacity. The decision was then made to increase the number of individuals which could be accommodated within the program. Through some internal redesign of space, the facility currently assists up to 24 females, 30 males and has space for overflow of 20 males on a nightly basis.

Mavis Rd. Resident Profile

During the first four and a half months of operation, 190 different people have been assisted at the Mavis Rd. facility. A total of 53% were male and 47% were female.

Average Age	32
Age 20-29	31%
Age 30-39	22%
Age 16-19	22%
Age 40-49	14%
Age 50+	11%

Of those that are readmitted to the facility, 29% are between the ages of 20-29, followed by the 16-19 and 40-49 age groups at 22% each. A total of 78% of new admissions originated from within Peel Region.

Some individuals between the ages of 16 to 29 have been readmitted an average of seven times. They leave for various reasons, return home, transfer to another shelter, reside with a friend temporarily, only to return to the shelter when plans go astray. In general, the average age of the clientele is much lower than expected and the percentage of youth aged 16-29 far exceeds what was originally anticipated within the Mississauga community.

Staff has identified a significant trend this summer in terms of increased occupancy of the Mavis shelter. It was believed that winter would be the period of time when the shelter would achieve peak occupancy. However, this summer it would appear that the number of Peel residents who are actually losing their shelter and are in need, is increasing.

Employment statistics of Mavis Rd. residents revealed that 32% of the different individuals admitted to the shelter were employed.

- 15% being full-time
- 10% part-time
- 7% either temp agency or pending first pay

A total of 68% of the residents at Mavis Rd. are not employed. Interestingly, 52% declare to be employable and claim to be actively seeking employment. Likely, the

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gap between salaries paid and the cost of living represents an impact in this area. Finally, a total of 16% are medically unemployable.

Of those that are readmitted to the shelter after discharge:

- 20% employed
- 80% unemployed

A total of 16% of the unemployed declared to be unemployable.

It is important to note that the number of medically unemployable persons is self-declared. That said, shelter and Ontario Works staff suggest that the percentage of medically unemployable clients is much higher. The difficulty faced by the service provider is the client's unwillingness to self declare mental health and substance issues. Concurrent disorders is also suspected by staff and issues of this nature often go undiagnosed within the homeless population. The lack of information as it relates to mental health and addiction issues skews the employable statistics. More importantly, this deters from the ability to appropriately case plan to meet the challenging diverse needs of this client group.

The primary reasons for admission to the Mavis Rd. shelter were as follows:

- 22% no other place to turn
- 21% family breakdown

Family breakdown can be defined as abuse, physical, emotional or mental, family dysfunction, separation, divorce or transition. Of this total, 15% have been evicted, forced or through illegal means to leave their previous homes. In addition, a total of 9% are transients. Other reasons for admission included being released from an institution.

Often clients return to the shelter. A total of 508 admissions have been completed on 190 different people. Of the 190 different people, 55 have returned to the shelter on one or more occasions. The primary reasons for return to the shelter were:

- 29% declare to be without other housing option
- 20% evicted
- 13% return after being released from an institution

Shelter staff is becoming increasingly concerned about the increased incidence of late of direct discharges from hospitals, jails and treatment facilities to the Mavis Rd. shelter. Only 7% have been readmitted for reasons of family breakdown.

The average length of stay at the facility is 8.5 days, with 30% staying less than 3 days, 24% between 3 and 6 days, 24% staying between 7 and 13 days, 20% between

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14 and 30 days and 1% beyond 30 days. For those that are readmitted to the shelter, the length of stay is lower at 8 days per client.

Individuals have left the shelter for various reasons. A total of 24% of those admitted for the first time and 24 % of repeat shelter residents have obtained housing. It should be noted that the quality and appropriateness of the housing clients move into is unknown. Of those that have been readmitted to the facility 20% state that they have returned due to eviction. Often eviction is voluntary but sometimes illegal evictions occur, leaving individuals without funds for last month's rent to secure another accommodation and returning them to the shelter.

In addition, 3% left Mavis due to Ontario Works non-compliance and a further 1% left as a result of ineligibility for Ontario Works. A further 24% left Mavis for other reasons, including returning to institutions.

The Salvation Army has discharged 24% of those admitted to the shelter due to behaviour related issues. Of those that have returned to the shelter, 20% have been discharged for the same reason. Clearly, some clients have been without shelter for a significant period of time and are just not able to cope with the structure of a program. Some have had shelter of an inappropriate nature and are seeking refuge from a difficult situation; an active busy shelter may not be the most appropriate place for them at during this time. In addition, the most socially isolated may have difficulty coping with the lack of privacy, constant movement and noise within the facility.

As previously stated, the number of individuals experiencing mental health issues is estimated by staff as far greater than that self-declared. Undiagnosed mental health issues play a role in the staff's ability to case plan or understand a client's behavior. Often those discharged by the service provider return to the shelter to be readmitted. With each admission the personal issues become more complicated and the emotions involved manifest, creating anger, and discontent with the shelter system, staff and oneself.

Challenges and Resolutions

Since opening, staff of the Mavis Rd. shelter has been faced with structural obstacles that have deterred from their ability to develop appropriate programs directed at meeting the needs of the client. The Region of Peel Housing Department has secured approximately \$164,000 through the Canadian Mortgage and Housing Corporation to renovate the facility, making it more conducive to programming. The expected date of completion is late fall 2000.

The unexpected youth population within the shelter has required the staff to refocus and redefine the program. The challenges and needs of this population are unique. In addition, housing a diverse population ranging from age 16 to over 60 years of age has proven challenging. This range presents issues of varying health needs, language

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and communication barriers, conflicting expectations and diverse program requirements.

It has also come to the attention of shelter staff that a number of inappropriate referrals have been made to the facility by the local hospitals. For example, a number of elderly persons with considerable health issues have been discharged and directed to the shelter. The shelter is not equipped to provide "at-home convalescence" services. These inappropriate discharges will continue to be directed back to the hospital and Regional staff will be meeting with hospital administrators to ensure that this practice does not continue. This practice may indicate the need for expanded hospice facilities in the Region. Staff will investigate this matter further.

Program Outcomes

Within the first year of operation, it is estimated that the Mavis Rd. shelter will have total admissions of over 1000, including repeat admissions. It is expected that the facility will continue to operate at close to capacity.

To date, 190 different individuals faced with the issue of homelessness have sought shelter within the Mavis Rd. facility; men and women that have no other options and often fleeing from difficult family situations. Clearly, the program has not only offered them refuge from the elements, but has assisted them in coping with the crisis of being homeless for the first time. Homelessness is a diverse issue, it is all encompassing and through the support of staff, volunteers and appropriate programs, individuals are often assisted with the first steps toward a path of self-sufficiency. That said, barriers to self-sufficiency still exist.

The Mavis Rd. emergency shelter is a starting place, it cannot be all things to everyone, it is not a long-term solution, but it has proven to be empowering for some. However, what has become very evident is that the issue of homelessness is not simply about the lack of housing; it is far more complex. Addressing homelessness in Peel ultimately lies within a community's collective ability to identify the key issues and to initiate viable solutions.

iii) Understanding Homelessness in Peel: Survey Results

The Region of Peel retained both Jim Ward and Associates and Jennifer Morrison, a student employed by the Region's Housing Department, to assist in the development of a clearer understanding of homelessness and related issues. Specifically, the purpose of conducting interviews with shelter residents and community agency staff was to gain a better understanding of the shelter needs of youth and women and to determine the barriers to self-sufficiency for these individuals who have found their way into Peel's shelter system. The approach used to collect information was primarily that of direct interviews using standard questions. The following provides a summary of findings.

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With the large number of female youths with children encountered in the shelters, the number of respondents who could not afford support for their children, and the number of homeless respondents in general who had children, it is easy to see how the cycle of poverty continues. It would be much more difficult for these children to succeed in life because of the lack of money. It would make furthering their education difficult and some of the children may even have to leave school early to help support their struggling parents.

Shelter resident group participants were asked to describe their 'home situation' prior to coming to the particular shelter. Almost half of the respondents in the Ward and Associates survey stated that the home situation was an untenable one because of difficult or abusive relationships with others in the home. As one young woman said:

"Home? How can I call where I used to live home? Home's supposed to be a place you can be safe. I always had to worry about who was going to come on to me next, my father or one of my brothers."

Another young woman stated that:

"This shelter is the only option I have. My home is not an option; it's too much of a scary place to be."

Interestingly, a further 17% stated that the reason for having to leave their most recent 'home situation' was because they were unable to pay their rent or their share of the rent.

Ward and Associates interviewed personnel from local agencies serving homeless and at-risk individuals and families. Agency respondents estimated that, in Peel, one-third to one-half of the homeless young people they have worked with are homeless due to some form of domestic abuse.

An important finding from the Morrison survey is that the cycle of poverty is most prevalent among those interviewed due to the high number of respondents that indicated a lack of access to financial support. Only one female youth had access to financial support from her brother, but the support was nominal. The most common response from the respondents when asked if they had any friends or family that could provide support could be summarized in the following response from a young woman at the Family Life Resource Centre:

"I have my mother and my brothers to talk to, but they don't have any money either.....I have my sister, but she's just like me, no money and no place to live."

Therefore, it is obvious that many of the homeless respondents came from low-income families as well, thus, reinforcing the impact of the cycle of poverty.

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The most prevalent grade at which survey respondents dropped out of school was grade 11. Grade 9 was next. Most stated that they left school in order to work and generate an income. Some admitted that they had a problem with drugs and alcohol at the time, and left school to work to support their substance abuse problem.

The majority of the respondents in the Morrison survey were at the shelters for one of three reasons: either they had lost their job, were victims of physical or emotional domestic abuse, or were experiencing financial troubles stemming from the loss of benefits or difficulty finding a new job after leaving their previous job. Most of the respondents who were having financial troubles or difficulty finding a new job were those who had not completed high school. Without their high school diplomas, these respondents were in a cycle of low paying jobs and poverty.

All survey respondents were asked about work experience. It became clear that the amount of work experience was directly related to the age of the respondent. Although a considerable number of shelter residents are working, at least on a part-time basis, the kind of work in which they are employed is generally poorly paid. This provides them with little, if any, opportunity to break out of the cycle of poverty and homelessness.

Twenty of the thirty-five respondents interviewed in the Morrison survey were dealing with medical issues, but only fifteen were receiving treatment at the time they acquired shelter. The five who were not receiving treatment had a problem with alcohol, and four of the five entered the shelter hoping to receive help for their substance abuse problem. Fifteen respondents with health issues were being treated due to OHIP access once connections with Peel Health were made.

By examining the skill sets of the respondents, it is obvious that most of the skills possessed by the survey respondents are in the lower paying sector of the economy. Even the one woman identified with computer experience would be classified into the lower paying sector because her skills were outdated by today's standards. Many of the female respondents in the Morrison survey commented that they had experience in an office setting as secretaries or assistants, but all long before the widespread introduction of computers, which would make it difficult for them to find careers in the business world.

Marketable skills were definitely lacking from respondents in both surveys. Many of the respondents commented on the need for computer training sessions and career counseling to be held at the shelters. Without training programs or courses to upgrade existing skills, the respondents are destined to remain in the cycle of poverty. Some of the respondents did not have any skills or work experience at all, which would make finding a job that paid enough to survive on all the more difficult. As one respondent stated:

“I used to have an apartment and a job that paid \$7 an hour. But I soon fell behind in my rent, because \$7 is not enough to live off of. I got a new job that paid \$10 an hour, but I was too far behind in my

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rent, and I was evicted. I found a room to rent that was much cheaper than my apartment, but I had to put my stuff in storage, because it didn't all fit in my room. So even though I was paying less rent for my room and was getting paid more, I still fell behind in my rent because I had to pay the storage fees, and \$10 an hour just wasn't enough. So I lost my room. It just goes on and on, I just can't get ahead".

It became apparent to the researchers that there is a desperate need for services in the shelters and in the community in general that can help the homeless upgrade their skills or learn new ones in order to obtain higher paying jobs and to break out of the cycle of poverty. Clearly, this indicates the need for long-term supportive housing which is affordable to allow time to learn new marketable skills and escape from the cycle of poverty and homelessness.

Perhaps the greatest barrier to escaping the cycle of poverty and homelessness is the lack of affordable housing in Peel. Most respondents surveyed stated that a lack of affordable housing as both what was holding them back from getting back on their feet and as what they needed in order to lead a successful life. Ward and Associates noted that the need for affordable, stable, long-term housing is so apparent with most respondents that "it forms part of the background in their discussions of their current life situation; that it is a concern that underlies almost all discussions". As one young male respondent put it:

"If you can't afford to live in a decent place then almost everything else is closed off to you. How can I get myself together when I'm living in a shelter."

In conjunction with a lack of affordable housing was the need for increased subsidy payments. The most frequent statements that was heard during the Morrison survey can be summed up in the comments from one single mother at the Family Life Resource Centre:

"I can't find a place that I can afford on what OW (Ontario Works) is giving me."

The inability for someone receiving Ontario Works payments to live in the Region of Peel given the cost of even the most modest accommodation, is supported in statistics from Ontario Works staff. Over 97% of the Region of Peel's Ontario Works caseload are paying shelter costs in the private sector, greater than the shelter cost allowance provided. For example, in 1994, a single person on General Welfare Assistance received a maximum of \$663 per month for basic necessities and shelter. In 1999, under Ontario Works legislation, they can receive a maximum of \$520. A single mother with two children under age 13 received \$1,386 in 1994, compared with \$1,086 in 1999. The costs of living and housing continue to escalate. Increasingly, money allocated to food and clothing is being spent on rent. It becomes easy to see

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how those without education, few skills and low paying jobs can not possibly afford to live in the Region without supportive housing options.

Another concern of some of the respondents, especially the single women, was the lack of subsidized daycare facilities. Many stated that it was difficult to search for a job and apartments when they have small children to take care of. One female youth was extremely concerned because she had four small children under the age of 7. She stated that she was willing to work anywhere and to accept any job that she was offered, but that she couldn't because she did not have anyone to take care of her children. A lack of subsidized daycare facilities is a large concern because it limits participation in retraining programs, high school courses, or job search. Without childcare or a supportive housing environment to raise their children, researchers fear that the cycle of poverty will continue, not only for the parents, but also for the children as well.

iv) **Pilot Outreach Project**

Implementation

In the fall of 1999, Regional Council provided authorization for staff to initiate an innovative, multidisciplinary pilot Outreach project specifically designed to provide integrated, client-focused outreach services for individuals who are homeless or are at-risk of becoming homeless in Peel. The rationale that led to the creation of the Project included the lack of access to primary health care for those without health cards, and the lack of provincial funding for the establishment of a Community Health Centre in Peel. There was also increasing community and political concern regarding homeless people living in parks, behind downtown Brampton businesses and the homeless loitering in public places. It was clear that the complex needs of the homeless population required support from staff in the three Human Services Departments, as well as support from experts in addictions and mental health. The exploratory period for this program is November 1, 1999 to December 31, 2000.

The emphasis of the pilot project is on providing short and long-term co-ordination of care and support to clients while ensuring that fragmentation or duplication of existing service does not occur. As a result, the pilot Outreach project in Peel did not operate solely as a distribution service for food and coffee like those outreach programs operated in municipalities such as Toronto

As the pilot project is nearing completion, it has become apparent that the program is an effective bridge between traditional services and the homeless population, by providing continuity of care that is a valuable extension of current practices.

Four main areas of services are delivered through the Outreach project, including:

1. primary health care services which focus on prevention and early detection of illness in the absence of a Community Health Centre in Peel;

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2. provision of basic needs such as distribution of food, supplies, clothing, as well as support and friendship;
3. referral and advocacy for services such as mental health, addiction counseling, housing; and
4. mental health and addiction services targeted to individuals with concurrent disorders.

These services are available to clients from one of four venues including street health clinics (located within the Mavis Road and Rutherford Road shelters), a mobile outreach van, an outreach office and/or by street outreach.

The Core Outreach Team, consisting of Regional staff from Peel Health and Ontario Works, including a nurse, and contracted service staff, are responsible for both the delivery of point-of-contact as well as follow-up services to Outreach clients in areas such as housing, mental health and addictions support. Daily communication and weekly meetings of the Core Outreach Team are held to ensure consistent information sharing and effective case management. The Team has established collaborative partnerships with community-based agencies such as the Needle Exchange and Injection Drug Use Program through Peel HIV/AIDS Network, as well as St. Leonard's House.

An effective means of client contact has been the Mobile Outreach Van. The van is a donated former ambulance that was converted for Outreach purposes by Peel Health. For the more isolated homeless population, the van has become recognized in the community. In terms of providing primary health services, it has proved to be effective to go to where the homeless live in order to begin building trust and to provide the necessary point-of-contact services. The Team is currently out on the Mobile Outreach Van two nights, two afternoons and one morning each week. In addition, the team frequents regular drop-in spots on a daily basis.

Although the Outreach Team is scheduled on the outreach van and at drop-in sites on a regular basis, the team is also working with clients in a variety of other locations. These include emergency shelters, the streets (including parks, coffee shops, restaurants), in the clients' home, at a treatment or health centre and boarding homes.

In addition, an Outreach Management Team, chaired by the Region's Co-ordinator of Housing and Homelessness Initiatives, and comprised of representatives from Health, Housing, Social Services and community partnering agencies, provides direction and guidance to the Outreach team. This group meets on a monthly basis to discuss outstanding outreach issues, determine gaps in services and discuss ways of reducing barriers to health care access for those living on the street.

Key Outreach Program Statistics

As of August 22, 2000, the total number of outreach clients (including open and closed cases) totaled 193. Some valuable data has been obtained through the pilot project.

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- Case Status: 144 case files remain open, 49 are closed
- Gender: 125 male; 68 female
- Average Age: 37.9 (ranging from age 12 to 80 years of age)
- Citizenship: 74% Canadian Citizens, 14% Landed Immigrants or Refugees, 12% unknown
- Immigrants/Refugees from: Spain, Trinidad, Nigeria, Ghana, Jamaica, Chile, Argentina, Croatia, Vietnam, El Salvador, India and Poland.
- Relationship status: 45% single, 22% married/partner, 20% divorced/separated/widower, 13% unknown
- Employment status: 15% working full/part-time or temporary, 52% unemployed, 12% medically unemployable, 21% unknown
- Ontario Works status: Key data include 35% currently receiving Ontario Works assistance while, 39% are ineligible (of these, 4% ineligible due to non-compliance)
- OHIP Status: 74% have an OHIP card, 10% do not, 16% unknown
- 26% clients stated that this was their first time homeless; 29% indicated that it was not their first time homeless, 45% unknown
- 73% appear to have adequate social skills
- 65% appear to have adequate social supports
- In the estimation of staff, 77% of Outreach clients can live independently with some support services provided by existing community agencies, suggesting the chronic shortage of affordable housing in Peel.

The Outreach team provided service to those who are homeless (on the street, staying with friends or those with no permanent address) and those at risk of homelessness but are still housed. Of the Brampton clients served, 43% are homeless and the overwhelming majority of those homeless clients are located in the downtown core. A total of 57% of Brampton clients are housed but are considered at risk of homelessness. Of the Mississauga clients served, approximately 30% are homeless, a third of whom are in the Port Credit area. Approximately 70% of Mississauga clients are housed but are considered at risk of homelessness.

Since Outreach is often dealing with clients who are somewhat isolated, it can sometimes take some time to elicit reliable information and in a number of cases, the level of trust between Outreach staff and the homeless client is still building. It is becoming well documented by Outreach staff that there are multiple personal and systematic causes of homelessness.

The most common reason cited among Outreach clients is family breakdown (20%), followed by lack of affordable housing (16%). Chronic health issues ranked third at 15%, followed by addictions (13%) and mental health issues (12%). It was interesting to learn that discharge from jail also contributed to homelessness in 10% of the responses. Clearly, the outstanding issues identified as barriers to reintegration into the community include lack of financial resources, especially among those reporting employment, the lack of affordable housing and health (physical and mental), as well as addiction related issues.

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Through contact with the homeless in Peel on the streets, the Outreach Team identified a number of challenges to providing comprehensive services to individuals who are homeless or are at-risk of becoming homeless. In addition to dealing with the stigmatization of being homeless, these individuals are often dealing with issues in which there are no services available in Peel to address their needs. Further, eligibility criteria and other restrictions to service make access to existing services difficult, and often the individual will need to access more than one service in order to have their needs met.

Unfortunately, many of these services are operating in isolation of each other, resulting in inconsistent and fragmented service. As a result, many homeless and at-risk individuals are 'falling through the cracks' and are unable to emerge from the downward spiral of poverty and homelessness.

Often, by the time that homeless and at-risk individuals access service, they are in a state of crisis. Although the Pilot Outreach Project was not designed to be a crisis response service, the Outreach team recently indicated that they spend 25 to 45% of their time dealing with client "crisis" situations. Although the Outreach Program is effective at 'catching' individuals for whom traditional services are not available, greater focus and resources are clearly needed in the areas of early identification and prevention.

Street Help Line Peel

As of June 22, 2000, "Street Help Line Peel" was implemented by the Outreach Management Team. The help line allows the caller to reach the Outreach Pilot Program staff for referral, consultation and service. A call to the help line can be made free of charge from any payphone (collect calls are also accepted). Street help cards have been distributed to community agencies and homeless as well as at-risk individuals.

The help line was modeled after the extremely effective "Street Help Line" in the City of Toronto. In Toronto, the help line provides 'one-stop shopping' for individuals who are homeless and at-risk for becoming homeless. Though Peel's help line is not able to offer the same range of services as in Toronto, in only a short period of time, it is becoming clear that a need for this service exists in the Region of Peel.

Since implementation of the help line in Peel on June 22nd, until August 23rd, 116 Street Help calls have been received (13 were made collect). Of these calls:

- 54% were consultations in which the Outreach Team provided one-time information
- 29% were calls from existing clients
- 5% were formal referrals from other agencies
- 4% were leads on potential clients
- 8% were miscellaneous calls

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Outreach Findings

Homeless individuals who are unable to navigate through an established network of services are often thought of as unmotivated or 'marginalized'. Unfortunately, to seek services or support from a system that relies on receiving people into care rather than seeking to engage the client often results in the exclusion of service for these individuals. As a result, many homeless individuals are often stigmatized, resulting from these and many other homeless 'myths' that are prevalent in our society.

Typically, homeless people are seen as being uneducated, apathetic, lazy, mentally unstable or even dangerous. Often, they are seen as not wanting to help themselves, and as a result, are the cause of their own homelessness. It is becoming increasingly clear that although a few fit the stereotype, the overwhelming majority of homeless encountered to this point in the Pilot Outreach Project can be helped through use of the "hand up" philosophy.

The barrier to achieving self-sufficiency is that service delivery must recognize that the issues that lead to homelessness are interconnected, and need to be addressed in the context of each other. For those clients who are able to live independently, or are employed (15% of Outreach clients work) housing and employment are often difficult to obtain. Individuals who receive financial assistance from Ontario Works often do not have enough money to afford housing in Peel. Ontario Works data substantiate this fact. In addition, many individuals who are able to obtain housing do not have the support network in place to sustain it. Staff estimate that 77% of Outreach clients could live independently in the community if the housing was affordable based on client income (employment or government benefit) and support services were provided as needed.

Those who are familiar with the existing network of social agencies and services sometimes take for granted that short-term support programs and services, while effective for some, are not effective for all those in need. It must be emphasized that change happens slowly and not sequentially, and progress with most clients must be achieved incrementally. Often with clients, it can become a process of two steps forward and one step back, however, over time, progress is achieved. The amount of time it takes to engage a client, to identify root issues and to get a client off the streets depends on many factors and varies from client to client. In addition, it is also assumed that there is a set path to getting off the streets. Typically, it is expected that in order to 'get off the streets' an individual will seek emergency shelter, and then obtain housing. Improving quality of life is not a linear process nor is it achieved successfully through a short-term stay in a shelter.

Since the implementation of the Outreach program, the number of Outreach clients has far exceeded the original estimates, implying gaps in existing services. It has also become apparent that a significant number of Outreach clients require services that are not available in Peel. For example, 57% of Outreach clients who are dealing with addiction issues require services that are not available in Peel. As another example, where there are services in Peel which deal with individuals with concurrent disorders

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(those with both mental health issues and addictions), the barrier to service is that none provide residential-based services. In addition, there are no residential-based services that allow monitored substance use and only limited outpatient services operating under a non-abstinence based philosophy.

In addition, many homeless and at-risk individuals have difficulty meeting eligibility criteria for established programs or services and face complicated or lengthy application timelines for both Peel-based and non-Peel based programs and services. Lack of access to services is a predominant concern that is emerging in Peel. Many homeless and at-risk individuals have difficulty meeting eligibility criteria for established programs or services. For example, many services require identification, which many homeless individuals are without. In other cases, the barrier to access is overcoming existing compliance-based rules. Many homeless individuals coping with chronic addiction or mental health issues often have difficulty 'following rules'. Clients who are not able to follow their case plans or shelter regulations may be discharged from emergency shelters or terminated from Ontario Works.

Another barrier to access is the fact that Outreach clients often compete where resources are limited and are often deterred from accessing service due to complicated or lengthy application timelines. For example, current waiting lists for psychiatric assessment can take 6 months while the wait for supportive or subsidized housing can be over 7 years. The shortage of hospital beds in the community has often led to early discharge of homeless and at-risk individuals have been discharged early from hospitals without access to follow-up care. If a client is suicidal, there are no 'safe beds' in which the client can remain under observation in Peel.

Many homeless and at-risk individuals often have difficulty in determining which services are available and how to obtain them, and as a result, clients are unable to navigate through this system on their own. Given that many services are working at maximum capacity, the onus is often on the client to follow-up with subsequent steps. In addition, service providers often find it difficult to follow-up on behalf of the client, as there is not sufficient lead-time in which coordinate services, or waiting lists prevent these individuals from accessing services at the time they are needed. As a result, many clients are 'lost to follow-up' and re-locating clients is often a challenge. Unfortunately, many homeless and at-risk individuals are 'falling through the cracks' and are unable to emerge from the downward spiral of poverty and homelessness.

In order to alleviate the immediate barriers to service that homeless and at-risk individuals face, the Outreach Program works closely with the client to ensure that these individuals are receiving appropriate services. In doing so, the Outreach Team:

- Provides direct services to the client;
- Focuses on prevention through early identification;

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- Collaborates on an on-going basis with community agencies; and
- Works to developing a solid foundation for effective Outreach services:

The emphasis of this Outreach Program is on bridging the gap between traditional services and the homeless and at-risk population, by providing continuity of care that is a valuable extension of current practices. In order to be a part of a comprehensive response to homelessness, it is essential that we strive to broaden our views of homelessness, that we identify and work to alleviate service gaps, and focus on an integrated, community based response to homelessness. Emphasis must be placed on prevention through early identification.

Transitional Housing Initiatives: Community Based Services for Homeless People

A) Community Programs Fund

Regional Council authorized the Region's Coordinator of Housing and Homelessness Initiatives, in consultation with community representatives, to pursue expansion of the existing Community Programs Fund. Expansion applies to the Homelessness Initiatives Fund designed to support community based organizations that provide a range of services to people experiencing homelessness or to assist people at-risk of becoming homeless.

To provide context, in 1989/90, the former Ministry of Housing initiated the Community Partners Program. The intent of the program was to provide funding to community service agencies to assist low-income people, including homeless individuals, obtain as well as retain, affordable housing. As part of the provincial devolution exercise undertaken by the Province of Ontario, the Community Partners Program was transferred, as of January 1, 2000, to Consolidated Municipal Service Managers (CMSMs). The agreement between the Region and the Ministry of Municipal Affairs and Housing, for the transfer of the Community Partners Program, was supported by Council in late 1999.

The three Peel-based agencies receiving funding are Catholic Cross-Cultural Services, the John Howard Society of Peel and Malton Neighbourhood Services. The three agencies provide housing search assistance under the program, including free housing registry services and individual counselling programs. They provide intensive individual services to chronically homeless people and support clients after they have located housing to assist them to maintain their housing.

Staff has been working with representatives in the three agencies quite extensively in an effort to promote a more co-ordinated approach toward assisting low-income individuals and families, including those experiencing homelessness or at-risk of losing their housing. Agency personnel are raising a number of concerns, especially

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in terms of a crisis in family housing, that staff will need to monitor and ultimately develop solutions in consultation with agency representatives.

The extremely low vacancy rate, especially among the most affordable units in the community, is creating a challenge for our community partners to locate affordable units for their registry programs. It is becoming apparent to staff that agencies are frequently competing against each other for the same scarce affordable vacant units. Of late, with no affordable accommodation available in Peel, families are being sent by agency staff to the Kitchener/Waterloo area. Of those families in need remaining in Peel, the three agencies report that families are paying 70% of household income on rent. The key reason cited for the emerging family housing crisis is the demise of provincial Rent Control legislation.

Agencies are also reporting that an increasing number of affordable units are increasing in price and are no longer affordable to their clients. At the same time as these units are increasing in price they are declining in the quality of their maintenance. The severe lack of affordable housing, the cancellation of the non-profit and co-operative housing program in 1995, and the passage of the Tenant Protection Act are clearly providing incentives to the private sector to increase the rents on housing stock that is declining in quality of maintenance. The ability to increase rents on declining stock acts as a disincentive for landlords to invest in repair and maintenance.

The ability of a landlord to increase rents to what the market will pay for a new tenant does not account for illegal rent increases and rental practices that are taking place and go unreported. Community agency staff suggest that at least one-third of all evictions occur illegally. Rental Housing Tribunal statistics, that are disturbing on their own, do not account for illegal evictions. It is disturbing that during the first eight and one-half months of operation of the new Rental Housing Tribunal, in Peel, a total of 79.5% of all applications to the Tribunal during this timeframe were made by landlords seeking tenant eviction for non-payment of rent. Unfortunately, agency personnel confirm that often, individuals either do not know their legal rights or lack access to timely legal aid so are leaving their affordable housing voluntarily upon receipt of an eviction notice. In most of these cases where the individual has left the unit, agency staff are able to determine that the eviction notice was not legal.

The Region of Peel Task Force on Homelessness reported to Council that among those at greatest risk of becoming homeless or facing eviction are people known to have the lowest incomes. Staff has learned that due to the state of the housing market for single individuals and families, landlords are becoming selective and often discriminate. It is also becoming apparent that landlords are making financial demands that make it difficult for the working poor to gain housing.

B) Homeless Prevention Program

Council authorized the creation of the Homeless Prevention Program to commence April 1, 1999. The Program was established to provide low-income families and

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individuals in Peel, who are at-risk of losing their home or place of shelter due to eviction or are currently homeless and residing in a shelter, with one-time emergency assistance so that they can obtain or maintain affordable housing. Assistance includes access to a rent bank that will help with first and last month's rent, rent and utility arrears, moving costs, medical needs and urgent personal debts to alleviate homelessness or the risk of becoming homeless. To avoid duplication with existing Ontario Works programs, the Homeless Prevention Program is not available to existing Ontario Works recipients. The Program is funded by the Region of and is operated by the Salvation Army. The Salvation Army ensures that a needs test is completed for all applicants to the Program. The Salvation Army also provides ongoing supports to the families assisted in areas such as budget counseling.

In June 2000, Council authorized an increase in Program funding to \$229,300 for 2000/2001 from \$100,000 for the year 1999/2000, to meet the increasing demand for the program. The increase in funding was obtained through National Child Benefit Reinvestment Funds. From April 1, 1999 to March 31, 2000, a total of 154 individuals and families had applied for the Program with 61 applications having been approved. The average of \$1,280 per application was provided.

Staff recognized that the average number of applications per month had increased dramatically during the first three months of this year and this prompted Council's authorization to increase Program funding. The increase in the number of applications indicated both growing community need and increased awareness about the Program.

The Homelessness Prevention Program remains an effective vehicle to both prevent individuals and families from losing their housing and to assist homeless households to acquire shelter; however, it is quickly becoming evident that funding for the Program does not meet emerging community demand. It is recognized that prevention initiatives designed to maintain shelter are far more cost effective than providing supports to families and individuals in a shelter or hotel setting.

Health Promotion and Health Care

A) Communicable Disease Prevention

In the Peel Task Force on Homelessness report, it was noted that Regional staff was concerned about the difficulty experienced by homeless people in accessing health care. Specifically, efforts directed toward prevention and control of communicable diseases were authorized by Council. Peel Health resources were directed in this regard through the following initiatives:

- Through formal presentations and informal discussions, Peel Health educated shelter staff, personnel from community agencies dealing with homeless and at-risk clients

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and Outreach staff on prevention and control of communicable diseases such as Tuberculosis, Hepatitis B, as well as HIV/AIDS;

- Through Peel Health, staff provided for testing, vaccination and control of communicable diseases to Outreach, Ontario Works, and shelter staff/volunteers;
- Couple education and follow-up through the use of behavioral counseling strategies, education and counseling for both shelter staff and clients was initiated;
- Peel Health provided and distributed condoms and instructions for use, to community agencies, shelters, and clients;
- Peel Health provided direct health services in shelter clinics for communicable disease management as well as follow-up;
- Peel Health sought to increase client education on communicable diseases through the distribution of pamphlets and provided information on the services available through Health Line Peel;
- A process was initiated with shelter staff to report communicable diseases to Health Department;
- Through the operation of the Pilot Outreach Program, a process was implemented to inform clients of services available through the Peel Healthy Sexuality clinics, and bus tickets were provided if necessary; and
- Peel Health implemented annual influenza clinics for homeless individuals or those identified as at-risk of becoming homeless.

B) Accessible Primary Health Care

The Report of the Peel Task Force on Homelessness reported that a barrier to health care among the homeless in the Region appeared to be the lack of Ontario Health Cards. As a result, people in need of health services were being turned away and denied medical treatment. Council authorized Peel Health to advocate for primary health care access for homeless people without health cards. Responding to the direction of Council in this regard, the following initiatives were implemented by staff or in collaboration with community agencies and/or health professionals:

- An active partnership with the Ministry of Health and Long-Term Care was established in order to assist clients with limited access and no identification documents to obtain temporary OHIP cards;
- Peel Health provided homeless clients with transportation, letters of identification and priority service in obtaining OHIP cards;
- Staff also ensured that assistance was provided to clients without other required forms of identification, such as social insurance cards necessary to gain employment and birth certificates;
- Staff at community agencies were informed of Peel Health's initiative to assist homeless individuals to reacquire health cards and other forms of identification and requested agency personnel to refer their clients in need of identification to appropriate Peel Health staff;
- Peel Health also provided consultation services to those agencies interested in fostering additional participation agreements with the Ministry of Health and Long-Term Care;

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- Steps were taken to educate primary health care providers, community agencies and Outreach clients regarding OHIP coverage;
- Advocacy on behalf of clients without OHIP cards, facing barriers in obtaining medical care assistance from local physicians, clinics and hospitals was undertaken by staff from Peel Health;
- For the homeless on the street, improved access to primary health care and follow-up for clients was provided from the Mobile Outreach Van;
- For those in Peel's homeless shelters, improved access to primary health care and follow-up services were provided in both the Rutherford and Mavis shelters;
- Peel Health increased the level of volunteerism among local physicians to provide primary health care to homeless clients with no OHIP or living on the streets; and
- Staff developed active partnerships with other community services and the private sector in order to assist and advocate for clients in need of health services, such as through Lenscrafters 'Gift of Sight' program, the Red Cross Individual Aid Program, and Ministry of Health and Long-Term Care Priority Service Participation Agreements.

C) **Health Enhancing Education**

It was clear to the members of the Peel Task Force on Homelessness that there was a need to conduct health enhancing training and education that would be directed toward staff and volunteers working with homeless and under-housed people in the community. To carry out Council direction in this regard, the following initiatives were implemented:

- Through formal presentations and informal discussions, efforts were undertaken to educate and increase awareness of shelter staff/volunteers, community agencies and Outreach staff regarding good health enhancing techniques;
- Promotional material outlining positive health enhancing techniques were distributed to shelter staff/volunteers, community agencies and Outreach staff;
- Recognizing that Outreach Team members were on the front line and were often the first point of contact for the homeless, ongoing health enhancing training was initiated in the areas of crisis intervention, first Aid and CPR;
- Peel Health also provided introductory training sessions for Outreach volunteers on communicable disease, universal precautions and provided opportunities for first aid and CPR training; and
- Peel Health provided health-related information and documentation requested by local agencies and shelters working with individuals who are homeless and under-housed.

D) **Linkages with Community Agencies**

Council authorized Peel Health to formalize linkages with community agencies for outreach, identification of service gaps, health promotion and homelessness prevention. To this end, the following initiatives were undertaken:

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- Through formal presentations and informal discussions, Peel Health provided health and outreach program information to community agencies and local faith, poverty and housing coalitions;
- Over the past several months, Peel Health has established formalized partnerships with community agencies, services and coalitions in providing primary health care and service access for homeless clients;
- Collaborative relationships have been fostered with community agencies, services and coalitions working towards alleviating barriers to health service;
- Alliances with hospitals and emergency services such as Peel Regional Police and Peel Mobile Crisis have been initiated to ensure the ongoing identification of service gaps and to foster outreach involvement in the discharge planning of homeless or under-housed clients;
- In addition to fostering new partnerships, existing partnerships with various stakeholders in the health sector and community at large have been strengthened by Peel Health; and
- Efforts have been directed toward co-ordination and management of individual homeless client cases for health service access and support.

E) Partnerships Directed Toward Removing Barriers to Health Care

The following steps have been undertaken by Peel Health in response to the direction of Council to remove the barriers to health care encountered by Peel's homeless population:

- Peel Health has sought to work collaboratively to identify barriers, challenges and gaps in service that are seen as priority areas for health planning;
- Peel Health has developed active partnerships with appropriate community stakeholders in addressing areas of priority and Council direction; and
- Peel Health has promoted collaborative relationships with key agencies, services and community-based coalitions and the faith community to ensure access to health barriers are appropriately addressed in a co-ordinated fashion.

Participation in Cross Canada Data Collection System

In order to assist both municipalities and shelters to develop useful and comparable information on homeless individuals served, the Canada Mortgage and Housing Corporation (CMHC) developed a homelessness data collection and management system. Known as Homeless Individuals and Families Information System or H.I.F.I.S., information can be collected on individuals and families using the shelter system within a municipality. The data collected will provide longitudinal, multi-locational and unduplicated data on shelter clients over time.

The advantage of this system is that H.I.F.I.S. will identify unique characteristics of the shelter population; the types of services that the homeless use most frequently; the reasons leading to homelessness; and the types of supports and services required to eliminate homelessness. H.I.F.I.S. can also be used to collect special research data and programmed to produce customized reports,

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including billing. As a very user friendly program, H.I.F.I.S. utilization by a municipality can save time and effort of shelter staff.

The advantage of implementing H.I.F.I.S. in Peel would be the identification of an accurate number and characteristics of our homeless population served by shelters and allow Council to better plan, monitor and evaluate policies and programs appropriate to both prevent and reduce homelessness in the Region. Participation in H.I.F.I.S. is clearly connected to the benchmarking process implemented in the Region of Peel and is supported by the Community Advisory Group.

CMHC has been rolling out the implementation of this data gathering system throughout the year and Peel is prepared to partner with other municipalities across Canada and with the City of Toronto in the sharing of data. In addition, the solid data generated through implementation of H.I.F.I.S. will assist with determining homelessness funding priorities in the future.

SCPI to Complement Existing Homelessness Initiatives and Priorities

The Region of Peel is prepared to administer the SCPI program in the Region. The responsibilities related to SCPI will fall under the jurisdiction of the Region of Peel's Department of Housing and Property and rest in the Department's Housing and Homelessness Initiatives Section. As a result, the Region of Peel shall remain fully accountable to Human Resources and Development Canada to ensure administration of the SCPI funds meet federal program requirements. The Region of Peel will conduct an annual review on the progress of the Community Supports Plan. An annual report, evaluating housing and homelessness initiatives and projects funded through SCPI will be prepared and forwarded to HRDC and will also go to Regional Council. The Region of Peel will ensure that projects approved for SCPI contribution will be sustainable. The Community Supports Plan identifies these projects as priority and the Community Advisory Group would not endorse these priority areas nor expect SCPI funds if the sustainable criteria required by the federal government to participate in the program was not present. Both SCPI priority areas identified in this Community Supports Plan are capital projects. Regional staff will ensure that each capital project will have a multi-year financial plan in order for the project to move forward.

Clearly, the SCPI program serves to support as well as enhance existing homelessness initiatives as identified in the recommendations of Peel's Task Force on Homelessness. Though the SCPI funding is welcome, the limited amount of funding available in relation to the needs present in Peel will limit the number of need areas where targeted SCPI funds can be directed. That said, the new federal Initiative will meet it's objective to complement existing priority areas and resources, not replace them.

The Region of Peel and the Community Advisory Group, given that "urgent needs" funding from HRDC will assist with the continued operation of street outreach, will direct SCPI funds toward two areas. Under the terms and conditions of the SCPI program, "funding must be targeted to strategies that address absolute homelessness". The two areas chosen meet this criteria. Since SCPI funds can go toward capital support to develop new transitional and supportive housing, the two funding priorities contained in this Community Supports Plan are:

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- . youth transitional housing
- . family housing options

1. Youth Village – A comprehensive transitional housing and community development facility involving a strong training/education/employment emphasis to enable and empower youth.
2. Family Transitional Housing Project – Following many years of pent up need for this type of facility in Peel, support for the development of a family transitional housing project is also underway using a consensus building model. Development of this project will help alleviate the serious family housing situation that has emerged in the Region.

The Community Supports Plan stated objective and funding priority is to designate 50% of SCPI funding being directed to Peel equally between these two priorities

There are additional priorities that Regional Council in the Region of Peel and the Community Advisory Group has identified:

1. Assistance for those in Shelters – A community economic development project designed to assist people in the shelter system to develop alternative meaningful work or to ensure those without work experience to acquire job readiness skills.
2. Harm Reduction – The Region of Peel does not have a residential facility that offers services based on a harm reduction model. Consensus building is currently underway to determine the feasibility of such a model being introduced in the Region.
3. Working with Institutions – Efforts have been directed toward negotiating with service institutions including hospitals for the provision of appropriate service delivery for people experiencing homelessness.
4. Health Promotion and Health Care – The Region of Peel has been working toward delivery of programs to increase accessibility to primary health care, enhancing health education, developing linkages with community agencies, promoting partnerships, as well as communicable disease prevention.

Currently, these initiatives are funded through Provincial Homelessness Initiative Funds and by the Region of Peel. Alternative funding will need to be sought to replace time-limited Provincial funding of homelessness initiatives as well as funding to expand Regional programs and services beyond reliance on the local property tax base.

As noted, SCPI will allow the Region to move forward on its objective to reduce homelessness and move people from the streets into permanent housing options. However, the limitations of the program are apparent, both in terms of funding directed to Peel, and the fact that SCPI is only a three-year program. Clearly, SCPI will not and can not eliminate poverty. Nor can SCPI funding produce the range of housing options, especially housing affordable for Peel's working

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poor, that is needed. The Supporting Communities Partnership Initiative will provide some welcome relief for those on the streets in Peel and will hopefully leverage support from the provincial government for sustainable solutions to homelessness. As outlined in the Terms and Conditions of SCPI, matching community contributions or non-federal dollars are required to fund SCPI projects. The participation of the Province of Ontario is vital to the success of homelessness initiatives in the Region of Peel.

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Appendix 1
Continuum of Supports Plan

Definition of Continuum Categories

GROUP 1:
MOST SOCIALLY ISOLATED

-People socially isolated, vulnerable, not trusting of honest attempts of assistance, or individuals who are skilled at remaining “invisible”. These individuals could be in the community camping in wilderness locations or “sleeping rough” in parks, under bridges, in the sewer system, in garbage bins or other hidden areas.

GROUP 2:
PEOPLE WITH
IDENTIFIED ISSUES

-People seeking overnight shelter in out of the cold locations, hostels, shelters or transitional living accommodations; those seeking shelter in supported accommodations such as rooming and boarding houses, social housing or community agency supported accommodations; or those living independently with minimal support services. This category includes populations that no longer deny their issues, those that are prepared to accept responsibility and consequence, as well as those fleeing abusing relationships (women alone and with children and youth).

GROUP 3:
PEOPLE LIVING INDEPENDENTLY
BUT AT RISK

-Individuals or households living in a stable housing situation, in control of their lives; however, circumstances have created a condition of vulnerability or ongoing family breakdown that threatens their stability.

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Continuum of Supports Plan

WHO	GROUP 1	GROUP 2	GROUP 3
ROOT CAUSES AND REQUIRED RESPONSES			
A) HOUSING	-----Lack of Housing Continuum----- --Lack of Shelter Options-- -----Lack of Supportive Housing----- -----Lack of Affordable Housing----- -----Rising Cost of Market Housing-----		
B) EMPLOYMENT	-----Lack of Alternative Employment----- -----Lack of Job Training, Follow-up----- -----No Community Economic Development-----		
C) INCOME	-----Zero Income----- -----Poverty----- -----Lack of a Service Continuum-----		
D) SERVICES	--Lack of Outreach Services-- -----Inappropriate Based on Needs----- --Lack of Community Development Options-- -----Inappropriate Based on Needs----- --Lack of Long-Term Support-- -----Inappropriate Based on Needs----- --Lack of Harm Reduction Approaches-- -----Inappropriate Based on Needs----- --Lack of Low Demand, High Support Services-- -----Inappropriate Based on Needs-----	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Lack of Community Development and Treatment Coordination </div>	--Lack of Co-ordination-- --Lack of Programs-- --Lack of Addiction & Mental Health Services-- --Lack of Residential-based Programs-- --Waiting Lists for Service Access--
E) FAMILY BREAKDOWN/ FAMILY VIOLENCE			-----Lack of Early Detection and Response-----
F) PHYSICAL HEALTH	-----Outreach-----		-----Adult On-Set Health Issues-----
G) IMMIGRATION AND SETTLEMENT ISSUES		-----Lack of Culturally Sensitive Programs----- -----No Long-Term Settlement Support-----	

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REGION OF PEEL RESPONSES AND
SCHEDULE OF FUTURE REPORTS TO COUNCIL

GROUP 1	GROUP 2	GROUP 3
	June 2001 Shelter Programs	
		Mar 2001 Homelessness Prevention Program
	Apr 2001 Transitional Housing	
	May 2001 Efficiency Apartment Project	
	Mar 2001 Family Housing Work Group	
	Apr 2001 Outreach Project	
	Mar 2001 Youth Homelessness Network	
	Feb 2001 Community Partners	
	May 2001 HIFIS Programs	
	May 2001 Regional Departments Contribution Toward Homelessness Objectives	