

Street Needs Assessment: An Investigation of the Characteristics and Service Needs of Persons who are Homeless and not Currently using Emergency Shelters in Ottawa

Susan J. Farrell, PhD; Tim Aubry, PhD, Elke Reissing, PhD

Executive Summary

- The Street Needs Assessment was developed in response to the City of Ottawa Homelessness Initiative Team requesting information on the magnitude of the problem of homeless individuals not currently or regularly using emergency shelters. It further developed into an effort to investigate some of the specific characteristics and service needs of this part of the homeless population often referred to as the “street homeless”.
- Previous attempts at enumerating homeless persons not using emergency shelters in other US and Canadian cities had mixed results and often were criticized by advocates and policy makers alike for providing under or over-estimates of the population. A number of methodological problems of these studies were recognized and addressed in the creation of this project.
- The purpose of the current Street Needs Assessment study was to estimate the number of persons who were identified as being “street homeless” in a two-week snapshot in the winter and to investigate their experiences and service needs.
- The project involved developing a method to meet persons who were homeless (and not currently using shelters) and to investigate their experiences and service needs. It is the first attempt at this type of project conducted in the City of Ottawa, and draws provisional recommendations from the observation of the persons met.
- This project was planned around a collaborative community consultation. Consultation with service providers was conducted at the Outreach Workers Network meetings, at Alliance to End Homelessness meetings and with individual service agencies. In addition, a select group of service providers volunteered their time and expertise to assist with the development of the questionnaire.
- The project was conducted over a two-week period in January-February 2002. Participants were contacted through outreach workers, met through the Salvation Army’s Cold Weather Van, met at drop-in centres, or in over-flow shelter areas 18 hours per day.
- Trained graduate student interviewers conducted individual interviews. The interview process was reported to be positive by both service providers and participants.

- During the two-week period, 98 persons who were “street homeless” were met and 80 gave consent to be interviewed. They provided information concerning their experiences of homelessness, service use, health status, social support and current life experiences.
- Findings revealed that most participants have used emergency shelters at some point in their lives. However, many participants reported perceived barriers to shelter use and their reasons for current non-use of shelter services need to be explored further.
- Most participants use a range of supportive services and report positive experience with service use. This suggested the need for continuation (and possible expansion) of such services, namely outreach services (from a variety of agencies) and drop-in services. Fewer positive experiences were reported with the use of services to access affordable housing and employment.
- In sum, the findings of this Street Needs Assessment provide some findings about the characteristics and service needs of the population not previously recorded in research and policy initiatives.
- The population of persons who are homeless in Ottawa and not currently using shelters consists of two relatively distinct sub-groups defined by their length of homelessness. One sub-group was made up of persons who have recent experiences. The other sub-group consisted of persons with chronic experiences of homelessness.
- The identification of different groups of persons within the “street homeless” population has implications for both intervention and prevention of homelessness.
- The most important part of conducting a successful project that allowed for the engagement of a previously under-studied part of the homeless population was the development of a collaborative working relationship with a diverse range of community stakeholders.
- The limitations and lessons learned in conducting the study were presented. It is recommended that the project be conducted again (in each season) with an expansion of the current methodology in order to better understand the characteristics and service needs of persons who are homeless and not currently using shelters.

INTRODUCTION

Context of the Current Project

The Street Needs Assessment project was developed (Fall-Winter 2001) in response to the City of Ottawa's Homelessness Initiatives Team's request for more information on the magnitude of the homeless population that do not regularly use shelters. As part of the province of Ontario's Off the Street, Into Shelters (OSIS) Program, research funds were dedicated to examine the issue of persons who do not regularly use shelters in order to understand their experiences and service needs.

In September 2001 the Health, Recreation and Social Services Committee and Council of the City of Ottawa approved a report addressing the increased use of emergency shelters for individuals and families. In that report, the City of Ottawa noted that in the first six months of 2001, the use of emergency shelter beds in Ottawa had increased by rates ranging from 0.5% for adult women to 71% for families, compared to the same period in 2000 (City of Ottawa, September 2001). Due to this increase in shelter use, City Council approved funding for temporary winter shelters for men, women (adult and youth) and couples. These temporary winter shelters were also approved to address the needs of the "street homeless" - a group of persons who would not typically use emergency shelters. Persons who are identified as being "street homeless" - those who do not regularly use emergency shelters are often more difficult to identify, and therefore their needs may go unnoticed by shelter-based research initiatives.

The purpose of the current Street Needs Assessment study was to estimate the number of persons who were identified as being "street homeless" in a two-week snapshot during the winter and to investigate their experiences and service needs.

Format of the Street Needs Assessment Report

This report provides the results of the needs assessment designed to investigate the experiences and service needs of persons who are not regularly using shelters, who were identified as part of the "street homeless" population at the time of the assessment. The outline of the report is as follows:

1. Provides a brief history of previous attempts to enumerate persons who are homeless (using and not using shelters) in the United States and Canada and identifies many of the limitations of previous methodologies.
2. Describes the methodology developed for the current project and the supporting process of community collaboration. The use of a period prevalence study for a two-week period in January-February 2002, employing four methods of meeting potential participants is described.
3. Provides a summary of finding of the characteristics and service need of participants.

4. Provides a summary of findings concerning the methodology developed to engage “street homeless” persons in needs assessment research.

Introduction to Enumerating Persons who are Homeless

Fundamental to the efforts to address, prevent and end homelessness has been the need to understand *how many* people are homeless in a given area at a specific time. The issue of enumerating persons who are homeless has created controversy in terms of definition, methodology and implications. Although a better understanding of the number of persons who are homeless is needed to assist advocacy efforts to inform the development of social policies and service programs, the issue of enumerating the population remains controversial.

Background History and Controversy about counting Homeless Persons

The history of controversy of enumeration begins prior to the 1970’s at which time policy makers in the United States began to inquire about the exact magnitude of the problem of homelessness before developing and funding intervention initiatives. Initial estimates of the homeless population in large US cities were based on shelter capacity and “informed judgement” (Wright, Rubin & Devin, 1998). Advocates and non-advocates for the homeless alike dismissed the resulting numbers immediately, stating too many people had been missed in the enumeration process, thereby producing an inaccurate number, or conversely, stating that counts over-estimated the actual numbers. The ensuing controversy about the accuracy of the results was just the beginning of an ongoing debate about whether and/or how one can count people who are homeless.

Initial counts of homeless persons based on shelter use and “judgement” were dismissed by policy makers and advocates alike.

Previous ideas of the “street homeless” population consisting of only single older men were modified by American studies conducted in the 1980’s that found that the population also includes women, children, youths and families (Rossi, 1989)¹. Although expanding the idea of *who* is homeless increased the appreciation of the diversity of the population, many efforts to understand homelessness still centred on examining the lives of persons who used the emergency shelter system. Those persons who did not use the shelter system, who may have stayed with friends, outdoors or in a range of locations were the “street homeless” and their experiences were not frequently explored. This group of people could include those at consistent risk of homelessness (with no secure housing) or those currently homeless (and not using the emergency shelter system).

With the realization of a more diverse group of persons who could be homeless came the identification of the “street homeless” - those at consistent risk of homelessness (with no secure housing) or those currently homeless and not using the emergency shelter system.

¹ To date, no known Canadian studies exist that identify children and families within the composition of the “street homeless” population.

These people were hidden, and therefore research on homelessness that focused almost exclusively on persons in shelters forgot this group whose lives and experiences might have been very different than those not using the shelter system.

Researchers and advocates had to recognize that considering the notion of hidden homelessness would make the notion of a “definite count” exceedingly difficult. Yet, several studies were attempted, using a number of different methodologies, to estimate the number of persons who were homeless (both on the street and in the shelter system). Despite these efforts, researchers and advocates alike could accept none as an accurate reflection of the magnitude of the problem of homelessness (Wright et al., 1998).

Enumeration Methods and their Associated Problems

Various approaches have been used in order to gain more accurate estimates of the homeless populations (Rossi, 1989):

- **In-person, or key-person surveys** consist of interviewing people with some knowledge about homelessness in a particular city or neighbourhood to find out the number of people they know to be homeless in that area and an idea of their characteristics and service needs (Sudman, Sirken & Cowan, 1988). Although this can be an inexpensive way of gaining information, it is also a highly subjective method that results in very different numbers depending on who the key-person is, their knowledge of the population, and their definition of “homeless”.
- **Partial counts** rely on surveying partial populations that are easily identified. Those include for example, individuals in shelters. While an improvement from key-person interviews and providing a good basis for overall estimation, partial counts vary substantially depending on operational definitions of homelessness. In addition, as the name indicates, partial counts only provide partial information, excluding individuals and/or groups of the population that are less easily identified.
- **Windshield street surveys** identify and count homeless people by sight in pre-determined areas in a given city. While quick and inexpensive, these surveys also are inherently biased since homeless people are identified according to their physical appearance. Frequently, windshield surveys are combined with shelter counts (partial counts) to increase the accuracy of the overall estimates by accounting for homeless persons not using shelters.
- **Area probability designs** were developed to meet some of the methodological challenges, attempting to reach unbiased samples. In this design, areas of a city are usually partitioned and certain areas are searched exhaustively during a specific time (e.g. 2-4 a.m. on a specific night). Subsequent overall estimations are based on estimates of the relative distribution of homeless people in the various partition of a city (reviewed in Rossi, 1989 and Goldman, 1999). This design is very resource-intensive. Various attempts have been made in different cities and most notably in the S-night counts (“S” for “street” and “shelter”), but because of additional methodological controversies, area probability design counts are still not considered accurate estimates.

Associated Problems:

→ All methods of enumeration continue to be controversial with reference to:

- **Definitions.** Operational definition of key terms can change the numbers of people eligible to be counted and the places where one can count, for example, definitions of homelessness, including those using shelters and the “street homeless” population.
- **Timing.** The estimates depend on the timing of a count; “point counts” (e.g. 1 night) always result in lower numbers versus “period counts” (over a period of time). The time of year can also produce differences in the count, e.g. fewer people are expected outside during cold winter weather.
- **Accuracy.** Any count is likely to be criticized by policy makers and funders as over-estimates of the population, and by advocates as under-estimates of the population (Bogard, 2001). Using one night to try to estimate the prevalence of the problem in a given city creates misrepresentation of the issue (Phelan & Link, 1999). Lack of accuracy can have devastating implications for resource allocation and program planning done for each city.
- **Implications.** Merely counting persons who are homeless without understanding their experiences or evaluating their service needs creates an incomplete (and likely not useful) picture of the population. The information on WHAT persons who are homeless need and want and what services can assist with meeting those needs is not addressed by simply knowing the number of persons in the population.

These problems with enumeration studies create uncertainty about their feasibility and utility (Fitzgerald, Shelley and Dail, 2001). Yet, the issue of the number of persons who are homeless and who require specific services is essential for service providers and policy makers.

Therefore, a method to systematically survey a specific group of the population of persons who are homeless to understand both the magnitude of the issue and the needs and experiences of persons in the group is essential.

Brief Review of Enumeration Attempts in the United States

A seminal attempt in counting homeless populations in New York, Chicago, Los Angeles, Phoenix, and New Orleans were the so-called S-night counts conducted by the US federal Census Bureau. Homeless people were enumerated in shelters, on the street, and in abandoned buildings during one night (Edin, 1992; Hopper, 1992; Cousineau & Ward, 1992; Stark, 1992; Devine & Wright, 1992). The counts resulted once again in controversial numbers but helped in clearly identifying consistent problems across locations. Many of these problems are listed in the previous section. Specifically, these studies had difficulty with the development of operational definitions (such as who is homeless vs. at risk of homelessness), with site selections (where do you count?), and with opposition from homelessness advocates. Overall, counting the sheltered homeless appeared to be more accurate and complete compared to counting the homeless not using shelters (Wright, 1992). This was helpful in beginning to develop a method of enumeration, but still excluded an important group of persons who were the “street homeless”.

Sophisticated, new approaches to enumerating the homeless are still plagued by problems with method and definitions.

Brief Review of Enumeration Attempts in Selected Canadian Cities

In Canada, several attempts at counting the homeless have resulted in varying estimates across cities and provinces. Most recently, while recognizing the need to understand the scope of the growing homelessness problem in Toronto, outreach workers also formed a coalition to directly oppose a count that led to the enumeration planned for spring 2001 being cancelled. On the other hand, repeated counts of the downtown Calgary homeless population in 1992, 1994, 1996, and 1998 conceded that the counts tended to underestimate the actual number of homeless persons, but the researchers were also able to demonstrate that the magnitude of the homelessness problem in Calgary has been growing (City of Calgary, 1998). No such project has been attempted in the City of Ottawa. Although a snapshot of persons who were homeless was recently conducted in Ottawa (Farrell, Aubry, Klodawasky & Pettey, 2000), there was a low representation of persons who were considered the “street homeless”. Therefore, little information about this population in the City of Ottawa is known.

Despite methodological problems, Canadian cities try to learn from repeated enumerations.

The purpose of the current Street Needs Assessment study was to develop a method to meet and approximate the number of persons who were homeless (and not currently using shelters), and to investigate their experiences and service needs.

Development of the Current Street Needs Assessment

The project was planned around a collaborative community consultation. The successful completion of the project was due to the high level of participation from a diverse range of outreach workers from multiple organizations and community agencies (see Appendix A). The consultation and project development process are outlined in Figure 1. Consultation with a range of stakeholders was essential in the development of the questionnaire, to ensure that the information being collected represented the most important information needs for developing new services and improving existing services. Following this process, pilot testing of the questionnaire with 10 volunteers (persons who were homeless and using the over-flow beds at Shepherds of Good Hope) was conducted. Following on the participants' feedback about the questions, the information collected and their experience during the interview, final revisions were made to the interview and the two-week data collection process began.

In an attempt to address some of the limitations of the previous studies that had been conducted with a similar population, the method of the Street Needs Assessment Project was designed to use multiple sampling methods over a two-week period.

The ways in which interviewers met people were:

- Introduction by an outreach worker (30% of participants)
- Shifts in the Salvation Army's Cold Weather Van (15%)
- Meeting people in Drop-In Centres (15%)
- Meeting people in Over-flow Beds (40%)
(those who were either taken to over-flow or who were choosing not to use a regular shelter bed)

Time Frame

The period from 6 a.m. - midnight was covered using at least one of the methods listed above each hour for two weeks (January 28th - February 10th 2002). A team of trained interviewers (graduate students in Clinical Psychology) received specialized training in interviewing and on safety measures related to working with the population. Interviews were scheduled during the 18-hour period each day for two weeks (see Appendix B).

Introduction to Potential Participants

Introduction by outreach workers included going on walking shifts, visiting community health centres and drop-in programs, and accessing other community locations where persons who are homeless were identified. Persons in over-flow were identified by staff members. No one who was met was awakened (to avoid the invasive nature of some of the approaches previously used). Each person was identified as being "street homeless" by an outreach worker or over-flow staff person and each potential participant was approached first by a worker to describe the study, and if interested, given more details by the interviewer.

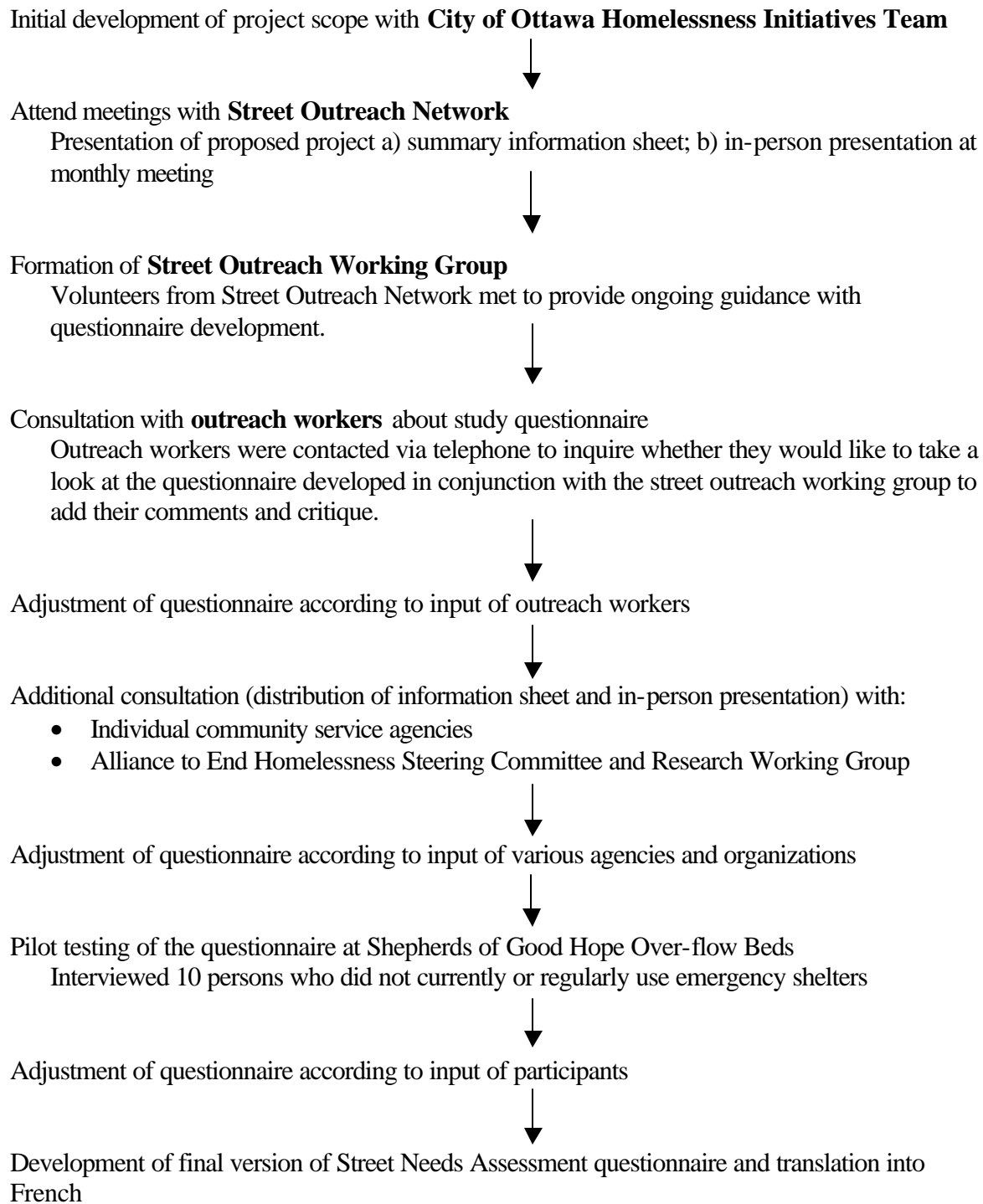
Interview Process

Interviewers explained the confidential and anonymous nature of the study, verbally reviewed the consent form (which participants were also asked to review and sign) and found a private location (e.g., separate table or office in service centres or in coffee shops) to conduct the interview. Interviews ranged from 12 to 60 minutes. Participants were paid \$10 for their time. A debriefing form with contact information for the researchers and community-based crisis services was provided at the end of the interview.

During the two-week period, 98 persons who were “street homeless” were met and 80 persons were interviewed about their experiences of homelessness, service use, health status, social support and current life experiences.

Figure 1

Sequential Steps Followed for Developing Project's Methodology



Identification of Persons and Implications of Enumeration

From January 28th - February 10th 2002, 98 persons who were homeless and not using regular beds at an emergency shelter were met and 80 persons interviewed for this project. That number represents the number of persons encountered (using four different strategies) and willing to be interviewed.

That does NOT mean that there are only 98 persons in the City of Ottawa who are homeless and not currently using shelters.

The additional 18 persons who were met but not interviewed were either not interested in participating or could not provide informed consent to participate (due to issues of difficulty with comprehension, mental illness or intoxication). A period prevalence count (meaning counting and interviewing all willing persons during a two-week period) can only provide a snapshot but not an accurate estimate of the exact number of persons who are homeless and not currently using shelters in the city. It provides the closest approximation of persons in the “street homeless” population collected to date.

Differences in the estimate of the number of persons who are homeless (and not using shelters at the time of meeting them) will differ based on the season, and the number and scope of sampling strategies used and the availability of services for the population. This was simply the first attempt at such a project in the City of Ottawa, and the first research project to collect and chronicle the experiences and service needs of this particular part of the “street homeless” population.

Overview of the Report

- This report provides information about the experiences and needs of persons who were met during the Street Needs Assessment project.
- The following section provides information on the results of the interviews with 80 participants.
- The final section provides a summary of findings, some implications, lessons learned and recommendations for the development of future Street Needs Assessment projects.

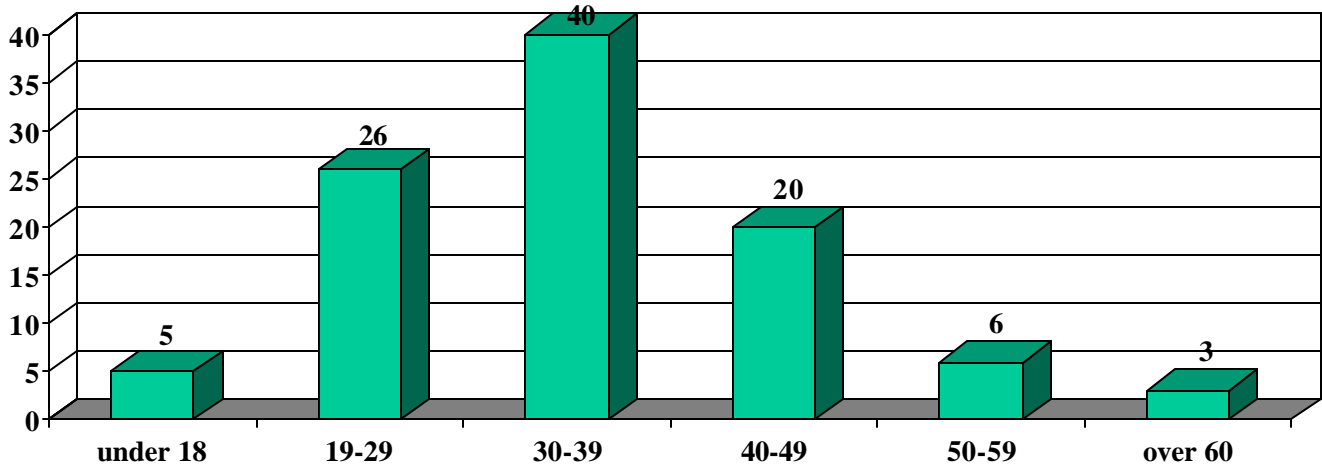
PROFILE OF RESPONDENTS

There were 80 persons interviewed for the Street Needs Assessment project. From that sample:

- 70% of the sample was male
- 30% was female

Age

The ages of participants varied from under 18 years of age to over 60 years of age. Almost half (40%) of the participants were between ages 30 and 39 years. The distribution of ages of participants is shown below.



Marital Status

Almost two-thirds (61%) of respondents were single (never married). Almost one-quarter (23%) were currently married or living with a partner, and 17% reported that they were separated or divorced.

Level of Educational Attainment

- Half of the participants (52%) graduated from high school
- Almost one in five (16%) reported having completed grade 8 or less

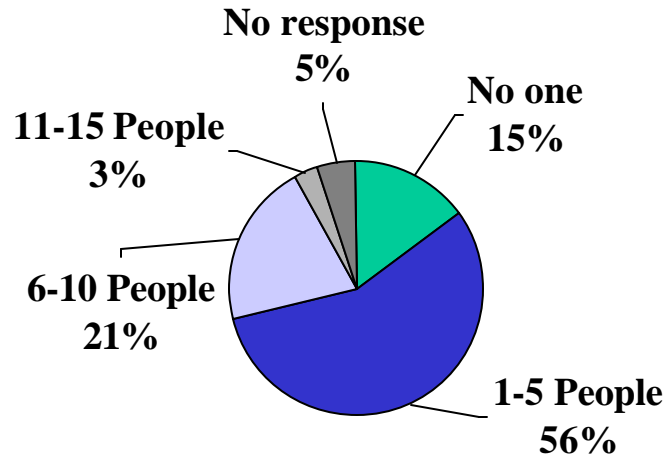
The low levels of educational attainment created additional problems for participants trying to find employment.

Social Support

Respondents were asked about the number of persons in their social support network. Networks could be comprised of friends, family members or service professionals.

Consistent with previous findings (Farrell, 2000), social networks were reported to be very small, with 15% of respondents reporting that they received social support from no one.

The distribution of the size of networks is shown below.



Homelessness History

Respondents were asked about the length of time that they had currently been homeless. There was tremendous variability in the experiences of homelessness reported by people.

“Recent Experiences of Homelessness”

- Approximately 1 in 10 persons (9%) had been homeless a week or less at the time of the interview
- 13% of persons had been homeless less than one month

“Longer and/or Chronic Experiences of Homelessness”

- 1 in 4 persons (25%) had been homeless 1-6 months
- 12% of persons had been homeless 6-12 months
- Close to half (41%) of persons had been homeless more than one year

Rates of longer experiences of homelessness are much higher than those reported in predominantly shelter-based research conducted in the City of Ottawa (Farrell et al., 2000).

This suggests that persons who do not regularly use shelters may have different causes or experiences of homelessness from those who use the shelter system.

Reason for Leaving Last Housing

Participants were asked about their reason for leaving their last housing. A range of reasons was reported and is listed thematically in the table below.

The most common reason for leaving housing (33%) was housing-related reasons (eviction, no money for rent or living in unsafe premises) followed by domestic problems (31%).

REASON FOR LEAVING HOUSING	%
Housing-related reasons	33
Eviction	16
No Money for Rent	9
Unsafe Premises	8
Domestic Problems	31
Separation/Divorce	20
Family Conflict (including abuse)	11
Mobility-related reasons	14
New to the City	8
Transient Lifestyle	6
Miscellaneous	22
Substance Abuse	6
Leaving Correctional System	5
Not Specified	11

Profile of Shelter Use

Although participants in this study were met at a time in their lives when they were not regularly using emergency shelters, over three-quarters of people had previously used a shelter and four-fifths of people had used over-flow (additional shelter space when regular beds are occupied). In fact,

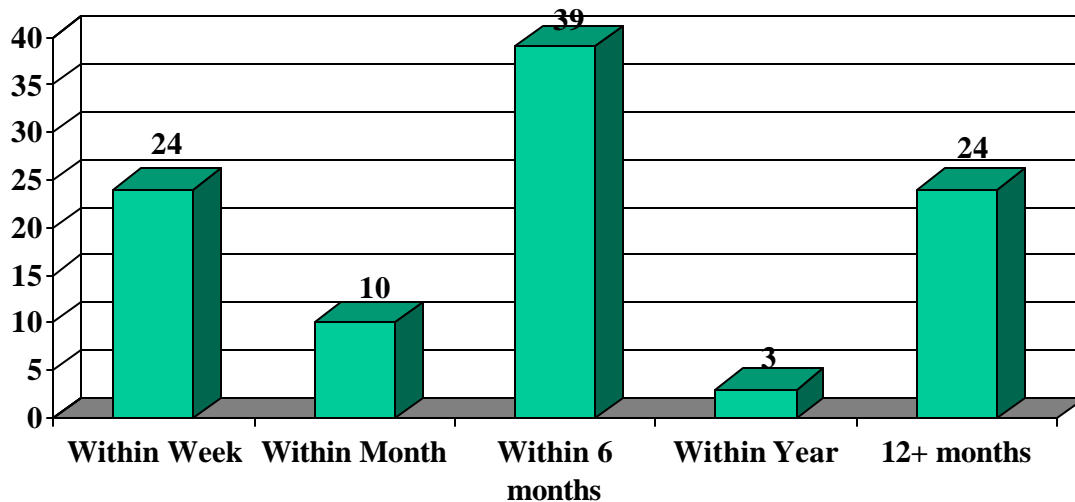
- 78% of respondents had used EMERGENCY SHELTERS in their lifetime

Of the persons who had used emergency shelters and over-flow beds, the frequency of their use was examined to better understand their experiences. Participants rated their use of each service as “regular”, “sometimes” or “only when no other option” and the results are presented in the table below.

	EMERGENCY SHELTER	OVER-FLOW BEDS
<i>Frequency of Use</i>		
Regular	13%	16%
Sometimes	26%	11%
Only when no other option	61%	73%

Last Time Stayed in Shelter

Participants were asked about the last time that they had stayed in an emergency shelter. Interestingly, almost 1 in 4 persons (24%) had stayed in a shelter within the last week and the same number of persons (24%) had not stayed in an emergency shelter in over a year. Almost half (40%) had used a shelter within the last six months.



Shelter Use Outside Ottawa

Over half of the participants (55%) had stayed in shelters outside Ottawa. The range of shelter locations included:

- 28% in other Ontario locations (e.g., Toronto, London, Hamilton)
- 17% in Western Canada (Manitoba, Saskatchewan, Alberta, BC)
- 11% in Quebec (Montreal and Hull)
- 3% in Eastern Canada (New Brunswick, Nova Scotia, PEI, NF)
- 5% in the United States

Reasons for NOT Currently Using Shelter Services

Participants were asked about their reasons for not currently using shelter services. Reasons reported were thematically grouped into perceived barriers. The frequency of each reason is listed in the table below.

REASON FOR NOT CURRENTLY USING SHELTER SERVICES (Barriers to Shelter Use)	%²
Barriers because of Other Residents	74
Do not like people staying there	21
Afraid of theft	18
Too many people (in shelter)	16
Others' drug and alcohol use	13
Do not trust others	5
Experienced discrimination	1
Barriers because of Shelter Policies	58
Do not like the rules	21
Cannot stay as a couple	13
Disagreements with staff re: rules	11
Cannot use drugs and alcohol	8
Cannot bring pet	5
Barriers because of Living Conditions	52
Concern re: cleanliness	25
Not safe	14
Too noisy	13
Barriers because of Personal Preference	6
Prefer to stay with friends	3
“Hurts my pride”	3

² Participants could list more than one reason

“You have to have physical comfort to achieve psychological comfort. That’s what allows me to sleep in a snow bank – I feel safer there”

“Staying in over-flow is difficult. Last night was terrible with people fighting. Things like that are very stressful”.

Things I LIKED about Staying in a Shelter

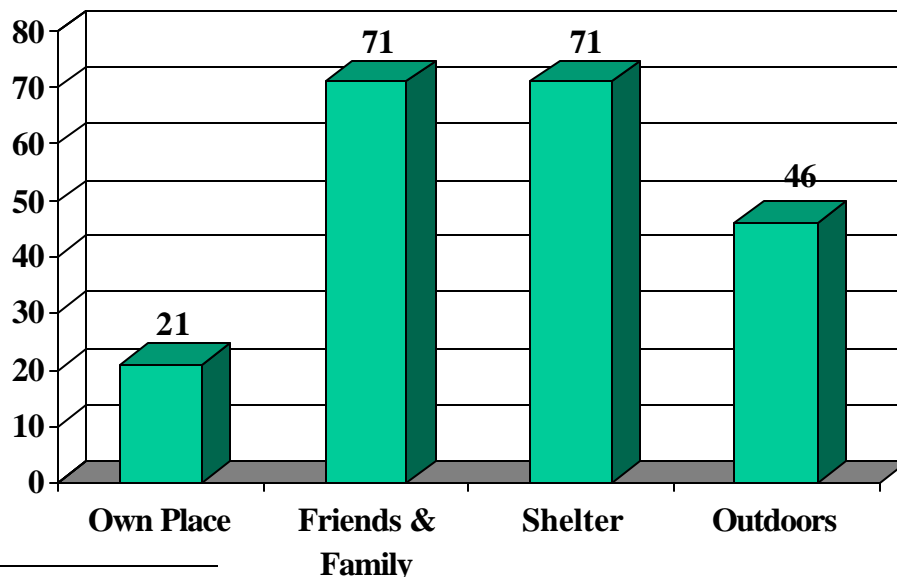
Approximately one-quarter of participants indicated that there were things that they liked about staying in a shelter, including:

- A place to meet others/have companionship
- A place to get off the street/Out of the weather
- A place to get food
- A place to rest
- A place to feel safe

Where People Stayed when NOT Using Shelters³

Participants listed the range of places they had stayed over the past two months. For reasons of confidentiality, no specific locations will be revealed in the report, but the frequency of reporting having stayed in his/her own place, staying with family/friends, staying at a shelter or over-flow or staying outdoors is shown in the graph below. It should be noted that **almost half (45%) had stayed outside at least once in the months of December and January**. Almost three-quarters (71%) of persons who were identified as “street homeless” during the time of the interview had stayed in a shelter in the past two months. Their inclusion in the study was due to their non-shelter use at the time of the interview.

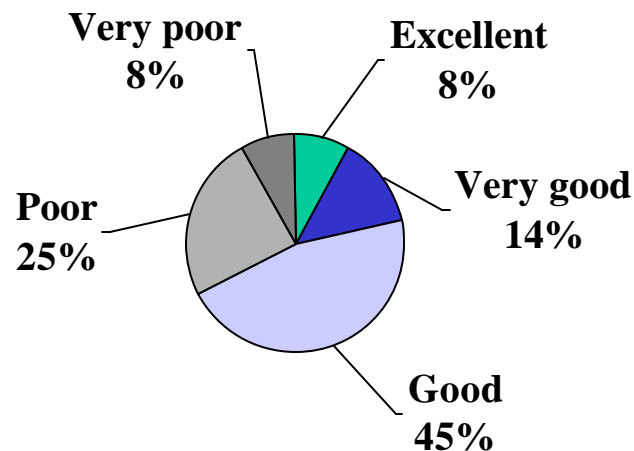
Note: There was a high level of transience reported by participants over two months. Therefore many people endorsed more than one location.



³ **Weather-** It should be noted that the weather during the 2-week data collection period ranged between -8°C and -30°C with two evenings of cold weather watch/extreme weather conditions reported.

Health Profile of Respondents

Participants were asked to rate their overall health. The subjective ratings they gave their health are noted in the graph below. Almost half the respondents rated their health as “good”. Although 1 in 5 rated their health as “excellent” or “very good”, one-third of respondents rated their health as “poor” or “very poor”. In sum, participants reported the full range of possible ratings in assessing their overall health with a significant minority characterizing their health as poor to very poor.



Most Important Health Concern

Participants were asked to identify their **most important** health concern at the moment.

Only one-quarter (27%) of people identified a concern. The concerns were clustered as:

- 16% identified a physical health concern (e.g., pain, arthritis)
- 8% identified a mental health concern (e.g., depression, anxiety)
- 3% identified the effects of a physical disability (e.g., mobility problems)

Participants also reported their need for dental and eye care

“They tell me just to keep myself warm and it [frostbite on feet and legs] will heal. But it’s hard to keep warm in this situation”.

Mental Health

From the entire sample, one-third (33%) of participants self-identified as having mental health difficulties. Note that this did not have to be listed as their most important health concern (as listed on the previous page).

From those who identified difficulties, the range of difficulties included:

- 20% depression
- 6% anxiety disorders
- 4% schizophrenia
- 3% personality disorders.

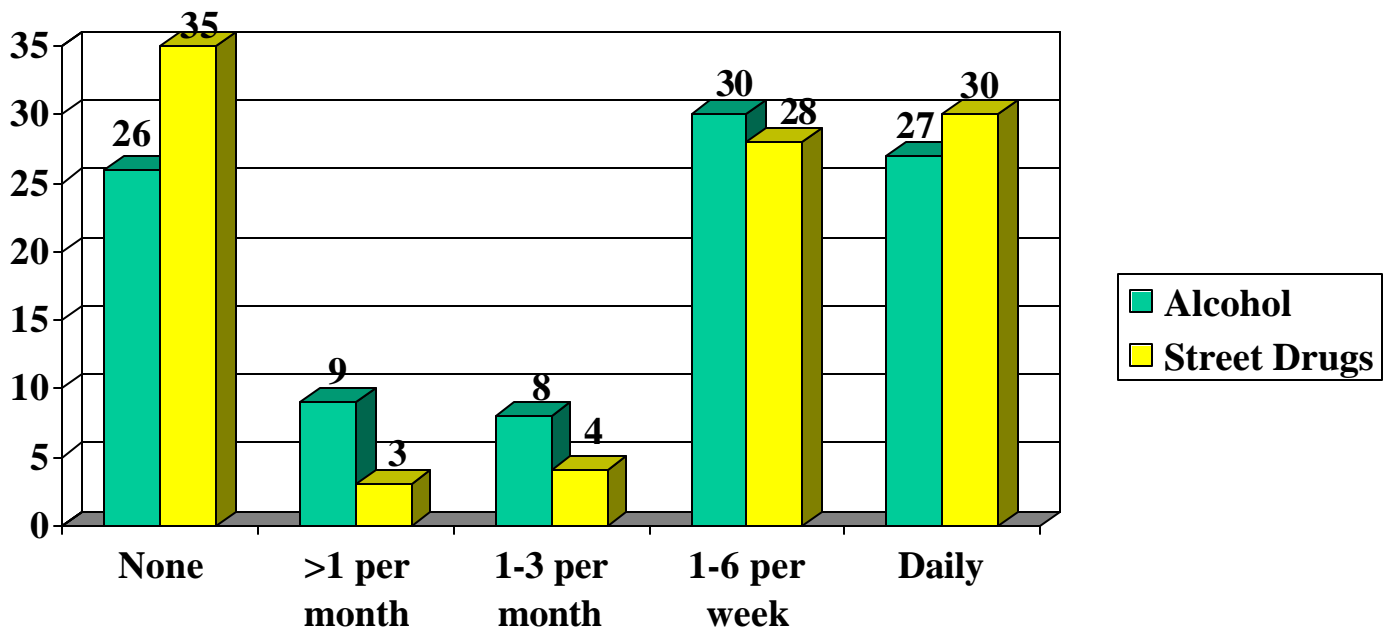
Substance Use

Participants were asked to describe their patterns of use of tobacco, alcohol, drug and other substances.

- 84% reported using cigarettes
- 9% Reported use of non-prescription medications
- 8% Reported use of solvents (e.g., Listerine)

One quarter of the sample (25%) reported not using alcohol and 35% reported not using drugs. Most people reported using alcohol either 1-6 times per week or daily and similar rates were reported for drug use.

Reported Rates of Alcohol and Drug Use



Description of Substance Abuse Treatment Services

- 51% of participants stated that they had attended a substance abuse treatment program at some time during their life

When asked for their impressions of what would factors comprise a helpful treatment program, the following quotes were given:

“Something with a cultural part, to give you a sense of being part of something”

“More life-skills [focus] – less concentration on the drugs and alcohol themselves- the after effect and the life skills would be the best thing”

Profile of Service Use

Participants’ experiences of using community and health care services were examined.

Use of Community Services

- 88% Reported using community services (ranging from food to drop-in services)
- 60% Reported using outreach services (from a wide variety of agencies)

This suggested that when services are offered they ARE used by a majority of persons (and with very few problems). In fact, **only 13% reported any problems using community-based services**. Thematically, those problems included:

- Being barred because of behavioural problems
- Did not like the services being offered
- Did not like religious undertones/orientation of service
- Did not like rules of centre/service
- Did not like the people at the centre/service
- Did not find services to be anonymous (1%)

Anecdotally, many participants reported high levels of support (both emotional and instrumental) from staff and volunteers at various community services.

Use of Health Care Services

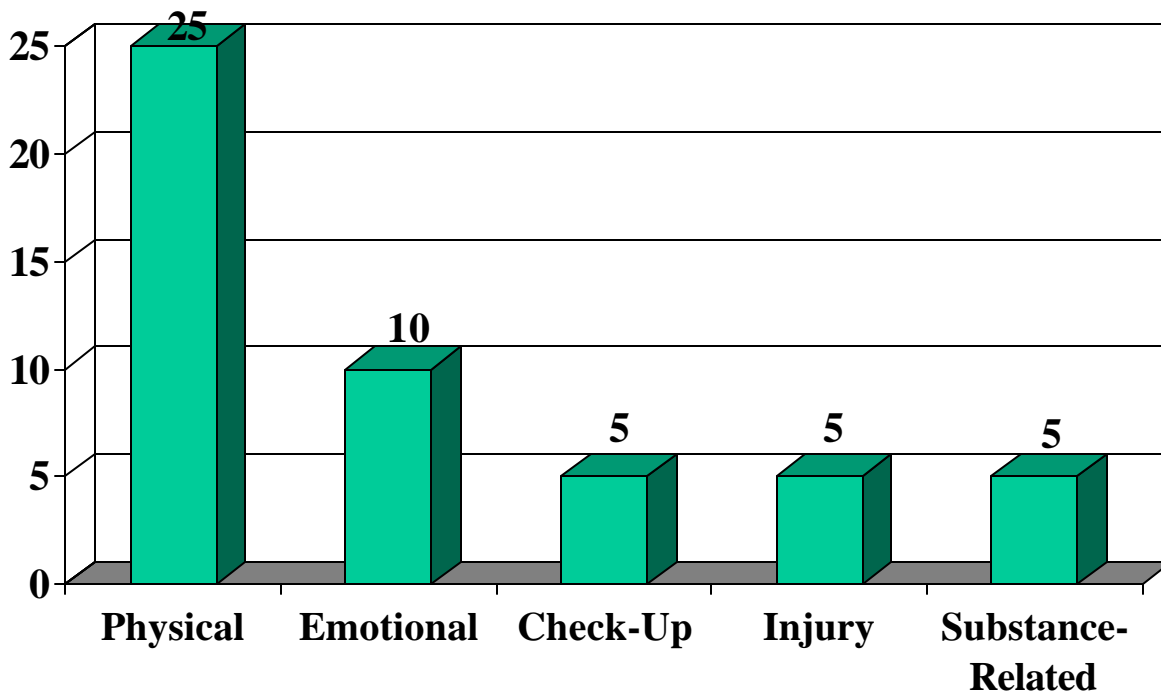
Participants were asked about their access to health care and their use of acute health care services.

- Almost three-quarters (74%) of people reported having a Health Card
- Over half (53%) of persons had used an Emergency Room (ER) in the past year
 - 18% reported having been taken to the hospital for mental health difficulties
- In addition, almost one quarter (24%) were admitted to hospital (both physical and mental health reasons)
 - Average of 4 nights admission (range: 1-19 nights)

Rates of acute care service use are higher for this group of individuals than for housed Canadians (National Population Health Survey, 1996).

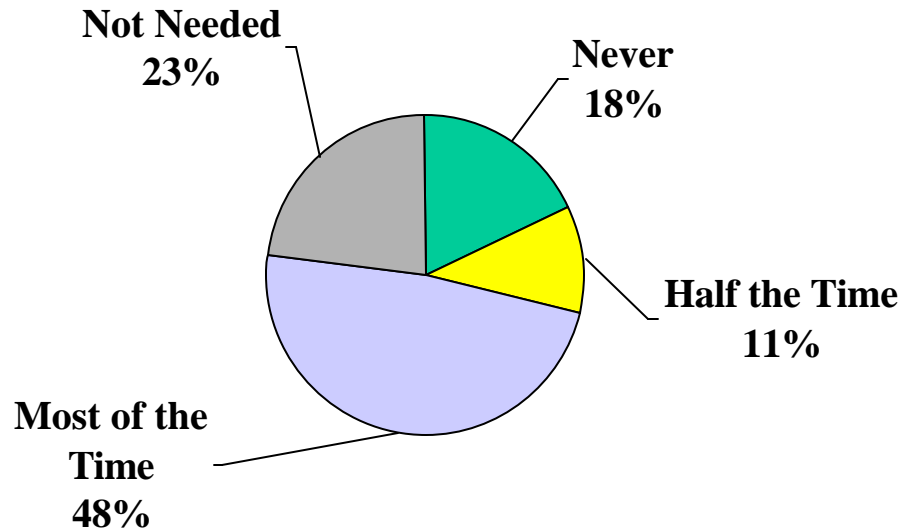
Types of Health Care Required

Participants were asked about the type of health care they required the last time they used health care services. A quarter of the sample (25%) required care of a physical health problem, whereas 1 in 10 (10%) reported the need for care for an emotional or mental health problem.



Access to Health Care Services

Participants were asked how often they were able to access the health care services they needed. Almost half (48%) of participants were able to access required services, but almost 1 in 5 (18%) reported never being able to access health care services.



“The small problem for a normal person is always a huge problem for the homeless person. An example of this is with my health - I can’t always get services because I don’t want to explain my situation all the time. I don’t trust them if they won’t respect me. I get too much harassment from some of them”.

A recent study of the satisfaction with health care experienced by persons who are homeless in Tennessee found that satisfactory access to health care was based on committed care from health care professionals, respectful engagement with staff, trust, assumption-free care and inclusionary care practices (McCabe, Macnee & Anderson, 2001).

Snapshot of Dealing with Life's Difficulties

Participants were asked about the difficult things in their lives and how they coped with those difficulties. Most people mentioned a lack of access to affordable housing and others mentioned lack of access to employment or other meaningful activity.

Some participants also mentioned the sense of “delay” in their life plans caused by their experience of homelessness and others described the effect of their homelessness on their decreased contact with family and friends.

“I wish I could get ahead a bit faster in life. I wish I could get started...but until I get housing I can't start going back [to my usual activities]”

“Not having a life that I value – having a life worth being proud of. I have to stay away from my family because I am ashamed and basically am just alone”

Participants reported coping with life's difficulties in a variety of ways, including seeking support from others (including partners, friends and service professionals), using relaxation or thinking of positive events and using substances (most commonly drugs and alcohol). Many people reported difficulty coping with the challenges posed by being homeless.

“Everybody should have the right to the basics [housing, food, employment]. Nobody's perfect. I'd say it's only ten percent of people out there that don't want to move forward”

These findings are a “**snapshot**” of the experiences and service needs of 80 persons who were met in January-February 2002 who were not currently using shelter services.

Their experiences CANNOT be assumed to be representative of all persons who do not regularly use shelters, but do give us an initial appreciation of some of their experiences and needs and the services they currently use.

SUMMARY OF FINDINGS

The findings and recommendations presented represent the experience of the 80 persons interviewed for this first attempt at a study to examine street homelessness in Ottawa. Their experiences cannot be generalized across all persons in the population.

Summary findings are presented first about the population met during this study and second about the methodology developed for the study.

Characteristics and Needs of the Population

This first snapshot of people who are homeless in Ottawa and who are not currently and/or regularly using emergency shelters has resulted in new findings about this population that have not been previously recorded in research and policy initiatives.

The following is a summary of 4 key findings:

1. Most of the “street homeless” reported having used emergency shelters at one time but prefer not to do so regularly.

- Participants indicated a variety of personal difficulties with using emergency shelters (such as barriers due to other residents, shelter policies, living conditions and personal preference). *If* individuals are to be moved from the street into the shelter, then the reasons for non-use reported should be further examined.
- Specific shelter policies should be re-evaluated due to the *perceived barriers* they create for the population. For example, the inability for persons to stay as a couple (without children) was an important barrier reported by some participants. They further reported being low priority on the list in over-crowded family shelters. This forced many couples to stay outside or to use over-flow beds, rather than obtaining shelter. Updated information about where couples without children can stay should be provided to the population.
- Further, it is important to note that shelter use is emergency and temporary. Shelters are understood by most service providers to be an *interim* step to obtaining affordable, permanent housing and are not the final step in the process for addressing homelessness for this population.

2. Homeless individuals not using the shelter system *will* use other social services.

- An important finding was the recognition that services made available to homeless persons are used *frequently* and *without any significant difficulty*. Participants reported satisfaction with the range of services provided to them, and over 80% reported using services frequently.

- The high rates of service use suggest the importance of continuing the services that assist persons in this population with a wide variety of service needs.
- Not all services were considered successful. For example, difficulties accessing traditional health services, affordable housing and employment presented many problems for participants, such as *long waiting lists*, insufficient supply or exclusion due to their experiences of mental illness or substance abuse problems.

3. The population of homeless people in Ottawa who are not using shelters consists of two relatively distinct sub-groups defined by their length of homelessness.

- A. Persons surveyed were *recently* homeless and *not yet connected* to services and the shelter system
- B. Persons who have experienced *chronic homelessness* who reported either a preference for finding places for rest other than within the shelter system or report difficulty using shelters due to perceived barriers

- The sub-group of recently homeless persons reported being unaware of some of the services available or having difficulty coping with the circumstances that led to the loss of housing.
- The sub-group of chronic homeless persons reported a higher level of need than many persons surveyed in the shelter system. For example, this group of persons reported longer lengths of homelessness, higher rates of substance use and smaller social networks (Farrell et al., 2000).
- These differences in experience and service needs of the two sub-groups identified begin to highlight the diverse range of service needs within the population addressed by outreach workers.

4. The identification of different groups of persons within the “street homeless” population has implications for both intervention and prevention of homelessness.

- For individuals with *recent experiences of homelessness*, assistance connecting to services is vital to prevent their need to sleep outdoors or in other unsheltered locations. In addition, interventions focused on both housing needs and client-specific needs (e.g., mental health, addictions, education and employment) should be simultaneously identified.
- In most cases of recent homelessness, the stress of losing housing was compounded by the stressor that contributed to the loss of housing (e.g., divorce, loss of employment, non-renewal of lease on part of the landlord and entering the inflated housing market. etc.). This “dual stress” in turn prevented the person from coping with their situation and finding alternative housing.

- Immediate psychosocial support in addition to income and housing support would be the most efficient and effective individual-level intervention to address and end homelessness.
- Individuals with *chronic experiences of homelessness* may need potentially different interventions that address their needs at *any given moment and in any given season*.
 - In many ways intervention might address many of the *consequences* of the current situation rather than the *cause* of the homelessness. Given that many participants reported using other support services, notably outreach and drop-in services, this ongoing connection with service providers is anticipated to assist clients with information about available resources to address their needs.

Service providers met during the consultation phase of this project emphasized the need to address both the **immediate and the longer-term needs of this population**. They reinforced the need for *systemic changes*, including more affordable appropriate housing, increased access to financial resources and a seamless continuum of care that includes both intervention and prevention initiatives.

The findings presented in this project DO NOT detract or de-emphasize the importance of those needs. Instead, its attempt is to profile some aspects of the lives of persons in the population, in an attempt to guide policy development, service system decisions and future planning to address and end homelessness.

Reflections on the Methodology of the Street Needs Assessment Project

The success of the Street Needs Assessment Project in being able to meet, connect and speak with a diverse range of persons who were homeless is due to the collaborative relationship that the community helped to create and foster with the research team. The expertise of the Street Outreach Network, the members of the working group for the study and shelter and service providers was essential in preparing and conducting a study to begin to investigate the experiences of this population.

**The most important part of conducting this (and future) projects
is to develop a collaborative working relationship with a
diverse range of community stakeholders.**

There are a number of limitations to the current study.

- **Time Frame.** The most obvious limitation is that the project spanned a two-week period of the entire year. Although this period prevalence design is an improvement from previous S-night or other methodologies, the findings from this project CANNOT be used to generalize characteristics about the population.

Although Toro and Wall (1991) found no seasonal variability in a population of persons who were homeless and using shelters, there is an expectation of seasonal variability in the population of persons not regularly using shelters.

- **Questions.** Another limitation is the initial attempt at questionnaire development. Although the consultation process yielded an interview that collected useful information, experience with the interview suggested that additional questions (about systemic barriers and life experiences) would be valuable.
- **Population.** This project did not examine the experiences of those at risk of homelessness by not having stable housing. This group is understood to be distinct from those who were interviewed, but should be considered for inclusion (as a sub-group) in future projects. It is recognized, however, that identification method would require revision for this group.

These limitations, and the experience of conducting the study, created an important list of “lessons learned” to guide future street needs assessment projects.

Recommendations

- Including outreach workers and community service organizations in the planning of the research as well as the design of the questionnaire was crucial to the success of this project. Any future projects need to follow the same consultation process, if only to re-connect and modify minor aspects of the methodology.
- Informing organizations of such a research project (while in the planning stages) gives them the opportunity to be included in the planning stage and contributes to a positive and collaborative atmosphere necessary to do effective research.
- Definitional issues are extremely important. Each project must decide *who* is in the target population and who is not included. This must be carefully followed during data collection.
- Given the nature of identifying potential participants (and the number of interviewers used each day), constant communication between the research coordinator and interviewers must be maintained to ensure no duplication of interviews.
- The current project (with its multi-site, multi-method design) is resource intensive and requires a research coordinator and a team of flexibly scheduled interviewers. Scheduling was facilitated through collaboration with community agencies.
- At each organization, contact persons need to be more clearly identified, recruited, and motivated more effectively. When a direct contact person was used in an organization communication among staff was increased and coordination was improved.
- Interviewers need to understand clearly the potential personal discomfort associated with some of the interviews. They also need to understand the potential impact the interview and

the attitudes of the interviewer can have on the participant. Selection and training procedures for interviewers should consider these issues.

- Future projects could consider the recruitment of community workers, persons who are/were homeless and individuals with related experience to conduct the interviews. The importance of strict adherence to research protocols (such as use of informed consent), however, would need to be stressed.
- Participants in this project uniformly expressed their enjoyment in their participation and the experience of being “listened to”. Ensuring a balance of qualitative and quantitative questions, a private location for interviews and empathic interviewers are the keys for a rewarding experience for participants and a valuable community-based project.

In conclusion, it is hoped that this project will continue in the future (in different seasons) with the use (and expansion) of the current methodology. It is essential that any information collected be used in partnership with perspectives from service providers and planners to develop a responsive service system with both prevention and intervention initiatives.

References

- Bogard, C. J. (2001). Advocacy and enumeration: Counting homeless people in a suburban community. American Behavioral Scientist, 45, 105-120.
- City of Calgary (1998). Count of Homeless Persons in Downtown Calgary. Calgary, AB: Community and Social Development Department, City of Calgary.
- City of Ottawa (11 September 2001). Report to Health, Recreation and Social Services Committee and Council. Emergency Shelters – Status and strategy, Winter 2001-2002.
- Cousineau, M. R., & Ward, T. W. (1992). An evaluation of the S-Night street enumeration of the homeless in Los Angeles. Evaluation Review, 16 (4), 389-399.
- Crawley, C. (2001). Enumerating the homeless: Critical issues for a street count. Unpublished MSW thesis, Carleton University.
- Devine, J. A., & Wright, J. D. (1992). Counting the homeless: S-Night in New Orleans. Evaluation Review, 16, 409-418.
- Edin, K. (1992). Counting Chicago's homeless: An assessment of the census bureau's "Street and Shelter Night". Evaluation Review, 16, 365-376.
- Farrell, S., Aubry, T., Klodawsky, F. & Pettey, D. (2000). Describing the Homeless Population of Ottawa-Carleton: Fact Sheets of Selected Findings.
- Fitzgerald, S. T., Shelley, M. C., & Dail, P. W. (2001). Research on homelessness: Sources and implications of uncertainty. American Behavioral Scientist, 45, 121-148.
- Goldman, L. M. (1999). How to count: A comprehensive methodology for counting unaccompanied youth. Unpublished master's thesis, Carleton University.
- Hopper, K. (1992). Counting the homeless: S-Night in New York. Evaluation Review, 16 (4), 376-388.
- Martin, E. (1992). Assessment of S-Night street enumeration in the 1990 census. Evaluation Review, 16 (4), 418-438.
- McCabe, S., Macnee, C. L., & Anderson, M. K. (2001). Homeless patients' experience of satisfaction with care. Archives of Psychiatric Nursing, XV(2), 78-85.
- Peressini, T., McDonald, L., & Hulchanski, D. (1996). Estimating homelessness: Towards a methodology for counting the homeless in Canada. Ottawa, ON: Canadian Mortgage and Housing Corporation.

Phelan, J. C., & Link, B. G. (1999). Who are “the homeless”? Reconsidering the stability and composition of the homeless population. American Journal of Public Health, 89(9), 1334-1338.

Rossi, P. (1989). Down and out in America. Chicago, IL: University of Chicago Press.

Stark, L. R. (1992). Counting the homeless: An assessment of S-Night in Phoenix. Evaluation Review, 16 (4), 400-408.

Sudman, S., Sirken, M. G., & Cowan, C. D. (1988). Sampling rare and elusive populations. Science, 240, 991-995.

Toronto Star (20 March 2001). Homeless census scrapped over privacy concern: Outreach workers say homeless reluctant to be counted.

Wright, J. D., & Devine, J. A. (1992). Counting the homeless: The Census Bureau’s “S-Night” in five U.S. cities. Evaluation Review, 16 (4), 355-364.

Wright, J. D., Rubin, B. A., & Devine, J. A. (1998). Beside the golden door: Policy, politics and the homeless. New York: Aldine de Gruyter.

Appendix A
List of Participating Agencies and Organizations

Our sincere appreciation to the range of agencies, organizations and groups that participated in the Street Needs Assessment project

- Alliance to End Homelessness
- Canadian Mental Health Association
- Causeway
- Centre 454
- Centre 507
- Centretown Community Health Centre
- City of Ottawa – Public Health and Long-Term Care Branch and Homelessness Initiatives Team
- Jewish Family Services
- Outreach Workers Network
- Pinganodin Lodge
- Salvation Army – Cold Weather Van and Overflow
- Sandy Hill Community Health Centre
- Shepherds of Good Hope
- St. Joe’s Centre for Women
- Union Mission
- The Well
- Wabano Aboriginal Health Centre

Appendix B
Interviewer Training Meeting

1. Review of Interview Kits
 - Instructions/Reminder Sheet
 - Contact Protocol
 - Consent form
 - Interviews
 - Debriefing forms
 - Payment and receipts
 - Contact information
 - S. Farrell's business cards if participant wants to consider interview
2. Review of updated interview protocol
 - recording responses
 - use of prompts
3. Review of how to identify persons for the study
 - including introduction protocol for service providers
4. Avoiding duplication
5. Availability of French interview
6. Safety issues
7. Debriefing
 - Contacting us at any time
8. Final meeting