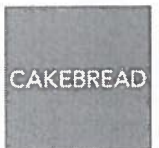


**Hidden From Sight  
Homeless, Hidden Homeless and At Risk Women in York Region**

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**York Region Alliance to End Homelessness  
Women's Shelter Sub-Committee  
Needs Assessment for Emergency Shelter and Relevant Supports for Women in  
York Region Who Are Homeless or At-Risk of Homelessness**

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Thank you to the graciously tenacious women who shared their experiences and visions as part of our focus groups and interviews.

Robyn Cakebread  
Deborah Hierlihy

April 2<sup>nd</sup>, 2007

## EXECUTIVE SUMMARY

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The purpose of this project, which was commissioned by the York Region Alliance To End Homelessness (YRAEH), was to conduct a needs assessment in York Region to determine the level of need for an emergency shelter and supporting services for single women, not fleeing violence who are homeless, hidden homeless and at risk of homelessness. The project outcomes included:

- an analysis of service models related to service delivery for homeless women
- suggestions for the location of an emergency shelter and related services for homeless and at risk women; and
- identification of future trends or risk factors that may impact on women.

One goal of the research is to have it inform the York Region Community Plan to Address Homelessness. The other intention is that it functions as a working document for agencies and their funding partners to begin to address gaps in services experienced by homeless and at risk women.

The YRAEH is an extensive network of agencies and individuals committed to serving the homeless and those at risk. The women's shelter subcommittee developed in response to the need for an emergency shelter for women who are homeless and at risk of homelessness in York Region. Currently in York Region there is no shelter for women who are homeless and who are not fleeing violence or with children.

Key themes emerging from the research include:

- Women are more vulnerable to housing loss when faced with poverty, abuse, mental and physical illness and substance use problems. In York Region, women facing these barriers to housing stability do not have access to supports which will help them stay housed or regain housing quickly.
- Vulnerable women have limited access to homelessness resources, information, health care, nutrition and the amenities of daily living. Insufficient access to transportation in York Region is a large barrier for homeless and at risk women attempting to secure or maintain housing and related supports.
- Women's homelessness in York Region is largely invisible. Immigrant women, single parent women, older women and women with disabilities will be among those women at risk of housing or housed temporarily. Women at risk of losing their housing will attempt to stay housed by "couch surfing," doubling up" and trading sex for shelter.
- In York Region, the response to the development of an emergency shelter for women has been met with systemic barriers including the under-funding of Ontario's homeless shelters.

A literature review forms the basis for a discussion of single women's experiences of homelessness in York Region. It discusses York Region's challenges with rapid development and service provision,

and presents a topography of the homeless experience from “home” to “homeless.” It examines homelessness as it manifests in the lives of women, and provides a context for a discussion of the causes of homelessness among women in York Region. It addresses homelessness across varying geographies and provides a platform for a discussion of the complex issues of geographic diversity as it relates to services and supports for homeless women in York Region.

Interviews with key informants from agencies serving vulnerable individuals enhanced our understanding of women who are homeless and at-risk of homelessness in York Region. Discussions with them provided us with information about the region’s history of service provision to vulnerable individuals. Information from key informants identified gaps in service and future trends or risk factors that homeless women in York Region may face.

Focus groups were held with homeless women and women who were at risk of becoming homeless in a cross-section of areas in York Region. Feedback from the focus groups informed our understanding of the experiences of homeless and at risk women in York Region. The focus groups and interviews echoed key themes from literature about women’s housing insecurity, the barriers women face when accessing services, and key considerations in delivering services to this population in York Region.

One-one interviews with marginally housed and homeless women in outlying areas of the region echoed the themes in the literature about experiences of homelessness in rural areas. Information from these interviews dove-tailed with the experiences of homeless and at risk women in urban and suburban areas of York Region.

Results of the research determined that there is consensus among service providers and homeless and at risk women that there is an immediate need for an emergency shelter and supporting services for single homeless women in York Region. The research further indicates that this is not a homogenous community of women. As such, there is a need for further investigation into five key areas:

- A postal code analysis of the needs of women who are poor across the distinct areas of York Region;
- An analysis of the needs of women working in the sex trade in York Region and recommendations for services and supports for that population;
- Research into the experiences of women in York Region with the judicial system and corrections systems;
- Co-ordinated research and information sharing among agencies serving immigrants and agencies serving homeless and at risk families in York Region;
- Systems planning around approaches to supports for women in York Region who are marginally housed and homeless.

## 1 INTRODUCTION

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### 1.1 Definitions

Definitions of homelessness have evolved to include individuals who not only live outside, but those who do not have access to their own accommodation.

“Absolute Homelessness” refers to people who live in the street, in parks or green spaces both rurally and in urban areas and who use transitional housing and emergency shelters often. These individuals are also those who are “visibly homeless.” “Relative Homelessness” refers to people who stay in places that are unfit for habitation (i.e. no water, plumbing, electricity, infestations, etc.) and unsafe due to the condition of others sharing the space.

The latter has been expanded to include people called the “hidden homeless,” or people living in temporary situations such as with friends or family because they cannot afford to live on their own. Among the hidden homeless are those individuals paying upwards of 50 percent of their incomes for housing. Many other individuals who would be counted among the hidden homeless are at risk of eviction for reasons such as disability, behavioural or health issues. In addition to economic, health and behavioural issues, the hidden homeless among women are those who stay in sexual or abusive relationships only in order to maintain shelter.

For the purposes of this research we define a single woman as a “lone” woman who is currently without children. She may be partnered, but her partner could be staying in one of the other shelters for youth or men.

### 1.2 Methodology

The following summarises the approach to data collection and analysis and defines the scope of work.

#### 1.2.1 Literature Review

A review of literature related to women experiencing homelessness in urban, suburban and rural areas informed our profile of women in York Region who are homeless, hidden homeless and at-risk of homelessness. Literature selected will identified potential trends or risks that may impact homeless women and women who are at-risk of becoming homeless. The literature review also helped us to identify models of service delivery for use by an emergency shelter.

Selected literature was mainly Canadian, published mainly between 2000 and 2007 and included:

- reports by local government and agencies;
- academic articles identified through social services and related databases;



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- publications commissioned by senior levels of government.

In considering the uniqueness of York Region we also reviewed relevant British and U.S. studies.

The literature review concludes with a review of identified barriers to housing for homeless women. It presents a review of models of emergency accommodation and reviews key issues in service planning.

The literature review provides a gender-based framework that will guide this needs assessment.

### 1.2.2 Data Collection

Our research drew upon census data and statistics from service providers. We collected, compiled and analysed statistical data from 15 service agencies to develop our profile of women in York Region who are homeless and at risk of homelessness, and to understand the services they use. We reviewed data from:

- support services to vulnerable women;
- service providers including usage and client profiles among existing services in York Region;
- shelters for families, men abused women and young women;
- eviction prevention services;
- seasonal programs; and
- meal programs.

### 1.2.3 Focus Groups and One-One Interviews

Focus groups and one-one interviews were used to reach a cross-section of homeless women and women who are at risk of homeless, spanning municipalities in York Region. Two, two-hour focus groups were held with homeless and at risk women in Vaughan and Richmond Hill, and open-ended, one-one interviews were conducted with homeless and at risk women in Keswick. The focus groups and interviews were arranged in partnership with the Out of the Cold program, the Richmond Hill Community Food Bank and Cornerstone Pentecostal Church – The Gathering Place.

A profile of homeless and at risk women in York Region emerged from the questions in the focus groups and interviews, and from the many discussions that arose in the focus groups. Feedback from homeless and at risk women identified existing services and gaps in service, and provided us with their perspectives of future trends and risk factors they feel may impact on them.

### 1.2.4 Key Informant Interviews and Round Table Discussion

Key informant interviews were conducted with representatives from

- Agencies providing services to vulnerable individuals in York Region;
- Volunteer-based organisations;



- The Toronto Bail Program;
- York Regional Police; and
- Faith groups.<sup>1</sup>

Fourteen key informant interviews were conducted with senior staff from agencies providing service to vulnerable individuals and families in York Region.

Information from key informants contributed to an understanding of women who are homeless and at risk of homelessness in York Region. Discussions identified current services and gaps in service for homeless and risk women. Information from the interviews identified future trends and risk factors that may impact on homeless and at risk women, and on available services. Key informants were asked about their preferences for a location for an emergency shelter and supporting services for homeless women.

A discussion with a cross-section of key agency staff in a roundtable forum was conducted in Newmarket. We asked the participants for suggestions and feedback about service delivery models for an emergency shelter for homeless women and women at-risk of homelessness in York Region. The discussion also identified potential locations for an emergency shelter. Input from service providers also helped to pinpoint potential sources of funding for the development of an emergency shelter and related services for women who are homeless or at risk of homelessness.

#### 1.2.5 Limitations

This report is not an exhaustive review of the situation of homeless and at risk women in York Region. Rather, it sets out to obtain agency perceptions of homelessness among women in York Region and to compare those perceptions with the experiences of women who are vulnerable or homeless in York Region. The findings on women's homelessness in York Region are presented within the context of current literature on women and homelessness. The report presents a snapshot of women in York Region who are currently homeless or at risk of homelessness.

This research did not attempt to do a "street count" or otherwise enumerate women in York Region who are homeless. This research relied on data about service usage to suggest the level of hidden homelessness and vulnerable households. It relied on data that stemmed from a variety of research processes that did not always integrate well.

Time and budget constraints limited the number of focus groups and interviews conducted as well as difficulties in identifying places to connect with homeless and at risk women in York Region. Several volunteer-based organisations proved to have regular contact with homeless and at risk women, but contacts were not able to be made through agencies providing services to vulnerable individuals. Three organisations hosted two focus groups and one set of one-one interviews. Volunteers with these organisations invited women to participate in the research.

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<sup>1</sup> See Appendix C for a list of agencies and community groups that contributed to this research.

### 1.3 The Structure of This Report

Section 2 brings together the population of women in York Region who are homeless and at risk of homeless and locates their experiences within the changing geography of the region. Section 3 is a discussion of systemic barriers to developing an emergency shelter and related services in York Region. Section 4 presents a profile of women in York Region who are, or could easily be, single, homeless, hidden homeless or at risk of homelessness, not fleeing violence and without children. Section 5 presents service providers' suggestions for overcoming barriers to emergency shelter development. It discusses gaps in services and future trends and risk factors homeless and at risk women may face. Sections 6 and 7 links the research findings with some approaches to developing an emergency shelter and related services. A thumbnail sketch of short and long term service delivery based on input from contributors to this research is presented. The conclusion in Section 8, highlights key findings emerging from this research, as well as areas for future research and consideration.

## 2 HOMELESS WOMEN ACROSS A VAST GEOGRAPHY

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### 2.1 About York Region

The challenges of providing affordable housing and accessible public transportation to vulnerable individuals in York Region are well documented. These issues are linked to barriers to accessing emergency shelter and services in York Region.

Homelessness in York Region has expanded both spatially and demographically. Research on urban homelessness is prolific, but there is little in the literature that addresses the challenges of homelessness in an area that is as large and diverse as York Region.

While York Region has experienced the benefits of growth, such as an increased tax base and workforce, it faces the challenge of balancing growth, infrastructure and public services across urban, suburban and rural communities spanning nearly 2,000 square kilometres. Like many Ontario service providers, those in York Region have struggled to maintain service levels to vulnerable individuals in the face of funding shortages. This includes access to public transit across 9 municipalities populated by nearly 1,000,000 people, 40 percent of whom are new Canadians.

#### 2.1.1 Homeless and At Risk Women in York Region

The causes of women's homelessness are complicated and interrelated. In general, circumstances including physical and mental health problems, experiences of violence, and other negative life events occur and can result in persistent poverty that may lead to homelessness.

Abuse, physical and mental illness, substance use problems and relationship breakdown were found to be key risk factors for housing loss. Physical and mental illness were also barriers to gaining housing. Attempts to find housing were also frustrated by systemic barriers. Combinations of poverty,

lack of access to support services, lack of affordable housing and insufficient access to transportation resulted in over half of the women being homeless for more than one year.

Homeless and at risk women were disconnected from information, resources and available services that would help them obtain or maintain housing. The disconnection is a function of an overall scarcity of support services for homeless and at risk women, combined with a lack of access to transportation. Homeless in York Region are dependent upon seasonal programs and meal programs for shelter and nutrition. Women who are at risk of homelessness due to poverty also depend on meal programs.

A key discussion point among the homeless and at risk women we talked with was whether or not a woman could get what she needs by asking. Most women had, in desperate times, simply asked people for help. They had asked grocers for food, churches and office workers for bus fare, strangers for Tylenol and more. But, no matter the length of time a woman had been homeless, they found it humiliating to have to disclose that they are homeless and poor and ask for help from strangers. The women we met with felt that they should be able to have their basic needs met from within the human services social safety net.

### **2.1.2 Invisibility Among Homeless Women**

In York Region women's homelessness is predominantly "hidden." In order to avoid becoming "absolutely" homeless, or living outside, women in suburban, small town and rural areas commonly stay in the homes of others temporarily, or "couch surf," "double up" or share inadequate housing with others and, stay in or enter, sexual relationships they would otherwise avoid. Homeless and at risk women and service providers told us that they believe many women in York Region are "hidden homeless" and therefore not reflected in agency statistical data which tracks homelessness.

## **2.2 Health Impacts of Homelessness in Women**

### **2.2.1 Physical Health**

The homeless and at risk women we met in York Region did not have access to appropriate nutrition and health care. They were subject to illnesses based in nutritional deficiency, exposure to extreme temperatures and environmental toxins and pollutants. They did not have money to purchase basic hygiene products such as a tooth brush. Long term health problems can result from the lack of access to health care and basic hygiene for homeless women. Arthritis, back problems and chronic respiratory problems in homeless women exceed those of women in the general population. Where dental care is accessible, social assistance benefits pay for only a minimum standard of care. For the homeless and at risk women we met with, who have access to dental care, options are limited and many women have no alternative but to have problem teeth extracted.

Again, transportation is a key limitation of homeless and at risk women's ability to access necessary resources. For women with valid health cards, available medical care may not be accessible by public transit, and the problem of return bus fare is a concern. Poverty makes it exceedingly difficult for homeless and at risk women to follow preventive and prescriptive measures in their health care. Loss of employment due to chronic health problems can factor into housing loss.

### **2.2.2 Mental Health**

A range of mental illnesses from depression to affective disorders can be triggered by the experience of homelessness. Mental illness can be a factor in women's pathways to homelessness, and can be a barrier to accessing housing and related support services. The reciprocal nature of mental illness and homelessness has been discussed in literature concerned with homelessness.

Homeless and at risk women we spoke with told us that housing insecurity and homelessness have caused them to experience periods of mental and emotional breakdown. The stress and efforts involved in accessing a thin support network can result in depression. Vulnerable women in York Region exhaust themselves both physically and emotionally attempting to get their basic needs met.

Various programs are available in York Region for individuals presenting with a broad spectrum of mental illnesses, but most are not available without a medical diagnosis. Lack of access to medical professionals and services with extremely long waiting lists present barriers for homeless and at risk women wishing to access these programs.

### **2.2.3 Substance Use Problems**

Homeless and at risk women in York Region with substance use problems face significant barriers to housing and related services. For those seeking help, there are no detox or treatment facilities for this population in York Region.

Illegal drug use and alcohol abuse can become coping mechanisms for some individuals. As with mental illness, there can be a reciprocal nature to substance use problems. Substance use problems can contribute to the loss of housing and substance use can evolve as a means of escaping daily problems associated with homelessness.

The following section discusses the research findings related to barriers to developing an emergency shelter and related services in York Region, for women who are homeless or at risk of homelessness.

## **3 BARRIERS TO PROVIDING EMERGENCY SHELTER FOR WOMEN**

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Of chief concern to service providers was that an emergency shelter and related services be developed with local expertise and experience. Service providers acknowledged the intricacies of providing

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services to homeless individuals across a large area. They felt that local agencies are best poised to develop and deliver these services to homeless and at risk women in York Region.

There was consensus between the homeless and at risk women in we met in York Region and service providers, that on going support and after-care are essential to a woman being successfully rehoused and maintaining housing.

The following section presents the research findings from:

- discussions with homeless and at risk women;
- discussions with service providers; and
- an analysis of data collected from agencies in York Region that assist homeless and at risk individuals.

### **3.1 Homelessness in York Region**

The research revealed that systemic barriers to housing combine with key risk factors and can result in homelessness for individuals in York Region. Under-funding of homeless shelters in Ontario, lack of affordable housing, public transit infrastructure and poverty are barriers to obtaining and maintaining housing among at risk individuals.

Service providers informed us that their efforts to provide and expand services to homeless and at risk individuals are hindered by systemic barriers such as under-funding of Ontario homeless shelters and public transit infrastructure. While the under-funding of homeless shelters in Ontario and public transit access are key systemic barriers to the provision of emergency shelter and related services for homeless individuals, poverty and a shortage of affordable housing with supports present further challenges around providing and maintaining housing for individuals in York Region.

For women, added individual factors such as relationship breakdown, mental illness, physical disability and/or chronic illness and substance use problems can contribute to their vulnerability to housing loss in York Region.

Linked to the problems of housing and shelter provision are women whose homelessness is hidden. Without access to shelter and support, women's strategies for remaining housed will include "doubling up", "couch surfing" and trading sex for shelter. On becoming absolutely homeless, women in York Region told us that they live under bridges, in their cars and in the bush. These homeless women are not counted among the homeless in York Region as they do not access services that track their homelessness. Marginally housed women will not be reflected in accounts of homeless women. Additionally, the homeless and marginally housed women we encountered do not fit with outdated stereotypes of homeless women as "bag ladies" and as such are not presenting visually as homeless within their communities.

The following sections discuss the above issues as they relate to the experiences of the key informants and homeless and at risk women involved in this research.



### 3.2 Under-Funding of Homeless Shelters in Ontario

The research pointed to a number of areas in services to the homeless in York Region that have been encumbered by funding constraints:

- capital development;
- program development and expansion;
- service provision levels including staffing numbers and staffing quality;
- service provision levels including quantity and quality of basic needs supplies i.e. bedding, food, bus fare and hygiene products;
- outreach capability and ongoing support.

Information from key informants and roundtable participants suggests that existing services are stretched to capacity.

Agencies are at times overwhelmed by the needs of vulnerable residents and the proportionate decreases in funding that would allow them to provide adequate services. Service providers have also found that funding limitations restrict their ability to serve a changing population of homeless women.

Service providers indicated they use cost and labour sharing strategies such as interagency partnerships to work around budget shortfalls. We heard from service providers that the population of homeless women in York Region is growing and changing. Service providers identified under-funding as a key reason that an emergency shelter for homeless women has not yet been developed.

Further, public transportation is an area that presents enormous challenges for service providers.

### 3.3 Transportation

For homeless and marginally housed individuals access to services and amenities is dependent upon accessibility of public transportation.<sup>2</sup>

Limited public transportation has emerged as a large barrier to service access, service provision, service integration and co-ordination in York Region. There was consensus among service providers and homeless and at risk women that better transportation co-ordination and increased access to public transit would improve:

- the daily lives of homeless individuals;
- co-ordination between agencies;
- services for clients in existing shelters;
- the abilities of working poor shelter users to keep their jobs;
- the ability of service users to find employment;

*“I walk for 10 – 12 hours a day.” ~  
A woman from the Richmond Hill focus group discussing access to transportation.*

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<sup>2</sup> Refer to Appendix A for discussions of transportation across dispersed geographical areas.

- the humiliating walk along the road from the final bus stop in Newmarket before the cluster of shelters;
- the safety of individuals walking along the busy stretch of road to the shelters;
- access to food by homeless and marginally housed individuals; and
- time spent finding transportation for clients by staff.

The research found that agencies regularly use taxis to move clients between services, including sending them out of York Region for shelter. Taxi fares within the region can reach \$100 dollars, and taxi fares to shelters outside of the region are even higher.

The homeless and at risk women we spoke to found it stressful and frustrating negotiating the combined lack of transportation and lack of shelter services. Not wanting to leave the region and become isolated from their communities, they stay in York Region without shelter and walk to appointments when they can. One hundred percent of the women we spoke to did not have regular access to public transit and could not regularly access food banks, meal programs, health care and other supports in York Region.

Additionally, homeless and at risk women in focus groups and one-one interviews in the areas of York Region without public transit told us that they simply don't have access to services. They felt like "castaways" and when asked about how they get by, commented that they "fend for themselves" or "couch surf" or "live in their car." The lack of public transit is a barrier to accessing food for women with food vouchers and women in need of a food bank. Meal program volunteers and faith groups fill this gap where they can, but we learned through focus groups and interviews that their resources are limited and their function is only a stop-gap for a few women in need. These areas reflect the findings of the literature review, in particular, the findings of literature that addressed rural homelessness.<sup>3</sup>

### 3.4 Poverty

In York Region 882 single women between 16 and 64 were reported to be receiving benefits from Ontario Works as of January 31, 2006. Seventy-three percent of the homeless and marginally housed women we spoke with indicated that their primary source of income was social assistance. Twenty-seven percent of these women had been evicted in the past year. A further 27 percent had no source of income.

Homeless and marginally housed women we met needed help accessing employment and training programs. They were unable to access employment supports to begin to improve their financial situation because they had no extra money for public transit. The lack of access to transit prevented women from securing means for exiting homelessness such as education, employment and housing.

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<sup>3</sup> Refer to Appendix A for a discussion of rural homelessness and women.



Of chief concern to homeless women was access to personal hygiene products, clean clothes and bathing facilities. Women who are able to work struggled against lowered self-esteem and felt that they did not “blend” with the work force. Homeless women told us that they felt conspicuously homeless because they did not have access to soap, a comb, a toothbrush and toothpaste, clean underwear, sanitary products or clean clothes on a regular basis. They felt degraded and humiliated by these experiences.

Immigrant and refugee women are vulnerable to poverty stemming from practical as well as systemic barriers to economic security, such as racism and sexism. Key informants told us that they are aware of women and their families in York Region who are new to Canada and live with one or two other families in a single-family dwelling. Service providers also told us that these women and their families are vulnerable to housing loss, as whatever money a family may come to Canada with, it is often used up long before any of the family members are able to find gainful employment. Key informants also told us that they know of some groups of immigrants who feel deep shame in being poor, and that stigmas may become a barrier to their accessing available supports. Current literature focusing on housing for new Canadians echoes the situation in York Region.

Food bank statistics also present a snapshot of poverty in York Region. In 2006, over 6,000 single parent households used a food bank. Emergency visits to food banks increased 85 percent between 2004 and 2006. Food banks did not track singles by gender but approximately 5,000 singles accessed food banks in York Region in 2006. Single mothers were over represented at food banks in York Region with one food bank reporting an average of 100 single mothers a month using the food bank. Another reported that single women with children represent 75 percent of their clients.

### 3.5 Lack of Affordable Housing

In York Region a shortage of affordable housing is a main contributor to families and individuals becoming homeless. Statistics from agencies in York Region serving community members at risk of losing their housing indicate an ongoing struggle to find affordable housing. Currently, a basement apartment in York Region rents for between \$850 and \$900 per month.

In 2006, the Salvation Army’s Homelessness Prevention Program had 315 applications for assistance from households trying to avoid losing their housing due to an economic shortfall. Of that number, the agency assisted 42 single women and 117 single women with children. In 2006, under its Homelessness Initiative Fund, York Region’s Housing Help Centre assisted 4,099 clients looking for affordable housing; 201 of those individuals obtained housing. The risk of homelessness is linked to extensive

“Toni,” a woman from the Vaughan focus group, went back to school full time, a choice not supported by her family. When they asked her to leave she stayed in school and qualified for Ontario Works Benefits. She found an apartment but the rent is \$500 a month, which is what she receives from welfare. She has no dishes, little furniture and can’t afford food or toiletries. She cannot afford transportation, so she goes to meals at seasonal programs so she can eat and still get to school the next day.



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waits for subsidised housing and market rents which exceed the incomes of many households in York Region.

If faced with housing loss, homeless families, whether single or two parent, can seek help from the Leeder Place Family Shelter. Leeder Place turned away 150 families in 2006. For the majority of 2006, shelters for women fleeing abuse were full to capacity, as was their transitional housing. The Salvation Army Sutton Youth Shelter has also been operating at capacity since its opening. The increased use of shelters by working poor families in York Region is reflected in current literature focussed on poverty. In particular, single parent families have been shown to be vulnerable to housing loss.<sup>4</sup> The wait for subsidised housing in York Region is more than 8 years.

Also at risk of becoming homeless are newcomers to Canada. The literature review reports that immigrants may be the largest single group of hidden homeless in areas like York Region with a largely dispersed geographical area and related infrastructure.<sup>5</sup> In key informant interviews and at the roundtable discussion, service providers have suggested that women immigrants and refugees may be particularly vulnerable to substandard housing and homelessness in York Region. Their situation is likely to remain hidden because ethno-specific community outreach efforts and cultural stigmas are barriers to some immigrant and refugee women's understanding of available social services around housing support and shelters in York Region.

The research in York Region found that low-income individuals and families are vulnerable to unscrupulous landlords and inflated housing costs. Several at risk women we met lived in housing in which the landlord was unresponsive to repeated requests for heat, repairs to leaks and safety hazards such as improper appliance installations. The key informants told us that housing prices in York Region are dictated partly by the overall lack of housing, and that some landlords take advantage of that shortage. Key informants and homeless and at risk women told us that much of the housing that is "affordable" is illegal, i.e. the landlords won't issue rent receipts, won't allow people to use the address for mailing which means the residents can't access housing lists, social services etc. Homeless and at risk women presenting with mental illness or substance use problems face increasingly complex barriers to accessing and maintaining affordable housing.

**A York Region shelter for abused women told us that non-white women represent 50 percent of shelter residents annually.**

The literature on homeless women suggests systemic barriers to housing can be tied to personal problems. Physical and mental illness, substance use and relationship breakdown are significant risks to housing loss and are barriers to obtaining housing, for the homeless and at risk women we met in York Region. They told us that between systemic and individual barriers to housing they are in a double bind – one set of problems raises the risk of housing loss and they are then compounded and fortified by homelessness.

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<sup>4</sup> Refer to Appendix A for a discussion of housing affordability and homelessness.

<sup>5</sup> Refer to Appendix A for a discussion of geography in York Region.

The following section addresses individual risks and barriers among homeless and at risk women in York Region.

#### **4 HOMELESSNESS AND VULNERABILITY AMONG WOMEN IN YORK REGION**

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Studies commissioned by the Regional Municipality of York identified that the priority placed on homeless families, youth and victims of violence in the past, has left a gap in services for single women. Single women who are homeless and without children are not eligible for services at family shelters and those who are not fleeing violence cannot access shelters for victims of domestic abuse. Information from the roundtable discussion with service providers and from the key informant interviews confirmed that a gap in services to women exists and needs to be addressed.

The research produced a profile of single women in York Region who are homeless, hidden homeless or at risk of homelessness, not fleeing violence and not currently with children. The average age of the homeless and at risk women we met in the focus groups and one-one interviews was 45. Fifty-five percent of the women we met had been homeless for over one year. None were using shelters and 27 percent were staying outside. Thirty-six percent were marginally housed, paying well over 50 percent of their incomes in rent.

Eighty-two percent of the vulnerable women we spoke to were staying in seasonal programs like Out of the Cold. All of these women used meal programs across the region because they could not afford food. In 2006 there were 160 overnight stays by women in Out of the Cold programs in York Region, and another 165 visits to Out of the Cold programs by women were for meals. The Inn from the Cold program typically sleeps between 3 and 5 women per night.

During the roundtable discussion and key informant interviews, service providers commented that the group of women who are vulnerable to homelessness has grown and changed. They told us of the need to expand their services and mandates to meet the needs of more diverse groups of women including women in the sex trade and transgendered women. The changing population demographics were reflected in the homeless and at risk women we met. These women identified sensitivity to diversity and differing individual needs as areas of key importance in considerations of future services. When asked about services for homeless women in York Region, service providers identified sensitivity to individual needs and safety as key considerations in future planning and development.

##### **4.1 Women's Homelessness is Invisible**

Key informants and homeless and at risk women in the focus groups and one-one interviews told us that, in their experience, women's homelessness in York Region is largely invisible. Service

**"It affects your self esteem."**

**"You have to go out into the working world, with other working women and pretend that everything's OK."**

**"Drives them insane."**

**"Takes away privacy and pride." ~**

*Comments from women in the focus groups in response to being asked how their lives have been affected by homelessness.*

providers told us that it is not possible to accurately track contacts with homeless women who are not directly clients. The exclusion of contacts with homeless single women who don't fit the criteria of the services they attempt to access suggests much higher numbers of women who are homeless or at risk of homelessness. In the focus groups and one-one interviews we learned from homeless and at risk women that the lack of services available to them resulted in a lack of connection to other homeless and marginally housed women.

Current literature about women's homelessness suggests that women who are homeless or at risk of homelessness often feel safer and better supported when they can access services especially designed for them, including women-only shelter.

The homeless and at risk women we spoke to told us that they believe "hidden homelessness is huge." One woman commented that she knows of 50 other women across the region who are homeless because she has spoken with them. She can identify many more by visual cues that suggest homelessness and may not be obvious to someone who isn't homeless. Another woman, homeless for a short time, has met at least 10 other women, between Newmarket and Vaughan who are homeless.

Marginally housed women told us about being isolated in their homes. Homeless women in the focus groups and interviews told us that they had spent time "couch surfing" or staying a few days with relatives, and that they know of women who "hook up" with men for shelter. These themes are consistent with the literature on homelessness outside of large urban areas.

The homeless and at risk women in the focus groups and interviews told us that the perception in York Region that women's homelessness is not a problem made them feel invisible. They told us that two of the most common reactions to their disclosures of being homeless to community members were "you don't look homeless" and "homeless people don't have clothes like that." These and other similar comments we heard reinforce the idea that perceptions of homelessness in York Region may be anachronistic to the situations of homeless women today.<sup>6</sup>

Some of the homeless and at risk women we met told us that they have been on the waiting list for subsidised housing for upwards of 8 years, others have given up. Key informants broadly shared the opinions of the homeless and at risk women in the focus groups and interviews, that waiting lists for housing have become redundant as the need far surpasses the

Agency	Number of Women Turned Away in 2006	Reason for Turn Away
Leeder Place Family Shelter	109	No Children
Sandgate Women's Shelter of Georgina – Emergency Shelter	Average of 48 per year	Did not meet VAW criteria.
Sandgate Women's Shelter of Georgina – Transitional Housing	Average of 72 per year	Did not meet VAW criteria.
Yellow Brick House	An estimated average of 280	Did not meet VAW criteria
Crosslinks Supportive Housing Program	9	No diagnosis of mental illness

<sup>6</sup> Refer to Appendix B for a full transcript of the focus groups.



current and planned capacity for subsidised housing. The homeless and at risk women we met told us that as single individuals they do not meet the priority criteria for housing. They told us that they were actively discouraged from submitting applications for housing because they are single and the waiting list is too long.

The following section discusses the research findings related to the health care needs of women in York Region who are homeless or at risk of homelessness.

#### 4.2 Homeless and At Risk Women and Health Care

Of particular note in the research was the issue of women and health care. The homeless and at risk women we spoke to could not access adequate health care such as:

- dental care;
- prenatal care;
- gynaecological care;
- care for chronic illnesses and disabilities; and
- specialists including psychiatrists.

Lack of access to transportation and poverty were barriers to these and other health care services for homeless and at risk women in York Region.<sup>7</sup> Some of the volunteer-based programs brought medical care on site and many of the homeless women we spoke with used the services of visiting health care professionals in these programs.

Homeless and at risk women and service providers told us that York Region has no medical clinic for individuals without health cards. Many of the homeless and at risk women in the research did not have identification due to theft or loss. A number of these women had chronic illnesses and physical disabilities that had been left untreated. Homeless and at risk women told us that, when they were receiving medical attention they were not able to complete their follow-up care for these reasons:

- the cost of medications, both prescribed and over the counter;
- theft of medications;
- burden of taking medications: either remembering or needing to take with food or water at the appropriate times and not having access to those things;
- inability to access proper nutrition;
- inability to access dental care;
- inability to rest comfortably during the day and at night;
- cost of repairing or replacing broken assistive devices such as canes;
- inability to get to follow up appointments; and
- inability to receive information from health care providers.

**I have a disability. I can't sleep on a mat. There is nowhere for me to sleep that doesn't hurt. And most places have a lot of stairs and I walk with a cane. ~ Older woman from the Richmond Hill focus group.**

One of the main barriers to providing health care services to homeless and at risk women in York Region is the region's large size. In more urbanised areas of the region, such as Vaughan and

<sup>7</sup> Refer to Appendix A for a detailed discussion of homeless women and health care.

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Markham, public transit and health care services are more accessible than in suburban and rural areas. Literature reviewed suggests that homeless and at risk women in areas with centralised services are better positioned to attend medical appointments. The literature also discusses the consequences of insufficient health care access for homeless and at risk women and provides some suggestions for providing health care to homeless and at risk women.<sup>8</sup>

### 4.3 Individual or Personal Risks to Housing Loss

Information from regional service providers and from key informant interviews indicates that the main reasons women in York Region risk losing their housing or become homeless are:

- Mental illness and substance use issues;
- Physical illness or disability;
- Poverty; and
- Relationship breakdown.

In York Region women living with mental illness and substance use problems are at an increased risk of losing their housing. Key informant interviews and participants in the roundtable discussion indicated that women's homelessness in York Region can be complicated by these issues.

#### 4.3.1 Mental Illness

Research on homelessness and mental illness in women is an emerging area of study. The literature points to a strong connection between women who are homeless and the prevalence of women with presentations of mental illness. One theme in the literature echoed by the homeless and at risk women in the focus groups is the onset of mental health issues in conjunction with becoming homeless. The most common mental illness mentioned by the women in the focus groups and interviews was depression. Depression is also the most commonly cited diagnosed mental illness found in studies of homeless women for this research.<sup>9</sup>

Statistics from agencies assisting women with mental illness in York Region show that they face multiple risks to housing loss:

- Many women are living alone;
- A number have a combination of physical and mental illnesses;
- Many have subsistence incomes; and
- Many are experiencing stress in family relationships or relationship breakdown.

#### 2006 310-COPE crisis line:

- Received 8770 calls from women, representing a total of 3037 female callers
- 63 percent of calls by women were recorded as related to anxiety disorders, mood disorders, schizophrenia and psychotic disorders
- Half of all women calling 310-COPE in 2006 identified living alone
- 45 percent of all female callers to 310-COPE had been hospitalised within the past year
- 33 percent of female callers stated problems with daily activities
- 32 percent of calls from women concerned a family crisis

<sup>8</sup> Refer to Appendix A for a discussion of homeless women in rural areas and health care.

<sup>9</sup> Refer to Appendix A for a discussion of women, homelessness and mental illness.



In 2006, the Canadian Mental Health Association's (CMHA) ID Clinic assisted a total of 366 women. Two hundred and seventy-nine of those women identified as being at risk of becoming homeless, 89 identified as homeless. Seventy-nine percent of women seen by the CMHA's ID Clinic identified Ontario Works as their source of income. Two hundred and seventy of those women were single. Sixteen percent of these women self-identified as having either substance use problems or mental illness.

In York Region, statistics from and discussions with service providers point to women with mental illness as having significant representation among women in the region whose homelessness is hidden. Of the women who used the YSSN crisis beds in 2006, 30 percent self-identified as having housing problems and three identified as being homeless. The LOFT Crosslinks Street Outreach Van had 729 contacts with women in 2006, representing an average of 3 women per trip who accessed homelessness support services from the van.

Discussions with vulnerable women and service providers suggest that, with a diagnosed mental illness, women can find services for support during times of instability. However, service providers and homeless and at risk women, told us that many women who are homeless or at risk of losing their housing have undiagnosed mental illness. As such they do not have access to supports such as transitional housing or counselling services.

#### 4.3.2 Substance Use Problems

Homeless and at risk women with diagnosed mental illness can find supports through LOFT Crosslinks and the CMHA programs, but women with substance use issues who are homeless or at risk of becoming homeless do not have access to support in York Region. Homeless and at risk women in the interviews and focus groups, and key informants told us that substance use is a problem among homeless and at risk women in York Region. Although we did not have contact with agencies that directly count homeless women with substance use problems among their client group, the statistics we received reflected women who chose to disclose their substance use in a related context, such as to the YSSN Crisis line. In 2006, the YSSN Crisis line recorded 49 females who called with substance related disorders. Service providers across York Region told us that their numbers under represent the number of women they see with substance use problems as many do not verbally disclose this fact.

Some of the homeless and at risk women we met with in focus groups and one-one interviews disclosed that they have substance use problems. One woman who has struggled with substance use problems, told us that sometimes she uses alcohol to cope with the overwhelming difficulties of making ends meet while attempting to keep up with the health hazards and mess in her apartment which floods with each rain or thaw. Other women who are homeless or at risk of losing their housing echoed her sentiment, telling us that at times they feel so depressed that they just "give up." Current literature on substance use and homeless women links substance use problems with experiences of violence. Studies have found that single women are more likely to have substance use issues than single mothers. The roundtable discussion revealed a lack of addictions services for homeless and

marginally housed women. These women told us that, while substance use is often rooted in violence and abuse, it can also be a respite from their daily struggles.<sup>10</sup>

### 4.3.3 Relationship Breakdown

Literature concerning homeless women points to relationship breakdown as a key factor in women's pathways to homelessness. Twenty-seven percent of the women we spoke to disclosed that they lost their housing when their relationships broke down. Prior to their relationship breakdown many of these women had developed physical disabilities or chronic illnesses. They had been well housed. One woman had been living in a common law relationship and found that she had no legal entitlement to her home as her name was not on the title to the home. Economically dependant on her spouse, when the relationship broke down she was not able to afford legal counsel and received none of the proceeds from the sale of her home. One Canadian study found that relationship breakdown almost triples the poverty rate for single women and female single parents.<sup>11</sup>

Several women told us that their path to homelessness began when their husband died. They had been economically dependant on their husband's income and the proceeds from the sale of their homes had not lasted long between debt and children's needs. The women we spoke to indicated that they know many women with similar experiences.

The following section presents suggestions for overcoming barriers to shelter development and related services.

## 5 DEVELOPING AN EMERGENCY SHELTER FOR WOMEN IN YORK REGION

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Service providers and homeless and at risk women identified both an immediate short term and a longer term need for an emergency shelter and services for homeless and at risk women. A "clearinghouse model" of service provision was recommended. That is, a shelter with varied lengths of stay and individualised case management services that begin in the shelter. A lengthy "wish list" of services was suggested by both service providers and homeless and at risk women, and included a spectrum of supports from across the sector, and many new services. They are discussed below in Section 7 "Snapshot."

There was consensus among service providers and homeless women that there is a marked gap in services for homeless and at risk single women. The reasons for the gap ranged but all agreed that in York Region women who were single, homeless or at risk of becoming homeless, without children

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<sup>10</sup> Refer to Appendix A for a discussion of homeless women and substance use problems.

<sup>11</sup> Refer to Appendix A for a discussion of homeless women, relationship breakdown and poverty.

### Older Women

- Are not eligible for the "Survivor Supplement" benefit paid to widows until they are 60 years old.
- Widows are among the most vulnerable to elder abuse.
- Half of all Canadian women over the age of 60 live below the poverty line.

who did not identify as being victims of violence are under-served. Discussions about barriers to service development pointed to funding and community support as obstacles to be overcome.

Information from key informants indicates that two of the main barriers to the development of services to homeless and at risk women are capital funding and community support for the location of an emergency shelter. Service providers encounter community members who believe that homelessness is not a problem in York Region. One told us of a church group that regularly goes to Toronto to feed homeless people because “that’s where the need is.” While attention to the needs of homeless women in York Region is emerging, the youth services sector has garnered political and community support for services for homeless youth in York Region.<sup>12</sup>

### 5.1 Steps to Overcoming Barriers

There was consensus among service providers that in order to gain political and public support the following steps should be taken:

- develop public education and media relations strategies;
- develop a concrete proposal to present to Council including a detailed outline of what an emergency shelter for women would look like i.e. where it could be located, what types of services would be offered, who would operate it and with what model of service;
- where ever possible, directly communicate the stories of women who are homeless and without shelter access to the community and to Council.

It was felt by participants in the roundtable discussion that these steps would begin to generate a framework for pursuing capital funding. Engaging community members at the political, business and residential levels will begin to establish key relationships. Pathways felt that these were key components in their successful endeavour.

There was consensus among service providers and the homeless and at risk women in the focus groups that, unique to York Region is a level of denial of the problem of homelessness in the region. Service providers told us that this perception contributes to barriers in service development and delivery. Our research found that a predominance of services to homeless people are in Newmarket because residents there are more tolerant of services to homeless individuals. Key agency representatives informed us that proposals for homeless shelters in areas identified by the sector as those most in need of an emergency shelter and related services for vulnerable individuals, have not had community support. Specifically the “Not-in-My-Backyard” attitude, or “NIMBYism,” has prevented development of services for homeless people including a shelter for homeless women.

**“People are supportive until it’s built in their neighbourhood.” ~**  
*Comment from a service provider about barriers to building shelters in York Region.*

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<sup>12</sup> Pathways in York Region has successfully lobbied York Region Council for support in undertaking the development of transitional housing and supporting services for homeless and at risk youth. Pathways received community support in Richmond Hill and has overcome some of the development barriers raised in the discussions in this report.



The following discussion presents the research findings related to providing an emergency shelter and supports for women who are homeless.

## 5.2 Services for Homeless Women in York Region

As previously stated, part of our task was to determine the level of need for an emergency shelter in York Region for the population of homeless women we have been discussing in this report. It was also our role to garner suggestions for a basket of related services to be delivered in conjunction with the provision of emergency shelter, and to get suggestions for locations from regional service providers. We gathered suggestions for services from service providers and we polled homeless and at risk women about what services they feel would be of benefit to them.

### 5.2.1 Current Services

Vulnerable women in York Region identified the LOFT Crosslinks Outreach Van, seasonal programs and meal programs as the key services they access.

Homeless and at risk women told us that the Outreach Van supports they use include:

- a reliable supply of personal needs items including underwear;
- vitamins and health services; and
- social contact, "sane conversation."

In 2006 The LOFT Crosslinks Van saw an average of 3 homeless or at risk women per trip, provided an average of 3 homeless or at risk of homelessness individuals with referrals to, or information on, regional services per trip. Forty-three percent of contacts with all individuals who were homeless or at risk were made in Newmarket, the second highest number of contacts was 17 percent in Richmond Hill.

Homeless and at risk women rely on meals from faith groups for nutrition and community and seasonal programs for meals and shelter. These two places may also offer bus tickets and access to other supports. We spoke with a number of community members involved in service to homeless individuals through their faith organisations. There was consensus among them that the number of homeless and at risk women in York Region is growing and that there is an urgent need for an emergency shelter and supporting services.

### 5.2.2 Emergency Shelter

In the roundtable discussion service providers identified emergency shelter for women as a priority. Service providers told us that when they encounter a homeless woman who does not fit the criteria for

Crosslinks Street Outreach Van 2006	
# of individuals seen with possible mental health issues	439
# of new contacts	696
# of repeat females	729
# of needle exchange visits	152

□

other shelters they have no alternative to offer her. They told us that an emergency shelter in York Region would benefit both homeless women and the agencies that support homeless and marginally housed women.

Several of the homeless women we met had tried to access the shelter system in York Region without success. Leaving the region to go to another shelter was not a choice for them as it meant losing contact with family members, children and their communities. Similarly, Transitional and Supportive Housing Services of York Region (TSHSYR) attempted in the past to accommodate single women in the Leeder Place family shelter, however it is not conducive to women leaving the street. The shelter was not funded for the level of services needed including 24-hour staffing.

York Region Support Services 2006 4 Crisis Beds	
January – December 2006	January – March 2007
51 women	12 women
173 days occupied	43 days occupied
First quarter results for 2007 show current usage is on par with 2006.	

The York Support Services (YSSN) Crisis beds are available to individuals with a self-defined crisis they are unable to cope with. This means that the 4 short term stay crisis beds can be made available to homeless individuals for a maximum three nights stay. In 2006, 30 percent of women who used a crisis bed indicated they had housing problems. Three women were homeless, 30 percent lived on subsistence incomes, 20 percent were experiencing both mental and physical health issues and 14 percent of women using crisis beds were living alone.

Some of the homeless and at risk women in the focus groups had used the crisis beds at some point over the course of their being homeless. A number of other women were not aware that these beds could be available to them.

### 5.2.3 Services for Homeless Women

This section presents some considerations for service planning based on information from the research. It discusses service provision from the perspective of service planners and homeless and at risk women.

Agencies are co-ordinating efforts to meet the needs of homeless individuals in York Region where ever possible. Service providers told us that, although there are more resources available for men than women, they find that women are unaware of some resources. This view was supported by the information we received from the homeless and at risk women in the focus groups who told us that they find it a struggle to find information on available resources. This issue is tied to access to transportation and is discussed in the literature review.<sup>13</sup>

<sup>13</sup> Refer to Appendix A for a discussion of barriers to accessing information and resources.



Service providers told us that the provision of services for women who are homeless is often “a series of intricate interventions.” They told us that the following considerations should be made when developing supports to homeless women:

- women’s safety;
- individualised approaches and service options;
- quick access to other resources;
- staggered services and varied lengths of stay; short term, medium term and long term;
- a harm reduction approach to women with mental illness and substance use problems;
- well trained and supported staff;
- translated materials for non-English speaking women.

Information from service providers indicates that their work entails a significant amount of informal service provision. An emergency shelter and related services would help to formalise some of the services currently provided by agencies in York Region that encounter homeless and at risk women. This could include but is not limited to:

- informal case management;
- referrals to other supports;
- forging links to needed supports for the client;
- follow-up with outside agencies for the client;
- providing transportation;
- non-mandated on-going contact with the client for safety and other reasons; and
- informal supports such as communication and connection.

**“You feel like you’re open prey. Like you’ve been fed to the sharks.” ~**  
*A woman from the focus group held in Richmond Hill commenting on the ratio of men to women in seasonal programs.*

Service providers told us that homeless women they encounter in York Region have complex needs. For example:

- homeless women presenting with undiagnosed mental illness may be ineligible for required support services in York Region;
- homeless women with substance use problems do not have access to detox or treatment programs;
- homeless women with chronic illnesses or disabilities cannot access some of the required physical or medical supports they need.

Currently, there is nothing available to take the place of informal services delivered by the agencies with whom we met. These services are also not available to homeless or at risk women in York Region.

In the focus groups and interviews homeless and marginally housed women told us they would find the following services at a shelter helpful:

- housing workers and help negotiating housing lists;
- access to decent housing;
- transitional housing;
- help with getting furniture and living needs without long waits;
- on going support like social connections;
- detox and addictions support; and
- a safety net for when things don’t work out.



Women who found themselves cycling in and out of homelessness told us that they found it difficult to stay housed without amenities and support. The loss of contact with their community that follows moving into a home can be lonely and isolating. Homeless and at risk women said that drop in centres and day programs function as important reference points for women exiting homelessness.

**“A lot of women don’t want help. They don’t ask for help because they don’t trust nobody because they’ve been abused and trust is a big issue.” ~**

*Homeless woman from focus group in Vaughan*

The homeless and at risk women we met with spoke highly of the services offered by drop in centres. The benefits of drop in centres, or day programs, were also noted by service providers and in the literature we reviewed. Drop in centres and day programs offer homeless individuals varying degrees of social comfort and the opportunity to connect with friends and support workers in a safe environment. Service providers told us that one thing they like about drop in centres and day programs is that they afford both the worker and the homeless or at risk individual the opportunity to build a trusting relationship.

A variety of services and supports can be offered at day programs and drop in centres. A side benefit to these services is that homeless and at risk individuals can act independently. The homeless and at risk women we spoke with told us that they feel forced into dependency because they do not have access to many amenities of daily living such as communication, transportation, nutrition etc.

Homeless and at risk women in York Region told us that dependency on inadequate services is demoralising. They found that access to day programs and drop in centres they had visited outside of York Region offered them a sense of independence. Some of the services they enjoyed having independent access to were:

- laundry;
- showers;
- telephone and internet access;
- an address or voice mail;
- transit fare;
- food; and
- personal items

Current literature about homelessness has found that day programs are effective in empowering homeless and at risk women. Often the services users are able to volunteer and assist in some of the operations of drop in centres or day programs.<sup>14</sup>

**“First things is no clothes for a job search, to go to work or to do what people normally do. You have no access to make up and feminine products. Most places don’t have underwear for women.” ~ A woman from the focus group held in Vaughan.**

We have reviewed the services “wish lists” as conveyed to us by service providers and women who are homeless and at risk in York Region. We will now focus on some approaches to developing an emergency shelter and related services for women who are homeless and at risk of homelessness.

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<sup>14</sup> Refer to Appendix A for a more discussion of services for homeless and at risk women.

## 6 APPROACHES TO DEVELOPING AN EMERGENCY SHELTER AND RELATED SERVICES

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The purpose of the roundtable discussion with service providers in York Region was to gather feedback and perceptions about models of service delivery best suited to an emergency shelter for homeless women and women at risk of homelessness in York Region. The discussion was also an opportunity to ask service providers to identify preferences for the location of the emergency shelter and related services. A further goal was to determine whether there is community consensus around what is needed to operate an emergency shelter and supporting services. Service providers also suggested potential sources of funding for the development of the emergency shelter.

As discussed above, service planning for homeless women will need to address the systemic issues around under-funding of Ontario Shelters, access to transportation, lack of affordable housing and poverty. Service planning will also consider the individual vulnerabilities of women with physical and mental illness, substance use and those who are at risk due to relationship break down.

Service providers and homeless and at risk women gave their suggestions as to what an emergency shelter and services for homeless and at risk women in York Region might look like. Their comments addressed approaches to funding, transportation and accommodation for women in the short and long terms.

### 6.1 Potential Models of Service Delivery

Service providers told us that the municipal and provincial cost-shared per diems do not cover actual operational and support service costs. Without a realistic per diem, shelters are also in need of additional funding obtained through their service manager, or from donations, fundraising and/or cost sharing arrangements. The literature review supports these points and discusses issues related to the under-funding of emergency shelters in more detail.<sup>15</sup>

To address the issue of under-funding, service providers at the roundtable discussed the importance of collaboration. Service providers told us that they have existing formal and informal inter-agency partnerships in place, which effectively reduce some costs. Existing agreements could evolve as a component of the development of a shelter for homeless women and might include sharing staff (i.e. a local mental health agency contracts to provide a staff on-site at a shelter to do assessments for a certain number of hours each week). Sharing staff resources between agencies can help reduce shelter staffing costs and bring services closer to those who need them.

Similarly, a model of shelter services integrated within a multi-service agency could reduce some capital expenditures and lead to efficiencies in operations. Or co-location of several complementary

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<sup>15</sup> Refer to Appendix A for more details about shelter under-funding.

services common to various service agencies, including a shelter could lead to a partnership that makes a shelter financially viable through sharing of space, sharing of capital costs and in-kind contributions.

The roundtable discussion identified the need for community support for capital development over the longer term. Service providers felt that some community fundraising would be supported and worthwhile. Service providers suggested approaching community funding agencies like the United Way and the Ontario Trillium Foundation for both long term capital development and for short term project support.

There was consensus among service providers that, engaging the support of community funding partners at both the granting and business level, would be an important component in any approach to developing an emergency shelter and related services for homeless women. Service providers discussed the importance of engaging the support of Regional Council. It was suggested that a detailed proposal outlining development and operational strategies were key to gaining funder support.

Since there is an urgent need for a women's shelter, service providers discussed ideas for both short and long term solutions to service provision.

## 6.2 Transportation

Current literature which discusses service planning for homeless and at risk individuals points to transportation needs as important considerations in forecasting operating costs. In York Region service planning must consider the needs of a diverse group of homeless and at risk women who are spread across a large geographic area. The homeless and at risk women we talked with indicated they experience multiple barriers to transit access including:

- no access to any sort of transportation;
- physical disabilities;
- access to a vehicle but no money to run it; and
- a lack of financial resources to access public transit.

Supports for women that include assistance with transportation are a critical part of a local strategy. Co-locating key services to assist homeless and at-risk women can improve service levels and avoid transportation pitfalls. Arranging to have an array of services delivered on site at the shelter, or a "clearinghouse model" is another consideration. Service providers felt it may be useful to review their transportation budgets as some agencies have no alternative to use taxis for client transportation, while others have had their budgets for transportation assistance to clients cut.

## 6.3 Service Planning and Individual Risks

**"There's nothing here! I can't get to the store to get groceries. I come here, but I can't even get to the food or anything."** ~  
*A women interviewed in Keswick speaking about her lack of transportation.*

Service providers and homeless and at risk women told us that a comprehensive framework for services for homeless women seeking emergency shelter would be based on the premise that many homeless women face a number of barriers in trying to re-stabilise their lives and housing. A framework of gender analysis and anti-discrimination practice could be adopted with the thrust of making services and shelter accessible to the broad spectrum of women, including those with significant mental health and/or addictions, and those who are recent immigrants to the area.

Shelter and basic needs services could be co-ordinated or integrated with services to meet mental and physical health needs, financial or employment needs, social supports, and long term housing needs. The model would recognise the importance of developing individual assistance plans, tailored to meet the specific needs of homeless women seeking service. A case management approach can effectively co-ordinate services from the perspective of the client. Service providers suggested that a case management approach would work for both short and long term planning.

**“How do people get themselves together in six weeks?” ~**

Woman in the Vaughan focus group who had been homeless for one week, commenting on the length of stay in most shelters.

Service providers suggested that systems planning at the community level would build a solid base for planning an emergency shelter and related services for homeless and at risk women in York Region. Considerations included:

- formalising informal relationships;
- building on the expertise of agencies with shelter development experience;
- mechanisms to ensure transparency in the community;
- research and education around development pitfalls and effective service models currently in use;
- determining who can deliver services; and
- determining levels of co-operation and relevant strengths within existing agencies.

## **7 THUMBNAIL SKETCH OF EMERGENCY SHELTER SERVICES**

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The following captures the ideal picture of a shelter and supporting services for homeless women told to us by homeless and at risk women and service providers in York Region.

### **Immediate needs:**

- 5 beds and a drop in space;
- Shelter for women only;
- Varied lengths of stay;
- Accessible by public transit;
- Client-focussed philosophy of service delivery;
- Continued tracking of service needs of single women; and
- Supports women with multiple barriers to housing.

If possible services should be attached to an existing service.

**Long term goals:**

- Minimum of 10 beds;
- Shelter for women only;
- Building stands alone in consideration of the needs of disparate groups of homeless individuals;
- Varied lengths of stay;
- Transitional housing;
- Day programs or drop in centres attached;
- Case-management or co-located services with formalised service agreements;
- Feminist-based service delivery principles;
- Accessible for women with mobility problems;
- Accessible by transit;
- Supports women with multiple barriers to housing;
- Agency tracking of single women's need for service; and
- Ongoing and open ended supports for women exiting homelessness.

**Supports for both short and long term scenarios could include:**

- |   |                                      |
|---|--------------------------------------|
| ▪ Help obtaining social assistance            | ▪ Counselling                        |
| ▪ Help obtaining ID                           | ▪ Pastoral services                  |
| ▪ Showers                                     | ▪ Outreach or street workers         |
| ▪ Laundry facilities                          | ▪ Transitional housing               |
| ▪ Clothing                                    | ▪ Assistance with finding employment |
| ▪ Help and information about finding housing  | ▪ Life skills training               |
| ▪ Assistance with transportation              | ▪ Trusteeship                        |
| ▪ Advocacy on behalf of the shelter residents | ▪ Child care                         |
| ▪ Accompaniment to obtain housing             | ▪ Parenting support                  |
| ▪ Follow-up after being housed                | ▪ Food                               |
| ▪ Mental and physical health services         | ▪ Computers                          |
| ▪ Substance use/abuse services                | ▪ Telephones                         |
|   | ▪ Voice Mail                         |



## Location

There was general consensus about the potential location of an emergency shelter and supporting services for homeless and at risk women in York Region.

There was agreement among the majority of homeless and at risk women and service providers that the best location for an emergency shelter and services for women was in Newmarket. The main reasons for this suggestion were that Newmarket is:

- where the bulk of current services are;
- a community that is open to homeless services;
- the physical centre of York Region; and
- accessible by public transit.

There was also support for a shelter for homeless women and related services to be located in Richmond Hill. Supporters of a Richmond Hill location told us that Richmond Hill is:

- the centre of the bulk of population growth in York Region,
- accessible by newcomers;
- accessible by public transit,
- closer to services and supports in Toronto; and
- home to a large hidden homeless population.

There was also the suggestion that both the North and South ends of York Region need a shelter for homeless women. As well as accommodating homeless and at risk women, service providers and the homeless women we spoke with pointed out that both areas are home to diverse groups of women.

## 8 CONCLUSION

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Within the context of York Region and an understanding of barriers to shelter services and individual risks to housing, the purpose of this research was to:

- Determine the level of need for an emergency shelter and related services for homeless and at risk women single women who are not fleeing violence and currently without children;
- Identify future trends or risk factors that may impact on homeless and at risk women in York Region;
- Suggest potential models of service delivery for an emergency shelter and related services with input from local agencies and key stakeholders;
- Determine whether there is consensus among services providers about a location for an emergency shelter and related services.

To establish a framework for this research, a review of current literature concerning women's homelessness in Canada, the US and Britain published in last 5 – 8 years framed our profile of women in York Region who are homeless, hidden homeless and at-risk of homelessness. Literature selected pointed out potential trends or risks that may impact homeless women and women who are at-risk of becoming homeless and identified potential models of service delivery for use in an emergency shelter related services.

Focus groups and one-one interviews were held with homeless women and women who were at risk of becoming homeless in three different areas in York Region. Women in the focus groups discussed their experiences of homelessness. They spoke to us about their experiences of cycling in and out of homelessness. The homeless and at risk women we spoke with provided suggestions of what services they need and identified some principles for service delivery.

A profile of women in York Region who are homeless and at risk of homelessness evolved with information from key informants. Agencies serving vulnerable individuals presented outlooks on service provision to vulnerable individuals across the large and diverse area. These discussions aided our understanding of the challenges and benefits of rapid population growth and development.

Information from the roundtable discussion with service providers identified areas for future planning and development for an emergency shelter for homeless women. Their feedback on suggested models of service provision suggested the need for service integration to overcome barriers to service related to under-funding of homeless shelters in Ontario. Key agency representatives identified current services and gaps in services for vulnerable women.

The discussion and analysis coming out of this research points to four key themes:

- 1) The root causes of women's homelessness are poverty, abuse, mental and physical illness and substance use problems. Women are more vulnerable to housing loss when faced with one or more of these issues. Mechanisms need to be put into place to ensure that women facing these issues are able to maintain their housing and/or regain housing quickly.
- 2) Lack of accessible transportation in York Region is a large barrier for homeless and at risk women attempting to secure or maintain housing and related supports. Vulnerable women have limited access to homelessness resources, information, health care, nutrition and the amenities of daily living. An emergency shelter and related services must be accessible by public transit.
- 3) In York Region women's homelessness is largely invisible. Immigrant women, single parent women, older women and women with disabilities will be among the hidden homeless. At risk women in York Region will "couch surf," double up" and trade sex for shelter to avoid becoming "absolutely" homeless.

- 4) Under-funding of Ontario's homeless shelters combined with a lack affordable housing has delayed responses to the needs of homeless and at risk women in York Region.

This research has found that there is an urgent need for an emergency shelter and supporting services for homeless and at risk women in York Region. Services attached to a shelter would draw on existing resources within a gender-based framework.

Vibrant and strong communities understand the importance of turning the individual stories of vulnerable community members into actions. Healthy communities work together to address societal needs and reduce inequalities that exist in communities related to:

- access to supports;
- safe environments;
- health care;
- food;
- income; and
- opportunities to advance in terms of education and employment.

Communities that strive to achieve these benchmarks of population health will also acknowledge the interplay of income, food, housing, access to service, social supports and health care as contributors to individual health and well-being, and to the overall health of the community.

## APPENDIX A LITERATURE REVIEW

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## INTRODUCTION

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The York Region Alliance To End Homelessness commissioned Cakebread Consulting to conduct a needs assessment in York Region to determine the level of need for an emergency shelter and supporting services for single women, not fleeing violence who are homeless, hidden homeless and at risk of homelessness. The purpose of this literature review is to provide a broad understanding of key issues pertaining to homelessness and women and homeless outside of “inner cities” and to underscore the findings of project related data collection in York Region.

The scope of this literature review included academic research and reports commissioned by government and community agencies from Canada, the US and Britain largely between the years 2000 and 2007.

The structure of this literature review forms the basis for a discussion of single women’s experiences of homelessness in York Region. Section 1 discusses York Region’s background with rapid development and service provision. Section 2 presents a topography of the homeless experience from “home” to “homeless.” Section 3 defines homelessness as it manifests in the lives of the women we are discussing. Sections 4 and 5 briefly characterise two key factors of women’s homelessness and Section 6 discusses the root causes of women’s homelessness. Sections 7 forms the basis for a discussion of the complex issues of geographic diversity as it relates to services and supports for homeless women in York Region. Section 8 presents a review of identified barriers to women using emergency shelters. Section 9 presents a review of models of emergency accommodation and Section 10 contains a review of key issues in service planning. In breaking down barriers to accessing emergency shelters and related supports, Section 11 provides a jumping off point for a discussion of emergency shelter development. Section 12 sets out a review of principles of service delivery that will guide our discussion of service model development.

The literature review provides a gender-based framework that will guide this needs assessment.

## 1 ABOUT YORK REGION

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York Region has been experiencing steady growth for 30 years. Over the 10 years spanning 1996 through 2006 alone, the population growth has increased 153 percent. Approximately 32,291 people moved to York Region in 2006 and immigrants make up 40 percent of the total population, nearly twice the provincial average. Several regional reports describe the steady economic growth, and contingent benefits to the community that have accompanied York Region’s rapid population growth.<sup>16</sup>

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<sup>16</sup> Detailed discussions of York Region’s economic growth and planning can be found in The Regional Municipality of York 2006, *Economic Development Review Mid-Year 2006* and The Regional Municipality of York 2006, *Vision 2026 Towards a Sustainable Future 2005: Fourth Annual Report on Indicators of Progress*.

Areas like York Region that have experienced the benefits of growth such as increased tax base and workforce, often face challenges balancing growth, infrastructure and public services to a diversifying community base. To ensure that York Region is meeting the needs of its vulnerable community members the region has produced several documents that discuss the issues of homelessness in the context of the region's prosperity. Since 2005 York Region Council has allocated significant funding to programs and initiatives aimed at addressing homelessness.

Homelessness in Ontario has expanded both spatially and demographically. Research on urban homelessness is prolific, but the issue of homelessness in suburban and rural areas is still an emerging area of focus in Canada. The geographical size and diversity of communities in York Region makes planning and delivering services for the homeless challenging for local government and community agencies.<sup>17</sup>

## **2 THE HOMELESSNESS CONTINUUM**

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Homelessness is often defined in terms of a continuum of living situations directly related to poverty and a lack of access to common and expected resources. "Absolute homelessness" refers to people who live in the street, in parks or in green spaces in rural and urban areas and who may or may not use emergency shelters.

"Relative homelessness" refers to individuals staying in places that are unfit for habitation (for example due to a lack of water, plumbing, or electricity) or unsafe due to the condition of others sharing the space and the relationships therein. The concept of relative homelessness has been expanded to include people considered to be "the hidden homeless": in other words "couch surfers" and those who live in temporary situations such as with friends or family.

The other group included along the continuum of homelessness are those who are "at-risk" of homelessness. This includes individuals paying upwards of 35 percent of their incomes for housing or who are at risk of eviction for reasons such as disability, behavioural or health issues. In addition to economic, health and behavioural issues, women who can be counted among the hidden homeless or those at-risk of homelessness are those who stay in sexual or abusive relationships in order to maintain shelter.<sup>18</sup>

With absolute homelessness at one end of the continuum, housing and home are at the other end. Studies show that ongoing support and services to homeless individuals can result in a successful exit from homelessness.<sup>19</sup>

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<sup>17</sup> The Regional Municipality of York 2003.

<sup>18</sup> OWHC 2002.; St. Michael's Hospital and Oriole Research 2003, Klodawsky F. 2006, Crane and Takahashi 1998.

<sup>19</sup> Anchua 2003, Hoch 2000, and Dworsky and Piliavin 2000 each detail research concerning homelessness and successful exits from homelessness. Each found that there was a higher success rate among individuals who moved from homeless situations into private residences but were able to maintain and develop important social

The duration of homelessness can also be considered along a continuum. Individuals can be chronically homeless, homeless for a short-term, or cyclically homeless. The implication for service planning is that interventions for a woman who has only been homeless for a short time are different than for a woman who cycles in and out of homelessness or is chronically homeless.

### **3 DEFINITIONS**

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Locally, since the publication of what has become known as “The Golden Report” (1999) and as homelessness has been brought to the global forefront, homelessness has had a two-fold definition:

“Absolute Homelessness” refers to people who live in the street, in parks or green spaces both rurally and in urban areas and who use transitional housing and emergency shelters often. These individuals are also those who are “visibly homeless.”

“Relative Homelessness” refers to people who stay in places that are unfit for habitation (i.e. no water, plumbing, electricity, infestations etc.) and unsafe due to the condition of others sharing the space.

The latter has been expanded to include people called the “hidden homeless,” or people living in temporary situations such as with friends or family because they cannot afford to live on their own. Among the hidden homeless are those individuals paying upwards of 35 percent of their incomes for housing. Many other individuals who would be counted among the hidden homeless are at risk of eviction for reasons such as disability, behavioural or health issues. In addition to economic, health and behavioural issues, the hidden homeless among women are those who stay in sexual or abusive relationships only in order to maintain shelter.<sup>20</sup>

### **4 WOMEN’S STRATEGIES FOR AVOIDING ABSOLUTE HOMELESSNESS**

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Studies suggest that the lower representation of women among the “visible homeless” accounts for their under-representation in research samples. Women are less likely than men to sleep “rough” or use shelters. Many reasons are cited for avoiding these situations including concerns about personal safety, theft, verbal and sexual abuse as well as exposure to disease and illness. Women have stated that in order to avoid becoming homeless they will stay housed through accepting unstable accommodations. Women may also rely on their domestic and sexual roles as a strategy to avoid shelters, such as taking up temporary residencies in short-term sexual relationships.<sup>21</sup>

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connections through ongoing supports. See also St. Michael’s Hospital and Oriole Research 2003, Casavant, L. 1999, Crane and Takahashi 1998

<sup>20</sup> Ontario Women’s Health Council 2002

<sup>21</sup> Whitzman C. 2006 see also Klodawsky 2006 and Lenon S. 2000

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## **5 WOMEN'S HOMELESSNESS IS MORE LIKELY TO BE HIDDEN**

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While perceptions of homelessness as a men's issue are changing, there is relatively little known about women's homelessness.<sup>22</sup> Both Whitzman and Lenon suggest that because women may accept unsuitable housing as an alternative to sleeping "rough" or in shelters, they are more likely to be found among the hidden homeless. Women who "couch surf," mothers whose children live with relatives while they must stay elsewhere due to space limitations or conflict, or friends doubled up to make ends meet are all constituents of the hidden homeless. Despite emerging themes in the research on women's homelessness, there has been no accurate accounting of how many women actually live in these circumstances.<sup>23</sup>

Research findings have suggested that one problem with counting individuals who are hidden homeless or at risk of homelessness, is the perception of these individuals that, because they are not sleeping rough or staying at a shelter they are not homeless.<sup>24</sup>

## **6 ROOT CAUSES OF WOMEN'S HOMELESSNESS**

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The causes of the women's homelessness are complicated and interconnected. In general, circumstances including physical and mental health problems, experiences of violence, and other negative life events occur and can result in persistent poverty that may lead to homelessness.

### **6.1 Poverty**

Women's poverty can be linked to their activities as caregivers, age, race, ethnicity and ancestry. Key factors such as divorce and separation, childrearing and the care of older family members, dependence on either men or social assistance for economic security, combine to place women at an overall economic disadvantage. Not all women living in low-income situations become homeless. Combined with systemic factors such as ageism, racism and sexism, certain women face an increased risk of homelessness. The 2003 census data indicate that, among adults aged 18 or older women account for 54 percent of persons in low income or almost 1.5 million adult women.<sup>25</sup> The following discussion considers how family responsibilities, relationship break down, ageing, race, ethnicity, and ancestry can impact how women are vulnerable to poverty and homelessness.

#### **6.1.1 Family responsibilities and relationship break-down**

Literature on women and poverty has found that women are more vulnerable to poverty when they are linked to income provided by other family members. Women's financial security is undermined

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<sup>22</sup> Whitzman 2006 see also Klodawsky 2006

<sup>23</sup> St. Michael's Hospital and Oriole Research 2003

<sup>24</sup> Whitzman 2006, Anchua 2003, Sistering 2002.

<sup>25</sup> Statistics Canada 2005. *Income in Canada 2003*. Catalogue no. 75-202-XIE.

when they combine paid work with family responsibilities. Pregnancy and childcare often interrupt earnings as women balance part-time work and childcare. Women have less access to employment related benefits and women's capacity for retirement savings is diminished when they face less overall time in the work force than men.<sup>26</sup>

Relationship breakdown is a barrier to economic self sufficiency for women. One Canadian study found that divorce or break-up almost triples the poverty rate for single women and female single parents. Women in Canada experience an average 23 percent reduction in income after separation, while men experience a 10 percent increase. When women are burdened with the majority of childcare upon relationship breakdown they may be reliant on social assistance for income. Women who are sole support mothers after divorce face an average 33 percent decrease in household income.<sup>27</sup>

Typically, women also largely bear the burden of responsibility for adult dependent children or elderly relatives.<sup>28</sup>

### 6.1.2 Older women and poverty

The causes of homelessness in some older women parallel those of their younger counterparts but are more directly related to their vulnerability due to age. In a study of older homeless individuals in Britain, Crane et al (2005) found that the main causes of homelessness were "accommodation was sold or needed repair, rent arrears, the death of a close relative, relationship breakdown, and disputes with other tenants and neighbors." These factors combined with physical and mental health problems, substance abuse and other negative factors were the main causes of homeless in older adults.

Crane and Warnes (2001) also found that older individuals faced social isolation and eviction related to the end of their working lives such as retirement or redundancy. Upon the end of their working lives, homeless older adults were less likely to have owned property prior to becoming homeless and, due to their age were vulnerable to financial and physical abuse in rental housing by landlords and other tenants.<sup>29</sup>

A 2002 study by the Canadian Equity Rights Association, found that approximately half of all Canadian women over the age of 60 live below the poverty line. Combined with years of unpaid work, low earnings among women diminish their abilities to save for retirement.<sup>30</sup> Without access to savings or a pension, elderly women in Ontario are entitled to income supplements such as the

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<sup>26</sup>Lenon 2000, Townson 2005, Callaghan 2002, Crane and Warnes 2005, Crane A. et al 2003, Crane and Takahashi 1999.

<sup>27</sup> Callaghan 2002, Lenon 2000, Townson 2005

<sup>28</sup> St. Michael's Hospital and Oriole Research 2003, Lenon 2000, Townson 2005

<sup>29</sup> Spencer C. 2005, Crane and Warnes 2000.

<sup>30</sup> Callaghan 2002, Townson 2005, Whitzman 2006

guaranteed income supplement, the old age security benefit. A single senior woman with no other income would be eligible to receive approximately \$1,112.84 per month.<sup>31</sup>

### 6.1.3 Women facing economic disadvantage and marginalisation

The literature indicates that aboriginal women, recent immigrants, and women who are members of visible minority groups can be vulnerable to poverty stemming from practical as well as systemic barriers to economic security, such as racism and sexism. These women, as well as those living with disabilities, are particularly vulnerable in situations of housing or economic instability.

Aboriginal women, immigrant women and women of colour, as well as women with disabilities, face multiple barriers to economic self-sufficiency. Social isolation stemming from linguistic barriers, gaps in inclusive infrastructure, a lack of culturally appropriate services, other cultural biases and sexism are obstacles to employment and to accessing social supports.<sup>32</sup>

Immigrant women may be reluctant to self-identify as at risk of homelessness, fearing stigmatisation or the loss of existing accommodation. Discrimination in the rental market contributes to “doubling up” or living with extended family and other hidden homeless situations. Immigration status can be a barrier for women in seeking both housing and employment.<sup>33</sup>

The British research of Crane A. et al 2003 found that homeless singles from across minority groups were less likely to “sleep rough” and more likely to be hidden homeless, staying with friends, family or in hostels. They reported that within the homeless population across Britain, women were more likely than men to belong to visible minority groups. In a survey of London hostels 68 percent of women compared to 46 percent of men were non-white.<sup>34</sup>

Women of colour and Aboriginal women are twice as likely as non-aboriginal or non-visible minority women to live in poverty.<sup>35</sup> Supports for Aboriginal women are not common off-reserve and outside of urban corridors. Additionally, aboriginal women face cultural biases as obstacles to accessing health care and social supports. Discrimination in the rental market contributes to “doubling up” or living with extended family.<sup>36</sup>

Two thirds of women with disabilities live in poverty. Sixty percent of women with disabilities in Canada rely on social assistance for their incomes. Assistive devices not covered by OHIP,

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<sup>31</sup> Service Canada 2007 Tables of Rates for Old Age Security, Guaranteed Income Supplement and the Allowance. <http://www.hrsdc.gc.ca/en/isp/oas/oasrates.shtml>

<sup>32</sup> Callaghan 2002, Townson 2005, Whitzman 2006

<sup>33</sup> Klodawsky 2006, Callaghan 2002, Lenon 2000, Townson 2005

<sup>34</sup> Crane et al 2003

<sup>35</sup> Callaghan 2002, Hwang 2001 St. Michael’s Hospital and Oriole Research 2003; and Townson 2005, Whitzman 2006

<sup>36</sup> Callaghan 2002, see also Lenon 2000

medications above the allotted coverage, dietary needs and extra transit costs are all drains on income of disabled women.<sup>37</sup>

## 6.2 Abuse

Homelessness in women can be triggered by abuse. Women experiencing violence may choose to leave home and go to a shelter. A history of abuse or violence increases the probability of homelessness. Studies with homeless women in the US have found that “childhood abuse directly predicted later physical abuse, chronic homelessness, depression, and less self-esteem. Recent physical abuse predicted chronic homelessness, depression, and substance use problems.”<sup>38</sup>

Experiences of domestic violence can trigger mental illness and substance abuse. Women who experience abuse, mental illness and substance abuse, whether individually or in combination, face an increased risk of homelessness.<sup>39</sup>

Literature points to a strong connection between domestic violence and homelessness among immigrant women.<sup>40</sup>

## 6.3 Mental Illness

Literature focussed on issues of mental health among the homeless suggests that whether organic, environmental or episodic, mental illness is one of the key risk factors for homelessness. Stressors such as low income, family conflict and relationship breakdown are more difficult for women with mental illness to endure. These women are less likely to have family supports or to be able to reach out for help before they lose housing and are therefore at high risk of becoming homeless.<sup>41</sup>

Mental illness factors significantly in the lives of each of the identified risk groups of women at risk of homelessness.

### 6.3.1 Homelessness as both a result and cause of mental illness

The literature suggests that one area of investigation that is under-researched is the extent and causes of mental illness among homeless women. One US study found that a large number of homeless

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<sup>37</sup> Callaghan 2002, see also Lenon 2000.

<sup>38</sup> Stein et al 2002 in a study of 581 homeless women from diverse backgrounds in Los Angeles, childhood abuse was a stronger predictor of an unstable adult life than was having parent substance abusers; see also Markos 2005.

<sup>39</sup> Lenon 2000, Whitzman 2006, Markos 2005, Stein et al 2002, Markos et al 2005.

<sup>40</sup> Sokoloff N. and Dupont I. 2005, Lenon 2000, Whitzman 2006, St. Michael's Hospital and Oriole Research 2003.

<sup>41</sup> Lenon 2000, Whitzman 2006, Markos 2005, Stein et al 2002, Sistering 2002, Warnes et al 2003, Fitzpatrick et al 2000 2000, OWHC 2002, St. Michael's Hospital and Oriole Research 2003, Anucha 2003

women with mental illness had been institutionalised prior to becoming homeless. The authors also found that many women experienced the onset of mental illness after becoming homeless. Exposure to violence, drugs, lack of nutrition, lack of security and other related stresses trigger anxiety and panic disorders, substance abuse and depression.<sup>42</sup> Hwang (2001) found that single women were more likely to be chronically homeless and have a history of addictions or mental illness.

An Ontario-wide study of homeless women and health service reported that the most commonly diagnosed mental illness among homeless women was depression.<sup>43</sup>

### 6.3.2 Substance use, misuse and addictions

Women with substance abuse disorders face social exclusion and isolation. Substance abuse and related behaviours were the primary causes of homelessness in sample group in Scotland. Neale (2001) found that the top three reasons for the last experienced episode of homelessness were being asked by family to leave home due to drug use, relationship break down and eviction.<sup>44</sup>

The literature indicates a link between childhood adversity, abuse, mental illness and substance abuse. A US-based study found that over half of the sample group had histories of family instability and almost half had experienced the illness or disability of their childhood caregivers. Booth et al (2002) also found an over-representation of homeless individuals with substance abuse histories who were black – more than twice as many as combined Hispanic and white.<sup>45</sup>

Hwang (2001) found that homeless single women are more likely experience mental illness itself, without any substance abuse. However, compared to homeless single mothers with children, single women are more likely to have a history of substance abuse or mental illness.<sup>46</sup>

Women with substance abuse disorders and mental health problems are disproportionately represented among the homeless. Women with concurrent issues or dual diagnoses such as addictions and mental health issues are reported to have difficulty in locating and accessing appropriate supports and services.<sup>47</sup>

The literature points to the problem of individuals with a combination of factors which contribute their homelessness. For instance, eligibility criteria of services for homeless individuals may preclude, or not be supportive of, individuals with concurrent risk factors such as immigration and settlement problems, mental illness, addictions or physical disabilities. The belief that the needs of individuals with concurrent risk factors are being met by another agency may mean that policies, staff

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<sup>42</sup> For a detailed analysis of mental illness in women who are homeless see Markos et al 2005 and Stein et al 2002. See also Fitzpatrick et al 2000, St. Michael's Hospital and Oriole Research 2003.

<sup>43</sup> St. Michael's Hospital and Oriole Research 2003.

<sup>44</sup> Neal 2001.

<sup>45</sup> Booth et al 2002, Stein et al 2002.

<sup>46</sup> Hwang 2001.

<sup>47</sup> St. Michael's Hospital and Oriole Research 2003, Sistering 2002, OWHC 2002.

or properties are not prepared to accept homeless individuals presenting with these conditions. Service co-ordination would benefit homeless individuals with multiple sets of conditions or problems.<sup>48</sup>

Homeless services tend to be geared to “rough sleepers” in urban areas and are not geared toward hidden homeless individuals living in suburban or rural areas.<sup>49</sup>

## **7 GEOGRAPHIC DIVERSITY IN YORK REGION**

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Bunting and Filion’s (1999) study of the Kitchener-Waterloo (K-W) region, found that services were centralised around employment cores. The researchers found that the combination of urbanised cores, suburban and rural areas spread across a large area, presented challenges in the planning of transit and other community services. Access to the majority of services in the region was limited for individuals without vehicles.<sup>50</sup>

York Region is comprised of nine municipalities that are variously urban, suburban, small town and rural environments. The region’s urban corridors are located across its south end in Vaughn, Markham and Richmond Hill with smaller urban areas up the centre of the region in Aurora and Newmarket. In the north are areas of suburban and rural municipalities of King, Newmarket, Aurora, Whitchurch-Stoffville, East Gwillimbury and Georgina.

The region’s economic development projects parallel development activity in the K-W region. The region’s expansion has resulted in the clustering of business and community services. York Region’s homeless resources are centred in Newmarket, with a scattering of additional resources to the north and south. Public transit services do not serve each municipality equally, with no visible public transit routes in Whitchurch-Stoffville.<sup>51</sup>

The bulk of population growth has been in the south end – Markham, Richmond and Vaughn, but the majority of services for people who are homeless are concentrated in the north end of the region.<sup>52</sup>

A study of York Region’s homeless population found that the region’s rapid geographical and demographic changes prompted a review of human services planning. The speed of growth, the size of the population increase combined with funding from other levels of government have hindered the Municipality’s endeavours to increase public infrastructure and increase capacity to care for vulnerable community members.<sup>53</sup>

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<sup>48</sup> Anghua 2003 and Dworsky and Piliavin 2000 discuss the benefits of coordinated services. Crane and Warnes 2001, Hoch 2000, St. Michael’s Hospital and Oriole Research 2003.

<sup>49</sup> Whitzman 2006, Fitzpatrick et al 2000 et al 2006, Cloke 2001, Warnes et al 2003.

<sup>50</sup> Bunting and Filion 1999.

<sup>51</sup> [http://maps.york.ca/yorkexplorer/pdf/2005\\_HomelessResources\\_Med.pdf](http://maps.york.ca/yorkexplorer/pdf/2005_HomelessResources_Med.pdf)

<sup>52</sup> The Regional Municipality of York 2003.

<sup>53</sup> The Regional Municipality of York 2003.

The following section presents a review of issues arising from geographic diversity that may be reflected in York Region's service planning for homeless individuals.

### **7.1 Issues Arising From Geographic Diversity**

Studies suggest that homelessness is expanding to areas outlying urban cores. Suburban areas, smaller outlying communities with a mix of urban, suburban and rural characteristics are experiencing homelessness. The reasons for this change are complex. Recent literature points to population growth, urban sprawl and shifting economies in housing and labour markets.<sup>54</sup>

The issue of geographic diversity is an emerging field of research in studies of homelessness. Current literature indicates that homeless individuals in suburban and rural areas face increased social isolation and exclusion. Factors including cultural isolation, the lack of physical and practical access to services, lack affordable or infrastructure transportation, shame about being homeless combined with stigma from within the community combine to keep homelessness in these locations less visible than in urban areas.<sup>55</sup>

Fitzpatrick et al (2000) found that singles are at particular risk for social isolation and exclusion as they are often without family or peer support and connection a problem that is exacerbated for singles in suburban and rural areas.<sup>56</sup>

Rural and suburban homelessness is characterised by individuals "sleeping rough" but out of sight and "doubling up" with friends or family.<sup>57</sup>

### **7.2 Suburban and rural homelessness is less visible**

Suburban and rural homelessness is less visible than urban homelessness. In a study of homelessness in rural England, Cloke (2001) found that encounters with visibly homeless individuals were rare in areas characterised by outlying communities with infrequent public areas and few shelters. Homeless individuals were found to be living in less visible locations such as cars, farm buildings and woods.

Further research suggests that women, immigrants and single parent families make up the majority of the demographic of homelessness in outlying areas.<sup>58</sup>

The literature suggests that suburban and rural homelessness is less visible due partly to a lack of access to, and thus knowledge of, available services.<sup>59</sup> Additionally, services for the homeless tend to

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<sup>54</sup> Fiedler 2006, Cloke 2001, Whitzman 2006, Fitzpatrick et al 2000, Crane and Takahashi 1998.

<sup>55</sup> Whitzman 2000, Fitzpatrick et al 2000, Anchua 2003, Hwang 2001

<sup>56</sup> Fitzpatrick et al 2000

<sup>57</sup> Fiedler 2006, Cloke 2001, Whitzman 2006, Fitzpatrick et al 2000, Warnes et al 2003, OWHC 2002.

<sup>58</sup> Fiedler 2006, Cloke 2001, Whitzman 2006, OWHC 2002, Fitzpatrick et al 2000

be centralised around urban centres where there is a higher concentration of absolutely homeless. Where possible, some homeless individuals will travel out of the area of their former residence to seek support and services. Relocation means that homeless individuals may lose contact with other supports such as family and friends.<sup>60</sup>

A study of immigrant communities in geographically diverse Greater Vancouver area, found that the settlement patterns of new Canadians in that area have changed in recent years. More immigrants settle in suburban areas than in urban areas. Immigrants at risk of homelessness were identified as having low incomes and substantial core housing needs. Hidden homelessness among this group of immigrants was characterised as being in core housing need, with upwards of 100 percent shelter-to-income ratio (STIR) and inadequate space for the number of residents.<sup>61</sup> The location of hidden homeless immigrants was found to be among concentrations of low rent, low rise buildings and across dispersed areas of suburban and outlying rural communities.<sup>62</sup>

Crane and Takahashi's (1998) US-based study looked at homelessness within an area characterised by suburban development. They found that when asked about their service preferences, the majority of people identified their main need as assistance with employment and housing.

Studies suggest that the development of services and supports for homeless individuals can be met with opposition from community members that may prevent them from exiting homelessness.

### 7.3 NIMBYism

Cloke (2001) also found that within rural communities, there can be the perception that homeless shelters and related services would undesirably draw homelessness to their communities. Developing services to homeless people is then met with community opposition. The Not-In-My-Back-Yard

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<sup>59</sup> This issue ties into barriers to services. Without access to the places that have literature on support services, (not to mention the services themselves), such as doctors' offices, community centres and social service agencies, homeless and those at risk of homelessness don't have access to information about support and assistance. Immigrants and members of visible minorities face the added barriers of the lack of culturally appropriate services and translated literature. Access to electronic media is tied to transportation services.

<sup>60</sup> Cloke 2001, Whitzman 2006, Fitzpatrick et al 2000, St. Michael's Hospital and Oriole Research 2003

<sup>61</sup> In 1991 the Canadian Mortgage and Housing Corporation developed and defined the Core Housing Need model as housing which consists of, adequacy: a dwelling should need only regular repairs, or at most minor repairs; suitability: based on the National Occupancy Standard (NOS), the number of bedrooms required for a household based on its size and composition; and affordability: Shelter cost-to-income ratio must be below 30 percent. To be considered in core housing need a household must fall below at least one housing need indicator and have insufficient income to access housing meeting all three housing standards. Only households in non-farm, non-reserve, non-band housing with positive income exceeding shelter costs are included in core housing need counts (CMHC 1991).

<sup>62</sup> Fiedler 2006



sentiment, based on myths about homeless and other vulnerable individuals can be a strong force against responding to shelter needs in rural, small town, suburban as well as highly urbanised areas.<sup>63</sup>

#### **7.4 Shifting economies and rural homelessness**

In rural England, the highest rates of homelessness were found in those rural areas characterised by declining local economies based around farming, mining and forestry. Loss of jobs had resulted in the loss of housing for many residents. Housing loss due to mortgage arrears or loss of rental was a much higher precipitator of homelessness in rural areas than urban.<sup>64</sup> Changes to local economies or a decline in traditional sectors of employment can trigger homelessness or push households towards a more precarious financial position.

#### **7.5 Health, homelessness and rural access to services**

Women who are homeless or at risk of homelessness living in outlying areas face extreme difficulty accessing adequate health care. Rural and smaller urban environments have too few doctors, closed patient lists and few, if any community health or walk-in clinics. Physically getting to medical care, such as a hospital emergency room is difficult because of a lack of public transportation or money for transportation. A lack of access to information about available services is also a common barrier to seeking health services in rural areas.<sup>65</sup>

#### **7.6 Transportation**

In their study of the Kitchener-Waterloo area, Bunting and Filion 1999, discuss the huge challenge that faces large regional municipalities in moving people between geographically and economically diverse communities. In developing public transit systems, municipalities are challenged to address two facets of access: affordability and infrastructure development. Access to service planning and delivery for community members is dependent upon accessibility. Bunting and Filion argue that without adequate alternatives to automobile transit there is not balanced access to services.<sup>66</sup>

The review of literature indicates that improved public planning could positively affect public attitudes toward services for homeless individuals. For women, the lack of access to public or affordable transportation is linked to additional barriers to accessing services and supports. The following section will explore the barriers women face to accessing emergency shelters.

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<sup>63</sup> The Toronto-based HomeComing Coalition presents a useful discussion of ways to combat community discontent with projects that house those with mental illness, and makes a convincing argument for the rights of vulnerable individuals to live in the community of their choice. The Yes In My Back Yard report is available online at: <http://www.homecomingcoalition.ca/pdfs/YIMBY.pdf>

<sup>64</sup> Cloke 2001, Warnes et al 2003, Fitzpatrick et al 2000.

<sup>65</sup> St. Michael's Hospital and Oriole Research 2003, OWHC 2002, Whitzman 2006.

<sup>66</sup> Bunting and Filion 1999.

## **8 BARRIERS TO WOMEN USING EMERGENCY SHELTER SERVICES**

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As noted previously, some women may benefit from these peer and family supports. Other women, though, end up exhausting all of their social supports, leaving them to look to community services, including emergency shelters, for assistance. Women need to be able to access a variety of service options when facing homelessness, preferably in their home communities.

In any assessment of emergency accommodation for homeless women, it is useful to look at what the literature reveals about the reasons that some women have difficulty in using shelters. Women cite the following barriers to shelter use:

- concerns for their safety, including in shelters open to both men and women;
- stigma of homelessness;
- disruption to daily life such as attendance at work and school;
- fear of involvement by Children's Aid Services and losing their children;
- fear of being "in the system" or forced to submit to humiliating rules and trapped by inflexible policies;
- their authority with children undermined, either by shelter staff scolding them in front of children, or actively encouraging them to relocate/give up children; and
- the need for better choices for shelter and supports i.e. declining unsuitable accommodations, having harm reduction options.<sup>67</sup>

These barriers to accessing shelter services need to be examined as part of the service planning for this population. A critical analysis of approaches to shelter and support services from the perspective of homeless women can be a step towards alleviating many of these barriers.

In York Region, the absence of an emergency shelter for single homeless women presents a significant gap in the provision of services for homeless women. The following discussion of models of emergency accommodation illustrates how shelter services and their complementary support services are an important gateway for homeless individuals when moving from a crisis situation towards stabilising their lives and housing.

## **9 MODELS OF EMERGENCY ACCOMMODATION**

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The following models of emergency accommodation are currently seen in Ontario municipalities: emergency shelters, hotels and motels, and seasonal programs. Many areas have a combination of these three models currently in use.

### **9.1 Emergency Shelters**

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<sup>67</sup> Whitzman 2006; see also St. Michael's Hospital and Oriole Research 2003.

In a 2005 survey of the 47 Consolidated Municipal Service Managers (CMSMs) in Ontario, 35 Service Managers responded with information about a total of 158 shelters operating across the province. The vast majority of shelters in Ontario are operated through “purchase of service” agreements between CMSMs and community agencies.<sup>68</sup> This is the case in York Region as well.

The basic services provided in emergency shelters are: intake, accommodation, meals, and supervision. In a majority of shelters, the following additional services are also provided by shelter staff or staff from partner agencies:

- Help obtaining social assistance;
- Help obtaining ID;
- Showers;
- Laundry facilities;
- Clothing;
- Help and information about finding housing;
- Assistance with transportation; and
- Advocacy on behalf of the shelter residents.

Some shelters in Ontario also report offering the following services:

- Accompaniment to obtain housing;
- Follow-up after being housed;
- Mental and physical health services;
- Substance use/abuse services;
- Counselling;
- Pastoral services;
- Outreach or street workers;
- Transitional housing;
- Assistance with finding employment;
- Life skills training;
- Trusteeship;
- Child care;
- Parenting support.<sup>69</sup>

The median size of shelters outside the City of Toronto serving adult women with or without children is 20 beds. Some areas report that their shelter for adult women also provides services to female youth.

In 2004 the median occupancy rate for shelters serving adult women with or without children is 90 percent, compared to a median occupancy rate of 80 percent for all shelters.

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<sup>68</sup> OMSSA 2005

<sup>69</sup> OMSSA 2005

The length of stay permitted at shelters varies across the province. This can range from less than four days to policies that take into account the circumstances of the homeless individual or family.

Emergency shelters for adult women with or without children are more likely to be found in CMSMs with a population of at least 100,000, whereas emergency shelters for men are found in CMSMs of any size.

In 2003, York Region had agreements with 10 motels/hotels to provide rooms on an as needed basis.<sup>70</sup>

## 9.2 Hotels and Motels

In some smaller Ontario CMSMs, motels and hotels are the only type of emergency accommodation available. In other jurisdictions, hotels and motels are used when existing shelters are unable to offer space to a homeless individual or family. Reasons for turning away someone in need from a shelter and making use of a hotel or motel room include:

- Shelter is already operating at capacity;
- Shelter cannot accommodate the person or household in need (for example the shelter cannot accommodate a homeless family);
- The homeless person has a communicable disease;
- The conditions of an individual's parole stipulate that she or he cannot stay in an emergency shelter.<sup>71</sup>

In many areas, the Service Manager has given community agencies or emergency services the authority to place homeless individuals or families in motels or hotels.

The level of service to those temporarily housed in hotels or motels varies across Ontario. Many individuals in this situation would have few services available to them. In some areas, however, Ontario Works staff, emergency shelter staff, or homeless outreach workers are active in helping to make sure basic needs such as food, transportation, and clothing are met. These workers also provide assistance for those who need ID and access to financial resources.<sup>72</sup>

## 9.3 Seasonal Programs

Programs such as "Out of the Cold" operate in many Ontario communities from November to March. These seasonal programs are typically run by volunteers from various faith groups, and in their very basic form offer a hot meal and seasonal accommodation.

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<sup>70</sup> The Regional Municipality of York 2003.

<sup>71</sup> OMSSA 2005

<sup>72</sup> OMSSA 2005

Depending on the location and facility, a seasonal program may have additional services available on site, including extra meals, outreach services, or a drop-in centre. More enhanced services may be available to the program if it is located on the premises of a year round agency such as a housing help centre, drop-in centre or even an emergency shelter that opens up their doors and allows other space within their facility to be used during “extreme weather alerts.”

Seasonal programs appear to be non-existent in CMSMs with a population of less than 100,000.<sup>73</sup> In 2003, Out of the Cold Programs in York Region operated in 6 locations: 3 in Thornhill, 2 in Richmond Hill, and 1 in Aurora.<sup>74</sup>

## **10 KEY ISSUES TO ADDRESS IN SERVICE PLANNING**

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The literature on homeless women suggests that there are significant systemic and individual barriers to housing and services to take into account when working to meet the needs of this population. The following is a preliminary synthesis of some key considerations in service planning for this population. The intention is to re-visit and refine this discussion once the results of the key informant interviews and focus groups conducted in York Region are available.

### **10.1 Systemic Barriers**

Four systemic barriers are included in this discussion: the under funding of shelters in Ontario; poverty; the lack of affordable housing; and difficulties in accessing public transit.

#### **10.1.1 Under-funding of homeless shelters in Ontario**

The 2005 study and report for OMSSA’s Emergency Shelter Task Force describes the mechanisms which result in province-wide under funding of shelters and hostels. The municipal and provincial cost-shared per diems are inadequate to cover actual operational and support service costs.<sup>75</sup> Without a realistic per diem, shelters are also in need of additional funding obtained through their service manager, or from donations, fundraising and/or cost sharing arrangements.

In this funding climate, a new shelter service could consider inter-agency partnerships in an effort to reduce costs. For example, a partnership agreement between agencies could include sharing staff (e.g. a local mental health agency contracts to provide a staff on-site at a shelter to do assessments for a certain number of hours each week). Sharing of staff resources between agencies can help reduce shelter staffing costs and bring services closer to those who need them.<sup>76 77</sup>

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<sup>73</sup> OMSSA 2005

<sup>74</sup> The Regional Municipality of York 2003.

<sup>75</sup> OMSSA 2005

<sup>76</sup> The City of Hamilton (Public Health and Community Services Dept.) launched a partnership with 1 hospital and 10 community service providers that resulted in psychiatric nurses providing on-site services in shelters,

Similarly, a model of shelter services integrated within a multi-service agency could reduce some capital expenditures and lead to efficiencies in operations.<sup>78</sup> Or co-location of several complementary services, including a shelter could lead to a partnership that makes a shelter financially viable through sharing of space, sharing of capital costs and/or in-kind contributions.<sup>79</sup>

### 10.1.2 Poverty

Poverty as a root cause of homelessness is well documented as are the structural barriers that confront low income Ontarians depending on social assistance. For many homeless individuals with no source of income, a very low income or a fixed income, housing options are limited. Further, those who are able to work typically need help to access employment or training programs and need a variety of employment supports to begin to improve their financial situation.<sup>80</sup>

York Region's Community Services and Housing Department has cited increased collaboration between shelters and Ontario Works staff and flexible childcare as among the strategies to help connect shelter residents with employment opportunities while staying at the shelter.<sup>81</sup>

### 10.1.3 Lack of Affordable Housing

Hand in hand with poverty, is the lack of affordable housing options for homeless and at-risk individuals. York Region's Community Plan to Address Homelessness (2003) identifies the crisis in supply of affordable housing as a community priority and proposes some activities to respond to the crisis, including creating more second stage housing and single room occupancy accommodations.

To make the most of the housing resources that are available, strong linkages are needed between shelters and a variety of housing types: domiciliary hostels and special care homes, supportive and transitional housing providers, small landlords prepared to rent out secondary suites, private sector landlords willing to participate in a rent supplement program or offering units to rent at affordable

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public health nurses working from street outreach vans, and a street health clinic staffed by nurse practitioners, addictions counsellors and sexual assault counsellors, all without the exchange of money between agencies. The model also formalises linkages between these initiatives and street outreach workers.

<http://www.sharedlearnings.org/resources/capacity/en/CapacityFinalAug28.pdf>

<sup>77</sup> Institute of Urban Studies 2003 discusses governance in organisations addressing homelessness, including strategic partnership.

<sup>78</sup> In Windsor, the Well-Come Centre provides both a shelter and day programs for homeless women. (St. Michael's Hospital and Oriole Research 2003).

<sup>79</sup> Choices for Youth in St. John's NFLD provides an example of a multi-service centre that brings together a 9 bed emergency shelter, a community based supported housing program, and a portfolio of programs and services delivered through 10 agencies. [www.sharedlearnings.org](http://www.sharedlearnings.org) (Search under Choices for Youth).

<sup>80</sup> Crane and Takahahi 1998 in their study of homelessness in a suburban community in California found that the assistance that the homeless men and women thought would most help them make positive change was first and foremost: affordable shelter resources, finances, employment and transportation.

<sup>81</sup> **The Regional Municipality of York 2003.**

rates and rooming house operators. These linkages can be mediated in different ways, including through housing workers operating between a variety of sites, Web based resources such as the landlordconnect.ca project in Toronto or initiatives such as Edmonton's Family Shelter Network that links shelter residents with landlords, negotiates with the landlords and supports residents after they move-in.<sup>82</sup>

Effective shelters for women can also be linked to transitional housing. For example in the London area, the At lohsa Native Family Health Centre, despite enormous funding obstacles implemented a program of residential services for women in crisis and women leaving abusive situations. Their model combines a 20 bed shelter, 5 emergency beds and transitional housing for up to 6 women.<sup>83</sup> In Cambridge, an Out of the Cold program was the inspiration that led to a development that includes a drop-in, a 40 bed emergency shelter, 20 bachelor units of transitional housing, and a mini apartment which is emergency accommodation for a family.<sup>84</sup>

#### 10.1.4 Affordable and Accessible Public Transportation

With a large geographic area and a developing transportation system, the issue of both affordable and accessible public transit is a service delivery concern. For the homeless or at-risk individual, getting too far away from one's home community can make it difficult to obtain informal social supports or re-integrate. From a service planning perspective, transportation needs to be factored into the operating costs, and employment supports that include assistance with transportation are a critical part of local strategy.<sup>85</sup> Co-locating key services to assist the homeless or at-risk individual is a way to improve service to clients. Arranging to have an array of services delivered on site at the shelter is another consideration.<sup>86</sup>

## 11 INDIVIDUAL OR PERSONAL BARRIERS

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With the population of homeless or at-risk women arguably very heterogeneous, a comprehensive discussion of service delivery implications of the barriers that women face to obtaining services would indeed be lengthy. For the purposes of this literature review, four significant issues commonly identified in the literature are discussed in terms of implications for service.

### 11.1 Mental Health

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<sup>82</sup> Oriole Research and Connelly Consulting Services 2005

<sup>83</sup> St. Michael's Hospital and Oriole Research 2003.

<sup>84</sup> St. Michael's Hospital and Oriole Research 2003.

<sup>85</sup> The Regional Municipality of York 2003.

<sup>86</sup> The 24 hour shelters operating in Peel Region are an example of multiple services being offered on site in the shelter facility, thereby reducing time and expense for travel for residents needing employment counselling, **help with housing search or social assistance, or medical care.**

Homeless women with mental health issues may not have their own personal linkages to health professions. Providing on site or easily accessible short term, crisis and ongoing counselling is a cornerstone to comprehensive services for this population.<sup>87</sup> Facilitating access to psychiatric care and mental health professions to deal with depression, trauma, violence, low self esteem and other mental health concerns in a non-judgemental environment are key elements of meeting the mental health needs of homeless women. In addition, consideration needs to be given to how to maintain a safe space for the women both by day and night.<sup>88</sup>

While at the shelter, ideally attention would also be paid to helping the resident re-build or strengthen social supports.<sup>89</sup> A peer support model can be a step towards this goal.

### **11.2 Physical Health**

As with mental health, the opportunity to have on site primary health care is a significant step towards co-ordinating service for homeless women and facilitating their access to key services. Other supports to enhance physical health can include accompaniment to medical appointments, assistance obtaining treatment and medications, nutritional counselling, HIV/STD testing, access to condoms and birth control, flu shots, foot care and access to dental care.

### **11.3 Substance use, misuse and addictions**

For women who are actively using, a key issue is having services that will accept them wherever they are in their life. In other words, not being barred from a facility due to substance use or abuse or behavioural issues is a consideration in planning for equitable access to emergency support services. Service models need to include consideration of harm reduction strategies.<sup>90</sup> As well, women who want help with substance misuse and addictions need to readily be able to access detox and addictions services that can accommodate them.

### **11.4 Individuals facing multiple barriers to obtaining housing and services**

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<sup>87</sup> Hoch 2000 cites US research suggesting that most shelters without specialised treatment and support staff refuse entry to individuals with serious addictions or mental health issues, to improve their chance for social improvement for those that are admitted to the facility.

<sup>88</sup> Stainbrook and Hornik 2006 compare single female headed households using shelters for victims of violence and shelters for the homeless, with a sample size of almost 450 women. The results indicate similarities between the 2 groups in the women's mental health and substance abuse problems, experiences of victimisation and trauma, and poverty issues including difficulty paying rent or bills. Their research suggests that women staying in homeless shelters can benefit from the wider range of services provided through shelters for victims of violence, including a specific focus on trauma and violence.

<sup>89</sup> Letiecq, Anderson, and Koblinsky 1998

<sup>90</sup> Allan and Nolté 2001





A comprehensive framework for services for homeless women seeking emergency shelter would be based on the premise that many homeless women face a number of barriers in trying to re-stabilise their lives and housing. A framework of gender analysis and anti-discrimination practice could be adopted with the thrust of making services and shelter accessible to the broad spectrum of women, including those with significant mental health and/or addictions, and those who are recent immigrants to the area.<sup>91</sup> Shelter and basic needs services would be co-ordinated or integrated with services to meet mental and physical health needs, financial or employment needs, social supports, and long term housing needs. The model would recognise the importance of developing individual assistance plans, tailored to meet the specific needs of homeless women seeking service.<sup>92</sup> A case management approach can effectively co-ordinate services from the perspective of the client.

## **12 PRINCIPLES OF SERVICE DELIVERY**

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From the growing literature on shelter and services for homeless individuals and families, a number of principles of service delivery can be drawn. An overarching theme in the literature and in the preceding discussion is the value of integrated or co-ordinated services for homeless individuals.<sup>93</sup> A move towards improved integration and co-ordination of services is strengthened when all stakeholders are involved in policy-making and well as program and service development. For the homeless individual, service co-ordination and integration can come through case management services, co-location of facilities and programs, multi-service agencies, or inter-agency alliances.

Beyond the concept of co-ordination and integration which is well embraced in the literature<sup>94</sup> and York Region's Community Plan to Address Homelessness, a number of principles are presented as a starting point in thinking about delivering services specifically for homeless women in York Region. The expectation is that they may be revised throughout the course of this study based on key informant and focus group feedback.

- Recognise that emergency shelters for women are part of a continuum of housing services and ensure the shelters are linked to various housing options and working in close collaboration with other services for homeless and at-risk women.<sup>95</sup>

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<sup>91</sup> See Farrell 2005 for a discussion of principles of service delivery in Canada to meet the needs of newcomers facing housing instability. Serge 1999 presents the case study of the development of the Sandy Merriman House in Victoria in the mid 1990s. The history of this 15 bed shelter for women and drop-in centre raises questions about the impact on services when a shelter for homeless women ceases to be operated by a women's organisation and is moved to being a program of a large generic social services agency.

<sup>92</sup> Mowbray and Bybee 1996

<sup>93</sup> See for example Hambrick and Rog 2000 for a discussion of co-ordination and integration in community responses to homelessness.

<sup>94</sup> Whitzman 2006

<sup>95</sup> Social Data Research 2002

- Recognise the role of the shelter in meeting basic needs of homeless women in terms of accommodation, safety, food, and accessing financial resources while assisting women overcome barriers that keep them from being re-housed or remaining housed.
- Recognise the complexity of issues in the lives of homeless and at-risk women, and the potential for there to be multiple barriers keeping them from accessing services or being stably housed.
- Value a client-centred case management approach that begins with assessing the individual's needs to co-ordinate services for the women while at the shelter and after being re-housed, including services aimed at preventing homelessness.<sup>96</sup>
- Develop mechanisms for obtaining user input into the development of new shelter services and the ongoing evaluation of services and direction.

This review of literature on homelessness and women and the discussion of models of service is intended to provide a context for exploring shelter and service needs of homeless women specifically in York Region. This report recognises the unique character of the Region and the challenges of service delivery in meeting the needs of homeless women. The subsequent phases of the research will draw on the perspectives of homeless and at-risk women and service providers in York Region to more fully inform this assessment of shelter needs.

Vibrant and strong communities understand the importance of turning the individual stories of vulnerable community members into actions. Healthy communities work together to address societal needs and reduce inequalities that exist in communities related to:

- access to supports;
- safe environments;
- health care;
- food;
- income; and
- opportunities to advance in terms of education and employment.

Communities that strive to achieve these benchmarks of population health will also acknowledge the interplay of income, food, housing, access to service, social supports and health care as contributors to individual health and well-being, and to the overall health of the community.

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<sup>96</sup> Sowell et al 2004 present an argument for case management approach for individuals accessing a suburban homeless shelter. Based on research among 38 men and women in a US shelter, the overarching issues were the ability to obtain and maintain employment, job readiness and employment support, self esteem, receiving information about available services, child care issues, substance use and treatment options, transportation, and vulnerable women and men being accommodated together in close quarters.



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## **APPENDIX B FOCUS AND ONE-ONE INTERVIEW GROUP RESULTS**

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In order to speak with a range of women across York Region, two, two-hour focus groups and one set of open-ended interviews were held at a cross-section of locations. Time and budget constraints limited the number of focus groups and interviews. We partnered with volunteer-based organisations which hosted the focus groups and one-one interviews and volunteers invited women to participate in the research.

- The average age of the women we met in our focus groups and one-one interviews was 45;
- 55 percent of women had been homeless for over one year;
- 36 percent were marginally housed;
- 9 percent had been homeless for less than one year;
- 82 percent were born in Canada;
- 73 percent indicated that the primary source of income was social assistance;
- 27 percent had no source of income;
- None were staying in a shelter;
- 27 percent were staying outside;
- 82 percent were staying in Seasonal programs;
- 27 percent of women were sharing;
- 27 percent had been evicted in the past year; and
- 27 percent of the women we spoke to disclosed to us that they lost their housing when their relationships broke down and they lost their housing. Many of these women also had physical disabilities.

### **Observations:**

- No matter the length of time homeless, the experiences and feelings of the women we spoke to are visceral and current.
- Women are cynical and don't believe that their needs will be addressed.
- Women feel victimised by the system.
- Great humour.
- The process of becoming homeless, and the process of exiting homelessness are both long and exhausting.

### Focus Group Questions:

**Define and describe visible and hidden homelessness to the participants. How much of a problem do you think visible homelessness is among women in this community and in York Region generally? What about hidden homelessness among women?**

“Hidden homelessness for sure. Family is not always secure.” (Richmond Hill)

“Services may not consider ‘couch surfing’ homeless.” (Richmond Hill)

“That’s the route I went at first. Shelters with 60 guys, or whatever, can be scary. So couch surfing is the first thing we try.” (Richmond Hill)

“I slept outside last night.”

“I live in my car.”(Richmond Hill)

“I sleep under a bridge.”(Vaughan)

“We have a place now, my kids and I, but we lose it at the end of the month.”(Vaughan)

“Some of the problem is they [women] don’t talk about it. They’re hiding the fact that they’re homeless.”(Keswick)

“There is a huge stigma attached to being homeless, especially if you come from a ‘good family’ or a ‘good neighbourhood.’”(Vaughan)

“Rumours on the street scare people away from shelters.”(Vaughan)

“A lot of women don’t want help. They don’t ask for help because they don’t trust nobody because they’ve been abused and trust is a big issue.”(Vaughan)

“There are tons of women around who would be hidden homeless. You know why you don’t see them around, don’t you? They hook up. That way they don’t have to sleep in the street or whatever, like these programs that are full of guys and whatnot.”(Richmond Hill)

**How many of you know at least one other woman here in York Region who has experienced visible homelessness? Hidden homelessness? Whereabouts in York Region was she staying?**

Participants commented that they know of many women across York Region, paying more than they can afford for housing and living in substandard housing.

Across York Region - “Dozens of women.”

In Vaughan - “Lots of people – I know of at least 14 that live outside in the bush.”





One woman commented that she knows of 50 other women across the region who are homeless because she has spoken with them; but she can identify many more by visual cues that suggest homelessness and may not be obvious to someone who isn't homeless.

One woman, homeless for a short time, has met at least 10 other women, between Newmarket and Vaughan, not in our group, who are homeless. She commented "How do people get themselves together in six weeks?"

Some women felt that a lot of the women they meet in York Region have substance abuse problems, and as they do not drink or use drugs, they tended to move in different circles.

"A woman lives in the park up there. She's there everyday and Na-Me-Res tries to connect with her but she doesn't want help." (Vaughan)

**Thinking about your own experience and the experiences of other women you know, what do you think are the key reasons why women end up homeless or risk losing their housing?**

Participants commented that many women have lost their housing and security due to relationship breakdown.

"I lived in a beautiful, big home with 11 acres in [an outlying region]. We had everything. My husband left me three days after I lost my mother, my brother and my father. Two months later I was homeless. I didn't know anything, where to turn, how to get help. I went 3 and 5 days without eating. My husband is somewhere in the US with his girlfriend and I can't even get welfare. I'm supposed to find him to get alimony. How am I supposed to do that when I don't have an address or phone number?"

A combination of mistrust and abuse were discussed as risks:

"Ninety percent of the women I know who are homeless don't trust people." "We've all been abused at some point." (Vaughan)

The women we spoke to told us that a combination of the following factors combined to result in their housing loss and homelessness:

- long term illness
- discrimination against women in the workforce
- discrimination by landlords against single mothers and women of colour and non-white backgrounds
- lack of affordable housing
- relationship breakdown
- disability
- substance abuse.

**In the past when you didn't have secure housing, how did that affect your life? How does it affect your life today?**

"I lost family and friends."(Keswick)

"Depression."(Richmond Hill)

"I have a disability and chronic pain that can't be managed. Sleeping in my car makes my hip, my back, everything, worse. I have to take morphine now because nothing else works. I've been on the waiting list for subsidised housing for 8 years." (Richmond Hill)

"Loss of hope."

"Loss of confidence."

"Loss of self-esteem."

"When your hopes get let down so much, you don't want to get your hopes up again."

"Way less sex!"

"Sex with an audience."

"Simple, basic stuff is a luxury like laundry and a shower."

One woman chose to return to school full time. In order to do so, she had to quit her job and this was not supported by her family. She lost her housing, but continued to attend school. She found an apartment, but the \$500.00 per month she receives from welfare only pays her rent. She has no dishes, little furniture and can't afford food or toiletries. She cannot afford transportation, so when she goes to a meal program she also sleeps at a seasonal program. She then gets a bus ticket to school. When she's at home she eats sunflower seeds and drinks water.

"First things is, right, is no clothes for a job search, to go to work or to do what people normally do. You have no access to make up and feminine products. Most places don't have underwear for women."

"There's no where to take a shower. It's so contradictory because they give you all these toiletries and where the fuck am I supposed to use them?"

Women told us that their efforts to have good personal hygiene are exhausting, and not being able to maintain personal hygiene is humiliating:

"I have to remember not to lift my arms because I have not used deodorant in days."

"I was getting ready to go to school and a woman [in a seasonal program] came up to me and started [insulting me] for making an effort to get clean and look decent. It really breaks your motivation."

“My boots got wet, and because I had to wear them all the time they had no time to dry out. I don’t have smelly feet, really, and I was at [a public place] and I took off my boots, and my feet smelled so bad I was so embarrassed and I really don’t normally have smelly feet.”

“It affects your self esteem.”

“You have to go out into the working world, with other working women and pretend that everything’s OK.”

“Men will cruise you; they’ll drive by and solicit you. I can be standing outside [a known homeless landmark] having a smoke and guys just keep driving by and then they stop and ask for a date because they know your homeless. Sick fucks.”

“Drives them insane.”

“Takes away privacy and pride.”

“How am I supposed to get a job when I can’t get there or get somewhere to sleep?”

“When you don’t have an address, they put you in a position where you have to lie to survive. I’m an honest person, ask anyone, but if I tell [Ontario Works] that I stay at this program, they will deduct that money from my cheque.” – Marginally housed woman who pays her entire Ontario Works benefits to rent.

**There are different types of services that people may use when they are homeless or their housing is not secure. These services may help you get money, food, shelter, or clothing for example. They may help you get access to health services or housing. What services did you use when your housing wasn’t secure? Which of these services do you use now? Can you tell us about your experiences?**

Marginally housed women use meal programs and will sleep in the seasonal programs such as “Out-of-the-Cold” because they often cannot afford public transit home. Homeless women also use seasonal and meal programs.

“There are no services in Richmond Hill.”

Access to transportation is a big problem: “I walk 10 – 12 hours a day.”

“Most people who go to the lunch program walk.”

A woman who lives in her car finds it unfair that individuals can get a \$2.75 bus ticket each day, but she gets nothing for gas.

Services in York Region are too far apart or hard to find.

“You only get one bus ticket a day, in the morning when you leave. How are you supposed to get from here [seasonal program], to an appointment or whatever you are doing to get a place or whatever, and then get back to someplace to eat or sleep.”

Women commented that they preferred to eat less often at meal programs than to eat food from food banks more times per day because the food bank food is substandard.

“You know you’re going to hurl, but you eat it anyway telling yourself it will make you full.”

“I opened a can of mushroom soup today and I stirred and stirred and stirred and it would not blend.”

“No fresh fruit or vegetables.”

“Some of the food there is so old it’s scary.”

Women sometimes use services that come to seasonal or meal programs such as, Lunch at My Place or Inn from the Cold - legal aid, public health nurse, identification clinics.

Marginally housed women expressed discouragement regarding their housing as they had no necessities of living such as dishes and cutlery, a kettle, bedding, furniture, bathing products and towels, cleaning supplies and food. They would like to have ongoing support through their transition back to housing until they say that they feel stable.

In Richmond Hill, a woman told us that someone to successfully advocate for their housing needs would be an enormous help. She found it difficult to move forward because there are no services in Richmond Hill to assist her in getting decent housing. The woman told us that she feels depressed and despairs “why bother any more.”

Women with substandard housing found the efforts of maintaining their substandard housing exhausting and discouraging.

In Richmond Hill a woman pays \$750 to live in a basement apartment that floods with two inches of water whenever it rains. The walls are climbing with mould, her furniture is mildewed and ruined. She has respiratory problems as a result of living with mould for two years. The landlord is unresponsive to her requests that he repair the problem. The rent is relatively inexpensive for housing in York Region, and she is fearful that the apartment will be declared unfit for habitation if she calls the Public Health department and this would result in her losing her housing and she has not been able to find comparably priced housing within a reasonable distance from the school her son attends. Her son, who has a disability, currently lives with her, and is in a specialised program only available at the school he currently attends. She told us that she really needs help to sort out this situation and has no where to turn.

In York Region, women with substance abuse problems find it more difficult to stay clean when they are living in substandard housing. Women we spoke with told us that multiple obstacles to their efforts to resolve housing problems can result in despair and loss of hope. These women feel they could return to substance use as a means of coping with these problems.



There was consensus among women in the focus groups that “word-of-mouth” is their primary resource, that the network of homeless individuals is the main source of information and resources. Examples include:

“I had been homeless for five years at that point. I was in Newmarket for a year and a half before I even found out about a meal program!”

“When I was at the Red Cross Centre (in Scarborough) the women there told me about some stuff up here in York Region.”

“There’s just way more stuff in Toronto.”

Women commented that 211.ca is a useful resource, if they have a quarter to use the phone.

Women found drop in centres to be a great all around resource. Different drop in centres offered women a variety of support and respite. Valued services included social connection, a place to step out of the elements, access to bus tickets or personal items, use of a telephone, referrals to health care, meal programs, clothing distribution programs, laundry facilities and showers and referrals to related supports. Unfortunately, they did not know of any drop in centres in York Region.

**What did you like about the services or help you receive or received? What makes or made them helpful?**

The women we spoke to in York Region received so few services that it was a struggle for them to answer this question.

Participants talked about a teaching kitchen run by the L.A.M.P. program. They liked it because it taught “reality cooking,” that is, using food from the food banks and leftovers. They also appreciated the focus on not wasting food, for example using scraps to make soup base.

Women told us they would find the following services at a shelter helpful:

- Housing workers and help negotiating housing lists;
- Access to decent housing;
- Help with getting furniture and living needs without long waits;
- On going support like social connections; and
- Detox and addictions support.

Additionally, vulnerable women need a safety net for when things don’t work out, i.e. one woman told us about her recent experience where she finally found a room she could afford at \$400.00 per month but when she moved in she found that the room had no heat. She had already paid her last month’s rent to the landlord and he refused to return it. Since she was unable to afford a heater and had become ill from living in an unheated room in the winter, she had returned to the Out-of-the-Cold program to sleep.



Women identified the LOFT Crosslinks Outreach Van has having multiple benefits including:

- supply of personal needs items including underwear
- vitamins and other health services
- social contact and “sane” conversation.

**Was there anything missing in the service you received?**

“A shelter!”(Vaughan)

Several women had tried to access the shelter system in York Region without success. Leaving the region was not a choice for the women we spoke with as it meant losing contact with family members, children and the thin support systems they had managed to build.

There was consensus among the women we spoke with that lack of access to transportation combined with a lack of flexibility around ticket distribution by agencies and services prevents them from moving forward, exiting homelessness and accessing necessary services: “People need two tickets.” (Richmond Hill)

Regular and adequate access to feminine hygiene products is a big problem for the homeless women we met with.

“Showers and gentle foot care. We walk so far without proper foot care.”(Vaughan)

The homeless and at risk women we spoke to in York Region don’t have access to telephones. They told us that drop in centres often provide access to telephone services. “Welfare doesn’t give you money for a phone.”

Homeless and at risk women told us that they would benefit from a private voice mail system. Women feel at risk of being discriminated against by prospective employers or landlords and don’t necessarily want to disclose their circumstances by having messages left for them at a shelter or an agency. They would also like the security of being able to count on personal contact with family or friends and privacy around health care and other issues.

Women from York Region travel to Toronto or Barrie to use shelters and related services. Some women have become estranged from family and friends because the services they need are far away and they have no means of maintaining regular contact.

Women commented that people say they “don’t look homeless.” They felt this interfered with their access to services. This perception of homelessness tied into the experiences of women being viewed suspiciously by staff at seasonal programs and other services.

“I like the services because they are there. What I don’t like is that they make you feel degraded. Even volunteers who are also homeless degrade you.” (Vaughan)

“People get labelled as thieves – if you’re homeless you’re a drug addict or a criminal.” (Vaughan)



“Treat people like people.” (Vaughan)

“Staff volunteers need to understand the needs of individuals.” (Richmond Hill)

“If you’re homeless, you’re either a drug addict or a criminal.” (Vaughan)

Women feel that there is a gender inequity in the services they use and they prefer to sleep in places separate from men.

“Safety is a huge issue.” (Vaughan)

“You feel like you’re open prey. Like you’ve been fed to the sharks.” (Richmond Hill)

“You gotta hook up with one of the guys in order to feel like someone’s watching your ass.” (Vaughan)

“Men in sleeping programs sexually harass the women.” (Vaughan)

“If you’re a woman without a man, they treat you like a piece of meat.” (Richmond Hill)

Several women told us that they had been sexually harassed by men in shelters and that they had been physically threatened by men. On refusing sexual advances from men in shelters, some women have had their lives threatened.

At times women feel unwelcome in seasonal programs. The services seem to favour men:

“It’s like women shouldn’t be there. I’ve been asked “You’re not staying are you?” after having a meal.” (Vaughan)

“Staff volunteers judge you if you’re a woman in these places.” (Richmond Hill)

Women told us that they are served small portions of food at meal programs and men are given large portions: “How can they tell how hungry I am by looking at my size?” (Vaughan)

“I’ve been in line with a bunch of men and they’re plates are getting piled with food and when it’s my turn, I get like, one piece of chicken and a tiny portion of vegetables and stuff. And it wasn’t like they were short on food or something.” (Vaughan)

“It’s especially offensive if it’s a woman serving the food.” (Vaughan)

“I was seated and eating [with men] and one of the staff told me to get up and serve something to the others.” (Vaughan)

Theft is also a concern and women desire a way to keep their belongings safe when they use services, “Things get stolen a lot on the street.” (Richmond Hill)



"I have a disability. I can't sleep on a mat. I stay in my car, but even then it hurts to sleep. There is nowhere for me to sleep that doesn't hurt. And most places have a lot of stairs and I walk with a cane." (Richmond Hill)

"I've got a bad back. I can't sleep on those mats. Everyone knows I sleep in a chair. I sleep in this one place, and the guy there is prejudiced against blacks and natives – everyone knows this. I was sleeping in a chair and he yanked the pillow out from under my head." (Vaughan)

"Police don't do much to help. Police aren't aware of things." (Richmond Hill)

Volunteers do not approach individuals to see if they need something.

"People are uncomfortable asking for stuff. Too shy or whatever." (Vaughan)

"People should walk a mile in our shoes. If it's coming from a textbook, it's not the same." (Richmond Hill)

Several women told us that they believe they have mental health issues, but without a diagnosis they are not eligible for services that help women through the CMHA.

Women told us that they need help handling applications for subsidised housing. They told us that they were actively discouraged from submitting applications for housing because they are single and the waiting list is too long. Women felt that housing staff favour other groups and that single women who are not seniors are not a priority.

## **Food**

Women told us that food insecurity is a major source of anxiety. Some women have received free food from kind store employees or managers, but found the experience of asking for food and explaining their situation to be degrading.

"Asking for things for free is degrading, but I do it." (Richmond Hill)

"I have stolen food. I got caught and got beat up real bad by a security guard and I wound up in jail." (Richmond Hill)

"They make do. Dumpster diving and late night leftovers. Fast food places around here know now that people eat from their garbage at night and they leave the decent stuff separate." (Vaughan)

"All of us thought that we'd never do this." (Vaughan)

## **Judicial System**

"You get longer jail sentences when you're homeless." (Richmond Hill)

"When you're homeless, you can't get released on your own bail." (Vaughan)





“People who can make bail, but who have done much worse crimes get less jail time than poor people.” (Richmond Hill)

Women found that once inside the corrections system there was better access to programs which provided faster solutions to their housing and other needs, than they had from outside the corrections system, prior to their having been arrested.

**If you didn't use any of these services, why was that?**

Women told us that they would like to use a shelter but they dislike the lack of choice in related care and support.

Women have noticed that there is a duplication of some services and a lack of others. They commented that they would like to have access to centralised and co-ordinated services in York Region.

Shelter rules affect a woman's choice of whether or not to go to a shelter.

Length of stay is a problem:

“Six weeks isn't enough time to pull yourself together if you've been doing this for a long time or if you've been using.”

Women found that a short term stay at a shelter just didn't solve their problems. An advocate is more important to some women than bed and food for 6 – 8 weeks per year.

Women commented that when they have been to a shelter, the Personal Needs Allowance is too little. They have more money from social assistance when they don't stay at a shelter:

“When you go to a shelter they take all your money and give you \$120.00. It's not enough to survive on.” (Richmond Hill)

Women feel too exhausted and downtrodden to effectively advocate for themselves. They find it overwhelming and exhausting to attempt to negotiate services that may help them get housing and related help.

“In Toronto there's places to eat and shower seven days a week.” (Vaughan)

Women felt that they would be willing to pay their money to services they felt were effective. They understand their need for the services and wonder why service providers don't see how being so “worn out” and “beaten up” makes it hard for them to make good choices and follow through with plans.

Women commented that dispersed services in York Region make it very difficult to access them. They felt that services in York Region are “poorly co-ordinated.” It is exhausting “moving from

programs and services with all your stuff and no bus fare. And then you have these big gaps where nothing will happen.”

Women experienced a large delay between their first attempts at seeking out and arranging for services, and when the support actually kicked in. They found it to be “exhausting” going to and from services to find out the status of their “file.” Without telephone numbers or voicemail access, they found they made many unnecessary trips to offices that were difficult for them to get to both geographically and financially.

**What kind of services would have been helpful for you when your housing was not secure or when you lost your housing**

Women told us that they would like to use a shelter. They dislike the lack of choice in care and support they have received at shelters outside of York Region.

“A shelter with someone to help me between 9 and 5.” (Richmond Hill)

“A bus pass.” (Vaughan)

“A drop in.” (Keswick)

Women told us that in some situations, for instance, in the case of service location visits to seasonal or other programs, staff did not make it clear who they were or what their role was. Women find that staff are often less resourceful than, and not as well informed as, other homeless individuals. In particular, they have found housing workers to be ineffective.

Women told us that supports to assist them in remaining housed once they have exited homelessness are essential to their remaining housed.

“You find an apartment and then you have to find furniture, find money for food, a phone and pull it all together. How do you do that on \$500.00 a month?”

“Many people don’t know how to function when they’re not homeless. They need help with all the things that normal people have like, cooking, getting a bank account, library cards, dishes, a phone.”

“At home I’m sleeping on the floor.”

**Location:**

“Richmond Hill because there is nothing here for women and the population is huge.” (Richmond Hill)

“Newmarket because that’s where a lot of the services are.” (Richmond Hill)

“Richmond Hill and then move up to Newmarket.” (Richmond Hill)

“On the transit line.” (Vaughan)



**What are the 3 most important things we should consider when developing and delivering services to homeless women in York Region?**

“A drop in centre with workers who can help us, information on where things are and what is available.” (Richmond Hill)

“Someone who will help me get subsidised housing.” (Vaughan)

“Someone to help me figure out why I can’t get benefits.” (Richmond Hill)

“Increase the area hours and area of the Outreach Van.” (Vaughan)

“Supports to help women stay housed.” (Keswick)

**What else should we take into account when designing services for homeless women in York Region? If we had agency staff in the room right now, what would you tell them?**

“Hurry up.” (Richmond Hill)

“Deal with reality.” (Richmond Hill)

“Please hurry up. Enough is enough.” (Keswick)

“Put your ass on the streets and then come and talk to me.” (Vaughan)

“Provide the services we suggest.” (Vaughan)

“Don’t say you’re going to help and then just walk away.” (Vaughan)

“A portion of new housing development should be dedicated to affordable housing.” (Richmond Hill)

“Walk a mile in my shoes.”  
(Richmond Hill)

“[Service providers] should have homeless people on their committees.”  
(Keswick)

## APPENDIX C CONTRIBUTING AGENCIES AND COMMUNITY GROUPS

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### Key Informant List

- York Region Community Services and Housing
- LOFT Crosslinks
- York Regional Police
- Transitional and Supportive Housing Services of York Region
- Salvation Army Sutton Youth Shelter
- Women's Centre York Region
- Krasman Centre
- York Region Food Network
- York Support Services Network
- Salvation Army Homelessness Prevention Program and Rent Bank
- Housing Help Centre
- Sandgate Shelter of Georgina
- Yellow Brick House
- Jewish Family Services
- Canadian Mental Health Association
- Catholic Community Services
- Toronto Bail Program
- Out of the Cold Program
- Inn from the Cold Program
- Lunch at My Place
- Welcoming Arms
- Cornerstone Pentecostal Church – The Gathering Place

- Addictions Services for York Region
- Ontario Works - Shelter Support

### Focus Group and Interview Hosts

- Richmond Hill Community Food Bank
- Cornerstone Pentecostal Church – The Gathering Place
- Out of the Cold
- Lunch at My Place

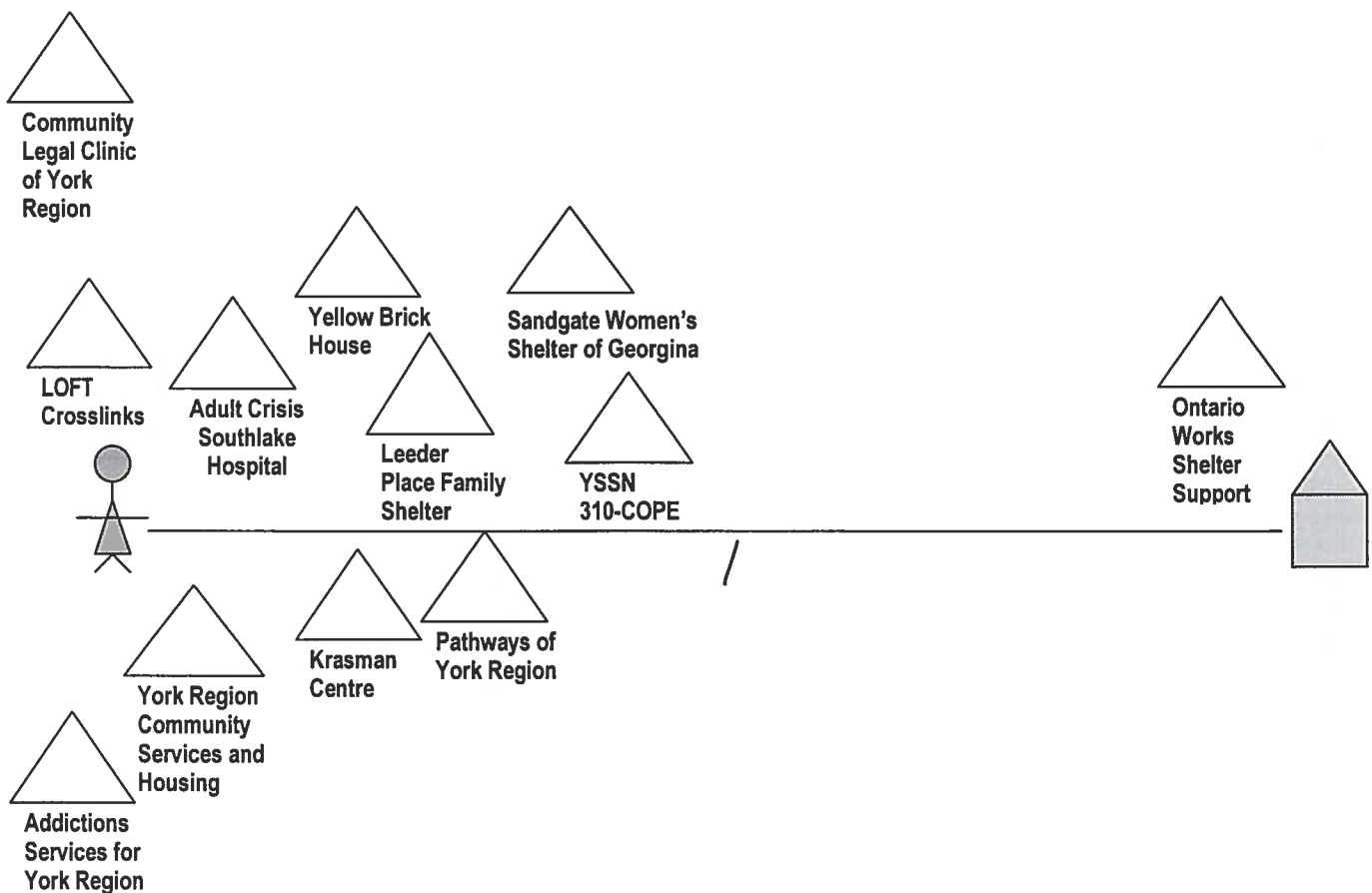
### Roundtable Discussion Participants

- Sandgate Shelter of Georgina
- Yellow Brick House
- Krasman Centre
- York Region Community Services and Housing
- LOFT Crosslinks
- Transitional and Supportive Housing Service of York Region - Leeder Place Family Shelter
- Community Legal Clinic of York Region
- Adult Crisis - Southlake Hospital
- Ontario Works Shelter Support
- Pathways of York Region
- York Support Services Network

**APPENDIX D ROUNDTABLE DISCUSSION WITH YORK REGION SERVICE PROVIDERS**

**Participating Service providers were asked to locate their agency along a continuum of homelessness and to identify a service needed by homeless women in York Region.**

**Services in York Region along the Homelessness Continuum**



## Identified Service Needs

