

# The Alliance to End Homelessness

~ Research at ~

## **A Community Forum on Homelessness: LINKING OTTAWA RESEARCH WITH ACTION AND POLICY**

IN HONOUR OF NATIONAL HOUSING DAY

**November 22, 2004**

UNIVERSITY OF OTTAWA, TABARET HALL CHAPEL, OTTAWA

### **Alliance to End Homelessness in Ottawa**

**Vision:** The Alliance to End Homelessness envisions an inclusive community that takes responsibility for ending homelessness by ensuring that everyone has the right and support to define, access and sustain housing of their choice.

**Motto:** **A home for every citizen of Ottawa**

**Mandate:** The Alliance to End Homelessness is a coalition of community stakeholders committed to working collaboratively to eliminate homelessness by gaining a better understanding of homelessness and developing and implementing strategies to end it.

#### *Working Groups*

##### **Research and Evaluation Working Group:**

The focus of this group is: to facilitate, monitor, advocate and support research on the causes of homelessness and on effective interventions; to transfer that knowledge to the community at large; and to identify local research priorities. The REWG organized this Forum.

##### **Public Awareness Working Group:**

The focus of this group is: to increase public awareness and understanding through education for different audiences, and to develop and implement both education and communications strategies.

##### **For More Information:**

Please contact the Coordinator, Lynne Browne 241-7913 ext. 205,  
[lbrowne@ysb.on.ca](mailto:lbrowne@ysb.on.ca), 147 Besserer Street Ottawa Ontario K1N 6A7

# A Community Forum on Homelessness: Linking Ottawa Research with Action and Policy

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# A Community Forum on Homelessness: Linking Ottawa Research with Action and Policy

**PROGRAM NOVEMBER 22, 2004**

9:00 a.m.	<b>1. CHAIR</b>  <b>2. WELCOME</b>  <b>3. NATIONAL HOUSING DAY MAYOR'S PROCLAMATION</b>  <b>4. OPENING REMARKS</b>	<p><b>Tim Aubry</b>, the Alliance to End Homelessness, Chair of the Research and Evaluation Working Group and Director, Centre for Research on Community Services, University of Ottawa.</p> <p><b>Trudy Sutton</b>, Co-Chair, Alliance to End Homelessness</p> <p><b>Councillor Diane Holmes</b>, City of Ottawa</p> <p><b>Alex Munter</b>, Visiting Professor, University of Ottawa</p> <p><b>Hon. Mauril Bélanger</b>, Member of Parliament, Ottawa-Vanier, Deputy Leader of the Government in the House of Commons</p> <p><b>Hon. Ed Broadbent</b>, Member of Parliament, Ottawa Centre</p>
	<b>OTTAWA HOMELESSNESS RESEARCH PRESENTATIONS</b>	<ol style="list-style-type: none"> <li>1. <b><i>Investigating Diversity Among the Homelessness Population: Implications for Developing Effective Housing Policies and Programs</i></b>, <u>Tim Aubry</u>, University of Ottawa; <u>Fran Klodawsky</u>, Carleton University; <u>Daniel Coulombe &amp; Lara Mills</u>.</li> <li>2. <b><i>A Model of Supportive Housing for Older Homeless Women</i></b>, <u>Sue Garvey</u>, Executive Director, Cornerstone/LePilier and <u>Christine Davis</u>, President, Social Data Research Ltd.</li> <li>3. <b><i>Homeless: The Perspectives and Experiences of Adolescents in Family Shelters in Ottawa</i></b>, <u>Clara Freire</u>, Dept. of Graduate Studies Laurentian University.</li> <li>4. <b><i>Reducing Homelessness for Male and Female Youth: Lessons learned from a comparison of housed and homeless youth</i></b>, <u>Susan Farrell</u>, Ph.D., Psychiatric Outreach Team, Royal Ottawa Hospital and <u>Elizabeth Votta</u>, Ph.D., Community Health Research Unit, Faculty of Nursing, University of Ottawa.</li> </ol>
10:15	<b>QUESTIONS</b>	
10:30	<b>BREAK</b>	Review Research Posters ( <i>next page for list.</i> )
10:40	<b>OTTAWA HOMELESSNESS RESEARCH PRESENTATIONS</b>	<ol style="list-style-type: none"> <li>1. <b><i>The Effectiveness of Occupational Therapy with People at Risk of Homelessness</i></b>, <u>James Huff</u>, B.HSc. (O.T.), O.T. Reg. (Ont.) and <u>Susan Farrell</u>, Ph.D. C.Psych.</li> <li>2. <b><i>Medication Adherence in Urban Men's Shelters: An Ecological Perspective</i></b>, <u>Joanna Binch</u>, RN (EC), BNSc., Graduate Student, Master of Science in Nursing Program, U of O, <u>Dr. Nancy Edwards</u>, RN, PhD, U of O, School of Nursing, <u>Dr. Frances Legault</u>, RN, PhD, U of O, School of Nursing.</li> <li>3. <b><i>Promoting Social Inclusion through a Harm Reduction Approach</i></b>, <u>Dr Jeffrey Turnbull MD FRCP (C)</u>, <u>Wendy Muckle</u>, RN, BSCN, MHA, <u>Vela Tadic</u>, MSW.</li> </ol>
11:30	<b>QUESTIONS</b>	
12: 00	<b>LUNCH</b>	Review Research Posters. Enjoy lunch provided by Krackers Katering

## OTTAWA HOMELESSNESS RESEARCH — ON DISPLAY AS POSTERS

1. ***Addressing Psychiatric Disease in Homeless Individuals with Chronic Alcoholism***, Colleen Haney, Tiina Podymow, Wendy Muckle and Jeffrey Turnbull, Faculty of Medicine, University of Ottawa.
2. ***Housing Affordability in Ottawa, 2001***, Paddy Fuller for the Social Planning Council of Ottawa
3. ***Conceptual Models for End-of-Life Care in Persons who are Homeless***, Manal Guirguis-Younger, Ph.D., Saint Paul Univ., Vivien Runnels, M.Sc. and Tim Aubry, Ph.D., University of Ottawa.
4. ***Employment Barriers and Ideas for Employment Supports for Homeless People***, Jean Sorensen, SCPI Coordinator, Residential and Support Services Division, Housing Branch, City of Ottawa.
5. ***The Homeless Individuals and Families Information System Initiative*** (HIFIS), Paul Weber, Community Development Advisor, HIFIS Initiative, National Secretariat on Homelessness.
6. ***Minimizing the Impact of HIV/AIDS on the Homeless in Ottawa***, Joanna Binch, Rina Arsenault, Hannah Cowen, Mary Francis Marshall, Mandy Nanticoke and Wendy Muckle, University of Ottawa.
7. ***Process Benchmarking: A Participatory Action Research Project for Improving the Housing Stability of People with Serious Mental Illness***, John Sylvestre and Melanie Ollenber, School of Psychology, University of Ottawa and Centre for Addiction and Mental Health
8. ***Psychiatric Nurse Practitioner: Profile of a Unique Role to Provide Health Care Services to the Homeless Population***, Susan J. Farrell, Ph.D., and Beth Wood, RN, MScN, ACNP, Psychiatric Outreach Team, Royal Ottawa Hospital
9. ***Reduced Emergency Visits in Chronic Homeless Alcoholics: The Managed Alcohol Program***, Tiina Podymow, Jeffrey Turnbull, Elizabeth Yetisir and George Wells, Faculty of Medicine, University of Ottawa.
10. ***Shelter-Based Convalescence for Homeless Adults: The Special Care Unit***, Tiina Podymow, Vela Tadic, Wendy Muckle and Jeffrey Turnbull, Faculty of Medicine, University of Ottawa.
11. ***A Study of the Deaths of Persons who are Homeless in Ottawa: A Social and Health Investigation***, Manal Guirguis-Younger, Ph.D., Saint Paul Univ., Vivien Runnels, M.Sc & Tim Aubry, Ph.D., Univ. of Ottawa.

12:40	<b>KEY NOTE SPEAKER</b>	<p><b>Dr. Stephen Hwang</b></p> <p>A respected and internationally recognized researcher in homelessness and health with the Inner City Health Research Unit at St Michael's Hospital in Toronto, Dr Hwang is a Professor of Medicine at the University of Toronto, general internist at St. Michael's Hospital and a staff physician at Seaton House, the largest homeless shelter in Canada.</p>
1:15	<b>QUESTIONS</b>	
<b>A COMMUNITY CONSULTATION ON OTTAWA'S HOMELESSNESS RESEARCH PRIORITIES</b>		
1:30	<b>1. OPENING REMARKS</b>	<p><b>Tim Aubry</b>, ATEH Chair of the Research and Evaluation Working Group &amp; Director, Centre for Research on Community Services, University of Ottawa.</p> <p><b>Goal:</b> To identify questions where the answers will help participants in addressing homelessness, <i>focusing on priorities and burning issues</i>. Break out into small facilitated groups to identify research priorities.</p>
1:45 to 4:00	<b>THEMES FOR SMALL GROUPS</b>	<p>1. to 6. – Homelessness Diversity Groups</p> <ol style="list-style-type: none"> <li>1. Aboriginal</li> <li>2. Francophone Perspectives</li> <li>3. Inuit</li> <li>4. Newcomers to Canada</li> <li>5. Vulnerable Women</li> <li>6. Youth at Risk</li> </ol> <ol style="list-style-type: none"> <li>7. Rent Control - impact on affordable housing</li> <li>8. Harm Reduction</li> <li>9. Supportive Housing - models &amp; best practices</li> <li>10. Additional Specific Themes</li> </ol>

# Translating Research on Homelessness into Action and Policy

Stephen Hwang, MD, MPH

Keynote Address for The Alliance to End Homelessness

Ottawa, November 22, 2004

## Outline

- Defining the Issue of Homelessness
- The Potential for Research to Affect Action and Policy
- Descriptive and Intervention Research – Opportunities & Challenges
- The Other Uses of Research
- The Limits of Research

## Defining the Issue of Homelessness

- Is homelessness the result of individual failings, societal inequities, or both?
- The multiple dimensions of homelessness
- The hazard of justifications based on improving health or cost savings

## The Potential for Research to Affect Action and Policy

- Sources of knowledge re: homelessness
- Academic publications
  - Articles in peer-reviewed journals
- “Grey literature”
  - Reports and documents
- Praxis
  - “Exercise or practice of an art or skill”
- Personal Experience

## The Potential for Research to Affect Action and Policy

- Respect for “Science”
- Methodological standards
- Appearance of objectivity & reliability
- Novel findings attractive to media
- Searchable & accessible databases
- The Wheat and the Chaff

## Descriptive Research vs. Intervention Research

- Descriptive Research
  - Describes the current state of affairs
  - Easier to do
- Intervention Research
  - Examines effectiveness of a program or policy
  - Much harder to do

### Challenges of Descriptive Research

- Discovering the obvious
  - “Effects of homelessness on the quality of life of persons with severe mental illness”
- Extrapolating beyond the data
  - “Mortality in homeless women”
- The “So what?” factor

### Challenges of Intervention Research

- Time
- Expense
- Quantitative vs. Qualitative methods
- Importance of a comparison group
- Risk of unanticipated results

### Challenges of Intervention Research

- Systematic review of academic literature on interventions to improve the health of homeless people
- > 4,500 articles on homelessness in the health & social sciences literature
- 80 studies of interventions that measured health outcomes and used a comparison group

### Challenges of Intervention Research

- “Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis” (S. Tsemberis 2004)
- 225 participants randomly assigned to receive housing contingent on treatment and sobriety (control) or to receive immediate housing without treatment prerequisites (experimental)
- The experimental group obtained housing earlier and were more likely to remain stably housed
- No differences in substance use or psychiatric symptoms

### Challenges of Intervention Research

- Most intervention research has examined the effect of programs for homeless individuals
- Difficult to study the effect of policy interventions (lack of a closed system)
- *“If the only tool you have is a hammer, you tend to see every problem as a nail.”*

– Abraham Maslow (1908-1970)

### Challenges of Intervention Research

- “Predictors of homelessness among families in New York City: from shelter request to housing stability” (M. Shinn 1998)
- 266 homeless families requesting shelter
- Five years later, 4 out of 5 had their own apartment.
- Receipt of subsidized housing was the primary predictor of housing stability (odds ratio 20)
- Conclusion: Housing subsidies are critical to ending homelessness among families

## Challenges of Intervention Research

- Number of homeless families sleeping each night in New York City shelters and welfare hotels:
- in 1998: 4,429 families
- in 2004: 8,881 families (15,400 children, 12,800 adult family members)

*“All of us who are concerned for peace and triumph of reason and justice must be keenly aware how small an influence reason and honest good will exert upon events in the political field.”*

— Albert Einstein (1879 - 1955)

## The Other Uses of Research

- Legitimizes the issue of homelessness as important and worthy of attention
- Increases public awareness
- Helps to keep the issue on the political agenda
- Vital role of media & communication strategy

## The Other Uses of Research

- Public and political awareness  
*“Homeless Women Crisis”* headline in Toronto Star, April 13, 2004, front page lead article of Metro Edition: *“Homeless women in Toronto are dying at 10 times the rate of other women between 18 and 44,”* (Dr. Stephen Hwang and Dr. Angela Cheung, Canadian Medical Journal, April 2004).

## The Limits of Research

- Science produces knowledge, not wisdom
- Fundamental issues of values and moral principles

## The Alliance to End Homelessness

- Why are we here today?

*“Truth is eternal, knowledge is changeable. It is disastrous to confuse them.”*

—Madeleine L’Engle (1918 - )

Stephen Hwang, MD, MPH

Centre for Research on Inner City Health

St. Michael’s Hospital

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Dr. Hwang is a respected and internationally recognized researcher in homelessness and health with the Inner City Health Research Unit at St Michael’s Hospital in Toronto, Dr Hwang is a Professor of Medicine at the University of Toronto, general internist at St. Michael’s Hospital and a staff physician at Seaton House, the largest homeless shelter in Canada.

# Investigating Diversity Among the Homeless Population: Implications for Developing Effective Housing Policies and Programs

Tim Aubry, Fran Klodawsky, Daniel Coulombe, & Lara Mills

## PANEL STUDY ON HOMELESSNESS IN OTTAWA

1. To examine the pathways out of homelessness by following persons who are homeless longitudinally
2. Part of ongoing collaborative research efforts in Ottawa to inform policy and program development
3. First longitudinal study of its kind in Canada.

### **Panel Study: Research Objectives**

1. Testing a model of resources and risk factors related to exiting homelessness
2. Development of a typology of different courses of homelessness
3. Examination of health status change vis-à-vis housing status changes

### **Sampling Strategy<sup>1</sup>**

- Adult men<sup>1</sup>: Stratification by length of stay
- Adult women<sup>1</sup>: Stratification by length of stay and citizenship
- Families<sup>1</sup>: Stratification by citizenship
- Youth males<sup>2</sup>: Population sampling
- Youth females<sup>2</sup>: Population sampling

### **Participants**

- In-depth interviews with 416 homeless people conducted during late 2002 and early 2003
- 88 single men
- 85 single women
- 79 male youth
- 81 female youth
- 83 adults in families

## ANALYSIS OBJECTIVE

The present analysis attempts to identify different subgroups among the homeless population in a Canadian city based on health status characteristics.

### **Measures for Analysis**

#### Measures

- SF-36: Physical and mental health status
- CAGE: Use of alcohol
- DAST: Use of drugs
- Scales from NPHS: presence of chronic health conditions, utilization of health services, and childhood stressors.

### **Other measures used for the present analysis were:**

- one-item asking about the primary reason for current homelessness
- one-item on whether they had been told by a health care professional that they had a mental-health diagnosis

### **Study Analyses**

- Latent class analysis and cluster analysis
- Number of clusters for the cluster analysis was determined by optimal solution produced by latent class analysis

### **Results: Latent Class Analysis**

- Optimal solution for the latent class analysis produced three groups of participants with distinct profiles on the measures.
- Group 1 (n = 144, 35%) participants have the “least severe” profile but the highest probability in relation to economic reasons precipitating homelessness.
- Group 2 (n = 143, 34%) participants show the highest probability of substance abuse problems.
- Group 3 (n = 128, 31%) participants have the “most severe” profile from the standpoint of health problems (i.e., mental and physical health, chronic health conditions).

## Results: Cluster Analysis

- Cluster 1 (“Economic Disadvantaged Cluster”)
  - Participants (n = 232, 56%) report higher levels of health and lower levels of substance abuse relative to the other two clusters.
- Cluster 2 (“Substance Abuse Cluster”) participants (n = 103, 25%) show higher levels of substance use problems as well as a greater number of childhood stressors, higher levels of health care utilization than the other clusters.
- Cluster 3 (“Health Problems Cluster”) participants (n = 80, 19%) are characterized by the most severe health problems, namely lower levels of physical health and mental health problems, and a greater number of chronic health conditions than the other two clusters.

% Breakdown of Sampled Subgroups According to Each Cluster			
Sampled Subgroups	Economic Disadvantaged 56% (232)	Substance Abuse Cluster 25% (103)	Health Problems 19% (80)
Male Youth	53% (42)	37% (29)	10% (8)
Female Youth	38% (31)	45% (36)	17% (14)
Male Adults	57% (50)	23% (20)	20% (18)
Female Adults	39% (33)	20% (17)	41% (34)
Families	92% (76)	1% (1)	7% (6)

## Analysis Conclusions: Pathways Out of Homelessness

- Our findings indicate that the homeless population is made up of distinct subgroups differing on the level of severity of health and substance abuse problems
- The population includes a sizeable subgroup whose homelessness seems to be associated especially with economic difficulties rather than health difficulties
- For this “economically disadvantaged” subgroup of individuals and families, social policies targeting poverty are needed to address homelessness (Hulchanski, 2002):
  - Social housing
  - Rent subsidies
  - Increased income support
- For other subgroups experiencing more severe health and substance abuse problems a combination of housing and support are needed:
  - Supported housing (portable intensive supports focusing on finding and maintaining housing [Morse, 1998])
  - Supportive housing (Hulchanski, 2002)
  - Transitional housing especially for persons with severe addictions and minimal independent living experience (Novac, Brown, & Bourbonnais, 2004)

### FUNDING:

- Social Science Humanities Research Council – Homelessness and Diversity Issues in Canada
- National Homelessness Initiative – Supporting Communities Partnerships Initiative through the City of Ottawa, Housing Branch

**STUDY PARTNERS:** University of Ottawa (Centre for Research on Community Services, Institute of Population Health), Carleton University, St. Paul University, City of Ottawa, Housing Branch, Alliance to End Homelessness

**RESEARCH TEAM:** University of Ottawa: Tim Aubry (Co-PI), Peter Tugwell, Robert Flynn, Betsy Kristjansson, Jeff Turnbull, Tiina Podymow, Susan Farrell, Caroline Andrew, Douglas Angus, Daniel Coulombe, Elizabeth Hay, Carleton University: Fran Klodawsky (Co-PI), Benham Behnia, Karen Schwartz  
St. Paul University: Manal Guirguis Younger

**Presenter:** Dr. Tim Aubry is an Associate Professor at the University of Ottawa in the School of Psychology . He is a Researcher Member of the Canadian Alliance for Homelessness, Housing, and Health (also called REACH3). He is currently Chair of the Research and Evaluation Working Group and Member of the Steering Committee of the Alliance to End Homelessness. With Dr. Robert Flynn, Tim is the Director of the Centre for Research on Community Services. Tim’s research at the Centre has focused on homelessness and community mental health projects. The most recent of these studies is the Panel Study on Homelessness in Ottawa on which he is serving as the Co-Principal Investigator with Dr. Fran Klodawsky.

# ‘A Dream to Realize’

## A Supportive Housing Community for Women to Age with Dignity and Belonging

Sue Garvey, Executive Director, Cornerstone/LePilier and  
Christine Davis, President, Social Data Research Ltd.

### Our Vision

- A safe, supportive community for older women
- Includes “end of life” care
- Attractive “homelike” design with access to green space
- Accessible design
- Individualized services
- Interactive with surrounding neighbourhood

### Our Target Population: Women age 40+ who:

- Have been unsuccessfully housed elsewhere
- Have multiple and complex health and aging related difficulties
- Are unaccustomed to living in “normal” housing
- Are without an income or living on some social assistance
- Need ongoing & increasing medical & social supports
- Number of older women in shelter increasing

### How We Arrived At Our Model

- Community consultations
  - Housing providers
  - Support service providers
- Input from residents and staff
- Canada-wide survey of housing providers
- International experience
- CMHC/NACA supportive housing model was starting point

### Identified Some Options

- Immediate options
  - Not ideal
- Longer-term options
  - Potential housing partners
  - Potential support service partners
  - Potential funding options

### Guiding Principles

- Support independence, individuality & choice
- Provide “normal” housing
- Clear limits on acceptable behaviour
- Create a home & community

### Objectives

- To provide long term, stable, appropriate and affordable housing
- Have 24 hour on-site support
- Stabilize residents’ living skills
- Support independence
- Facilitate access to services

### Key Components Of The Model

- Good management
- Good physical design
- On-side support services
- External community resources
- Location
- Size and space

### Good Management

- Operationalize principles
- Involve residents
- Be clear about what is provided
- Establish a resident selection process
- Support staff in their work
- Evaluate the home’s impact on residents’ quality of life
- Establish an advisory committee

### Good Physical Design

- Accessible in private and communal areas
- Incorporate features to reduce falls, prevent injuries, and assist residents with day-to-day activities
  - Bathrooms (walk-in shower, support bars, non-slip flooring etc.)
  - Kitchen (lower pull-out shelves, task lighting, wall oven with side swing door, open space under sink, etc.)
  - Other (large windows, non-glare lighting, hand rails, lever handles, contrasting textures & colour, wider hallways, slower elevator door, automatic front door, covered entrance way, outdoor lighting etc.)

### On-Site Support Services

- Furnished bed/sitting room
- Daily meals & snacks
- Linen & clothes laundry
- Housekeeping
- 24 hr security
- Assistance with daily activities
- Assistance with medication
- Informal counseling and social support
- Facilitation of access to external services
- Facilitation of contact with family
- Recreational and social activities

### External Community Resources

- Primary health care
- Health specialists
- Home care
- Mental health services
- Addiction services
- Palliative care
- Long term care
- Recreation
- Transportation

### Location – Factors To Consider

- Purchase versus lease
- Coed versus women only
- Size – larger versus smaller
- Parking
- Close to public transit
- Walking distance to amenities
- Zoning
- NIMBY factor

### Size & Space

- Number of residents
- Private bed sitting rooms versus shared
- Private bathrooms versus shared
- Layout & size of units
- Types of indoor amenity spaces
- Types of outdoor amenity space

## The Bottom Line

- ✓ **THERE IS A NEED**
- ✓ **THERE IS A WILL**
- ✓ **THERE IS A WAY**
- ✓ **THE DREAM IS STILL ALIVE**

### Presenters:

**Sue Garvey**, BA, Sociology from Carleton U, MSW from Carleton U. Social Worker since 1977, working with low income women in housing and employment programs. First Co-ordinator at Centre 507, first Co-ordinator at Daybreak Supportive Housing, currently Director of Cornerstone: Housing for Women which encompasses the Women's Shelter and two supportive housing communities for women, past Co-chair of the Alliance to End Homelessness, current member of the Supportive Housing Network and a mentor with A city for all Women Initiative.

**Christine Davis**, M.A., President, Social Data Research Ltd. draws on 25 years of experience as a social researcher - first at McMaster University and then as a Principal and founding partner and President of Social Data Research Ltd. Christine has conducted over 150 studies including needs assessments, evaluations and client surveys for local, provincial and federal departments responsible for funding or delivering health and social programs. She has completed numerous assignments involving high-risk populations including the homeless, high-risk teen parents, women and children on low incomes, seniors, persons with disabilities, persons from ethnic minority groups, and Aboriginal populations.

# **HOMELESS: THE PERSPECTIVES AND EXPERIENCES OF ADOLESCENTS IN FAMILY SHELTERS IN OTTAWA**

**Presented by Clara Freire**  
Program Manager  
Residential Services  
Housing Branch, City of Ottawa

## **Study Goals and Design**

This qualitative study used a phenomenological approach to explore the realities of homeless adolescents residing with their families in a shelter. The study uncovers how adolescents experience being in a shelter; the emotional, social and physical realities they encounter, how they cope, what they think could be done to help, and what they wish for their future. The study was intended to offer adolescents an opportunity to express themselves; to exercise their voice. Another important goal was to contribute to the Canadian-based research on family homelessness, and in particular to provide a study speaking specifically to the effects of homelessness on adolescents who are part of a homeless family.

The study was conducted in two City of Ottawa operated family shelters, using a semi-structured, open-ended interview with guide (pre-tested). The sample consisted of 10 youth between the ages of 13 and 18, who were able to speak English, willing to participate, and for whom parental permission was provided. Non-random, purposive sampling (via shelter staff) was employed. Interviews were audio taped and monetary compensation for time and expenses was provided.

## **Study Results/Conclusions**

Data analysis was guided by Developmental Systems Theory (Ford and Lerner, 1992, cited in Lerner, 2002) and framed by research on Resilience (Masten, Best & Garmezy, 1990). Three exhaustive descriptions were drawn from the study findings and describe the central meanings of the study results:

1. The adolescents perceive their situation as a housing crisis and cognitively recognize the meaning of and the immediate sensational effects of living in a shelter and being homeless. Simultaneously, depending on their experiences, they are able to reframe their reality into one of “houselessness”, creating an alternative cognitive perception.
2. Youth who are homeless with their families have something to say. Being homeless and living in a shelter is a major source of embarrassment and upheaval; it is disturbing to personal, emotional, social, health, and school life.
3. The adolescents’ perspectives of their homelessness and the negative impacts of living in a shelter combine with individual strengths to produce the foundation for protective mechanisms to function. As a result of both internal and external mitigating factors, adolescents in this study demonstrate resilience.

## Other Key Findings/Conclusions

- Adolescents experience impacts such as, having no privacy, feeling anger, fear of stigma or ridicule by peers, shame, and health related impacts such as stress and headaches.
- The youth do not use the label, “homeless”, to describe themselves unless they have already been labeled as such by peers/society.
- The study highlighted that the protective factors both internal (fortitude, cognitive ability, strategic coping) and external (peers, family, school, shelter) available to the teens must be fostered and strengthened.
- For study participants, creating opportunities for psycho-social interaction and supports was a significant function of the shelter.
- Newcomer teens had to adjust to the Canadian concepts of homelessness, in addition to language and other cultural barriers, yet some teens were able to build on their worldview, a product of experience, to mitigate the present housing crisis.

## Implications for Policy

- Targeted services to assist the family are crucial to decrease the stress felt by the youth and enable them to focus on coping with their own sense of crisis – as the youth’s crisis is minimized, pressure on the primary caregiver is also relieved.
- Services must be geared for youth to help them process the housing crisis and must be designed to break down the stigma of homelessness.
- School administrations can easily minimize negative impacts by allowing youth to remain at their school even if a housing crisis means the move to the shelter is outside the school’s district.
- Social and housing policy must be addressed simultaneously in order to eradicate poverty while increasing affordable housing, especially for low income families.

**Presenter:** Clara Freire has been working in the social services sector with homeless and/or marginalized individuals for the past 12 years. She has worked in the homeless service sector in Ottawa for the past 5 years, for 2 years as a manager of Centre 507, a local drop in centre and for the past 3 years in the Residential Services Division of the Housing Branch at the City of Ottawa, where she is currently a program manager. Clara recently obtained her master's degree in Social Work from Laurentian University. This research was submitted to the Department of Graduate Studies in Social Work, Laurentian University, Sudbury, Ontario. March 2004.

# Reducing Homelessness for Male and Female Youth: Lessons learned from a comparison of housed and homeless youth

Susan Farrell, Royal Ottawa Hospital  
Elizabeth Votta, CHRU, University of Ottawa

## Overview of Presentation

- Context of relevant studies
- Overview of methodology
- Summary of key findings
- Identifying opportunities for intervention

## Context of Relevant Studies

- Findings in previous homeless youth research without comparisons to housed peers
- Votta (2001) focus on male youth
- Votta & Farrell (2003) focus on female youth
- Focus on gender and housing-based comparisons

## Overview of Methodology

- Semi-structured interviews in shelters, drop-ins & schools
- Homeless = 172
- High-School = 156
- Coping Style
- Physical & Mental Health
- Self Esteem
- Youth and Family Demographics
- Social Support
- Substance Use
- Service Use Patterns

<b>Report of Physical Health Issues</b>		
	Homeless	Housed
Males %	26	19
Females %	63	33

<b>Report of Depressive Symptoms</b>		
	Homeless	Housed
Males %	39	23
Females %	61	41

<b>Report of Suicide Attempts</b>		
	Homeless	Housed
Males %	21	N/a
Females %	51	18

<b>Substance Use</b>			
	Tobacco	Alcohol	Drugs
Homeless Males %	64	74	78
Housed Males %	4	25	13
Homeless Females %	48	60	68
Housed Females %	35	60	43

<b>Legal System Involvement</b>		
	Probation	Arrested
Homeless Males %	27	62
Housed Males %	4	7
Homeless Females %	7	15
Housed Females %	2	3

### Lessons Learned

- Concurrent disorder-focused treatment required for homeless population – traditional models usually not suitable
- Active links with legal system to ensure tracking and prevent future involvement
- Flexible education and employment options – many willing to engage in a responsive system that will meet their circumstances
- Limited use of services perceived as “adult-focussed” – more use of youth services

### Opportunities for Intervention

- Coordination of health care, education, housing and legal system to provide responsive and timely intervention
- Active engagement is key – don’t wait for them to come to you!
- Need for flexibility within existing systems to ensure continued participation and prevent future homelessness
- Youth-focused intervention, not a downward continuation of adult services

**Presenter:** Susan Farrell is a Psychologist with the Psychiatric Outreach Team of the Royal Ottawa Hospital. The team works with individuals who are homeless or at risk of homelessness with serious mental illness. Dr Farrell received her PhD from the University of Ottawa under the mentorship of Tim Aubry and with the guidance of Fran Kladosky. Her PhD thesis examined the stress associated with homelessness, and since that time she has done work on the street homeless population and most recently worked with Dr. Lisa Votta of the Community Health Research Unit at the University of Ottawa to examine the experiences of homeless youth, in comparison to housed youth.

# **The Effectiveness of Occupational Therapy with People at Risk of Homelessness**

James Huff, O.T. Reg.(Ont.) - Occupational Therapist  
Susan Farrell, Ph.D., C.Psych., - Psychologist  
Royal Ottawa Hospital - Psychiatric Outreach Team

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## **The Psychiatric Outreach Team**

The Psychiatric Outreach Team is multidisciplinary, with a range of health professions (nursing, social work, psychiatry etc.).

- Our goal is to serve clients with serious and persistent mental illness and who are at risk of homelessness.
- Members are connected to agencies in the city (shelters, drop-ins, rooming houses etc.).
- We have a “dual client”– we work with individuals using these services and the agency staff that support them.
- We provide assessment, consultation, short-term intervention, and education as required.

## **The Role of Occupational Therapy on the Psychiatric Outreach Team**

Occupational Therapy is a second line service on the team, meaning that other team members will refer to O.T. if they feel it is relevant for the person. Three main roles for the O.T. have developed:

1. Assessment – helping to identify what barriers may exist for a client to function independently (e.g. Does the person have enough skill to stay living on his own?);
2. Intervention – O.T. is able to provide longer term work to help people work towards their goals (e.g. helping clients return to finish school, find work, improve their physical functioning);
3. Advocacy – Helping our community better understand the needs of people who are at risk of homelessness with a mental illness (e.g. participating in work with literacy agencies in Ottawa so that we can better serve this unique group).

## **Findings from the research on the effectiveness of O.T. services**

A service evaluation project has been conducted in the past year to better understand O.T. services and how effective it is for the clients who receive these services.

### **Needs Assessment**

Role of O.T. was unclear and poorly understood by staff. Staff identified activities of daily living were important issues to address but many were not covered by the team (e.g. independent living skills, paid and unpaid work and education).

### **Satisfaction Surveys**

Overall, clients and staff were quite satisfied with the O.T. services. It was important to be client centred and flexible and provide practical suggestions. It will be important to see clients quickly as this group can be transient.

### **Outcome Study**

Clients report a significant improvement in both their perceived performance and their satisfaction with their performance. Clients see an improvement in their functioning...a key outcome!!

### **Take Home Message**

1. O.T. is a value-added service to the team as rated by the clients and the staff.
2. Focusing on the skills and resources of the people who are homeless may help them avoid a pattern of repeated homelessness. Occupational Therapy fills this role: working with the clients directly and supporting the work of other staff.

We welcome your comments and questions; please feel free to contact us via email [jhuff@rohcg.on.ca](mailto:jhuff@rohcg.on.ca) or by phone 613.722.6521 ext. 7125  
If you are looking for information about Occupational Therapy in general, check out [www.otworks.ca](http://www.otworks.ca)

**Presenter:** James Huff is an occupational therapist who is working with the Royal Ottawa's Psychiatric Outreach Team. Since graduating from McMaster University in 2000, James has worked in psychiatry as a case manager with people with schizophrenia, as a crisis worker on a mental health crisis team with the Hamilton Police Department and at a psychiatric Emergency Department, also in Hamilton. Today he will be telling us about the outcomes of project looking into the services he offers people who are homeless and at risk of homelessness here in Ottawa.

# Medication Adherence in Urban Men's Shelters: An Ecological Perspective

Joanna Binch, RN (EC), BNSc., Graduate Student, Master of Science in Nursing Program,  
Dr. Nancy Edwards, RN, PhD, School of Nursing, and  
Dr. Frances Legault, RN, PhD, School of Nursing, University of Ottawa.

## Background

- In Canada, homelessness has been declared a national crisis; with rates estimated at five in 10 000.<sup>1</sup>
- In comparison to the general population, persons who are homeless in Ottawa have higher rates of chronic conditions such as mental illness, asthma, arthritis, and physical pain<sup>2</sup>.
- Within the men's shelters in Ottawa, the total overnight visits have increased by 85%, now totalling nearly 162 000 overnight annual visits<sup>3</sup>.
- Thus, medication adherence is an important issue for homeless individuals and a concern for the shelter staff responsible for administering medications.
- Improved medication adherence among the homeless can reduce symptoms of chronic disease, improve quality of life, and by stabilizing chronic conditions, can improve access to secure housing.

## Methods

- A qualitative study using ethnographic methods was conducted in three shelters in Ottawa.
- Residents, shelter staff, and managers were interviewed using a semi-structured interview guide.
- Field observations of the physical and social environment were made over a six-month period.

## Results

- Data analysis will be completed over the summer.
- Preliminary results suggest that clients begrudge rules of the shelters that do not allow independence with medications.
- Both clients and staff look to pharmacies, and less to family physicians and outreach nurses for information.
- Staff discussed concerns around medication storage and tracking.

## Implications

- Medication adherence is influenced not only by personal characteristics of the resident, but also by broader institutional-level determinants and accessibility to community resources.
- Policy and practice interventions for shelter management, front-line staff and health care providers to improve medication adherence will be presented.

**Presenter:** Joanna Binch first became involved with working with homeless when hired as the first nurse with the Ottawa Inner City Health Project (OICHP) and developed her interest in medication adherence when working with OICHP and she could see what really happened with medications after they were prescribed! The data from this presentation first presented as a poster at the International Conference on Urban Health, in October 2004 in Boston. Currently employed part-time as a nurse practitioner with the Ottawa Inner City Health Project, and part-time with Somerset West CHC (as an outreach nurse practitioner, mostly working with rooming house clients). Also employed casually with the SITE van and with Oasis. Depositing thesis for Masters of Science in Nursing at the University of Ottawa in December.

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1 Hwang, S. W. (2001). Homelessness and health. *CMAJ (Canadian Medical Association Journal)* 1994;164(2):229-33.

2 Farrell, S., Aubry, T., Klodawsky, F., & Petty, D. (2000). *Describing the homeless population of Ottawa-Carleton* Ottawa, Ontario: University of Ottawa.

3 Eddy, L. (2002). Stats for Ottawa men's shelters.

<http://www.ottawamission.com/Pages/Stats/StatsOttawa.html> [on-line].

# Promoting Social Inclusion through a Harm Reduction Approach

Dr Jeffrey Turnbull MD FRCP (C), Wendy Muckle, RN, BSCN, MHA,  
Vela Tadic MSW, Faculty of Medicine, University of Ottawa

## Background

The Ottawa Inner City Health Project provides health care to the chronically homeless with complex health needs.

The target population includes those who are excluded from mainstream services due to behavior or lifestyle. Typically, clients live with a severe and persistent mental illness and substance use in addition to living with complex health and social needs. Patients of the project typically experience exclusion from mainstream society with limited opportunities to participate in society.

The project promotes inclusiveness, harm reduction and addressing the short and long-term factors that perpetuate homelessness.

In addition to utilizing specific harm reduction strategies like managed alcohol, needle exchange, and promoting less harmful patterns of substance use; the program encourages appropriate use of health and social services, and housing and social integration through a variety of means.

## Methods

Outcome data collected, quarterly or after discharge on all patients enrolled in the program used to measure improvements in health, social integration and service utilization.

## Results

Although this patient population is often considered to be “hard to serve” and “non-adherent,” outcome data indicates that significant improvements in health, social integration, housing and appropriate service utilization are achieved. A harm reduction approach appears to promote positive health and social outcomes including improved social integration for this population.

## Implications

In addition to reducing harm from substance use, harm reduction approaches have proven effective in helping individuals with complex needs overcome homelessness and re-integrate into the community.

**Presenter:** Wendy Muckle, RN, BSCN, MHA, is the Director of the Ottawa Inner City Health Project and has been active in the area of homelessness for 15 years.

# Addressing Psychiatric Disease in Homeless Individuals with Chronic Alcoholism

Colleen Haney, Tiina Podymow, Wendy Muckle and Jeffrey Turnbull  
Faculty of Medicine, University of Ottawa

## Background

- Chronic homeless alcoholics suffer increased health problems and have high use of emergency services.
- There is a low likelihood of rehabilitating chronic public inebriates.
- Harm reduction is a policy to decrease the adverse consequences from substance use without requiring abstinence.
- The Ottawa Inner City Health Project (ICHHP) is a shelter-based project created to deliver health care and harm reduction to homeless adults. This includes a managed alcohol program (MAP).

## Methods

- Chronic public inebriates are referred by a community panel.
- MAP is shelter-based, used as stable housing, and alcohol is dispensed on an hourly basis.
- Hospital charts were retrospectively reviewed for all emergency visits and admissions for three years prior and two years of program enrollment and were statistically compared.
- Trends in blood-work were analyzed.
- A questionnaire was administered to subjects and staff regarding patterns of alcohol use, health and activities of daily living prior to and while in the program.
- An economic evaluation is ongoing.

## Results

- Seventeen adults (15 males, 2 females), average age 50.7 years were enrolled in the MAP for a mean of 16 months.
- Mean duration of chronic alcoholism 35.2 years;
- Ten subjects reported regular use of non-beverage alcohol.
- ER visits decreased from a mean total of 13.5 visits/month to 8 visits/month ( $P = .004$ ) and blood-work values did not change significantly while in the program.
- All subjects reported alcohol consumption was less than while on the streets, and the majority perceived improved hygiene and health.
- Client care staff noted improved hygiene, nutrition, compliance to medication and attendance to medical appointments in the majority.

## Conclusions:

**A managed alcohol program as a harm reduction measure in chronic homeless alcoholics can:**

- **stabilize alcohol intake,**
- **improve quality of life and**
- **significantly decrease ER visits.**

**Poster Presenter:** Wendy Muckle, RN, BSCN, MHA, is the Director of the Ottawa Inner City Health Project and has been active in the area of homelessness for 15 years.

## **Housing Affordability in Ottawa, 2001**

Paddy Fuller for the Social Planning Council of Ottawa

The poster examines the characteristics of all households and **those paying 30% or more of their annual income on shelter** using data from the 2001 Census for the Ottawa area.

### **The household characteristics include:**

- tenure (owning/renting),
- income,
- labour force status,
- household size
- as well as selected demographics such as –
  - immigrant status,
  - visible minority and
  - Aboriginal origin.

The information is presented graphically as well as in maps showing the concentration of households with affordability in the Ottawa area at the census tract.

The Social Planning Council obtained a special tabulation from the 2001 Census that included both household and individual characteristics.

### **The household data includes:**

- the income,
- type of household,
- tenure.

### **The individual data for owners and renters include:**

- labour force characteristics,
- income,
- age,
- sex,
- immigration status, etc.

### **The poster presents the information in graphical format and on maps.**

- The maps show the variation in the proportion of households paying 30% or more of their income on shelter by census tract - owners, renters and total households.
- The household data shows the income, size and type of households as well as a correlation of the percentage of households 30% or more of their income on shelter by income range.
- Information is also presented on the characteristics of individuals based on the affordability status of the households they live in. These characteristics include:
  - language,
  - labour force status,
  - income,
  - immigration status etc.
- The incidence of affordability problems by the demographic groups is presented along with the distribution of affordability problems among the groups.

*Note: The census data is based on households in private dwellings and does not include the population of collective dwellings such as rooming houses.*

**Poster Presenter:** Paddy Fuller is an Ottawa based consultant specializing in quantitative research on housing. He has completed projects on affordability, housing need, market analysis, housing indicators and housing program evaluation. Prior to becoming a consultant he was the Director of Statistical Services for Canada Mortgage and Housing.

## Frameworks for End-of-Life Care for People who are Homeless

Manal Guirguis-Younger, Saint Paul University, Vivien Runnels and Tim Aubry,  
Centre for Research on Community Services, University of Ottawa

*“If you’re homeless and have no one around,  
just imagine how much worse it (dying) would be.  
It’s got to be terrifying. We hope this situation (hospice care)  
is much more humane for people.”*

**Indianapolis Star, June, 2004. Final Haven**

### **Quality End-of-life Care: The Right of Every Canadian.**

*“As set out in the 1960 Canadian Bill of Rights, Canada is founded upon the dignity and worth of the human person. That dignity and worth compels the provision of excellent end-of-life care...each person is entitled to die in relative comfort, as free as possible from physical, emotional, psychological and spiritual distress. Each Canadian is entitled to access skilled, compassionate, and respectful care at the end of life.”*

**Subcommittee to update “Of Life and Death” of the Standing Senate Committee on Social Affairs, Science and Technology.** Final Report

Chair The Honourable Sharon Carstairs.  
Deputy Chair: the Honourable Gérald A. Beaudoin June, 2000

### **Hospice models and special populations**

- Examples of Current Mainstream Hospice Models
  - Hospital-based – in-patient
  - Home-based
  - Day programs
  - Stand-alone Hospice Organization
- Examples of Special Populations that are served by Hospices
  - Cancer patients
  - Pediatric / elderly
  - HIV/AIDS
  - Prison populations

### **Ottawa Example: The Home, Hospice at The Mission**

- First shelter-based palliative care facility for the homeless in Canada
- 15-bed program, created in 2001
- Serves those who are chronically homeless, lack natural supports and financial resources, and have a diagnosis of life-threatening illness, complicated by mental illness and/or addictions.

### **Characteristics, pre-requisites, and/or Unique Dimensions of Hospice Care for People who are Homeless**

- Eliminates barriers for those who are homeless and don’t fit easily into the regular healthcare system
- Health issues: patients more likely than not to have complex medical and palliative requirements (including addiction and/or mental illness)
- Social service issues: hospice needs to provide an environment of safety and trust, understand addiction and/or mental illness needs, and attend to spiritual, emotional, relationship and legal needs
- Unlike home care, the hospice meets all daily living necessities

Previous Research: **A Study of the Deaths of People who are Homeless in Ottawa: A Social and Health Investigation**, Ottawa, Ontario August 2003, Guirguis-Younger, Vivien Runnels and Tim Aubry (SCPI)

<b>Primary Causes of Death Among Individuals who are Homeless in Ottawa (June 2002 – January 2003)</b>			
<b>Liver Disease</b>	<b>15%</b>	<b>Diabetes</b>	<b>5%</b>
<b>HIV/AIDS</b>	<b>30%</b>	<b>Overdose</b>	<b>5%</b>
<b>Cancer</b>	<b>20%</b>	<b>Other Conditions</b>	<b>15%</b>
<b>Heart Problems</b>	<b>10%</b>		

### **Social Contributors**

- Long term social isolation
- Lack of positive and supportive relationships
- Complex relationships with family
- High need for safety and trust

### **There is a Great Deal to Learn About:**

- The unique needs and care requirements for those who are homeless at the end-of-life.
- The experience of programs that are delivering end-of-life care to those who are homeless in Canada.

### **Community Support for end-of-life care for people who are homeless**

- There is an expressed need from the community to be better prepared and able to care for the homeless population who are dying.
- There is a community commitment to be directly involved with important research efforts in the areas of:
  - knowledge dissemination,
  - advisory role
  - and input into research questions and design

### **Development of Research into Hospice Care for people who are homeless**

- Research can help providers build on their experience and address the complex needs of people who are homeless who need palliative and hospice care.
- Some of these complexities include issues around structure of service, resources, relationship with the larger community and mainstream care systems (see Chart "Hospice Services to people who are homeless, a model...administrative structure of host organization)
- Other issues include the role of volunteers and informal resources, training of health care providers, relationship with family, and the role of community spiritual leaders.
- Our current research shows that there are many factors that must be carefully considered before a feasible framework can be designed (See Chart "Hospice Services to people who are homeless, a model...relationship to client).

**Poster Presenter:** Dr. Manal Guirguis-Younger is an assistant professor at Saint Paul University, Faculty of Human Sciences. Currently, her research has a community focus. Her primary area research, palliative care, is a unique volunteer setting, with high emotional demands and difficult issues; yet very little is known about the experience of the palliative-care volunteer. Part of this research has been funded by an interfaculty research grant awarded by the University of Ottawa. Dr. Guirguis-Younger is also Part of the a New Emerging Team (NET), where she continues her work on volunteerism as an important element of end of life care for older persons. The team received funding for a five-year period from CIHR. In addition, she is also currently involved in research projects with the Centre for Research on Community Services, University of Ottawa. Her work in the area of homelessness is related to mortality and homelessness, as well as end-of-life care in individuals who are homeless.

## **Employment Barriers and Ideas for Employment Supports for Homeless People**

**Jean Sorensen, SCPI Coordinator, Residential and Support Services Division,  
Housing Branch, City of Ottawa**

This poster summarizes the data collected in Ottawa in 1999, for a needs assessment for a proposed employment program for homeless people. The needs assessment and program design were conducted by Jean Sorensen, MSW, for Human Resources Development Canada (HRDC), under the direction of a steering committee composed of the managers of all the emergency shelters and several day programs serving single homeless people.

### **Objectives of the Needs Assessment were to determine:**

- the level of education and employment history of homeless people
- the barriers to employment that they experience
- their level of interest to participate in a program to help them get and keep jobs
- the characteristics that would make such a program succeed
- the barriers and willingness of employers to participate

### **Method – The needs assessment involved:**

- a questionnaire completed by 292 people who visited homeless shelters or drop-in centres on June 9 and 10, 1999; Also 1 focus group with homeless people;
- interviews with 23 services providers; and
- interviews with 14 potential employers (not dealt with in this poster, but available).

### **Homeless People's Responses:**

- 30% had no high school diploma; 42% had a high school diploma; and an additional 8% has both a trades certificate and a high school diploma.
- **68% of the men and 39% of the women were either currently working or had worked within the past three years.**
- **79% said they would like to find paid work; 75% would use the described program.**
- **Data was also collected on the types of jobs they have done, their perceived barriers to employment, and the desired characteristics of a potential employment program.**

### **Service Providers' Responses**

- Perceived barriers to employment included lack of work-related supports (e.g. money for bus tickets, work boots, lunches until first paycheque); lack of skills and experience; low minimum wage & high agency fees (disincentives to work); low self-esteem, disengagement from society, and depression; lack of skills in anger-management, money-management, self-motivation, interpersonal relations, authority; health problems including infectious diseases and HIV/AIDS-related; poor personal hygiene, head and body lice; addictions, and mental health issues.
- Service providers offered many, many useful ideas for services to provide and mistakes to avoid.

### **Potential Employers' Responses**

By the end of the formal interview, and after they had heard an explanation of the concept of "supported employment", 12 of the 14 employers said that if their concerns were addressed, they would consider hiring our clients.

**Poster Presenter:** Jean Sorensen (Masters of Social Work; Diploma of Adult Education) has focused eight years of her career on homelessness issues -- in the roles of planner, evaluator and funding administrator. Jean has held her current position, as Program Coordinator in Ottawa's Residential and Support Services Division of the Housing Branch, for the past four years, where she has been involved with administering the National Homelessness Initiatives funding and provincial homelessness funding to local agencies.

## **HOMELESS FAMILIES AND INDIVIDUALS INFORMATION SYSTEM (HIFIS) INITIATIVE**

Paul Weber

Community Development Officer, HIFIS Initiative/l'initiative du SISA  
National Secretariat on Homelessness/Secrétariat national pour les sans-abri

In 1999 the Government of Canada announced the National Homelessness Initiative, a three-year initiative designed to help ensure community access to programs, services and support for alleviating homelessness in communities located in all provinces and territories.

The Government of Canada has renewed the National Homelessness Initiative for an additional three years with an investment of \$405 million. Under this initiative communities will be provided with the supports to further implement measures that assist homeless individuals and families in achieving and maintaining self-sufficiency.

### **The HIFIS Initiative**

The Homeless Individuals and Families Information System Initiative (HIFIS) has taken a lead role in establishing a community-driven national information system for shelter service providers. The system helps facilities with operational and planning activities while also serving as a source of comparable data on the characteristics of the homeless population across Canada. This contributes to the National Homelessness Initiative's objective of increasing the understanding of homelessness in Canada.

HIFIS is a user-friendly electronic records management system built for, and in consultation with, community stakeholders. It is provided free of charge as a means to collect information about the population using shelters while assisting in daily operations such as booking-in and out clients, and reporting on shelter use.

### **How was HIFIS Developed?**

HIFIS was developed with the assistance of experts in the area of data collection, and of potential users of the system and of the information generated through it. A workshop with experts was first held in June of 1995, followed by consultations with shelter representatives. A users workgroup composed of shelter, and of municipal, provincial and federal government representatives was also established to guide the building of the HIFIS system that would best meet the needs of stakeholders.

### **Who can Use HIFIS?**

HIFIS was designed primarily for shelters' use. However, organizations other than shelters are also using it as an administration system for the management of their data. The intent is to eventually expand the application of the system to better meet the needs of other service providers (for example, drop-in centres, food banks, day programs).

### **IMMEDIATE ADVANTAGES of Participating in the Initiative**

Participation in a national initiative with a long-term strategy for the promotion, continued development and deployment of a common system of information on homelessness.

No development costs for the basic system translate into significant cost savings (approximately \$500,000) by using HIFIS alone or by integrating HIFIS into new or existing community systems.

### **For communities with shelters currently using HIFIS, the Initiative would be beneficial for the following reasons:**

- the continued use of HIFIS software would constitute an update to current users;
- local expertise would be available to new users;
- reduced resources would be required for training; and reduced risk as the knowledge acquired by current users can be used to make informed decisions on community requirements.
- Use of data collection, storage and reporting functions to help with operations and case management.

- Multi-user installations (Internet or client server) provide dispatch functions and broader community reporting.
- Ability to work directly with NSH to integrate the HIFIS software in various community networks.
- Access to a support service for software issues.

### **MEDIUM AND LONG TERM ADVANTAGES**

- Participation in a community-driven process that builds a Network of Community Users across Canada for information sharing on requirements and successful practices.
- Provision of initial training for community trainers, training packages and system manuals. HIFIS Support Desk (phone, email, Internet, fax, mail)
- Contribution to the creation of a source of comparable data across Canada.
- Enhanced capacity to work with local and regional stakeholders for community research, program and policy planning and development.
- Participation in a process that could result in greater reporting capacity, e.g., longitudinal studies.
- Collaboration with HIFIS user representatives and the HIFIS Initiative Team ensures a core source code with functions that enable special data collection projects at the local level.
- Community/Shelter ownership of the information protects the confidentiality of client information.
- A national data protocol that lists which fields will be shared describes data storage and respects the principles of community ownership and confidentiality of data.
- Provision of templates for the development of local or regional protocols.

**For more information about the HIFIS Initiative** refer to the website:

<http://www.homelessness.gc.ca>.

**Poster Presenter:** Paul Weber is currently working as a project officer at the National Secretariat for Homelessness where he is part of a national team implementing the Homeless Individuals and Families Information System (HIFIS). As a social worker Paul spent a decade working with disadvantaged peoples in Ottawa. Previous to that he worked for the Canadian International Development Agency on various projects in Brazil, Africa and India. His academic background is in international cooperation and development.

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# Minimizing the Impact of HIV/AIDS on the Homeless in Ottawa

Joanna Binch, Rina Arsenault, Hannah Cowen, Mary Francis Marshall,  
Mandy Nanticoke and Wendy Muckle, University of Ottawa

## Background

- Homeless individuals have a decreased rate of HIV treatment adherence, less reported HIV test results, and participate in higher risk behaviours.
- Ottawa's population living with HIV/AIDS has doubled over the last 10 years [1].
- The Ottawa Inner City Health Project (OICHP) is a shelter-based project designed to improve health care delivery to homeless adults.

**The purpose of this study** was to survey homeless HIV-positive clients and their health care providers to evaluate successful strategies used in the project to decrease and document barriers to HIV testing, treatment adherence and risk reduction behaviours.

## Methods

- A survey tool was developed to assess HIV testing, treatment initiation, treatment adherence, appointment attendance, shelter conditions, risk behaviour, mental health and substance use for HIV-positive homeless clients.
- A similar survey tool was developed for the care providers (nurses, physicians, client care workers, social workers, pharmacists, HIV specialists).
- Surveys were administered by a nurse researcher and trained peers. Peers were utilized to improve internal validity.

## Results

- Surveys are ongoing.
- Interviews with a minimum of 20 clients and 15 service providers are anticipated.
- Ethics approval for client interviews is pending.
- 12 service providers were interviewed: 5 nurses, 3 physicians, 2 social workers, 1 client care worker and 1 pharmacist.
- 10 service providers noted improved medication adherence with supervised dispensing and dosette programs.
- Appointment attendance improves with minimal waiting time and flexible scheduling.
- Treatment adherence improves with side effect management by shelter workers who have been educated by medical personnel.

## Implications

- Health care delivery to HIV positive homeless adults requires unique strategies.
- By identifying successful strategies used by the OICHP to assist homeless clients at risk or living with HIV, a best practice model can be developed.

**Poster Presenter:** Wendy Muckle, RN, BSCN, MHA, is the Director of the Ottawa Inner City Health Project and has been active in the area of homelessness for 15 years.

# Process Benchmarking: A Participatory Action Research Project for Improving the Housing Stability of People with Serious Mental Illness

John Sylvestre, School of Psychology, University of Ottawa  
 Melanie Ollenberg, Community Research, Planning and Evaluation Team  
 Centre for Addiction and Mental Health

This poster describes a participatory action research project to develop tools and methods for program improvement and development and to identify and promote best practices that are relevant for providers of supportive housing.

**The Housing Stability Benchmarking Study** is a multi-stakeholder collaboration that aimed to improve the quality of housing and support services for people with serious and persistent mental illness in the City of Toronto.

**This project was developed in response to concerns of supportive housing agencies** that funders and researchers do not understand housing, how housing providers operate, or the diversity of challenges they face. Coupled with this gap, there are growing concerns among agencies for the imposition of top-down standards, and the absence of initiatives to ensure that housing programs have the knowledge and tools to continuously upgrade the programs and services they offer. As well, there are few formal processes for housing and support providers to share their experiences with their colleagues.

**This project involved over 45 participants from 20 groups and organizations** (representing consumers, service providers and government policy-makers) who worked together to develop benchmarks for housing providers across four categories: Person, Housing, Support, and Systems, derived from a model of housing stability. Participants also collaborated to develop lists of recommended practices for achieving each of these benchmarks, which have been compiled in "A Guide to Housing Stability".

**Subsequent work has involved applying these concepts, methods and tools to other systems in Canada.** Specifically, we worked with housing and support agencies in Ottawa and Halifax to compare their housing practices against those recommended in Toronto. The goal was to test the applicability and meaningfulness of the benchmarks, practices and processes developed in Toronto, to two other housing systems in Canada.

**These community-based projects have led to the bottom-up development of concrete action plans and network development** for program improvement in all three cities. Study participants have identified ways in which a range of groups (community and advocacy groups, residents, educators, researchers, housing developers, decision-makers, etc.) can use 'A Guide to Housing Stability' and Process Benchmarking as a means to improve housing stability for individuals that receive housing and support services, on a variety of levels.

**Poster Presenter:** Dr. John Sylvestre is a new professor in the School of Psychology at the University of Ottawa. His research interests are in the areas of identity, stress and coping, program evaluation, supportive housing, and mental health policy. Dr. Sylvestre has recently completed an evaluation of a major supportive housing initiative in Ontario, and is completing work on the development of a values and evidenced based planning framework for housing policy and development in the province. He is currently developing new research on how community-based services can promote recovery from serious mental illness and how families cope with a first episode of psychosis during late adolescence and early adulthood.

# Psychiatric Nurse Practitioner: Profile of a Unique Role to Provide Health Care Services to the Homeless Population

Susan J. Farrell, Ph.D., C.Psych. and Beth Wood, RN, MScN, ACNP  
Royal Ottawa Hospital, Ottawa, Ontario, Canada

## Background

- Despite the growing number of Nurse Practitioners in Canada, to date little information is available about the role they play in the Canadian health care system.
- Even less is known about specialized Nurse Practitioners, such as Psychiatric Nurse Practitioners (PNP), and their role in collaborative models of health care service delivery.
- In Ontario, Canada only one Psychiatric Nurse Practitioner practice exists within a primary health care setting.
- The purpose of this presentation is to highlight the role and service of this unique position within an inner-city urban health practice.

## Methods

- Retrospective review of all clients seen in the only Psychiatric Nurse Practitioner practice in an urban health center in Ontario.
- Review included chart review, service utilization records and an implementation evaluation survey to assess satisfaction of collaborating care providers.

## Results

- This innovative model of collaborative care to the most hard-to-serve clients with severe mental illness is presented, followed by a socio-demographic and psychiatric profile of clients seen over the past two years.
- A case study illustrates the flexibility and foci of the PNP practice within a community health care setting.

## Implications

- The benefits of this unique model for hard-to-serve clients, such as persons who are homeless with chronic and persistent mental illness, are reviewed,
  - including the challenges of implementation within the health care system and
  - the necessity to adopt this collaborative model of care within other urban centers.
- Future directions for specialized nurse practitioners in promoting an urban health practice are discussed.

**Poster Presenter:** Susan Farrell is a Psychologist with the Psychiatric Outreach Team of the Royal Ottawa Hospital. Beth Wood is a Nurse Practitioner (Psychiatry) also with the Psychiatric Outreach Team. This project is part of a collaborative research venture to examine the role of Psychiatric Nurse Practitioners in the delivery of health care services to vulnerable populations.

# Reduced Emergency Visits in Chronic Homeless Alcoholics: The Managed Alcohol Program

Tiina Podymow, Jeffrey Turnbull, Elizabeth Yetisir and George Wells, University of Ottawa

## Background

- The burden of mental illness in homeless chronic alcoholics is thought to be large and under recognized.
- The Management of Alcohol Program (MAP) is a harm reduction program stabilizing alcohol intake in chronic homeless alcoholics.
- The purpose of this study is to describe the mental health of chronic alcoholics admitted to the MAP, and the utility of harm reduction in stabilizing mental illness in this population.

## Method

- A survey was developed to describe the behavior, level of function and mental health characteristics of individuals in the MAP from June 2001-April 4, 2003.
- This included a modified Brief Psychiatric Rating Scale (BPRS).
- A panel of MAP staff (shelter care workers, program nurse and doctor) caring for the clients was convened and a survey was completed for each client.
- A psychiatric nurse practitioner also caring for program clients reviewed select surveys for internal validity.

## Results

- Forty-two individuals (39 male, 3 female, mean age 51 years) were admitted to the MAP for an average of 215 days.
- Prior to the program, 20 individuals were living on the street, and 18 were in the shelter system.
- Subjects were rated on the BPRS as having severe symptoms of self-neglect (59%), depression (44%), anxiety (41%) and guilt (39%). 31% of subjects had diagnosed mental illness at MAP entry.
- 71% of clients received psychiatric assessment and treatment while in the MAP. Improvements were noted in binge drinking (83%), alcohol seeking behavior (79%) and hygiene (66%).

## Conclusions

- The MAP provided a stable environment in which many clients decreased alcohol consumption and showed improved personal care.
- Harm reduction provides a novel approach to psychiatric diagnosis and treatment in chronic homeless alcoholics.

**Poster Presenter:** Wendy Muckle, RN, BSCN, MHA, is the Director of the Ottawa Inner City Health Project and has been active in the area of homelessness for 15 years.

# Shelter-Based Convalescence for Homeless Adults: The Special Care Unit

Tiina Podymow, Vela Tadic, Wendy Muckle and Jeffrey Turnbull, University of Ottawa

## Background

- Homelessness is associated with increased hospital costs and length of stay, and medical illness typically complicated by secondary diagnoses of substance abuse or mental illness.
- The Ottawa Inner City Health Project is a pilot project designed to improve health care delivery to homeless adults.
- This includes a convalescence unit.

## Methods

- The Special Care convalescence unit (SCU) is a 24-bed shelter-based unit.
- It provides up to 3 months stay post hospital discharge for treatment of addictions, or for those too ill to remain in the general shelter.
- Staffing includes a client care worker 16 hours/day, nursing 4 hours/day, a physician, mental health services, chiropody, physiotherapy and occupational therapy.
- Project staff dispenses medication, and clients are assisted with transportation to appointments, obtaining health cards, and other entitlements.
- Demographics, reasons for admission to SCU, and outcomes are described.

## Results

- 140 men admitted to the SCU July 2000-April 2003 are described.
- The mean age was 47.7 and 46 (23.4%) were admitted post hospital discharge, 27 for addiction treatment, and 103 for stabilization of a medical or surgical condition.
- Average length of stay was 46.7 days.
- During this time clients received treatment for:
  - diabetes (19%),
  - wound care (37%),
  - alcohol detoxification (22%) and
  - psychiatric disease (82%).
- Medication compliance was excellent in the majority.
- In addition,
  - 45 obtained health/drug cards,
  - 110 received transportation to appointments,
  - 70 applied for housing and
  - 22 obtained housing upon discharge.

## Conclusion

- A shelter-based convalescence unit can provide effective health care to homeless persons and stabilize medical and mental illness, ensure compliance to treatment regimes, decrease substance abuse, and assist in housing.

**Poster Presenter:** Wendy Muckle, RN, BSCN, MHA, is the Director of the Ottawa Inner City Health Project and has been active in the area of homelessness for 15 years.

## **A Study of the Deaths of Persons who are Homeless in Ottawa: A Social and Health Investigation**

Manal Guirguis-Younger, Saint Paul University, Vivien Runnels and Tim Aubry,  
Centre for Research on Community Services, University of Ottawa

### **Why look at Deaths?**

- A large number of studies show that individuals who are homeless have a mortality rate that is 2 to 10 times higher than the general population
- Homelessness is a way of being rather than a single demographic
- Homelessness has a strong impact on all aspects of a person's life

### **Purposes of the Study**

- To provide information regarding long and short term health and social factors contributing to the deaths of persons who are homeless in Ottawa.
- To provide recommendations regarding preventive strategies that would potentially reduce the mortality rate within the homeless population

### **Study Information**

- Time sample: 6 months (June 2002 – January 2003)
- Total number of cases: 25 cases
- Descriptive data: demographics, and cause of death (if known)
- Qualitative analysis of social and health themes/patterns leading to the possibility of untimely death.

## **FINDINGS**

### **Immediate causes of Death**

- Health - picture is complex, with diagnoses of multiple conditions and serious diseases
- Negligible proportion of the deaths were directly related to violence
- None of the deaths were caused by exposure

### **Long-Term Contributors to Homelessness and Death**

- Presence of emotional/physical/sexual abuse were frequently cited as triggers that may have led to homelessness
- Unaddressed learning disabilities, and visible or invisible disabilities were identified as negatively impacting on schooling, employment, and relationships
- Unexamined sudden changes in behaviour, e.g., withdrawal, delinquency
- Difficult life events, death of a parent, alienation from family
- High-risk life-style practices that increase risk of communicable disease
- High-risk life-style practices contribute to inability to maintain housing
- Experiences with Housing and Shelter
  - Difficulty coping with housing requirements
  - Safety issues; especially for women
  - Incarceration/detention
- Experiences with Health Care
  - Homelessness undermines the effectiveness of health care
  - Issues of trust confound the effectiveness of health care
  - Mental illness is a barrier to health care, - difficult to offer or implement treatment
- Substance abuse: non-availability of suitable programs; issues of readiness for change; deeper emotional issues

- Poor social support: isolation/little support from others

### **Preventive Strategies to address untimely death**

- Continued Service Provision
  - Basic needs: significant challenges
  - Shelter systems
  - Targeting special populations
- Recognition of the Role of Service providers as Agents of Change
  - Support for service providers
  - Service providers are a critical link for re-engagement of clients and for implementation of services

### **FUTURE DIRECTIONS**

#### **Themes for Research**

##### The Quality of Dying: Hospice and Palliative Care for those who are homeless

- A home in which to die: A unique form of palliative care
- An essential service: how to meet the challenge of a person's experience of homelessness and his/her end-of-life care.

##### Follow-up Studies The Quality of Dying

###### *Challenges and Best Practices*

- Providing a safe and trusted environment in which to die
- Re-creating a home: addressing the special needs of persons who are homeless
- Addressing the complex medical and end-of-life care of many people who are homeless
- There is a need to investigate a framework or a model of best practices
- Ottawa example: Home Hospice at the Mission
- Different examples in other communities

##### Roles of workers

- Research looking at the role of outreach workers  
Examination of roles and identify support necessary to address them including:
  - Understanding how outreach workers bridge access for clients to services
  - How workers help support persons who are homeless to reconnect with the community
  - How workers facilitate transitional housing, employment, and social situations

**Poster Presenter:** Dr. Manal Guirguis-Younger is an assistant professor at Saint Paul University, Faculty of human Sciences. Currently, her research has a community focus. Her primary area research is palliative care. Palliative care is a unique volunteer setting, with high emotional demands and difficult issues; yet very little is known about the experience of the palliative-care volunteer. Part of this research has been funded by an interfaculty research grant awarded by the University of Ottawa. Dr. Guirguis-Younger is also Part of the a New Emerging Team (NET), where she continues her work on volunteerism as an important element of end of life care for older persons. The team received funding for a five-year period from CIHR. In addition, she is also currently involved in research projects with the Centre for Research on Community Services, University of Ottawa. Her work in the area of homelessness is related to mortality and homelessness, as well as end-of-life care in individuals who are homeless.

# *Findings and Facts: Panel Study on Homelessness in Ottawa*

Aubry, T., Klodawsky, F., Hay, E., & Runnels, V. (2004).

Centre for Research on Community Services. University of Ottawa.

These findings and facts are from the first wave of the panel study. This study provides an up-to-date descriptive picture of people who are homeless in Ottawa. Thank you to the participants who so generously offered their time to share their experiences with us. It's sincerely hoped that the information they provided will be used by all levels of government and by health and social service agencies in the important work of ending and preventing homelessness.

## What's the Panel Study on Homelessness about?

- It's about how and why people lose housing, how they become homeless and how they become re-housed.
- It's called a panel study, because the study tracks a 'panel' of the same people over a period of time.

**“Homelessness” is defined as “a situation in which an individual or family has no housing at all, or is staying in a temporary form of shelter.” (Region of Ottawa-Carleton, 1999, p. 2).**



## What does the research tell us?

This research describes some of the key characteristics for each group of people interviewed (adult males and youth, adult females and youth) as well as the emergency facilities they utilized.

The researchers asked questions about who the people were (demographic characteristics) and a large number of questions about housing history, income history, difficult life events in childhood, substance use, employment history, health status, social networking, and health and social services utilization.

A total of 416 individuals were interviewed in the study, and included 88 **adult men**, 85 **adult women**, 79 **male youth**, 81 **female youth**, and 83 **adults within families**. (Youth are adolescents between the ages of 16 and 19 years of age). The 231 women represented 55% of the total interviewed, and the 183 men represented 44% of the total sample.

The study provided information on how different social and economic factors might affect homelessness and how these same factors may affect access to and maintenance of permanent housing.

It also helped the researchers to develop ways of tracking persons who are homeless so that they could be located and interviewed in the future.

### Marital status

*15% of participants were married, in a common-law relationship, or living with a romantic partner. 29% of those adults in families who were interviewed were in a relationship.*

### Mothers, mothers-to-be and homelessness

Most **adults in families** who are homeless are single mothers.

Among **female youth** who were mothers (n=13), almost half (47%) had children who were in the care of the Children's Aid Society.

Over one-fifth (21%) of the **adult women** who were mothers (n=58) had children who were in the care of a Children's Aid Society.

**15 women** were pregnant at the time of the interview of which 8 were female youth. These 8 young women represented 11% of the female youth subgroup.

**Citizenship.** The majority of male adults (94%), male youth (97%), and female youth (98%) identified themselves as Canadian citizens. Among adults in families, 39% were non-Canadian with 18% identifying themselves as political refugees and another 16% reporting being landed immigrants.



**Aboriginal or Inuit Identity.** There is a higher proportion of study participants of aboriginal descent who were homeless, (17%) relative to their proportion in the Ottawa population (1.1%) based on 2001 Census data. Having an aboriginal background was especially high among female adults (26%) and youth (i.e., 22% of male youth and 20% of female youth).

**Employment.** 11% of the total sample was working for pay. In the different groups, percentages of participants working for pay ranged from a low of 5% among adults in families to a high of 15% among female youth.

### Education

The majority of youth had dropped out of school and had not completed high school. One-third of female youth (33%) reported that they still attended school while only 10% of male youth stated that they were still in school. Approximately three-quarters of those participants not currently in school expressed an interest in returning to school.

## What caused the people to be homeless?

The most commonly cited immediate reasons for homelessness in general were

- Eviction (29%), followed by
- conflict with family, spouse, partner, or roommates, (21%)
- and inability to pay the rent.(23%)

Problems in the areas of physical health, mental health, and alcohol and drug abuse were indicated by a minority of respondents as factors contributing to their homelessness.



**Adults within families** cited

- **economic difficulties (47%)** as the most common reason for homelessness followed by
- **spousal abuse (24%)**

**Single adults** cited **eviction (29%)** and **economic reasons (23%)** as the two most common reasons for their losing housing.

**Youth** identified **family difficulties (21%)** as the most common reason that initiated their homelessness.

### Noteworthy characteristics of the surveyed population in summary

- **Individuals in families** displayed profiles that were most distinct from the other sub-groups.
- The participants generally are quite isolated: most individuals are single, separated, divorced or widowed (71%).
- The majority of youth (females 85%; males 87%) have dropped out of school and have not completed high school .
- Most adults in families who are homeless are single mothers.
- There is a high proportion of people of aboriginal descent among single adults and youth (17%), relative to their proportion in the Ottawa population (1.1%).

## What were the Housing Experiences of panel study respondents?

- **Most study participants (66%) had moved several times within the last 3 years**, both within the City of Ottawa and between different regions of the country. Families tended to exhibit somewhat less mobility than was the case for the other subgroups.

- Almost **one-third of male adults (31%) and one-quarter of male youth (25%) reported having been homeless for more than one year**
- Many study participants were long time residents of the city. **The average length of residency for respondents in the study was a little over nine years (112 months).**
- A majority (64%) of participants had experienced homelessness on multiple occasions.
- **67% of participants had experienced a relatively brief period of homelessness (less than six months) in their most recent episode**
- **91% of adults in families had been homeless for less than six months.**
- **Male adults (49%) were more likely than others to have**



### How healthy are homeless people?

- In comparison to a general population sample, study participants reported a significantly lower level of mental health.
- Individuals' self assessments of their own physical health compared closely to the general population.
- But study participants reported a much higher level of prevalence of a number of chronic physical health conditions compared to the Canadian population.
- All of the subgroups, with the exception of adults within families, had a much higher risk of suffering injuries that limited normal activities.
- A significant minority acknowledged alcohol abuse (28%) and drug abuse (39%)

### **What do patterns of health care usage look like?**

The survey found that people who were homeless had less contact in the past twelve months with general practitioners, dentists or orthodontists than the general population. Individuals were more likely to have been an overnight patient in a hospital, nursing home, or convalescent home than the general Canadian population.

Study participants were more likely to identify having unmet health care needs. Single adults and youth identified a lack of treatment of physical health as being the most common unmet health care need.

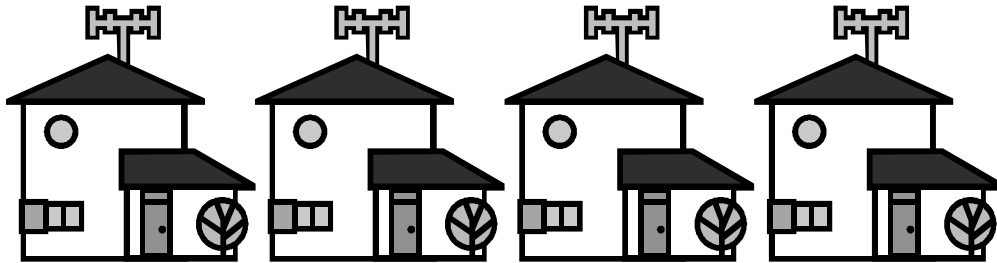
### **What can be done to address homelessness based on these findings?**

Because of the complexity of the problem and the diversity and mobility of the population, all levels of government need to be involved.

The development of safe, affordable permanent housing through a revitalized social housing sector is a much needed step towards addressing homelessness.

There is a need for effective policies and programs that target problems related to income, education, family violence, child welfare, mental health and addictions to avoid homelessness.

There is also a need for a range of health and social services that can address the unique needs of the different subgroups of persons who are homeless.



### **WHAT'S NEXT for the research?**

The next stage of the study is to complete follow-up interviews with the same group of participants in order to examine the pathways that help people out of homelessness.

#### **Who did the research?**

A multi-disciplinary team of researchers at the Centre for Research on Community Services and the Institute of Population Health at the University of Ottawa, Carleton University, St.-Paul University, the City of Ottawa's Housing Branch, and the Alliance to End Homelessness in Ottawa.

Researchers were advised by members of a Community Advisory Committee, and helped considerably by staff who work in emergency shelters in Ottawa. Researchers found the information by talking to people at emergency shelters, drop-ins and through other services for people who are homeless in Ottawa.

#### **Who paid for the research?**

The researchers gratefully acknowledge the financial support to conduct the first wave of the of the Panel Study on Homelessness from the federal government's Supporting Community and Partnership Initiative provided through the City of Ottawa. Without the recognition of the City of Ottawa for this kind of research and its willingness to direct federal research funds to its initiation, this project would not have been possible.

#### **Where can I get more information about this research?**

There's an executive summary and a complete report at the website of the Centre for Research on Community Services at:

<http://www.socialsciences.uottawa.ca/crcs/eng/> (English)

<http://www.socialsciences.uottawa.ca/crcs/fra/index.asp> (français).



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