The Winnipeg Street Health Report 2011

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Quotations used throughout the report are direct transcriptions of responses provided by survey participants. Quotations are not necessarily attributable to those pictured.

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About Main Street Project

Main Street Project (MSP) began its operations in 1972 and has continued to expand its activities to address the needs of Winnipeg's homeless and under-housed population. With the support of all levels of government and local community organizations, MSP provides many essential emergency and longer-term services from its 75 Martha Street site including a seventy-four space emergency shelter. MSP operates from the belief that housing is a social right, and understands that harm reduction is an essential component of any homeless prevention strategy.

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Copies of this report and related documents can be downloaded from the MSP website.

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Canada

Waiting for Leadership to End Homelessness

"... It's so degrading. You have to stand in line for everything. For a meal, if you want clothing, if you have to go to the bathroom. You just gotta wait and wait and you can't do anything."
– Winnipeg Street Health Report Survey Participant

"Waiting." Those we interviewed for the Winnipeg Street Health Report used the word repeatedly. People reported spending hours, days, weeks and years waiting to have their basic needs met. These include food, personal hygiene, clothing, health care, employment, financial support and most importantly for solutions to homelessness, housing.

Waiting for basic needs creates disruptions in people's lives. It prevents them from achieving a reasonable standard of living, and the terrible living conditions of homeless people lead to stress, illness and even death. In Winnipeg homeless people have been waiting too long. It is time for action.

Leadership within government and communities, along with dedicated political will, are absolutely essential for resolving this escalating social problem. Homelessness and the associated unmet basic needs are not only degrading and devastating for individuals' lives and health, but are costly to entire communities in absolute and opportunity costs and lost person years of productivity.

Effective leadership to end homelessness must first and foremost move away from short-term "band-aid" approaches and aim to prevent homelessness in the first place with housing policies and multiple strategies that ensure secure, permanent, affordable and appropriate shelter for everyone.

Highlights of Findings

What We Heard

THE TOP REASON PEOPLE GIVE FOR BECOMING AND STAYING HOMELESS IS ECONOMIC

> Rents are too high, accommodations are out of reach because people lack employment or a damage deposit, or they are discriminated against because of their source of income

> People we surveyed said they were discriminated against by landlords on the basis of source of income (32%), race (21%), gender (20%), ability (15%), and other issues making it especially difficult to find housing

MANY HAVE BEEN HOMELESS FOR LONG PERIODS OF THEIR LIVES

> Ten per cent (10%) of the people we surveyed have been homeless for 10 or more years; 25% have been homeless for two to five years

PEOPLE IN HOMELESS SITUATIONS HAVE CONSIDERABLE INVOLVEMENT WITH PUBLIC SERVICES

> Forty-three per cent (43%) of respondents had been in the care of child welfare as a child or youth

> Forty-five per cent (45%) have spent at least one night at a hospital in the past year

> Thirty-nine per cent (39%) have been hospitalized for a mental health issue in their lifetime

EMERGENCY HOMELESS SHELTERS HAVE BECOME HOME

> Thirty-one per cent (31%) of respondents have spent two or more years in an emergency homeless shelter

BEING HOMELESS IS EXHAUSTING

> Fifty-four per cent (54%) of people we surveyed said they have been so tired that they did not have the energy to walk one block or do light physical work. This exhaustion comes from spending whole days outside walking or waiting in line, and a lack of sleep

BEING HOMELESS MEANS SACRIFICING PERSONAL HYGIENE

> Forty-three per cent (43%) of respondents sometimes or usually had difficulty getting their clothes washed

> Twenty-three per cent (23%) sometimes or usually had difficulty finding a place to bathe themselves

> Twenty-two per cent (22%) sometimes or usually had difficulty finding a place to use the bathroom

> Fifty per cent (50%) of people who stayed at an emergency homeless shelter in the past year had stayed in a shelter with bedbugs

BEING HOMELESS MEANS FREQUENTLY GOING HUNGRY

> Thirty-nine per cent (39%) of people said they could not get enough food at least a couple days a week

> Another 12% went hungry at least one day a week

BEING HOMELESS IN WINNIPEG IS A LONELY, ISOLATING EXPERIENCE

> Twenty-eight per cent (28%) rarely or never have someone to listen to them when they need it

> Thirty-nine per cent (39%) of people said they often feel very lonely or remote from other people

VIOLENCE AND ASSAULT ARE A REGULAR PART OF LIFE WHEN YOU'RE HOMELESS

> Forty per cent (40%) of survey respondents were physically assaulted in the past year, with an average of three times per year

SEXUAL ASSAULT IS MORE COMMON FOR HOMELESS WOMEN

> One in five women had been sexually assaulted in the past year, most of them more than once

PAIN IS A COMMON EXPERIENCE FOR THE HOMELESS

> Almost half of the homeless people we talked to usually experienced some pain or discomfort, most moderate to severe

HOMELESS PEOPLE HAVE SIGNIFICANTLY POORER HEALTH THAN THE GENERAL POPULATION

Homeless people in our survey are:

> 20 times as likely to have hepatitis C

> 8 times as likely to have epilepsy

> 3 times as likely to have had a heart attack

> 6 times as likely to have angina

> 2 times as likely to have asthma

> 2 times as likely to have arthritis or rheumatism

> 3 times as likely to have diabetes

> 10 times as likely to have FAS/FAE

> 5 times as likely to have migraine headaches

MENTAL HEALTH IS NOT A MAIN CAUSE OF HOMELESSNESS FOR PARTICIPANTS IN OUR STUDY

> Only 3% of our respondents pointed to mental health problems as their reason for becoming homeless

HOMELESS PEOPLE ARE HARMING THEMSELVES

> Our study found that 12% of people used non-beverage alcohol in the past year.

> Fifteen people said they drink it at least once per week, and nine said they drink it daily

HEALTH NEEDS OF THE HOMELESS ARE OFTEN COMPLEX, UNMET AND NOT DEALT WITH EFFECTIVELY BY MAINSTREAM HEALTH CARE SERVICES

> Fifteen per cent (15%) of the women reported having a baby while homeless or staying in a shelter

> Fifty-one per cent (51%) of homeless people interviewed rated their dental health as fair or poor

> Forty-three per cent (43%) had not seen a dentist in over two years and 26% of respondents had not been to the dentist in more than five years

> Thirty-six per cent (36%) of homeless people we interviewed said they had been judged unfairly or treated with disrespect by a doctor or medical staff at least once in the past year

STUDY RESPONDENTS WERE FIVE TIMES MORE LIKELY TO IDENTIFY AS ABORIGINAL THAN THE GENERAL WINNIPEG POPULATION, AND THOSE WHO IDENTIFIED AS ABORIGINAL HAD HIGHER RATES OF PARTICULAR ILLNESS THAN OTHER RESPONDENTS

> Seven per cent (7%) of the Métis people interviewed had diabetes

> Nine per cent (9%) of the Status Indian people interviewed had diabetes

> Seventeen per cent (17%) of the Métis people interviewed had Hepatitis C

> Twenty-five per cent (25%) of the Status Indian people interviewed had Hepatitis C

> Thirty per cent (30%) of Aboriginal people said they felt it was more difficult to access services because of their racial origin

About the Report

In March 2010 the Winnipeg Street Health Report research team came together to set in motion a plan to study the health status, housing and social-service needs of people who are homeless in the city. Spearheaded by the Main Street Project (MSP), Winnipeg's oldest emergency homeless shelter, the project is the first of its kind in Winnipeg.

The Winnipeg Street Health Report presents the results of a survey on the health status of homeless people in Winnipeg conducted in the summer of 2010. The report provides an analysis of survey participants' responses, seeking to help build an overview of homelessness in Winnipeg and contributing to an understanding of the daily living conditions of people experiencing this devastating social problem.

The findings focus on the physical and mental health status of homeless people, how they use health care and social services, and their experiences of accessing these systems. Where possible, this report compares the health of those surveyed with available information for the general population of the City of Winnipeg. Based on these findings, recommendations are offered with concrete solutions and strategies to improve the health of homeless people and to address homelessness.

The Winnipeg Street Health Report has been modeled on similar reports conducted in other major Canadian cities. The ability to compare and contrast the Winnipeg findings with other jurisdictions can contribute to our further understanding of homelessness in general and in particular contexts.

BACKGROUND

There is a distinct lack of comprehensive data on the health status and needs of people who are homeless in Winnipeg. This lack of information is due to:

- The exclusion of homeless people in government health and census surveys (due to lack of address or telephone number);
- Slow implementation of databases to track information on the homeless population;
- Lack of research capacity and resources to collect and analyze data in individual emergency homeless shelters;
- De-prioritization of evaluation in favour of delivery within community-based service organizations; and
- An absence of local academic health and social-science research on the health needs of homeless people in Winnipeg.

Without local research data, community organizations such as MSP have had to rely on anecdotal information and evidence from other jurisdictions to develop programs and lobby government for better policies, which may or may not reflect the needs of individuals and families experiencing homelessness in the Winnipeg context. The lack of research has also meant that the public has not been provided with a true picture of how one becomes homeless, what it means to be homeless and what it really takes to end homelessness.

In addition to filling a serious research gap, the report is timely, as governments and the community acknowledge that traditional after-the-fact approaches and a focus on emergency or temporary strategies to address homelessness have come at a high cost to the public and have done little to prevent or end this severe social problem. More and more, governments and community organizations are exploring solutions to homelessness utilizing strategies that provide a more comprehensive and humane approach to meeting the multiple needs of people who are homeless. Some of these include implementing Housing First programs that include appropriate and portable rental subsidies, adopting harm-reduction strategies, intensive case management and assertive community treatment. All of these rely, for success, on a substantial increase in the low-cost and subsidized housing stock.

This report was created in the hopes that it will support the positive work that has begun and provide immediate information and direction for the work of MSP, other community agencies and coalitions, all levels of government, health-care providers and social justice advocates. Its end goal is to promote policy and program developments designed to end, not simply manage, homelessness. Finally, the report is intended as a resource to raise public awareness about homelessness, its costs (social and financial) and solutions, as well as to ensure homeless peoples' voices are heard.

ABOUT THE SURVEY – METHODOLOGY AND LIMITATIONS

The report methodology was modeled after similar research projects conducted in Toronto and Halifax. Central to the methodology is a survey of a convenience sample of 300 people. Sample participants self-identified as having stayed in an emergency homeless shelter, or in a public place or other site not intended for human habitation, for at least 10 of the last 30 nights (prior to the survey).[1] People who met the sample criteria were surveyed on site at Main Street Project, the Salvation Army Booth Center, Agape Table, Sunshine House, Siloam Mission, and Resource Assistance for Youth. See Appendix 1 (page 45) for further details of the study methodology.

Surveys were conducted over the summer of 2010. The survey tool and process were designed to determine the following:

- The demographic characteristics of homeless people in Winnipeg, e.g. age and gender;
- How the social determinants of health impact the sample, e.g. Aboriginal status, early life experiences, educational attainment, employment and working conditions, food security, gender, access to health services, housing, income;
- General health status of homeless people in Winnipeg, e.g. physical and mental health condition and sense of well-being;
- Barriers to health care experienced by the homeless;
- "Lifestyle" factors affecting the health of the homeless people in Winnipeg;
- First person, subjective experiences of health issues and concerns among homeless people; and
- Factors contributing to the higher rates of homelessness among the urban Aboriginal population in Winnipeg.

Survey limitations and challenges we encountered are similar to those faced in Toronto and Halifax. These include a limited definition of homelessness as our sample did not include people who are precariously housed or relatively homeless, as well as geographic boundaries and the diversity of our sample. [2] Appendix 2 provides a further discussion of the study limitations.

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1. The report is a replicate of the Street Health Report that was published in Toronto in 1992 and then again in 2007 by Street Health, a community-based health care agency serving homeless people. Community Action on Homelessness in Halifax also conducted a similar study in 2009. The Toronto report was the first of its kind in North America and continues to be cited by academics and community groups today, as it provides focused information on homelessness with a methodology that can be replicated elsewhere.

2. Defining homelessness is a challenge that has been well documented in the literature on homelessness. This report adopts the definition originally used by Toronto's Street Health for the 1992 report so that the data can be compared on a national level.

Demographics of the Survey Respondents: Who is Homeless in Winnipeg?

In total, interviews were completed with 300 individual, adult participants (over the age of 18). The basic demographic age and gender profile of the sample is as follows:

- > 210 identified as male (70%)
- > 89 identified as female (30%)
- > One participant chose not to self-identify by gender
- > Average age was 41
- > The youngest person surveyed was 18 and the oldest was 70

AGE DISTRIBUTION

Age Group	Street Health Survey Number	Street Health Survey Valid %	General Population of Winnipeg Over 19 Years Old [3] %
18-19	2	0.7	n/a
20-24	25	8.4	9.8
25-49	197	66.1	42.5
50-59	57	19.1	18.2
60+	17	5.7	29.4
Total	298	100.0	99.9
Missing	2		

The sample for the Winnipeg Street Health Study is younger than the general Winnipeg population. The majority (66.1%) of those surveyed were 25 to 49 years of age. Children and youth in Winnipeg also experience homelessness. However for the purposes of this study the focus was on the adult homeless population.

RACIAL OR CULTURAL BACKGROUND

Respondents self-identified their racial or cultural group, and more than one could be chosen.

Ethnicity	Street Health Respondents Number	Street Health Respondents Valid %	City of Winnipeg [4] %
Caucasian/White	119	39.7	Not available
Aboriginal	170	56.7	10.0
Inuit	4	1.3	0.0
Métis	54	18.0	6.0
Non-Status Indian	7	2.3	} 4.0
Status Indian	105	35.0	
Black/Caribbean	4	1.3	2.3
Other Ethnicity	6	2.0	14.0
Total	469	99.6	
Missing	1		

Respondents were five times as likely to identify as Aboriginal than the general Winnipeg population. This is consistent with previous findings that estimate Winnipeg's homeless population to be 60-70% Aboriginal (Laird, 2007). Respondents were less likely to be a part of another ethnic or visible minority group. Winnipeg's population has 16.3% of people identifying an origin other than Aboriginal or Caucasian, yet 3.3% of respondents identified in these groups.

3. City of Winnipeg (2006).
4. City of Winnipeg (2006).

FIRST LANGUAGE

Seventy per cent (70%) of participants learned English as their first language. The other languages respondents first learned and still understand were:

- > 20% Aboriginal language
- > 8% French
- > 1% Ukrainian
- > 1% Other

PLACE OF BIRTH

Fifty-nine per cent (59%) of the homeless people we interviewed were born in Winnipeg.

Ninety-six per cent (96%) were born in Canada and 99% were Canadian citizens.

Of those born outside Canada, origins were identified as:

- > 36% from Europe
- > 27% from USA
- > 18% from Asia
- > 18% from Africa

The majority of respondents had spent most of their lives in Winnipeg. Only 16% have lived in Winnipeg for a period of less than five years.

- > 23% have lived in Winnipeg throughout their entire life
- > 51% have lived in Winnipeg for 10 or more years
- > 10% have lived in Winnipeg for 5-10 years

EDUCATION

Study respondents had lower educational attainment than the general population of Winnipeg.

Level of Education (not necessarily highest level achieved)	Street Health Survey	Winnipeg Population [5]
Less than Grade 8	15.3%	Not available
High School Graduate	40.7%	76.9%
College/University Graduate or higher	12.3%	39.5%

SEXUAL ORIENTATION

- > 6% bisexual
- > 91% heterosexual
- > 2% GLBTT
- > 1% missing

Discrimination against people who identify as gay, lesbian, bisexual, two-spirited or transgender (GLBTT) is a common experience, and because of the personal nature of identifying one's sexual orientation, the number of people who identify as GLBTT may be under-reported.

CHILDREN

While we tend to think of homeless people as single childless adults, most of the respondents had at least one child. Sixty per cent (60%) had children, and 21% had four of more children. The impact of homelessness on children and families, while likely significant, was beyond the scope of this study.

5. City of Winnipeg (2006).

Homeless Experiences in Winnipeg

LENGTH OF HOMELESSNESS

People experience both temporary homelessness and chronic homelessness. Some people are homeless for a month or two, and never again. Others move back and forth from precarious housing to homelessness their entire lives. Survey respondents said their most recent period of homelessness lasted:

Length of Recent Period of Homelessness	Number of People	Valid %
Less than 3 months	124	41.6
1 year and under	89	29.9
1-2 years	32	10.7
More than 2 years	53	17.8
Total	298	100.0
Missing	2	

The average length of the recent period of homelessness was six months

Most people had been homeless more than once in their life. This highlights the need to direct resources to interventions other than emergency homeless shelters, including support for people once they find housing, and homelessness prevention services. The average total time homeless was four years. Respondents reported their individual total time homeless as:

Length of Time Homeless in Lifetime	Number of People	Valid %
Less than 6 months	45	15.1
6 months to under 2 years	110	36.9
2-5 years	74	24.8
More than 5 years	69	23.2
Total	298	100.0
Missing	2	

10% of people have been homeless for 10 or more years

WHY PEOPLE BECOME HOMELESS

Causal Factors for Homelessness (respondents were asked to give their top two reasons)

	% of Respondents
Economic Reasons (cost of rent, low income, unemployment)	39
Evicted/Conflict with Landlord	30
Drug/Alcohol Use	25
Relationship Break-up	18
Poor Housing Conditions	12
Had to Leave for Safety Reasons	7

The single most common reason people gave for becoming homeless is economic. More specifically, homelessness most often was reported to result from the convergence of the following factors: the cost of rent is very high in a low-vacancy market; the current stock of social housing is too low and often substandard; incomes are too low or unstable. The second most common reason is eviction. People said they were evicted from housing as a result of addiction, falling further into poverty, and relationship break-ups. Every eviction is a telling story of "nowhere left to go:"

> **"It was not safe because of my boyfriend. It was awful as I was beat up every day and I was evicted for knocking on the door of a neighbour for help."**

> **"It was a one-bedroom with all the amenities, a bathroom. It was self contained ... very nice. Well-kept. Until there were bedbugs. That was one of the worst experiences of my life when the bedbugs were there. I left because of them. It was in Manitoba Housing."**

> **"The landlord kept going into my apartment and taking my money. One place got shut down because he was a pretty bad guy."**

HOUSING AS A SOCIAL DETERMINANT OF HEATH

The literature on homelessness and housing repeatedly demonstrates that housing is a key determinant of health and that a lack of quality affordable housing is damaging to human health (Mikkonen & Raphael, 2010). Studies have also shown that housing has a positive effect on quality of life for the following reasons:

- > Housing serves as a place of refuge;
- > A person's home is an important aspect of identity;
- > Home is a crucial setting for social interaction; and
- > Home is an important place of continuity, stability and permanence in everyday life (Canada Mortgage and Housing Corporation, 2002).

HOUSING AFFORDABILITY IN WINNIPEG

Much has been written about the lack of affordable housing in Winnipeg (and across the country) and the devastating effect this has on individuals, families and society as whole. At the time of writing, the Winnipeg Census Metropolitan Area (CMA) vacancy rate was 0.8%, the lowest among 34 CMAs in Canada (Canada Mortgage and Housing Corporation, 2010). This is far below the 3% rate, which is considered to be a healthy private market rental rate (MacKinnon, 2010). The average rental cost for a bachelor suite in Winnipeg is $488 per month. For those with low-incomes this cost is not affordable. More and more Winnipeggers are forced to spend in excess of 30% of their income on rent (Mulligan, 2008).

The lack of affordable housing in Winnipeg is due to a number of factors. These include: low vacancy rates; declining housing stock; rising rental rates; and stagnant shelter assistance rates – $285 per month (for rent, heat, lights and water).

EMPLOYMENT AND INCOME ASSISTANCE IN WINNIPEG

In Winnipeg, the Employment and Income Assistance (EIA) branch of the Department of Family Services and Consumer Affairs delivers social assistance to people who need financial assistance because they are unable to find work or are temporarily unable to work. The basic assistance rate for a single person on EIA is $480 per month ($285 for shelter and $195 for all other basic needs).

For people with a severe disability or illness that prevents them from working, the Income Assistance for Persons with Disabilities (IAPD) program provides financial support. To receive disability benefits, medical information from a family doctor, interviews and other proof is required. Persons with disabilities are provided with $616.40 per month. They are permitted to earn an extra $200 before money is subtracted from their cheque.

Both the EIA and IAPD rates do not realistically reflect the real cost of living, and are far from adequate for meeting even basic daily needs. As a result many must depend on food banks and other charitable sources.

According to the provincial government, more than 34,000 Manitoba households rely on welfare (Kusch, 2011).

BEING DISCHARGED INTO HOMELESSNESS

"I've never felt like I had good housing. Not even when I was a kid. Never."

Homeless people in Winnipeg have had a lot of contact with the social-service system, yet the systems meant to be a "safety net" do not seem to be preventing homelessness or assisting those already homeless into permanent housing.

43% of respondents had been in the care of child welfare as a child or youth

According to a 2002 Canadian study, there is a direct link between youth homelessness and the child welfare system (Serge, Eberle, Goldberg, Sullivan & Dudding, 2002). The study noted that the age at which a youth left care was directly linked to the likelihood of homelessness and the younger the youth, the more likely they were to experience homelessness. The study found that youth exiting the child welfare system were not adequately prepared for and supported in leaving the system. The study showed that just because a youth turns the age of majority, they aren't necessarily ready to live independently and often require further support. The authors cited the rigidity of the child welfare system as one of the reasons for the poor outcomes of youth aging out of care.

Respondents said they have spent time in services and programs that could be crucial, opportunity points of assistance to help them find housing upon discharge:

- Twenty-four per cent (24%) have been in jail in the past year
- Forty-five per cent (45%) have spent at least one night at a hospital in the past year
- Thirty-nine per cent (39%) have been hospitalized for a mental health issue in their lifetime

"Since I got out of jail I've been homeless – about two months."

WHY PEOPLE IN WINNIPEG STAY HOMELESS

Main reasons preventing respondents from finding and maintaining housing:

Reasons Identified	% of Respondents
Economic reasons (rent too high, lack of job, lack of damage deposit, source of income)	**73.3**
Lack of suitable housing (physical disability, housing waitlist)	**25.0**
Addiction	**22.3**
Lack of help and resources	**20.3**

The top reason people gave for staying homeless is poverty: rents are too high, they lack employment or a damage deposit, or they are discriminated against because of their source of income. Another 25% indicated there is a lack of suitable housing for homeless people in the city and a long housing waitlist. Over twenty per cent of respondents indicated they lack the resources they need to find appropriate housing: help, a phone, furniture, transportation, references and identification.

"All the landlords want a damage deposit before we even give the application. I get CPP and get my cheque on the 28th. How can I give an application just two days before I want to move in? ... Places won't wait and hold a unit for me without a deposit."

"I can only get slums with my income, only into rooming houses where there are users. With my addiction, how could I stay clean?"

"A lot of places are too much for welfare. A couple at a hotel costs $417, and disability only gives $387 for a couple."

HELP FINDING HOUSING

Forty-four per cent (44%) of people are currently receiving help to find housing, 38% from a social service worker. Many people said that the help is not enough:

> **"Once. They helped me find a horrible, horrible place."**

> **"No, I've asked but they just give me a sheet with numbers on it."**

> **"Someone was supposed to help me find housing. They came down and [wrote] a letter for me but [the landlord] never returned my phone call. The worker suggested I wasn't doing my part, but I tried contacting them. What else could I do?"**

The main access points for homeless people – emergency homeless shelters – are not able to help people find housing. Sixty per cent (60%) of respondents reported that they were never offered help finding housing from an emergency homeless shelter. For the majority who did receive help finding housing at an emergency homeless shelter, help came in the form of a housing list or forms to fill in to apply to Manitoba Housing. Some who did get into Manitoba Housing were evicted within months because they had no effective supports. The few people who really felt the help was useful for them in getting appropriate housing were provided rides and references, and had help setting up appointments.

Q **"Has a shelter staff or volunteer ever helped you to find housing?"**

A **"They say they're too busy. I had one who was going to help but then they left the organization. I have asked but have not received assistance."**

A **"No, they only offer a mat to sleep on. I have asked but they say I'm old enough to deal with it myself."**

LOOKING FOR HOUSING

People who live in poverty experience discrimination by landlords in both public and private sector housing, which contributes to homelessness.

Respondents reporting discrimination or being treated unfairly by a landlord because of:

	% of Respondents
Drug/Alcohol Use	**34.5**
Source of Income	**31.8**
Race/Ethnicity	**21.1**
Gender	**20.4**
Physical Disability	**9.0**
Sexual Orientation	**6.4**
Mental Illness	**6.4**

Human Rights legislation requires that landlords not discriminate based on factors such as race/ethnic background, gender and source of income. Though it is illegal, we were told that landlords often refuse to rent to people on social assistance or disability assistance.

> **"The landlord would say 'why don't you go to work?' but I couldn't because of a physical disability."**

> **"I was working, then I was laid off, and had to go on social assistance, and he said he did not deal with social assistance. I was evicted."**

Racism, especially against Aboriginal people, is common when looking for housing (see Aboriginal People and Homelessness section on page 33 for more details).

Women reported frequent abuse by landlords:

> **"I just had a problem with a landlord that wanted sexual favours in order not to evict me."**

> **"The landlord tried to make me have sex with him. He came onto me and said afterwards that we would talk about the rent. There was no lease there."**

> **"When I did not want to do sexual favours just to stay in the place he evicted me."**

WHAT HAPPENED TO CANADA'S AFFORDABLE HOUSING?

Through public housing in the 1960s and 1970s, and non-profits and co-ops in the 1970s and 1980s, national and provincial programs produced social housing in Canada, adding over 20,000 units annually in some years. In the early 1990s, federal expenditures in housing were frozen at current levels, preventing expansion of social housing, and a process of devolving the stock to the provinces was initiated. Canada became the only OECD country without a national social housing program.

The social safety net that included universal health insurance, Unemployment Insurance, Old Age Pensions, and the Canada Assistance Plan (CAP) was radically changed in the mid-1990s when the federal government drastically cut funding for social supports. In addition to this, CAP was dismantled and replaced with a far more restrictive and limited transfer payment from the federal government called the Canada Health and Social Transfer.

Many researchers and policy experts argue that these drastic policy and program changes signaled a shift in political values that ultimately led to an increase in the depth and severity of homelessness we see today.

DID YOU KNOW?

Did you know that the federal government spends upwards of $1.5 billion annually for housing policies and programs for homeowners? There is no such equivalent funding for consumers and suppliers of rental housing. Some argue that this has created a dual system of housing – one for those with money for private homeownership and one for those without (Hulchanski, 2002).

The Daily Lives of People Who Are Homeless in Winnipeg

WHERE PEOPLE STAY

Places People Have Stayed in the Past Month

	% of Respondents
Emergency Homeless Shelter*	84.0
Outside**	31.6
With Friends or Relatives	29.6
Treatment Program	8.6
Hotel	6.3
Rooming House	6.0
Hospital	5.6
Jail	2.3
Car	2.3
Abandoned Building	1.7
Business (Laundromat, train station)	1.7

* This includes transitional housing/rooms located within emergency homeless shelters including the Mainstay program at Main Street Project and single rooms at the Salvation Army

** The survey was conducted from June-August; results would have varied greatly based on season

Shelters were designed to be a temporary strategy to deal with small numbers of housing emergencies. However, the demand has grown and currently they fill up with between 30-300 people each night, depending on the homeless shelter and time of year. All operate with limited support staff or resources. The conditions in emergency shelters are not conducive to good mental and physical health. Standards are often non-existent or difficult to maintain with resource levels. As a result of the lack of affordable housing in Winnipeg, emergency homeless shelters have become default permanent homes. Transitional housing faces the same dilemma.

Thirty-one per cent (31%) of respondents have spent two or more years in an emergency homeless shelter.

> Thirteen per cent (13%) have spent 1-2 years

> Twenty-five per cent have spent 6 months-1 year

> Only 14% have spent less than one month in an emergency homeless shelter in their lifetime

HOMELESS MAN FREEZES TO DEATH

According to Environment Canada, there were over 45 days this past November, December, January and February when wind chills dipped between minus-30 and minus-45 Celsius. With a wind chill index of minus-25, there is a risk of frostbite, and with a wind chill index of minus-45, exposed skin will freeze in minutes.

Research on homelessness in other North American cities has shown homeless people are at a greater risk of weather-related injuries such as hypothermia and even death (Hwang et al., 1996). According to Biem, Koehncke, Classen and Dosman, many underlying conditions increase a person's susceptibility to cold, including the amount of muscle and fat a person has, malnutrition and exertion, alcohol, lack of insulating clothing and people with diabetes mellitus (2003).

Given the frigid temperatures, Winnipeg's homeless population is at a great risk given the few places they can take refuge during the day, as shelters are mainly available for overnight shelter and hours are very limited. This situation is not alleviated by the recent creation of a "cold weather strategy," whereby the city's shelters will open up an additional 80 overnight residential spaces if the temperature reaches minus-20.

ACCESS TO EMERGENCY HOMELESS SHELTERS

Ninety-two percent (92%) of the homeless people in our survey said they had used shelters in the past year. Of those:

> Fifty-two per cent (52%) have been refused shelter at least once in the past year, on average three times

Of those:

> Sixty-one per cent (61%) said it happened at least once in the winter months

The most common reason for being denied a place was that the shelter was full (46%); after that, substance use (27%) and service requirements – for example approval from a social assistance worker (16%) – were identified.

"I was denied entrance. I was asked to leave the shelter because the paperwork from social services wasn't faxed through. I didn't have the case number, so I called social services but I didn't have the case number, so they told me I had to leave the shelter. I slept on a mat in the Kung Fu school. I wish they would have told me before 10 at night that I had to leave."

"I start work at 4pm and don't finish until 3-4am. At that time they won't let you in. They won't even give you a blanket. Pretty scary thing when you finish work and then you have no place to go. They won't let you in. And you end up sleeping in bus shelters and places where people don't want you to be."

Barring is a common practice among some Winnipeg emergency homeless shelters, and 15% of respondents had been barred from a shelter in the past year. Though provincial shelter standards recommend people be made aware of a shelter's barring policy ahead of time, 47% of people who had been barred said they did not know the rules beforehand. Fifty-four per cent (54%) of people who were barred from a shelter spent the night outside.

"When I was banned from the shelters I didn't know how I could make it 20 minutes from now; I almost lost my mind. You feel humiliated, discouraged, like I did it to myself and it was my fault. I was brought up in a good family. My brothers won't come see me because of where I live. I don't talk to them. I was so ostracized."

SAFETY AT EMERGENCY HOMELESS SHELTERS

Thirty per cent (30%) of respondents did not feel safe staying at emergency homeless shelters. People said they were concerned about the "uncertainty" of them. People spoke about lying on a mat with strangers beside them, calling it "very risky." After uncertainty, the biggest safety concerns were violence and having their belongings stolen.

"There's fights there; it's bad what people do to each other. A guy was right at the front doors and got beaten beyond recognition. There were no staff outside. It's like they care about their image above everything. The staff don't do anything about the violence, they don't ask questions and don't get involved."

"An environment with 200-300 people in the same building causes conflicts. I keep to myself. I don't talk to people here. There's incidents of violence, things have happened to me here ... not by the staff, they're very good, but other clients."

Women especially spoke of feeling unsafe in emergency homeless shelters:

"I feel threatened with men being here. I would prefer if there were only women, but there's no place for just women."

"The lack of services in the city. Lack of women's-only services. That includes shelters and treatment centres and detoxes. Lots of times I'd be hooking and then have to go to Jack's (Neeginan) and be told I had to sleep between two men on a mat, and it scares me. I don't feel safe. That's a barrier to a lot of services for me."

EMERGENCY HOMELESS SHELTER CONDITIONS

TREATMENT BY STAFF AND VOLUNTEERS

Though people generally said they were grateful to shelter staff for the support they provide, their experiences in shelters with staff and volunteers have not always been positive. Forty-seven per cent (47%) of the people we surveyed told us they have felt discriminated against or treated unfairly by a shelter staff or volunteer in the past year. Most commonly this was due to drug/alcohol use (24.7%).

In Winnipeg, Main Street Project is the only large emergency homeless shelter that allows people to use its services if they are under the influence of drugs or alcohol. This harm-reduction approach does not view addiction as a personal fault and recognizes the need to keep those people who are unable to quit using safe. Many people told us they were happy that a range of services is available, including services for those who do not use drugs or alcohol. They often, however, feel judged and treated like less of a person because of their addiction at emergency homeless shelters.

Reasons why respondents felt they were discriminated against by an emergency homeless shelter staff or volunteer:

	% of Respondents
Drug/Alcohol Use	24.7
Gender	14.7
Race/Ethnicity	13.7
Mental Illness	9.3
Physical Disability	9.0

"I just think that there's a general lack of empathy. There's a distancing between us and them. There's them and then there's us. I try to be nice and polite but everything is sort of matter of fact for them. I think they were rather cold when they threw me out. They had no paperwork so I had to leave and that was it."

"Treated as a second-class person – they don't get to know me. They just ask questions, I answer yes or no to fill in the boxes, not so they could get to know me. I'm treated as a part of a group, not as an individual person – like a second-class citizen."

"Because I have a disability, I tripped a little when I came through the door to the shelter. The staff said that I was drinking – but I wasn't."

"When I'm using solvents I'm treated with no respect."

"One staff said that 'all drug addicts are the same, you're no different.'"

Many people suggested that staff are overworked, do not have enough training, or are forced to act as security guards enforcing rules rather than supporting people. They spoke of being unable to give feedback to staff and the power dynamic at play. People feared (or experienced) being barred or treated badly if they gave negative feedback.

BEDBUGS

Fifty per cent (50%) of people who stayed at an emergency homeless shelter in the past year had stayed in a shelter with bedbugs. Nine per cent (9%) of people said they have a hard time sleeping because of bedbugs.

Forty-one per cent (41%) of people surveyed experienced bed bug bites in the past year.

BEDBUGS AND EMERGENCY HOMELESS SHELTERS: NOT-SO-STRANGE BEDFELLOWS

Shelters are susceptible to bedbug infestations due to high turnover of clients, the abundance of second hand goods that end up in the shelters from donations and the lack of resources that would help to keep the pests at bay (adequate laundry facilities, replacement of bedding). For this reason, the public is also placed a greater risk if shelters are infested and clients transport the insects from the shelter to other public places. Shelters, therefore, play an important role in helping to reduce the incidence of bedbugs within the community. Now that a bedbug strategy has been launched, decision makers would be advised to include shelters in the strategy.

BETWEEN A ROCK AND A HARD PLACE: WINNIPEG'S EMERGENCY HOMELESS SHELTER SYSTEM

Although many frontline service providers, policy experts and researchers agree that emergency homeless shelters do little to address the root causes of homelessness (chronic poverty and a lack of affordable housing), they are an important part of our "social services system." Shelters provide a temporary place to stay as well as food and sometimes-primary health services. During the time that this study was conducted, there were a total of 240 adult emergency homeless shelter beds in Winnipeg (this does not include transitional beds such as those at Main Street Project's Main Stay or the Salvation Army).[6]

Most emergency homeless shelters in the city do not have the capacity to rapidly re-house people or provide transition support from temporary to permanent housing. Research suggests that even if they did, they likely would be unsuccessful due to the lack of affordable and adequate housing in Winnipeg.

SLEEP

> **"Sometimes in the day I just want to rest but I have nowhere to do it."**

Fifty-four per cent (54%) of people we surveyed said they have been so tired that they did not have the energy to walk one block or do light physical work. This exhaustion comes from spending whole days outside walking or waiting in line, and a lack of sleep.

> The average amount of time slept each night was six hours

> Seventy-four per cent (74%) of people had trouble sleeping, most often because of noise (29% of people)

Reasons for Trouble Sleeping	% of Respondents
Noise	29.0
Can't relax	23.7
Afraid	18.0
People waking you up	16.7
Pain/physical discomfort	16.3
Unclean conditions	11.7

6. The emergency shelter bed count is based on: Siloam Mission's 110 individual beds and five-bed family room; Main Street Project's 74 mats; and the Salvation Army's 21 family beds and 30 individual beds. This does not include the increase in beds that occurs under the Cold Weather Policy.

HYGIENE

> **"There's so many stresses. People assume if you're homeless all you have to worry about is a place to sleep and food but that's not true. You have to worry about clothing. Once you're kicked out you basically only have what's on your back and what you can hold in a bag. There's no laundry. After a week or two you reek. Trying to walk around or get on a bus, I worry that people move away because I smell. I'm so embarrassed. Eventually you get to the point that you feel so filthy in your own clothing that you want to crawl out of your skin."**

Normal activities of daily living – cleaning oneself and using the bathroom – are a challenge when you do not have a home. The most basic hygiene supplies many take for granted like toothbrushes and razors are not usually available to people who are homeless. The people in our survey spoke about the embarrassment and stress this creates for them.

> Forty-three per cent (43%) of respondents sometimes or usually had difficulty getting their clothes washed

> Twenty-three per cent (23%) sometimes or usually had difficulty finding a place to bathe themselves

> Twenty-two per cent (22%) sometimes or usually had difficulty finding a place to use the bathroom

> **"I can't do laundry anywhere so I just wear clothes for a few days then go to the clothing room to get new ones and throw the old ones out. I don't think I'm the only one that does this."**

> **"Need a place to shower and do laundry. There's no place; it's ridiculous. Laundry is very important. I can't show up to work the next day without a shower because I don't want people to know my situation. Doing labour work, it's hard to stay clean."**

HUNGER

One-third of people told us not getting enough good nutritious food was the hardest part of staying healthy when they're homeless. 'Good' food meant different things to different people, but most people agreed that there is a lack of protein, fresh vegetables and dairy products:

> **"Not being able to control the amount of salt in my food. When I got here I didn't have high blood pressure – but I do now. All the food here is processed and salty."**

> **"Lack of a refrigerator. You can't store vegetables or anything. There's a lot of processed foods here. There was a long stretch of time that I didn't eat here even though I was staying here. They don't normally serve raw vegetables here."**

Thirty-nine per cent (39%) of people said they have been hungry because they could not get enough food at least a couple days a week. Another 12% went hungry at least one day a week. Some people told us that they are no longer permitted second helpings at free meal programs, and they are either embarrassed or treated poorly if they ask for more. Twenty-four per cent (24%) of respondents said they are usually still hungry after eating food at a meal program like an emergency homeless shelter or drop in centre. Twenty-eight per cent (28%) of the people we spoke to reported getting sick after eating food at a meal program at least twice in a three month period.

Twenty-one per cent (21%) of the sample spent three or more hours each day walking from place to place and waiting in line for food. Spending so much time trying to survive makes it difficult to do other things, like look for work or housing.

> **"I wake up in the morning, the first thing on my mind is 'what time is it' and the reason I want to know the time is for this place [Agape Table]. That's it, nothing else. I'm not planning ahead. I'm not thinking of positive things to do tomorrow. We become so numb living the way we do."**

> **"You don't get to eat enough. If you live on the street you have to live by the clock. I had to sit in the welfare office all day for an appointment or I'd be cut off, and I didn't eat all day."**

> **"If you can walk around, there's enough places open that you can get food. But if you've got things to do – you gotta look for a job or a place to live and you're not around at the feeding times – then you're screwed. You're not getting anything to eat. If you're leading a life, if you're trying to do the things that a normal person would do like errands or seeing a friend or something, you can't eat. Having pretty much a 6pm curfew is awful. You eat at 7 so you have to get in line then after the meal you get in line to sleep. Having an 8 o'clock curfew? You can't do anything after 8, you can't go walking around, you just sit in line like a moron holding a bag. They don't let you inside. It exceedingly sucks."**

People also spoke about feeling uncomfortable or ashamed about receiving food at meal programs. Some discomfort came from attending a church service just to eat. Others spoke about the physical toll of waiting in line for so long.

> **"Standing in line on Main Street in plain view of everybody – it's embarrassing."**

> **"Waiting in line when I have a physical disability. One time I couldn't carry the food, and I fell and dropped it everywhere and they were mad at me."**

SPECIAL DIETARY NEEDS

Meal programs feed a large number of people in a short amount of time. This means people often cannot have a choice over their food. The way income assistance is structured prevents people staying in some housing facilities (those that include both room and board) from getting a food allowance.

> **"I'm supposed to get a certain number of calories and eat/avoid certain foods to avoid physical problems and pain. To stay here, because I get welfare, I must pay room and board – there's no option. So I don't get money for food and have to eat here, even though the food makes me sick every time I eat it. People who don't get welfare have the option to get board or to find their own meals, but I don't have that option."**

Twenty-four per cent (24%) of people we surveyed are supposed to follow a special diet for medical or cultural reasons.

Type of Diet Required	% of Respondents
Diabetic	8.0
High Protein	6.3

Of those people requiring a special diet, 43% could not follow it regularly.

THERAPEUTIC DIET SUPPLEMENT

People requiring a special diet for medical reasons are eligible to receive a therapeutic diet supplement between $32 and $171 per month from social assistance to allow people to purchase food they require to stay healthy.

Sixty-three per cent (63%) of the Winnipeg sample who required a special diet for medical reasons were not receiving the supplement. Fifty-four per cent (54%) have never applied, many because they did not know they were entitled to receive it, or that it even exists. A number of doctors' visits and forms are required to apply for the extra funding. Twenty-eight per cent (28%) were denied the supplement.

People who receive the special diet supplement spoke about the difficulty in obtaining healthy food in the Main Street area, and an inability to cook food where they were staying.

SOCIAL ISOLATION

Many of the homeless people we spoke to told us they are isolated and have few forms of social support. Thirty-two per cent (32%) said they would have no one to talk to or help them if they were to have an emotional crisis that they could not handle on their own.

- Twenty-eight per cent (28%) rarely or never have someone to listen to them when they need it
- Thirty-nine per cent (39%) of people said they often feel very lonely or remote from other people

Some people told us they feel ashamed and judged by their families and friends. The lack of both formal and informal supports makes it more difficult for people to move out of homelessness and to stay healthy.

Few people participated in healthy activities they enjoyed. Seventy-one per cent (71%) indicated that they do not participate in any social or recreational activities. The most common reasons were as follows:

- Fourteen per cent (14%) are too busy trying to meet their basic needs
- Twelve per cent (12%) don't know where recreation programs are or how to access them
- Eight per cent (8%) say their health is too poor
- Six per cent (6%) say recreation is too expensive

INJURY AND VIOLENCE

> **"You don't feel safe wandering around outside because you could be jumped or beat up, or worse."**

Violence and assault are a regular part of life when you're homeless. Forty per cent (40%) of survey respondents told us they were physically assaulted in the past year, with an average of three times per year.

Many people (76%) didn't report it to police because "it wasn't a big deal," they "didn't think it would be taken seriously," or were afraid of the repercussions of reporting.

> **"Because you end up getting a label. Things are different on the streets. It's not like your world. You get a label and then people go after you again. They won't leave you alone."**

Who Respondents Said They Were Assaulted by

	Number	% of Respondents
Stranger	79	26.3
Acquaintance	50	16.7
Another Shelter Resident	31	10.3
Partner	29	9.6
Police	21	7.0
Downtown BIZ Patrol	13	4.3

Some respondents said that gang members frequent emergency homeless shelters and take advantage of people who already have very little. They spoke of having things stolen and feeling forced to give money to particular people every time they got a cheque in order to keep from being assaulted.

> **"The types of people using the free services are gangsters. They make many locations unsafe to visit and uncomfortable to be around. They're everywhere here."**

SEXUAL HARASSMENT AND ASSAULT

Sexual harassment, too, is a common occurrence. This was defined in our survey as being bothered by someone who is saying or doing unwanted or unwelcome things of a sexual nature. Twenty-one per cent (21%) of respondents experienced sexual harassment in the past year. Forty-three per cent (43%) of women were sexually harassed.

Sexual assault is more common for homeless people. ***One in five women had been sexually assaulted in the past year, most of them more than once.*** Sexual assault is usually under-reported because of the self-blame victims sometimes feel, fear of repercussions and associated stigma. This means that the rate of sexual violence against homeless women is likely even higher. People who had been sexually assaulted were victims of both acquaintances (66%) and strangers (52%). Sixty-three per cent (63%) of people did not report the sexual assault to the police.

HOW DO HOMELESS PEOPLE SUPPORT THEMSELVES?

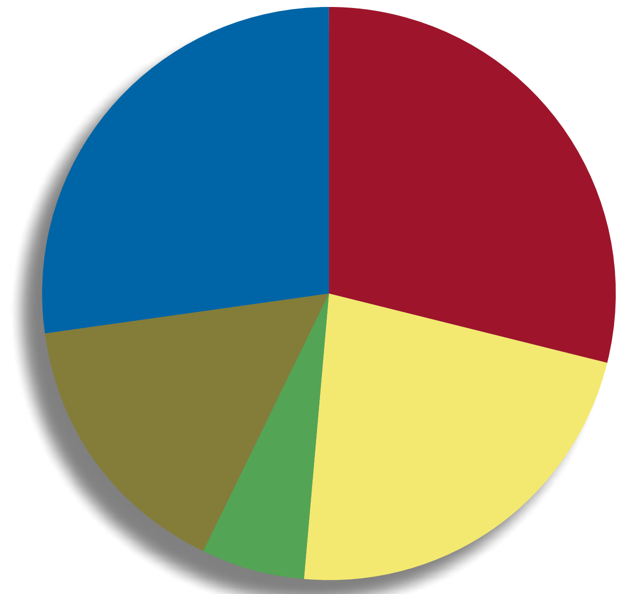
The most common source of income for the homeless people we spoke to was Income Support for Persons with Disabilities, a provincial program in Manitoba. This program is provided to people who have a permanent and severe disability. Though it was set up to provide a basic standard of living for people who are unable to work for medical reasons, the amount people get is not enough. The other sources of income in the past month for the people we interviewed included:

- 38% EIA Disability Assistance
- 30% EIA (regular)
- 12% Panhandling and flagging
- 11% Casual work
- 6% Selling drugs
- 6% Selling scrap metal or bottles
- 5% Family and friends
- 3% Canada Pension Plan
- 3% Full-time work
- 3% Part-time work
- 3% Piece work
- 3% Theft
- 2% EI
- 2% Federal Disability Assistance
- 2% Sex work
- 1% Child tax
- 1% Honorariums
- 1% Selling art

Twenty-four per cent (24%) of the people we surveyed live on less than $200 per month. Most of them had room and board paid at a shelter like the Salvation Army or Mainstay, which costs about $1,000.

If a person is not staying in an accepted room and board facility, they do not get extra income for rent. Thirty-nine per cent (39%) had incomes between $201 and $400 per month with which they are expected to pay for rent, food, clothes, and everything else they need to survive.

Main Reported Sources of Income



- Disability | 28.7%
- EIA (regular) | 22.4%
- Other government (Chlld Tax Benefit, EI, CPP) | 6.0%
- Formal work | 15.6%
- Other (volunteer honourariums, sex work, panhandling, selling drugs, selling art, family and friends) | 27.2%

With incomes so low, there is no way to plan for the future or save for rent.

> **"I find the lifestyle difficult. I would like to be given money for two weeks for rent and money to look for a job. Then I would be off this lifestyle. The system doesn't look at the individual but as a group – they don't interview us to give good help. I don't have clean clothes for a job interview. I went into detox and lost two suitcases. I learned to never walk away from clothes. There should be options, like to be given a ticket to return to Newfoundland instead of staying in the system unable to do anything."**

> **"Clothing is important. You can't get a job with the lack of clothes here. There's a work boot program, but they never have my size. I'm size 10 and it's a popular size. They'll say 'we have a 12 or an 8.'"**

WHY DON'T HOMELESS PEOPLE WHO ARE ABLE TO WORK JUST GET JOBS?

In addition to the erosion of Canada and Manitoba's welfare state and the loss of affordable housing, the changing nature of employment in Winnipeg (and more broadly in Canada) is often linked to increases in homelessness. Due to changing economic forms (for example the globalization of markets), we have seen a decrease in the number of jobs with wage levels that keep individuals and families out of poverty. We have also seen an increase in low-paying and insecure jobs.

Our survey helps to shed light on the struggles of finding and maintaining work while homeless. Many of our participants identified a number of logistical challenges such as not having a phone number and address for job applications, a lack of appropriate work clothing and little or no money to get to work. Others spoke of the exhausting nature of temporary work programs, the tension between EIA and employment, and the drain on one's self-confidence in not being able to keep a job due to the debilitating circumstances of being homeless.

20% of our survey respondents were working. In addition to this, many people work in the informal sector to supplement their social assistance.

Here are some of their thoughts:

> **"She [my EIA worker] said I had plenty of time to find housing when I was going to school full time, looking for work, looking for housing, and trying to work within their budget. She called me in twice during my final exams threatening to cut me off EIA if I didn't come in for some crap interviews when I should have been in school."**

> **"If you work and you tell them, and you finally start to get ahead, you get cut off and you're back where you started. The bottom."**

> **"Getting enough rest, and affording hygienic products. I need to get a place before I start work so I can enjoy the day after working."**

> **"It is sort of frustrating that people are trying to go to work and people are staying in shelter and what not, people are getting up at 4 o'clock in the morning to go down to temporary employment to hopefully get some work and you sit there all day cause you force yourself to cause you need $50 or whatever. And you gotta wait until 9 o'clock or 9:30 before you can go to sleep and you're not getting your eight hours sleep and you do this long enough and it eventually wears you down."**

> **"I'm trying hard to get out but I need a full-time job. Temp work is tiresome. I need a real job."**

> **"For able-bodied working people the system doesn't do enough – you're at their mercy. You need to do all the forms, you're sent there and you can't go or you sit there all day and don't work. Or you work and then you're cut off. There are too many casual agencies too. Jobs should hire people not have the middle man."**

> **"I'm not a lazy worker. I've been working my whole life. I pay my taxes, I've finished my grade 12. I've contributed to this country my whole life. But here I am. This is not a good place to be."**

> **"My medication makes me really really tired – if I had a job in the morning I wouldn't be able to do it."**

> **"I'm not homeless because I don't want to work, because I've been looking for a job since the beginning of January. I've been putting out maybe five resumes a day. I look at all the job sites, I go to the job centre, I fax applications in. I haven't been drunk in over 11 years. Generally I don't do drugs or alcohol, it's rare. I wear clean clothes, I shower every day. It's just circumstances."**

> **"I'm getting older. It was easier when I was younger. It's harder to walk, hard getting to places, but sometimes it's faster to walk than going by bus. It's hard to find a job at my age because they hire people that are younger."**

People who got cheques cashed them at:

- 44% A bank or credit union
- 28% A business like a bar/pawn shop/Main Meats
- 27% A cheque cashing service like Money Mart
- 1% Friends

Fifty-two per cent (52%) of respondents do not have a bank account.

Of those, the reasons for not having an account include:

- 50% Were refused an account because they don't have the right ID
- 32% Said there's no point because they don't have any money
- 6% Owe money to the bank
- 3% Don't trust banks
- 3% Were refused for another reason

With no bank account, people are at a high risk of being robbed and are unable to save anything. Cashing cheques at pawnshops or cheque cashing services is subject to high fees. Many respondents were grateful for Main Meats, a Main Street grocery store. Owners allow people to cash their cheques for a reasonable rate (most people told us less than banking fees).

The Health Status of People Who Are Homeless in Winnipeg

STRESS

When asked to think about the amount of stress in their lives, 41% of respondents said that most days are quite a bit or extremely stressful. Seventy-three per cent (73%) of people have used substances to relieve stress or pain, or to feel better about their lives in the past year.

> **"Maintaining a healthy mental outlook – there's a lot of loneliness and no stability. I worry about the future."**

> **"Being without a house. A lot of depression, anxiety, crying, hallucinations. Asking myself why am I here, what is my purpose?"**

SELF-RATED HEALTH

	Street Health Survey	General Population [7]
Excellent or Very Good	23.3%	56.6%
Good	31.7%	29.8%
Fair or Poor	45.0%	13.6%

The people we spoke to were much more likely to rate their health and mental health as fair or poor than the general Winnipeg population. Health was meant to encompass more than just the absence of disease or injury, but all of physical, mental, and social well-being.

SELF-RATED MENTAL HEALTH

	Street Health Survey	General Population
Excellent or Very Good	19.3%	71.7%
Good	35.0%	23.0%
Fair or Poor	45.7%	5.3%

Only 19.3% of the people we interviewed rated their mental health as excellent or very good, compared with 71.7% of the Winnipeg population. This speaks to the amount of stress being homeless puts on a person's mental and emotional wellbeing.

PAIN

Almost half of the homeless people we talked to usually experienced some pain or discomfort, most of it moderate to severe. The living conditions of homeless people make it difficult to sleep comfortably at night or rest throughout the day. This coupled with pain can add to the fatigue and exhaustion people feel.

	Street Health Survey	General Population
Usually in some pain or discomfort	49.5%	16.0%

Level of pain (of those usually in pain)

	Street Health Survey	General Population
Moderate	50.3%	15.0% (combined moderate and severe)
Severe	27.1%	

7. All of the General Population comparison statistics for self-rated health, self-rated mental health, and pain were retrieved from Statistics Canada's Canadian Community Health Survey (n.d.).

PHYSICAL HEALTH CONDITIONS

Chronic or Ongoing Physical Health Conditions

	Street Health Survey %	General Population %
Diabetes	11.3	3.9 [8]
Anemia	15.3	N/a
High Blood Pressure	23.3	22.0
Heart Disease	4.3	5.0 (in Canada) [9]
Angina	11.7	1.9 (in Canada) [10]
Congestive Heart Failure	1.3	1.0 (in Canada) [11]
Stroke	7.3	N/a
Heart Attack	7.3	2.1 (in Canada) [12]
Epilepsy	5.0	0.6-0.7 (in Canada) [13]
Tuberculosis	2.0	N/a
Chronic Bronchitis	14.3	N/a
Hepatitis B	3.0	0.7-0.9 (in Canada) [14]
Hepatitis C	16.3	0.8 (in Canada) [15]
Cirrhosis	3.7	N/a
Other Liver Disease	7.0	10.0 (in Canada) [16]
Cancer	3.0	0.004 (in Manitoba) [17]
HIV	1.7	N/a
AIDS	0.7	0.02 (in Manitoba) [18]
Eye Problems (other than needing glasses)	18.7	N/a
Hearing Problems	26.0	N/a
Stomach Ulcers	18.0	N/a
Skin Disease	12.3	N/a
Migraine Headaches	39.0	7.5
Arthritis	36.0	21.5
Asthma	24.7	16.1
Problems Walking	32.7	N/a
FAS/FAE	10.0	1.0 (in Canada) [19]
Acquired Brain Injury	12.7	N/a

Acute or Episodic Physical Health Issues

Acute or Episodic Physical Health Issues Experienced by Respondents in the Past Year

	% of Respondents
Seizure	13.3
Tuberculosis	1.3
Foot Problems	34.3
Skin Infection	14.0
Head Lice	9.7
Bed Bug Bites	41.3
Chest Infection	44.3
Pneumonia	14.7
Chlamydia	2.7
Gonorrhea	1.3
Syphilis	1.0
Herpes	1.0
Genital Warts	2.0

8. In this table, all of the General Population comparison data from Winnipeg was retrieved from Statistics Canada's Canadian Community Health Survey (n.d.).
9. Chow, Donovan, Manuel, Johansen & Tu (2005).
10. Chow, Donovan, Manuel, Johansen & Tu (2005).
11. Chow, Donovan, Manuel, Johansen & Tu (2005).
12. Chow, Donovan, Manuel, Johansen & Tu (2005).
13. Epilepsy Canada (2005).
14. Khandor & Mason (2007).
15. Khandor & Mason (2007).
16. Khandor & Mason (2007).
17. Canadian Cancer Society (2010).
18. Avert. (n.d.).
19. Khandor & Mason (2007).

THE IMPACT OF LIVING CONDITIONS ON HEALTH

Ten per cent (10%) of people said that maintaining good mental health and dealing with stress is the hardest part of staying healthy while homeless. Some spoke of always looking over their shoulder, others of being unable to access their medication for their mental illness. Uncertainty, worry, and loneliness were common themes.

"Being down and out rots your mind away, it's all you think about, makes you believe you are useless. I'm surrounded by bad influences."

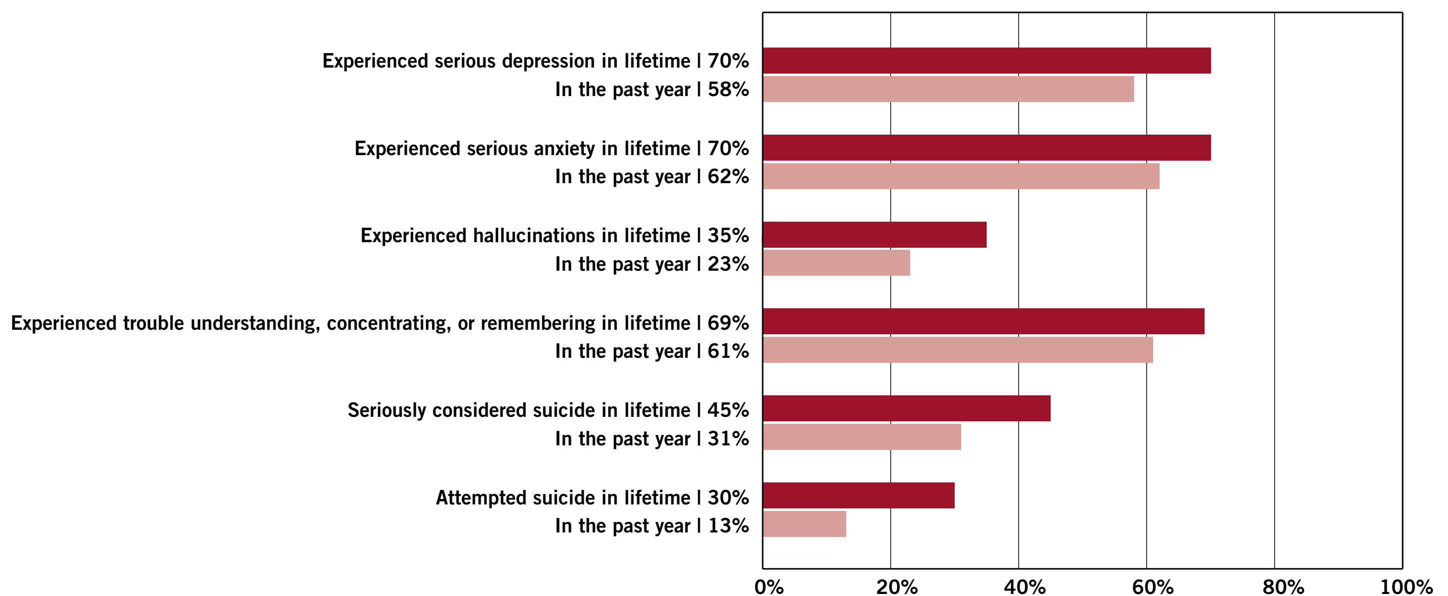
"It's hard to build and structure your life in any kind of scheduled manner when your life is so transitory. Things such as exercise and appointments are hard to meet."

"When you try to get up, get yourself in a better situation – there's no storage. People don't bother working for trying to get anything because there's nowhere to keep it. It makes it so people just don't care."

"Having to carry bags everywhere. If I had a locker to put my bag I would go out more. I don't like carrying them around. I usually just sit there watching my bags."

"You talk about people being dependent on drugs and all that, but dependent on this way of living – that's an addiction in itself. I've spent a good 30 years of my life working, but now I'm in the system I think, 'How dare they treat me like this?' You wanna help me? You give me my dignity back. You give me the right or the ability to contribute to society. I feel guilty being here, now what they have to do for me is educate me and at the same time give me a chance to get out there and work. For six months of the year I'm out there working."

MENTAL HEALTH



Diagnosis of Mental Health Conditions

Forty-five per cent (45%) of respondents had been given a mental health diagnosis of some type in their lifetime. In Manitoba, 29% of females and 19% of males have one or more diagnoses for mental illness.[20] Only 3% of people pointed to mental health problems as a reason for becoming homeless, though people spoke about being discriminated against or treated unfairly at shelters (9%) due to their mental illness.

Diagnosed Mental Illness Reported by Respondents

	Street Health Study %	General Population % [21]
Addiction	6.3	5.7
Anxiety Disorder	16.7	5.2
Borderline Personality Disorder	2.0	N/a
Depression	21.0	13.6
Manic Depression/Bipolar Disorder	10.3	N/a
Post Traumatic Stress Disorder	4.7	N/a
Schizophrenia	14.3	1.4

20. Manitoba Centre for Health Policy (n.d.).
21. Manitoba Centre for Health Policy (n.d.).

MENTAL 'ILLNESS' DOES NOT CAUSE HOMELESSNESS, POVERTY DOES

"A 1998 study by researchers in Toronto that examined the societal and personal factors that precipitate homelessness concluded that mental illness cannot be seen as a primary pathway to homelessness. The report argues that broader systemic factors need to be taken into account and uses an analogy of 'musical chairs.' As chairs (i.e. jobs and affordable housing) become scarce, it is not surprising to find people with mental and physical health problems among those without a chair." (Khandor & Mason, 2007, 24)

Learning Disabilities

Diagnosed Learning Disabilities of Respondents

	% of Respondents
ADD	4.0
ADHD	5.3
Dyslexia	2.3
Global Developmental Delay	1.0

SUBSTANCE USE

Some respondents identified staying sober or away from bad influences as the hardest part of staying healthy while homeless. They told us they used more because of stress, boredom, cold and hunger. Others used because their peers were using and it was impossible to get away from them:

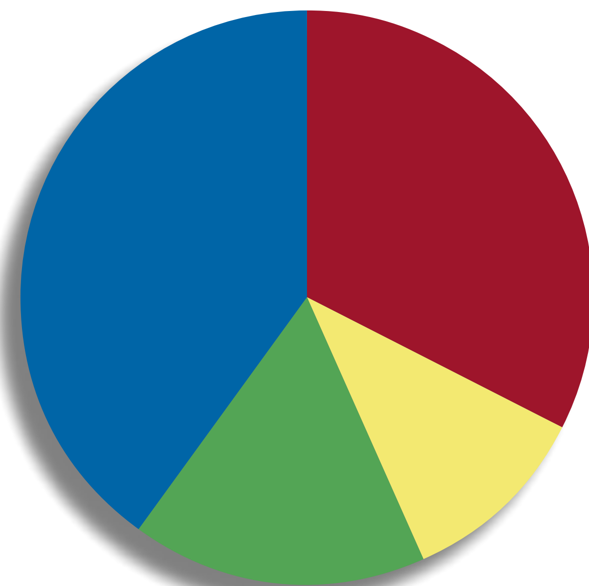
"Staying in a place where there's nothing but junkies and alcoholics. You walk out the door and people are asking you if you want a fix."

Smoking

Seventy-eight per cent (78%) of people we surveyed smoke, compared with 20% in Winnipeg.[22] Of those people who smoke, 84% smoke daily.

Forty-eight per cent (48%) of respondents have picked cigarette butts from the ground or garbage cans. This puts them at a high risk of contagious illnesses, including diseases like Hepatitis C.

Where People Get Their Cigarettes



- Buy packs | 39%
- Buy one cigarette at a time | 13%
- Roll their own | 20%
- Pick butts | 48%

22. Statistics Canada (n.d.).

Alcohol

Seventy-eight per cent (78%) of people said they had a drink of beer, wine, alcohol or other spirits in the past year.

Frequency of Alcohol Use in Past 30 Days

	% of Respondents
Never in past 30 days	32.7
1-2 times	22.4
Several times	9.7
1-2 times per week	10.4
3-4 times per week	10.4
Daily	14.4
Total	100
Missing	1

While 21% of Winnipeggers reported heavy drinking at least once per month in 2009,[23] 40% of the respondents from the Toronto Street Health Report reported heavy drinking (five or more drinks on one occasion) at least once per month in the past year.

Non-Beverage Alcohol

Twelve per cent (12%) of people used non-beverage alcohol in the past year. Fifteen people said they drink it at least once per week, and nine said they drink it daily.

"Non-beverage alcohol is alcohol in a form that is not meant to be consumed and includes things like mouthwash, hand sanitizer, cooking wine and rubbing alcohol. Homeless people may drink non-beverage alcohol because it is less expensive and easily available. Some types of non-beverage alcohol (like methanol, found in anti-freeze) are extremely toxic and can cause blindness or death. Dangerous toxic health effects also result from the mix of other chemicals present in these products." (Khandor & Mason, 2007, 26)

23. Statistics Canada (n.d.).

Drugs

Drugs Used Regularly in Past Year

	% of Respondents
Marijuana	41.3
Tylenol 3s	20.7
Crack	20.3
Cocaine	18.3
Sedatives	15.0
Opiates	10.3
Morphine	8.3
Solvents	6.3
Inhalants	2.0
Oxycontin	6.0
Hallucinogens	5.7
Stimulants amphetamines	5.7
Stimulants methamphetamines	5.0
Downers	5.3
Solvents	6.3
Heroin	2.0
Methadone	1.7

The rate of solvent and inhalant use among respondents was three times higher than in the 2007 Toronto Street Health Report.[24] There is a lot of stigma attached to 'sniffing,' or using solvents and inhalants, meaning that the actual number of people using them is likely higher than reported.

Seven per cent (7%) of people have injected drugs in the past year. Twelve per cent (12%) or 17 of those who have injected drugs were unable to access a clean needle at least once in the past year. Forty-four per cent (44%) reported they would use a safe injection site if it were available.

The high use of Tylenol 3s, sedatives and downers suggests people are beginning their addiction to self medicate for pain, both physical and emotional. Seventy-three per cent (73%) of those surveyed told us they had used substances to relieve stress or pain or to feel better about their life in the past year.

> **"My doctor was overmedicating me so I stopped seeing her. The last time I went to treatment I was on five different prescribed narcotics. Now I have a pill addiction. Go figure."**

> **"It's hard to stay sober. Generally, finding random places to stay involves a drug and alcohol lifestyle and you can't stay healthy when you're addicted – can't keep a job, can't even keep your clothes clean."**

Seventy-one per cent (71%) reported they would use a harm-reduction program to help them reduce, control, or make their drug use safer

Sixty-four per cent (64%) of the homeless people we interviewed told us they would use a program that would help them reduce, control or make their drinking safer

Seventy-one per cent (71%) reported they would use a harm-reduction program that would help them reduce, control or make their drug use safer

24. Khandor & Mason (2007).

HARM REDUCTION

As an alternative to abstinence-based programs such as Alcoholics Anonymous, the harm-reduction model has shown promise in helping homeless people who suffer from high rates of alcohol and drug addiction. According to Dr. Stephen Hwang, a researcher on homelessness and health at the University of Toronto, the goal of the harm reduction model is to better manage the addiction, minimize personal harm and control adverse societal effects (2006). Further research is needed to understand the impact of harm reduction programs as well as their impact compared to traditional means of treatment with homeless people.

ORAL HEALTH

Self-rated Oral Health of Respondents

	% of Respondents
Excellent or Very Good	19.5
Good	28.6
Fair or Poor	51.9
Total	98.9
Missing	3

Thirty-six per cent (36%) of the people we interviewed said they felt pain in their tooth or gums sometimes or often in the past month. Poor dental health and pain cause problems with sleeping, eating, and embarrassment for individuals. According to the Toronto Street Health Report, various cardiovascular problems including heart disease, stroke, and chronic obstructive pulmonary disease (COPD) have been linked to poor oral health.

Women and Homelessness

LENGTH OF TIME HOMELESS

Women had spent significantly less time homeless throughout their lives, an average of three years compared to men's five years.

WOMEN'S EXPERIENCES WITH HOMELESSNESS

Forty-three per cent (43%) of women we interviewed told us they were sexually harassed in the past year. When asked how often they were sexually harassed in the past year, five women told us "every day." Women felt more unsafe in emergency shelters, 40% felt unsafe versus 28% of men.

Sexual assault is more common for homeless women. ***One in five had been sexually assaulted in the past year, most of them more than once.*** Physical violence is common too:

- 46% Of the homeless women we spoke to were physically assaulted in the past year
- 26% By a stranger
- 20% By an acquaintance
- 17% By a spouse or partner
- 10% By another shelter resident

> **"My boyfriend always causes trouble or we fight and I am homeless for a while because I leave. I've been homeless many times, at shelters, women's shelters. But I pay for everything, I'm on disability, so my money pays the rent. Why do I always have to leave and he gets to stay? I left my place for a month until the landlord kicks him out, then I'll go back."**

> **"I'm assaulted every day but I can't leave my boyfriend or he'll kill me. I am also assaulted daily by the BIZ. They take my solvents and spill [them] on me."**

Women spoke of the difficulty staying clean with no laundry services and affording bras and underwear. Ten per cent (10%) of women surveyed found pads/tampons too expensive and a further 8% had a hard time throughout the day because shelters would only provide them one or two at a time.

> **"I have a horrible time when I get my period. I have to look for dark clothes; it's so hard to keep clothes clean. You're supposed to take it easy and rest, but I spend all day walking around getting food, I can't take it easy. I can't keep clean. It's terrible."**

WOMEN'S HEALTH AND ACCESS TO HEALTH CARE

Preventative Health

The Manitoba Cervical Cancer Screening Council [25] recommends routine cervical screening, called Pap tests, every two years for women over the age of 21. Twenty-five per cent (25%) of the women we interviewed had not had a Pap test in over three years, reducing the likelihood of early detection of cervical changes.

Pregnancy

Three of the women we interviewed were pregnant at the time of the survey. Fifteen per cent (15%) of the women reported having a baby while homeless, some of those while staying in a shelter. When asked where they went after giving birth, two told us they went to rehab, three to a shelter, four to a relative's place and three to a friend's place.

Homeless women experience high levels of violence and stress, and a lack of proper nutrition. They also have poorer access to preventative health care, causing them and their children even greater risks while pregnant.

25. The Manitoba Cervical Cancer Screening Council (2010).

Youth's Experiences of Homelessness

Twenty-seven per cent (27%) of the people we interviewed would be considered youth under most Canadian government programs, which means under the age of 30.

The youth we surveyed stayed at different places in the past month than the older homeless population.

- Youth were almost twice as likely to have stayed with friends
- They were also more likely to stay with family
- Youth were five times more likely to have spent a night in jail
- Youth were less likely to stay in hotels or rooming houses

The young people we interviewed rated their general health better than old people did. While 31% of those under 30 said their health was fair or poor, 49% of older adults rated their health similarly. There was very little difference between the self-perceived mental health of the two groups, showing that the emotional and mental distress of being homeless affects people similarly regardless of age.

SOCIAL SUPPORT

Youth were 10% more likely to have someone to listen to them when they needed to talk and 12% less likely to feel lonely often. This coupled with the locations youth stay highlights that the younger homeless people we spoke to still have social supports in their lives. Despite this support, youth were a little less likely to say that they had someone they could talk to if they had an emotional crisis.

Accessing Health Services

WHERE DO HOMELESS PEOPLE GO FOR CARE?

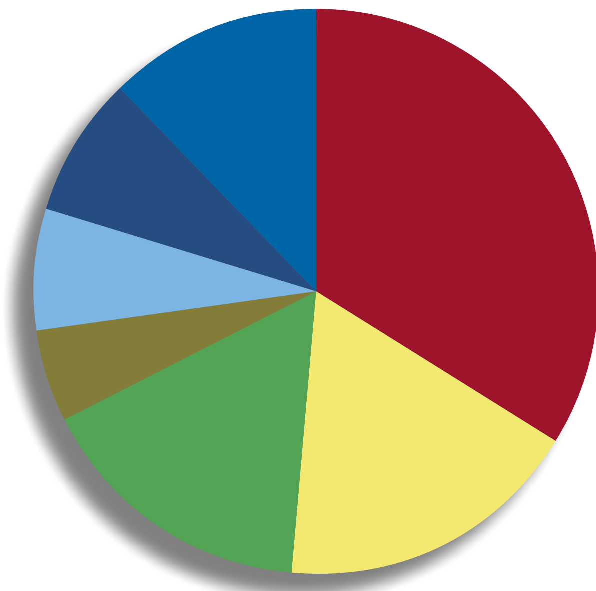
Respondents were asked where they had received health care at some point in the past year. The single most common place for health care was emergency rooms.

Sources of Health Care Used by Respondents in Past Year

	% of Respondents	Average # of times
Emergency Room	61.3	4
Walk-in Clinic	54.7	8
Outpatient Clinic	37.0	6
Overnight in Hospital	33.7	1
Community Health Centre	31.7	8
Family Doctor	30.0	10
Nurse or Doctor in Shelter	28.3	10

Though not perfectly accurate because the numbers are based on people's recollection, the data shows homeless people use walk in clinics and hospitals much more than regular doctors. From 300 people, there were a total of: 1343 walk-in clinic visits; 886 visits to a doctor or nurse at a shelter; 884 family doctor visits; 782 community health centre visits; 708 emergency room visits; 627 outpatient clinic visits; 296 admissions for at least one night at the hospital (not counting emergency stays);

Usual Source of Care (Respondents Could Choose Two)



- Walk-in clinic | 38%
- Community health centre | 20%
- Family doctor | 18%
- Emergency room | 6%
- Outpatient clinic | 8%
- Clinic at a shelter | 9%
- No usual source of care | 14%

When asked about their usual source of care, respondents identified walk-in clinics as the places they frequent the most. Thirty-eight per cent (38%) of the homeless people we spoke to usually use walk-in clinics for care, compared to 18% with family doctors and 20% using community health centres. Walk-in doctors will not fill in required forms (for example for disability assistance), cannot look at more than one health concern at a time, and their appointment lengths are limited. For a population at risk of more health problems, the lack of access to a family doctor has a severe impact of health and wellbeing. Doctors are often the access point to other services. Fifteen per cent (15%) of people had to see a doctor three or more times in the past year just to get forms filled in. Without a family doctor, this can be a challenge.

Those who had good family doctors spoke about how great is was to have someone who knew them and was willing to listen to their needs.

> **"I have a great doctor. He is the best I've had in my entire life. I tell him the truth and he tells me the truth. He'll sit and explain things to me. When I wanted sleeping medications because I couldn't sleep he explained to me how addictive they are and that because I already have addictions I shouldn't get them. He didn't just say no."**

PREVENTATIVE HEALTH CARE

Checkups

Twenty-two per cent (22%) of the people we surveyed said they had not had a checkup in more than three years. The most common reason for not getting a check-up was that people didn't think they needed one (44%). The other main reasons were not having a doctor (14%) and being too busy trying to meet basic needs (13%).

Immunization and Screening

We do not know how many people got a flu shot, however 72% of respondents were offered one in the past year. Only 27% of people had a TB test. TB (tuberculosis) is most commonly spread in shelters. It is a serious infectious disease and can infect people's lungs, kidneys, spine and brain. Homeless people are at a high risk of contracting TB due to their living conditions, and symptoms might not be recognized as anything more than a flu. Two per cent (2%) of people surveyed said they had had tuberculosis during their lifetime.

Sexual Health

Fifty-nine per cent (59%) of respondents were sexually active in the past year. Of those who were sexually active:

> 35% Said they always use a condom or dental dam
> 21% Said they use a condom or dental dam often, sometimes, or a few times
> 43% Said they never use a condom or dental dam
> 1% Refused to answer the question

Thirteen per cent (13%) of people said they had needed a condom but had been unable to get one at least once in the past year.

Sixty-five per cent (65%) of respondents had been tested for HIV in their lifetime. Twenty-one per cent (21%) of those who were sexually active had not been tested for STDs in over five years.

EMERGENCY DEPARTMENTS

Emergency rooms were the most commonly used place of health care for the homeless people in our survey, with 61% of people using them at least once in the past year. A further 23% of people were seen by paramedics or transported in an ambulance without it being what they would consider an emergency.

Reasons for Emergency Department Use in the Past Year

	% of Respondents
Physical problem other than an injury	47.1
Injury	41.2
Mental health reason	21.6
To detox	15.2
To get a prescription	10.8
Tooth pain	5.9

Though there is a perception that homeless people go to the hospital just for a warm place and a meal, only 3% of respondents had been to the emergency room for warmth, food, or rest in the past year. This means people are going for genuine medical reasons, though emergency service might not be the best place to serve those medical needs.

Despite the need for medical care, 36% of people reported leaving the emergency room before a doctor or nurse saw them. People left the emergency room because:

> 48% Wait too long
> 14% Negative reception by staff
> 7% Had to get to a shelter
> 7% Had to get to a meal

Seventeen per cent (17%) of respondents have had a negative experience with hospital security. Of those:

> 39% were denied access
> 21% were verbally or physically threatened
> 18% were physically removed
> 12% were physically assaulted
> 10% had all of the above happen

"At Health Sciences security guards kicked me off the property when I was trying to see a doctor. My son was shot in the leg and I tried to take him to the hospital, but they told me to go somewhere else."

"Health Sciences – I was having a seizure and the guards beat me up and handcuffed me to the bed."

HOSPITALIZATION

The homeless people we spoke to had high rates of hospitalization, and 45% said they have spent at least one night at the hospital in the past year. Many people had negative experiences in the hospital, and 22% left against medical advice.

"I went to the chemical withdrawal unit because I have three years of nursing, I have my BN but I was in the sex trade at the time because I was addicted to crack and I remember the nurse looking at my chart and saying, 'Oh, a hooker that's a nurse too. When did they start teaching that in nursing?'"

"They didn't want to give me pills for my broken arm, they thought I wanted pills to get high. I was told to get an x-ray and come back, but they would not give me the forms to get an x-ray."

Respondents said they frequently received poor follow-up care:

> 50% went back to the shelter immediately after being discharged
> 38% did not get help to fill prescriptions when they were discharged

MEDICATION, PERSONAL CARE, MEDICAL SUPPLIES AND ASSISTIVE DEVICES

Ten per cent (10%) of homeless people surveyed told us they could not obtain medical supplies in the past year. Thirteen per cent (13%) could not obtain assistive devices they required, one-quarter of them because they didn't know where they could get them.

Fifty per cent (50%) of people who needed help with personal care did not have anyone to help them. Only 23% of those requiring personal care had a worker assisting them.

Thirty-two per cent (32%) of respondents could not obtain prescriptions they needed in the past year

Reasons respondents could not obtain medication or medical supplies in the past year:

	Medication	Medical Supplies
Can't afford them	54.7%	54.8%
Don't know where to get them	0.0%	16.1%
No health benefit card or Not covered by welfare	23.2%	19.4%
Can't get a referral/prescription	32.6%	19.4%

The prescription medication respondents told us they take were categorized by type or by ailment they are intended to treat. Some people take a variety of medications for the same ailment, especially medication to treat mental illness. Because of this, the numbers are not meant to show the number of people taking a particular medication, only the total numbers of prescriptions for each type.

PRESCRIPTION MEDICATION

Prescription Medication Taken by Respondents

Type of Medication	# of Prescriptions Prescribed to Survey Participants
ADD/ADHD	3
Anti-anxiety or sleeping medication	75
Anti-biotic	9
Anti-depressant	74
Anti-psychotic	54
Arthritis	11
Asthma	19
Blood pressure	15
Cholesterol	3
Diabetes	16
Methadone	7
Migranes	2
Mood stabilizer	5
Pain medication	49 (40 for Tylenol 3; 9 other pain medication)
Seizures	10
Stomach or ulcer	7

Many of these vital medications are missed because of the challenges being homeless presents to people. Prescriptions were for a variety of diseases and illnesses including heart disease, diabetes, liver disease, seizures, and mental illness. The effects of not taking medications as prescribed can be dangerous.

Though medication programs were set up at some shelters to prevent medications from being lost and stolen, some people spoke of difficulties with these programs:

> **"Medication times are difficult to follow. Sometimes it's like the blind leading the blind; there isn't that trust factor with staff. Sometimes we'll wait for meds and some staff will forget to dispense them. Poor communication prevents things from going to the proper channels – pharmacy, doctor, staff, etc."**

> **"They keep the meds here [at the shelter], I'm not allowed to have them. If I miss the time, because I'm out, at an appointment, seeing a doctor I can't get them – which is often. I'm supposed to take them four times a day and I'm lucky if I take them once."**

Many people told us doctors they see do not listen to them; some refuse any sort of pain or anxiety medication because they believe they are 'just another addict' and others are handed prescriptions with little questioning. Thirty per cent (30%) of people who were prescribed medication for a mental illness did not have the medication and its side effects explained to them.

> **"I go to the doctor and say I can't sleep, I have bad anxiety and he said to me, 'I think you're just like everyone else on Main Street trying to get high.' If I wanted to get high I would buy the pills the guy was selling right outside the clinic!"**

> **"I just got a new doctor, and when I told him my history, he acts like an asshole – just says, 'What do you want? What do you need?' I just wanted help with my depression and he thought I was asking for drugs. People walk in and walk out with prescriptions in five minutes."**

HEALTH ADVICE

Forty-one per cent (41%) of the people we surveyed had not followed the doctors' or nurses' advice at some point in the past year.

Reasons for Not Following the Doctors' or Nurses' Medical Advice

	% of Respondents Not Following Advice
Didn't understand what they were supposed to do	19.5
It cost too much	22.9
They had no one to help them	35.6
Their living situation wouldn't allow it	37.3
It was too difficult to do	41.5

Returning to a doctor for follow-up treatment can be difficult because some income assistance workers require doctors' notes before providing bus tickets, meaning people need to have enough money to pay bus fare in advance. Advice like getting rest or staying warm is hard when many shelters do not allow residents to stay inside during the day. Some people with injuries spoke of having to carry heavy backpacks around all day because there was no place to store their personal items.

Doctors and nurses also advised people to stop drinking or doing drugs, but many of the people we interviewed stated that there were long waits for the few resources available to assist in quitting.

> **"Bed rest was prescribed but living at Siloam I am kicked out at 7am. Also, I was told not to wear a backpack; I could not follow the treatment."**

> **"I was on meds for manic depression and was told to go to mental health groups, but couldn't because I have no bus fare."**

MENTAL HEALTH CARE

While 45% of respondents had been given a mental health diagnosis, 21% of the people we spoke to (with or without a diagnosis) have needed mental health care in the past year but been unable to get help. The reasons people couldn't access mental health care include:

- 31% Were not offered care
- 20% Couldn't get a referral
- 11% Didn't think it was necessary
- 10% Didn't have a doctor to see
- 10% Found the wait was too long
- 8% Had a negative experience in the past

> **"The resources weren't there at the time. I didn't know who to call or what to do. I called an emergency place but they said it wasn't an emergency. I called Health Link, because it's the only place I could think of and they told me to look online or look for help. I don't have Internet and I have a pay-as-you-go phone. I didn't know where to get help, that's why I called."**

"At Seven Oaks, they kept waking me up, poking and prodding me, and said I needed to see a psychiatrist but they kicked me out on the streets because I yelled at the doctor. The doctor said, 'Just treat him like every other drug addict.' I was seeing bugs crawling out of my skin, and they threw me out."

Thirty-nine per cent (39%) of the homeless people we interviewed had been hospitalized for mental health care at some point in their lives; half of those were under The Mental Health Act and the other half voluntary. For people who had been hospitalized for mental health reasons, the average number of hospitalizations was three.

Prescription medication is just one treatment strategy for mental illness. Many people will require other forms of support. An over whelming majority of the homeless people we spoke to were prescribed medication (89%) but many were not offered anything else:

Treatment/Support Offered	% of Respondents with a Mental Health Diagnosis
Counseling	62.1
Support group	42.1
Support worker	20.7
Prescription drugs	89.3

> Thirty-five per cent (35%) of the people we spoke to did not feel like they had any choice or say in their treatment

> Thirty per cent (30%) did not have the prescription drugs and their side effects explained to them

When we asked what had been most supportive for mental and emotional health, most people said they never felt they had good treatment. For the few that had, the common support cited was someone who really listened to them and assisted with both basic needs as well as mental health.

"At the Crisis Stabilization Unit. It was the first time I got help after all these years. They gave me lots of information on how to deal with my mental health and told me what supports and connections could help."

"... It's his personality, you can talk to him like he's a normal person. You can bounce ideas off him. You can talk and he listens. That's the kind of people you need in psychiatry. You feel you can trust him. If anyone's having a problem, I tell them to go talk to him."

SUBSTANCE USE PROGRAMS

Smoking Cessation

Sixty-nine per cent (69%) of those who smoke (78% of respondents) are thinking about quitting and 76% have quit before. Sixty-four per cent (64%) of smoking respondents said they would use a smoking cessation program if it were available in places they usually go like shelters, drop-ins, or meal programs.

Alcohol Treatment

Seventeen per cent (17%) of the respondents who had at least one drink in the past year tried to get into an alcohol treatment program in the past year, but were unable to.

Types of Treatment Programs	% of Respondents Unable to Access Alcohol Treatment in Past Year
Detox	41.9
Short-term (28 days or less)	51.6
Long-term (more than 28 days)	35.5

Of those who could not get into treatment, the most common reason was that the wait was too long. Many people told us that not being able to access treatment when they were ready reduced their motivation.

"If you've gotta wait too long, you just give up. Then when you get in, you say, 'I don't want it now.' It's all timing."

Sixteen per cent (16%) of those who tried to get into treatment couldn't because they were using other drugs. There are few programs for people who use inhalants or solvents. Though data shows that most users use more than one substance, treatment programs are often designed for only alcohol or drugs, and sometimes cannot treat people with co-occurring diagnoses like a mental illness.

"I wish I could get into these but I know I won't be admitted because I sniff."

Reasons Why Respondents Could Not Access Alcohol Treatment	% of Respondents Unable to Access Alcohol Treatment
Wait too long	51.6
Using other drugs	16.1
No space	9.7
Other	22.6

There were a number of other challenges accessing treatment for individuals. Two people were told their problem was not bad enough. Others couldn't get through the rigorous process of getting to treatment.

"I walked all the way to Health Sciences while drunk because I wanted to go to the chemical withdrawal unit. They told me a doctor wouldn't see me while I was drunk; that I wasn't sick enough."

"I had to go to detox first. Then this one place I phoned you have to have five visits from a worker. I don't have a place for them to visit me. I phoned but nobody helped me."

"I wanted to go to detox but the EIA worker wouldn't approve it because she'd already paid the rent for the month."

> Sixty-nine per cent (69%) of those who used alcohol said they would use a program to help them quit drinking if it were available in the places they spend time, like shelters, drop-ins or meal programs

> Sixty-four per cent (64%) told us they would use a program to help them reduce, control, or make their drinking safer

Drug Treatment Programs

Of the respondents who reported using at least one illicit drug regularly in the past year, 10% had tried to get into some kind of drug treatment program but were unable to.

Type of Drug Treatment Programs Respondents Were Unable to Access in the Past Year	% of Respondents Unable to Access Drug Treatment
Detox	34.8
Short-term (28 days or less)	60.9
Long term (more than 28 days)	26.1
Other	4.7

Respondents had similar reasons for being unable to access drug treatment as for alcohol treatment:

Reasons for Being Unable to Access Drug Treatment in the Past Year	% of Respondents Unable to Access Drug Treatment
Wait too long	52.4
No space	23.8
Using other drugs	19.1

"The waitlist for women is too long. It used to be the opposite and women could get in right away, but now we need to wait. They don't have enough spots."

> Seventy-one per cent (71%) of those who used drugs in the past year told us they would use a program to help them quit if it were available in the places they spend time, like shelters, drop-ins or meal programs

> Similarly, 71% reported they would use a harm-reduction program to help them reduce, control, or make their drug use safer

After treatment, the lack of affordable housing means people usually go back to homelessness, where they were before treatment. Only 28% of people who told us they had been through treatment went to a place of their own after discharge. This makes maintaining a sober lifestyle difficult.

Where Did Respondents Go After Addiction Treatment?	% of Respondents
Shelter	31.0
Relative's place	17.0
Had nowhere to go	15.0
Other	9.0

"The only time I ever go to welfare for help is when I go for treatment. As soon as I finish the treatment, they tell me to get a job right away and they cut me off as though after that time in treatment I'm all better. I still need time to deal with my mental health but they don't let me."

ASSERTIVE COMMUNITY TREATMENT – ACT

In many communities across North America, a progressive approach to supporting people who are homeless with mental health and/or addictions issues has been adopted. The assertive community treatment (ACT) model has been created as a response to a health care system that previously had little or no tools for improving the quality of life of this population. ACT involves a small team of psychiatrists, nurses and social workers that provides intensive "wrap-around" case management to those with the highest needs. When compared to those not receiving such support, ACT clients have been shown to have fewer psychiatric inpatient days, more days housed in the community (not in shelters) and have greater improvements in their health (Salyers & Tsemberis, 2007). At the time of the report was written there were two Programs of Assertive Community Treatment in Winnipeg.

DENTAL CARE

Fifty-one per cent (51%) of people homeless people interviewed rated their dental health as fair or poor. Forty-three per cent (43%) had not seen a dentist in over two years and 26% of respondents had not been to the dentist in more than five years.

Of those who had not seen a dentist in more than two years 51% said it was too expensive or they didn't have coverage.

EYE CARE

Nineteen per cent (19%) of respondents reported having eye problems other than needing glasses, however eye care is difficult to access. Forty-four per cent (44%) of respondents had not had an eye exam in three years or more. Almost half had not had an eye exam because it is too expensive or they did not have coverage.

Forty per cent (40%) of the people we surveyed needed glasses in the past year but were unable to obtain them, over half because they could not afford them. Income assistance (regular and disability) only cover glasses every two years. The living conditions of homeless people makes it very difficult to keep eye glasses safe, so people had to wait for a year or more before they could get new ones. Other people told us that while glasses are covered, eye exams are not. This makes getting a prescription for glasses a challenge.

Accessing Housing, Social and Justice Services

In previous sections, the various barriers to accessing good health care and support were largely related to the life style and economic situation of the homeless people we spoke with. These barriers included lack of access to telephones and transportation, instability, and a lack of knowledge about what resources exist.

While poverty creates a barrier in accessing many health and social services, the discrimination homeless people face adds another layer of marginalization. Institutions, too, have requirements for services that act as a barrier to homeless people.

HEALTH AND SOCIAL BENEFITS FORMS

Many types of support are accessed through or require paperwork from health care providers, including disability assistance, therapeutic diet supplements, transportation subsidies, mental health care, and addiction treatment services.

Half of respondents had to see a doctor or medical provider in the past year just to get forms filled in. Fifteen per cent (15%) had to see a medical staff for forms at least three times. With 72% of respondents not having a family doctor or receiving care from a community health clinic, getting all the necessary paperwork complete can be impossible.

"You have to get around to the doctor's, explain what you need and where you're going. They assume you're lying. I gave my worker numbers to call and confirm information but he said he needed a written letter. It's like, 'We're going to make things as obtuse as possible to discourage you from asking.'"

"The doctor refused to fill out a medical form. He didn't say why. I went to social services appeal, and they asked him for more information. And when I went back to him the receptionist said he's not going to fill out any more forms for me. I don't know why. Maybe he's had too many problems with them, I don't know."

IDENTIFICATION

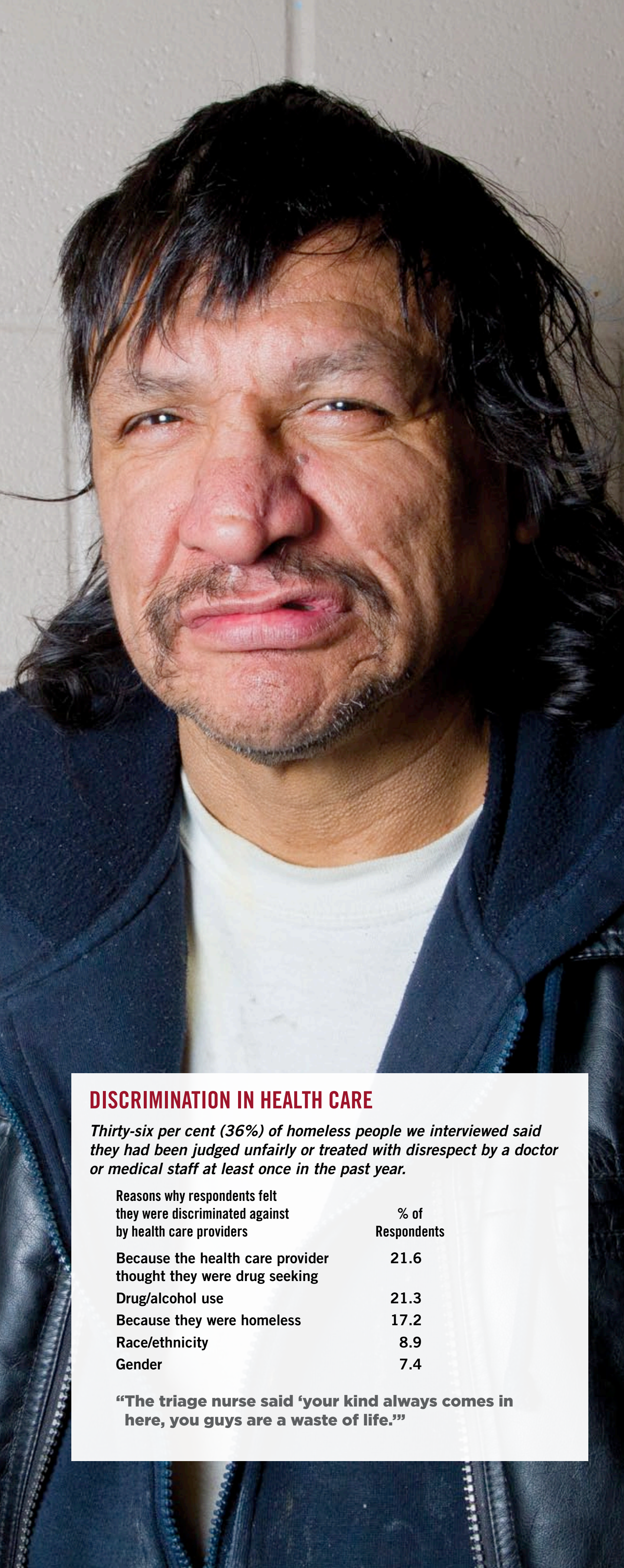
Twenty-four per cent (24%) of respondents did not have their Manitoba Health Card. The main reasons were that it was lost (56%) or stolen (21%). Twenty-two per cent (22%) of respondents had been refused health care in the past year because they did not have a Manitoba Health Card. Three people were refused care in the emergency department because of it.

Many people lacked other forms of identification:

- 65% Did not have their Social Insurance Card
- 58% Did not have their birth certificate
- 58% Of those who are Status Indians or Métis did not have their Status Card
- 36% Of people had no ID at all

Services and Resources Respondents Could Not Access Due to Lack of Identification	Number of People	% of Respondents
Bank	58	19.3
Food bank	35	11.7
Income assistance	32	10.7
Employment	25	8.3
Education	18	6.0
Income assistance for persons with a disability	17	5.7
Shelter/hostel	14	4.7
Housing	7	2.3

Having no ID makes it a challenge for people to move their lives forward. Twenty-five people were refused employment because they lacked ID and 18 were refused training or education. Many people did not know how to start the process of getting their identification back, and others could not afford to pay for photo identification.



DISCRIMINATION BY EMPLOYMENT AND INCOME ASSISTANCE STAFF

Besides health care, income support offices are the main place homeless people turn to for help. The people we interviewed spoke of being treated badly, ignored, or discriminated against at EIA offices. Some people told us that though their workers try to be helpful, the high caseloads and strict policies in place meant people become numbers to be processed. Most people are unaware of what services they can receive from income assistance. Though half of the people we interviewed saw their income assistance worker at least once a month, many received little more than a cheque.

"Everything's black and white and you're just a number in between on a page."

IMPROVING MANITOBA'S EMPLOYMENT AND INCOME ASSISTANCE PROGRAM – 2010 OMBUDSMAN'S REPORT

In May 2010, the Office of the Manitoba Ombudsman released a report on the province's Employment and Income Assistance program.[26] The report contained 68 recommendations "for administrative improvement" and was specifically critical of the program's current categorical eligibility system, its intake and application process, communication of the program to the public, fairness in the delivery of services, and lack of consistency between the program's stated philosophy of poverty reduction and actual policies. The province has accepted the majority of the Ombudsman suggestions and will be launching a review this spring to determine how often EIA recipients are forced to spend their basic allowance to pay the rent.

Services Respondents Received from Their Income Assistance Worker	% of Respondents Receiving Income Assistance/Disability Assistance
Financial support	94.8
Bus passes	36.6
Help finding housing	18.8
Help with a job search	15.7
Information about drug treatment	13.6
Information about education or training	7.9

Thirty per cent (30%) of respondents believed they should be eligible for disability assistance (that is, they had a disability or serious illness that is continuous or recurrent and it expected to last more than one year) but were not receiving it.

Reason Respondents Were Not in Receipt of Disability Assistance	% of Respondents Who Believe They are Eligible
Never applied	44.0
Turned down	28.6
Waiting to hear if they qualified	15.4
Couldn't complete application	8.8
Appealing a rejection	3.3
Total	100.1
Missing	0

The most common reason for being turned down for disability assistance was that the applicant could not get enough or proper medical information from their doctors (73%).

"Income assistance makes it really hard for you. There are tons and tons of hurdles – paperwork and waiting. You just give up."

26. Manitoba Ombudsman (2010).

DISCRIMINATION IN HEALTH CARE

Thirty-six per cent (36%) of homeless people we interviewed said they had been judged unfairly or treated with disrespect by a doctor or medical staff at least once in the past year.

Reasons why respondents felt they were discriminated against by health care providers	% of Respondents
Because the health care provider thought they were drug seeking	21.6
Drug/alcohol use	21.3
Because they were homeless	17.2
Race/ethnicity	8.9
Gender	7.4

"The triage nurse said 'your kind always comes in here, you guys are a waste of life.'"

Thirty per cent (30%) of people who had received income assistance (both regular EIA and assistance for persons with disabilities) had not received their cheque the day they were meant to get it. The most common reason for this was administrative, including a worker mistake or just a late cheque with no explanation (42%). This sudden lack of income without notice can have a drastic impact on a person's life. It can mean not getting housing or not eating. Thirty per cent (30%) of respondents had been cut off welfare without notice at some point. This has equally devastating effects.

> **"The cheque was at the front, but I couldn't go get it for a week or so. When I called, she said that 'the need has passed,' as though my rent no longer needed to be paid because I'd waited a week. They also wouldn't help with a damage deposit. I know that they can and that for some people they give you an advance and then you just get less the next few months, but some workers won't do that or tell you that. We all know the amount of money hasn't gone up in 10 years."**

> **"They told me that I have to get a job and that they'd cut me off. At the time, I was going to school and staying in Mainstay. I was trying to finish my GED. She said that they wouldn't support me anymore so I had to go back to the streets and sell drugs."**

> **"I missed a couple of meetings because I was in the hospital, and a doctor's note was not enough, so I was cut off."**

Forty per cent (40%) of respondents felt discriminated against or treated unfairly by a welfare (EIA, disability assistance) worker.

"When you go there to ask for something, even if you're entitled to it, they make you feel like it's coming out of their pocket. One case worker, when I asked if there was money I could get for furniture, she came right out and said, 'You don't deserve it.'"

"They just run you through the mill, everything you do is questioned, they make you feel like garbage, like you're begging."

Aboriginal People and Homelessness

Currently it is estimated that Aboriginal people represent upwards of 60 to 70 percent of the homeless population in Winnipeg (Laird, 2007). In our survey, 56% of respondents self-identified as Aboriginal. This high percentage is linked to a number of economic circumstances, such as high rates of unemployment and poverty, and low levels of education. Pan-Canadian research demonstrates that Aboriginal people are at a much higher risk of homelessness due to compounding factors such as the challenges of rural to urban migration, inadequate housing conditions on-reserve, the inability to secure adequate housing, intergenerational trauma and a lack of culturally appropriate supports to reduce the risk of housing instability (Hulchanski, Campsie, Chau, Hwang & Paradis, 2009).

The people who identified as Aboriginal in our survey were more likely to have been in the care of child welfare in their lifetime, 55% versus 27% for non-Aboriginal respondents. Women in our sample were more likely to be Aboriginal – while the overall sample had 35% of people identify as Status Indian, 48% of women surveyed identified as Status Indian. All four of the Inuit people surveyed were women. Aboriginal women were also more likely to become homeless because of a relationship break-up: 20% versus 11% for the total sample.

The respondents who identified as Aboriginal had higher rates of particular illnesses than the other respondents.

> 7.4% of the Métis people we interviewed had diabetes
> 9.4% of the Status Indian people we interviewed had diabetes
> 16.6% of the Métis people we interviewed had Hepatitis C
> 24.8% of the Status Indian people we interviewed had Hepatitis C

The Aboriginal people we spoke to experienced discrimination due to both their homelessness and their ethnicity. ***Thirty per cent (30%) of Aboriginal people told us they felt it was more difficult to access services just because of their ethnicity.*** Some people told us about feeling looked down on by social service and shelter workers:

"I wait too long in the emergency room. I know that they make me wait because I'm Native."

"Some people look down on you, think you're not educated. Think you can't fill out simple forms. It gets me frustrated to try to act dumb all the time."

Housing is a major sector with discrimination against Aboriginal people in Winnipeg. This leads to poor treatment and eviction without cause by landlords, and more difficulties finding a place to rent.

"It was a one-bedroom and I called for an appointment to go check it out and all of a sudden the room wasn't available. All of a sudden, 'Oh, I'll get back to you' and then all of a sudden, 'Oh it's taken.'"

"One time I went to apply for a place. As soon as he saw me he said 'nope.' He said I had to have a job to get the place, but that it was taken anyway. A white friend of mine went a day later and she got shown around the room."

"There's quite a few times I've seen places in the paper that look reasonable to rent and I phone them and they say 'Yeah, yeah, it's available, come look at it,' or whatever. And both times I go there and they open the door and they say, 'Oh no it's taken.' Twice that's happened, like half an hour after calling and they say to come by and look at it."

"Because I was Native – my husband was white and looked at an apartment. When I arrived to look at the place with him she said that the place as taken because 'all Indians are savages.'"

MOBILITY

Thirty-six per cent (36%) of the Aboriginal people we spoke to told us they were born on a reserve, though a quarter of them moved into the city when they were still children. ***Sixty-two per cent (62%) of those who left the reserve left primarily to make a better lives for themselves; they left for employment, education, independence, or because they were leaving domestic violence.***

Where Respondents Stayed After Leaving the Reserve	% of Aboriginal People Who Left a Reserve
Family	44.4
Friends	17.5
Homeless	12.7
Child and Family Services	9.5
Rooming house	4.8
Own house	4.8
Hospital	3.2
Other	3.1
Total	100

Research with Aboriginal people in Canada has looked at mobility and "churn," the disruption in people's lives from frequently moving to the city and back to the reserve. In our study, such moves were not frequent. Eighty-three per cent (83%) of respondents who were born on a reserve returned less than once per year, most for less than a week.

The Cost of Homelessness in Winnipeg

Many studies demonstrate a strong relationship between homelessness and health care, social services and criminal justice system expenditures. When combined, these costs frequently exceed the cost of providing adequate affordable housing and support services. Recent estimates reveal that homelessness costs Canadian taxpayers from $4.5 billion to $6 billion a year and that from 1993 to 2004, Canadians paid $49.5 billion, across all services and jurisdictions, to deal with homelessness (Laird, 2007).

This expense is largely due to an unsustainable and crisis-centred response to a lack of affordable housing and preventative health and social services. According to the City of Toronto, studies of programs in other jurisdictions have found service cost savings ranging between $1,300 to $34,000 per person annually as a result of formerly homeless individuals moving into housing (2009). Recent data from the City of Winnipeg reveal that all municipal and provincial levels of government continue to pay significant costs for emergency services for homeless individuals (2008).

Cost of Temporary "Housing" versus Permanent Housing

Type of "Shelter"	Per Day	Monthly Cost (based on 30 days)
Subsidized social housing (for general assistance clients without children) [27]	$9.50	$285.00
Private market rental housing (bachelor unit) [28]	$16.37	$491.00
Emergency homeless shelter (bed cost) [29]	$16.50	$495.00
Transitional housing (treatment first) [30]	$35.00	$1,050.00
Supportive Housing [31]	$37.45	$1,123.50
Provincial prison [32]	$161.80	$4,854.00
Hospital Acute Inpatient bed [33]	$1,482.00	$44,460.00

27. Manitoba Family Services and Consumer Affairs (n.d.).
28. Canada Mortgage and Housing Corporation (2010).
29. Per diem rate for overnight bed at Siloam Mission.
30. Per diem rate for transitional housing at Main Street Project.
31. Daily rate is based on Level 5 supportive housing at $852.00 provincial government per diem for housing cost and supports, and $271.50 for personal allowance.
32. Calverley (2010).
33. Health Sciences Centre Admissions.

Maintaining the Status Quo: Managing Not Ending Homelessness

In Winnipeg the methods for addressing homelessness typically focus on managing and/or treating the symptoms of homelessness once it has occurred. Expansion of emergency homeless shelters, temporary housing and charity-based health and social services, while meeting some moment-to-moment needs, simply do not address the fundamental issue of the lack of permanent housing and the support needs of this population group. Other obstacles to longer-term solutions stem from the fact that funding is often provided through short-term provincial and federal government project-based grants and provincial per diems. Although philanthropic (faith-based and secular) community organizations provide for some ad hoc or urgent needs and resources, they typically do not have the capacity to engage in the development of affordable, adequate and permanent housing.

This focus on managing symptoms of homelessness after the fact has led to an increase in emergency homeless shelter beds and temporary programs aimed at getting individuals and families off the streets into usually inadequate and temporary accommodations, rather than assisting people to become established in adequate, stable and affordable housing (Leo & Martine, 2006; Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). Some researchers and policy experts argue that one outcome of this focus is a growing reliance on and acceptance of the long-term use of emergency shelters and other emergency supports (for example soup kitchens and food banks) that were originally intended to be temporary.

Currently, in Winnipeg there is little permanent funding allocated for homeless prevention and approaches that have been shown to help end homelessness. Some examples are: evictions prevention programs; Housing First; rapid rehousing; harm reduction; intensive case management; and assertive community treatment programs. These can have a real positive impact and have demonstrated success in other jurisdictions.

PROMOTING SYMPATHY NOT SOLUTIONS: THE CHARITY MODEL APPROACH TO ADDRESSING HOMELESSNESS

Many researchers, homeless advocates and policy experts agree that the charity model approach does very little to address the root causes of homelessness (Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). Instead this approach often works to manage its symptoms. This is in contrast to the social justice approach, which contains an implicit understanding that social services are the job of the government and should not be subject to the discretion of private individuals or institutions. Under this approach, one of the key ways to address homelessness is to ensure people have affordable and adequate housing while the charity model rarely prioritizes such things. Unfortunately it is typically these “feel good” “tug at our heart strings” approaches that get the public’s attention. This draws attention away from successful approaches to addressing homelessness.

“I could hold down a job better if I had a stable place. If I have an evening shift, where am I gonna go after work? For me, having a house equals independence, safety and freedom.”

“When you get stuck in that rut it’s hard to get out of it. When you have to depend on someone else it wears on your self-esteem.”

“I think the biggest thing is to try to educate people that are ignorant about why people are homeless, about the issues that they face. Basically, I’ve met people driving by and swearing at you or laughing at you or whatever. We have to educate people about that.”

“Another thing I find is that I understand places like this, they do have to publicize and bring forth to the public what they do and that is educating people a little bit. But during Thanksgiving and Christmas and whatever, those are the times that people think about giving or whatever. But at Christmas time the media was here and they’ve got their television cameras and there are people here that have some pride and all they want is to have a meal and go on their way.”

HOUSING FIRST – AT HOME/CHEZ SOI

Housing First is a client-driven approach to ending homelessness that provides rapid access to a home without requiring initial participation in treatment or requiring participation in other programs prior to being “housing ready”. It is based on a belief that housing is a basic human right and that people should make their own decisions about their lives.

The Housing First approach has received media attention as it has been replicated in more than 30 cities in North America and adopted into a number of publicly announced ten-year community plans to end homelessness as well as municipal/county, provincial/state-wide and federal housing strategies.

The academic literature on the Housing First approach is overwhelmingly positive. Research on the first Housing First program called Pathways to Housing (located in New York City), indicates that 85 to 90% of those who participate are housed when followed up on five years later. Compared to the “treatment first” counterparts, clients are housed longer, spend fewer days in hospital, are less likely to use drugs/alcohol (Gulcur, Stefancic, Shinn, Tsemberis & Fisher, 2003).

In June 2008, the Government of Canada announced an investment of $110 million towards a Housing First research project to increase knowledge of the needs of homeless individuals with mental health issues. Managed by the Mental Health Commission of Canada, the At Home/ Chez Soi project is intended to find the best approaches to help some of the most vulnerable people in the country. As of December 2010, 78 Winnipeggers living with a mental illness have been housed and are receiving community supports under the project. Supports include primary care, psychiatric programming, cultural teachings, recreational events and other life-skills training.

Recommendations

The following section outlines the key program and policy recommendations, as determined by this report, required to address homelessness in Winnipeg. The recommendations focus on preventing homeless from happening in the first place as well as on measures to effectively improve the life circumstances and health of people experiencing homelessness right now. It is our hope that the information contained in this report will provide the leaders and decision-makers in our community with the evidence needed to take concrete actions towards ending homelessness in Winnipeg.

RECOMMENDATIONS, ACTIONS AND POINT OF RESPONSIBILITY

RECOMMENDATION 1	ACTION	RESPONSIBILITY
Establish a dedicated oversight body to implement the recommendations in this report	**Within 90 days of the release of this report, Main Street Project will invite all three levels of government and other community stakeholders to come together to strike an implementation committee**	**Mayor of the City of Winnipeg** **Premier of the Manitoba Government** **Minister of Human Resource Skills Development Canada – Government of Canada**

Rationale: Detailed plans for implementing each recommendation are beyond the scope of this report but should be the responsibility and mandate of a Joint Implementation Committee made up of representatives from all three levels of government and relevant community stakeholders.

Development of such a joint implementation committee is key to ensuring that actions are taken that will:

- Prevent people from becoming un-housed in the first place
- Improve and expand effective delivery of housing, health and social services to people who are homeless, based on recognized practices in the field
- Improve support for Winnipeg's adult and youth homeless shelters, drop-ins and meal programs
- Improve access to and quality in primary and preventive care for people who are homeless and those at risk of becoming homeless
- Ensure adequate supports are available for individuals who are homeless who have mental health and/or addiction issues
- Target the specific health, housing and social service needs of women who are homeless
- Target the specific health, housing and social service needs of Aboriginal people who are homeless

RECOMMENDATION 2	ACTION	RESPONSIBILITY
Prevent people from becoming un-housed in the first place by adopting housing legislation that would ensure secure, adequate, accessible and affordable housing	**Adopt legislation to create a national housing plan for Canada**	**The Government of Canada**

Rationale: For a number of decades the federal govenment has been criticized for failure to take action on the country's growing affordable housing crisis and to end homelessness (Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). Canada remains the only G8 country without a national housing strategy. This inaction has not gone unnoticed by the international community including the United Nations, as well as by national and local advocates such as Raising the Roof, the Toronto Disaster Relief Committee or the Right to Housing Coalition in Winnipeg.

These organizations along with many others have advocated that one of the key strategies to prevent homelessness is appropriate legislation, public policy and investment to safeguard the fundamental human right to housing and to live free from poverty. They have argued that what is needed is a reversal of historic government trends to manage homelessness and to reinvest in social policy options that prevent Canadians from becoming un-housed. This means investing in the health, housing and social services systems and ensuring that those systems are working together.

As the Toronto Disaster Relief Committee established over a decade ago homelessness is a socially created disaster that requires political will and leadership to recover (1998).

RECOMMENDATION 3	ACTION	RESPONSIBILITY
Coordinate efforts to end homelessness	Create a plan to end, not manage, homelessness in Winnipeg, through the development and adoption of a cross-government and community strategy Ensure the plan has clear measurable indicators, established timelines, implementation bodies and funding sources to implement the components of the plan	The City of Winnipeg The Government of Canada The Manitoba Government
	Implement a permanent and adequately resourced horizontally managed program situated within the Manitoba Government to address and prevent homelessness (similar to Healthy Child Manitoba)	The Winnipeg Regional Health Authority and the Manitoba Government, specifically the departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health > Healthy Living, Youth and Seniors > Aboriginal and Northern Affairs > Justice

Rationale: In numerous instances, participants in our study spoke of being subjected to housing, health, and social services that are fragmented and uncoordinated. Provincial and municipal efforts to coordinate homeless prevention, such as the Government of Manitoba's Cross-Department Coordination Initiatives and Project Breakaway, while positive, need strengthening.

RECOMMENDATION 4	ACTION	RESPONSIBILITY
Complete existing public commitments to build more social housing	Create 300 new units of rent-geared-to-income housing each year for the next five years	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs

Rationale: In 2009, the Manitoba Government committed to building 300 units of rent-geared-to-income housing each year for the next five years. We fully support this existing commitment.

RECOMMENDATION 5	ACTION	RESPONSIBILITY
Build more adequate and affordable housing and maintain existing social housing stock	Increase the supply of non-profit, rent-geared-to-income housing	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs
	Implement inclusive planning and zoning tools that require at least 20% of all new housing developments to be designated as truly affordable housing for low-income people	The Manitoba Government The City of Winnipeg
	Renovate sub-standard existing homes, targeting social housing and low-income homes needing repairs Ensure these renovated units continue to remain affordable by limiting rent increases	The Manitoba Government The City of Winnipeg
	Create a working group to develop recommendations on how many supportive and supported housing units are required in Winnipeg These supportive homes should be specialized, affordable models of housing designed to meet health and social needs and have support services in place to help people transition to and maintain housing This includes housing designed to accommodate individuals with physical and mental health needs, as well as harm reduction housing, which supports people with alcohol and other drug use issues	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs The Winnipeg Regional Health Authority
	Renew operating agreements for existing social housing stock	The Government of Canada The Manitoba Govenment – department of: > Housing and Community Development

Rationale: Much has been written about the lack of affordable and adequate housing in Winnipeg and across the country, and the devastating effect this has on individuals, families and society as a whole. Our findings mirror the above. One of the main reasons people said they become and stay homeless is the lack of affordable and adequate housing. Approximately 39% of our survey participants said that they became homeless because they could not afford their housing.

RECOMMENDATION 6	ACTION	RESPONSIBILITY
Address the relationship between poverty and homelessness as recommended repeatedly by the Canadian Centre for Policy Alternatives – MB and the Social Planning Council of Winnipeg	Increase the minimum wage per hour to the before-tax Low-Income Cut-Off (LICO-BT), and index annually to the rate of inflation	The Manitoba Government – department of: > Labour and Immigration
	Raise benefit levels for Employment and Income Assistance for all categories to the present value of 1992 levels and index them to annual increases in the cost of living so that they maintain their value	The Manitoba Government – department of: > Family Services and Consumer Affairs
	Improve access to the provincial Income Assistance for Persons with a Disabilities Program	The Manitoba Government – department of: > Family Services and Consumer Affairs
	Increase housing related benefits, including Employment and Income Assistance Shelter Allowances and Manitoba Shelter Benefits, by 20% and index them to annual increases in the Rent Increase Guidelines	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs
	Evaluate opportunities for improving and expanding the Portable Housing Benefit Program	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs
	Improve Manitoba's Employment and Income Assistance Program as per the 2010 Ombudsman's Report	The Manitoba Government – department of: > Family Services and Consumer Affairs

Rationale: Twenty-four per cent (24%) of the people we surveyed live on less than $200 per month. Another thirty-nine per cent (39%) had incomes between $201-400 per month with which they are expected to pay for rent, food, clothes, and every thing else they need to survive. These income levels are one of the top reasons why people become and stay homeless.

RECOMMENDATION 7	ACTION	RESPONSIBILITY
Ensure no one is discharged into homelessness from existing programs or systems that interact with high risk individuals	Develop and adopt cross-government and community plan to address the needs of people being discharged into homelessness This includes individuals from the: > Child welfare system > Criminal justice system > Hospital system > Mental Health system > Addictions treatment system Ensure the plan has clear measurable indicators, established timelines, responsible implementation bodies and funding sources to implement the components of the plan	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health > Healthy Living, Youth and Seniors > Aboriginal and Northern Affairs > Justice The Winnipeg Regional Health Authority The Government of Canada > Corrections Canada > Human Resources Skills and Development Canada

Rationale: Many people in our study reported that they have had considerable involvement with public services such as the child welfare, hospital, and justice systems. These systems have all been criticized for their lack of appropriate discharge supports. Survey participants identified that supports on discharge are an important way to prevent homelessness.

RECOMMENDATION 8	ACTION	RESPONSIBILITY
Make sure anti-eviction strategies are in place to avoid housing crisis	Develop and adopt comprehensive evictions prevention program that is available to those in public and private market housing. This could include: > Rent Bank/Utilities Bank (To provide short term financial assistance to individuals and families at risk of losing their home or place of shelter.) > Manitoba Housing property management training (sensitivity training on working with at-risk tenants) > Life skills training for tenants (To ensure tenants have basic life management skills e.g.: banking and budgeting, health care, laundry, cleaning, shopping and cooking) > Preventing evictions protocol to ensure that high risk tenancies are identified at initial tenanting and to providing coordinated case-management	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority Public and private landlords in Winnipeg

Rationale: The second highest reason people told us they became homeless is because they were evicted. These evictions could be prevented if effective supports were in place.

RECOMMENDATION 9	ACTION	RESPONSIBILITY
Involve people with lived experience in the development of any policy or program that impacts the delivery of housing, health and social services to people who are homeless	Directly involve diverse people who have experienced homelessness in designing health and social services Acknowledge the influence of the charity model in the development and delivery of health and social services Redesign services to promote capacity building and reflect the strengths, knowledge and skills of the people they serve	The Government of Canada – Homelessness Partnering Strategy The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service (for Project Breakaway) All community organizations providing supports to homeless people
	At minimum, mandate that publicly funded service agencies that support homeless people have a mechanism for input/feedback from those who use the services	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service (for Project Breakaway)
	Require and fund evaluations for those providing publicly funded services to people who are homeless	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service (for Project Breakaway)

Rationale: Many of our survey participants remarked that the support services set up to help them were not meeting their needs. People with lived experience are best suited to understand these needs and should be included in developing policies and programs that affect their lives. Including people with lived experience would also help develop a homeless support system that treats people with respect and dignity.

RECOMMENDATION 10	ACTION	RESPONSIBILITY
Help frontline staff support homeless people	Conduct mandatory education and training to increase awareness and understanding about homelessness Target: > Hospital staff, including security guards > Access Centre staff > Disability and Employment and Income Assistance Staff > The Downtown BIZ staff > The Police > Manitoba Housing staff and other publicly funded housing agencies	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service (for Project Breakaway)
	For medical staff and others who provide health services, provide additional training to ensure that the unique needs of homeless people are considered and addressed	The Winnipeg Regional Health Authority The Winnipeg Fire and Paramedic Service
	Conduct research on access to and appropriateness of medical care for the homeless population in Winnipeg	Manitoba Centre for Health Policy
	Create an alternative mechanism to ensure that health cards are accessible to people experiencing homelessness	The Winnipeg Regional Health Authority
	Develop and fund a central housing aid centre, with satellite sites, to help individuals in housing crisis locate housing and emergency supports	The Manitoba Government – department of: > Housing and Community Development
	Create a Community Support Worker position within emergency departments, 24 hours a day, and 7 days a week, who provides support to homeless people when they are accessing the emergency department	The Winnipeg Regional Health Authority
	Ensure that the process for making a complaint is clearly posted in all hospital departments, Employment and Income Assistance offices and homeless shelters	The Winnipeg Regional Health Authority The Manitoba Government – department of: > Family Services and Consumer Affairs All community organizations providing supports to homeless people
	Establish and maintain an accessible third party complaints process through a relations or similar office Ensure that the process for making a complaint is clearly posted in all emergency homeless shelters, drop-in centres and soup kitchens	The City of Winnipeg > Winnipeg Police Service (for Project Breakaway)
	Create a Community Support Worker position within the Winnipeg Police Service, 24 hours a day, and 7 days a week, who provides support to homeless people when they are accessing police support	The City of Winnipeg > Winnipeg Police Service (for Project Breakaway)
	Create curriculum for outreach/street nurse education program	Faculty of Nursing, University of Manitoba

Rationale: The results from our survey reveal that there are significant barriers to accessing appropriate housing, health and social services. The people we surveyed told us that they often receive inadequate care and face discrimination. Some have decided that trying to access support is futile. There appears to be incongruity between the supports available and what is really needed.

> 36% of homeless people we interviewed said they had been judged unfairly or treated with disrespect by a doctor or medical staff at least once in the past year

> 30% of respondents believed they should be eligible for disability assistance (that is, they had a disability or serious illness that is continuous or recurrent and it expected to last more than one year) but were not receiving it

> Of those people surveyed who had been physically assaulted in the past year, 76% didn't report the incident to police because "it wasn't a big deal," they "didn't think it would be taken seriously" or were afraid of the repercussions of reporting

> 47% of the people we surveyed told us they have felt discriminated against or treated unfairly by a shelter staff or volunteer in the past year

RECOMMENDATION 11	ACTION	RESPONSIBILITY
Implement and enforce the provincial emergency homeless shelter standards	Develop a comprehensive implementation plan with to implement and enforce provincial emergency homeless shelters standards for all publicly funded shelters in Winnipeg	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
Build on existing community-based services that address homeless people's health related needs and extend them where necessary, until the need for these services decreases	Develop a core-funding program for Winnipeg's adult and youth homeless shelters, drop-ins and soup kitchens This would allow these vital community supports to pay for items such as: > Adequate bedding and personal hygiene products > Rapid re-housing programs > Adequate meal programs > Daytime hours drop in hours so that homeless people always have a safe indoor space	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Develop a renovations program for Winnipeg's adult and youth homeless shelters This would allow these vital community supports to pay for items such as: > Renovations to eliminate overcrowded conditions and ensure accessibility > Storage units for clients' belongings > Safety and security measures > Laundry facilities > Adequate bathroom facilities > Secure medication facilities	The Manitoba Government – department of: > Housing and Community Development The Government of Canada's Homelessness Partnering Strategy
	Increase the number of community-based caseworkers that assist homeless people in navigating various aspects of health and social service systems	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Ensure that at all times within the emergency homeless shelter system there is an alternative and flexible shelter option that operates from a harm reduction philosophy	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority

Rationale: Until such time as Winnipeggers do not need to access emergency shelter and food because of poverty and lack of affordable housing, there is an immediate need to improve the difficult daily living conditions of people who are homeless.

- 52% of people surveyed who used shelters have been refused shelter at least once in the past year, on average three times. The most common reason for being denied shelter was that it was full (46%)
- 30% of respondents did not feel safe staying at emergency homeless shelters. This was especially true for women
- 50% of people who stayed at an emergency homeless shelter in the past year had stayed in a shelter with bedbugs
- 43% of respondents sometimes or usually had difficulty getting their clothes washed
- 1/3 of people told us not getting enough good nutritious food was the hardest part of staying healthy when they're homeless

RECOMMENDATION 12	ACTION	RESPONSIBILITY
Improve access to and quality in primary and preventive care by expanding the capacity of primary care to support homeless people	Provide increased funding for comprehensive, multidisciplinary, freestanding models of primary care such as community health centres These services should: provide easy access for homeless people through practices such as unscheduled walk-in hours and no health card requirements; include expanded community health work such as outreach, harm reduction, and case management; include dental and vision care; and offer services during evenings and on weekends	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Increase awareness and capacity among family doctors about the unique needs of homeless people Encourage them to provide quality services to this group	The Winnipeg Regional Health Authority
	Enhance public health and community-based efforts addressing Tuberculosis, Hepatitis C, and HIV for homeless people, to ensure an integrative, proactive approach to education, testing, follow-up and access to treatment	The Winnipeg Regional Health Authority
	Ensure access to dental, vision and prescription coverage for all low-income people in Manitoba	The Manitoba Government – department of: > Health The Winnipeg Regional Health Authority
	Extend dental- and vision-care benefits to all low-income people using an income-based sliding scale model similar to that used by Pharmacare.	The Manitoba Government – department of: > Health The Winnipeg Regional Health Authority

Rationale: Until access to primary and preventative health care improves, hospitals will continue to be a frequently used source of health care for homeless people. Hospital emergency departments were used by almost 61% of the homeless people in our survey in the last year. Hospitals are not equipped to ensure that homeless people will be able to get the prescriptions and follow-up care they need, the food they should eat, and an adequate place to rest and heal when they leave the hospital.

RECOMMENDATION 13	ACTION	RESPONSIBILITY
Create a permanent Housing First Program	Develop and adopt a properly funded and staffed Housing First program	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
Expand programs that have a proven track record	Create and fund more Programs of Assertive Community Treatment	The Winnipeg Regional Health Authority
	Expand the scope of Project Breakaway	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service
Expand the capacity of the mental health and addictions service delivery systems to support homeless people	Create and expand comprehensive, alternative models of community-based mental health and addictions services, including outreach, peer support, survivor-run services, 24-hour non-medical crisis support, and case management that addresses the social determinants of mental health and addiction	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Increase the number of drug and alcohol detox beds in Winnipeg, as well as residential treatment options for people with addictions Make homeless people a higher priority for accessing residential detox and treatment programs	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Build on and expand community-based harm reduction strategies, outreach services and support programs for substance users, in particular for people who use crack cocaine and prescription opioids and solvents	The Manitoba Government – departments of: > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Research and develop a non-beverage alcohol and solvent use program	The Winnipeg Regional Health Authority

Rationale: Mental health and substance use services are in high demand and are difficult for homeless people to access. This is despite evidence that there are programs that do work to meet the needs of homeless people who have mental health and/or addiction issues. These include: Housing First programs, comprehensive case management and harm reduction.

> 39% of people surveyed have been hospitalized for a mental health issue in their lifetime
> 45% of people surveyed rated their mental health as fair to poor
> 31% of people in our survey who sought treatment for addiction returned to a shelter upon exiting the program

RECOMMENDATION 14	ACTION	RESPONSIBILITY
Ensure there are adequate health, housing and social supports to meet the needs of women who are homeless	Ensure that at all times there is a designated women's only emergency shelter option within the emergency homeless shelter system in Winnipeg	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority
	Improve health outreach to women who are homeless so that they are aware of and able to access cervical screening and prenatal care	The Winnipeg Regional Health Authority

Rationale: For women who are homeless, the experience is often frightening and difficult. Safety was a major issue raised by the women we surveyed and this was especially the case when discussing the existing emergency homeless shelter system. Women continue to be abused by acquaintances, strangers and partners.

> Women felt more unsafe in emergency shelters, 40% felt unsafe versus 28% of men who felt unsafe
> 21% of respondents experienced sexual harassment in the past year. 43% of women were sexually harassed
> 63% of victims did not report the sexual assault to the police

The women in our study also have unique health-care needs that are not being addressed in the current system.

> 10% of women surveyed found pads/tampons too expensive and a further 8% had a hard time throughout the day because shelters would only provide them one or two at a time
> 25% of the women we interviewed had not had a Pap test in over three years, reducing the likelihood of early detection of cervical changes
> 15% of the women reported having a baby while homeless or staying in a shelter

RECOMMENDATION 15	ACTION	RESPONSIBILITY
Help frontline staff support people of Aboriginal descent who are homeless	Conduct mandatory education and training to increase awareness and understanding about Aboriginal homelessness Target: > Hospital staff, including security guards > Disability and Employment and Income Assistance Staff > The Downtown BIZ staff > The Police > Manitoba Housing staff and other publicly funded housing agencies > Emergency shelter providers and other agencies providing supports to the homeless population in Winnipeg	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Health The Winnipeg Regional Health Authority The City of Winnipeg > Winnipeg Police Service (for Project Breakaway) Emergency shelter providers and other agencies providing supports to the homeless population in Winnipeg
Ensure there are appropriate settlement supports and housing for people who are leaving reserves	Develop transitional and permanent housing units to accommodate Aboriginal people migrating to the city as well housing for those wishing to reside in urban centres Ensure there are appropriate settlement supports in place.	The Manitoba Government – departments of: > Housing and Community Development > Family Services and Consumer Affairs > Healthy Living, Youth and Seniors > Aboriginal and Northern Affairs
Ensure there are culturally appropriate health, housing and social supports to meet the need of Aboriginal people experincing homelessness	Ensure that Aboriginal community leaders are involved in the leadership of any plan to end homelessness in Manitoba	All levels of government
	Ensure that any new and existing support services incorporate programming that begins with and/or centres on Aboriginal experiences and world view	All levels of govenment Emergency shelter providers and other agencies providing supports to the homeless population in Winnipeg

Rationale: The reality that homelessness disproportionately affects Aboriginal people requires that the Aboriginal community play a key role in determining the direction of long-term planning to end homelessness. Work to address homelessness among the Aboriginal population must be done in partnership with current Aboriginal-led initiatives such as the Urban Aboriginal Strategy, the housing priorities identified by the Manitoba Métis Federation, the Assembly of Manitoba Chiefs and the Aboriginal Council of Winnipeg, and other community-based organizations such as the Manitoba Urban Native Housing Association.

We must also ensure that frontline staff and policy makers are conscious of the factors that lead Aboriginal people into homeless. Only then can strategic action be taken to develop culturally appropriate programs and housing, as well as ending the discrimination so commonly experienced by Aboriginal people who are homeless or at risk of homelessness.

Appendices

APPENDIX 1

Surveys on health status and access to services were completed, data was entered and analyzed for a representative sample of 300 homeless men and women in Winnipeg.

Sample Size

The total number of homeless people in Winnipeg is not known. No official numbers have been kept by the City of Winnipeg, Manitoba Government or Government of Canada. Information on the emergency sheltered homeless is the only reliable information that could be gathered at the time our research. However, using available estimates, we set a target sample size of about 300 that would give results accurate to plus or minus 5%, 95% of the time in a random sample. In street health studies it is difficult to design a sample with random properties and convenience sampling was adopted. Identifying features such as birth date were used to prevent duplicate returns. In total 312 of people were interviewed and 300 surveys could be used after excluding duplicates and incomplete questionnaires.

Interview Sites

Anecdotal evidence suggests that the majority of the homeless population in Winnipeg is located in the downtown area. As such people were surveyed at emergency homeless shelters, drop-in centres and meal programs in the downtown area. These included Main Street Project, the Salvation Army Booth Center, Agape Table, Sunshine House, Siloam Mission, and Resource Assistance for Youth.

Eligibility

In order to be eligible for the study, participants had to be what is often referred to as "absolutely" homeless. This was defined as: having stayed in a shelter, public place, or other site not intended for human habitation for at least 10 of the last 30 nights. Enrolment in the study was stratified by shelter use. "Shelter users" were defined as people who had stayed in a homeless shelter in the last 10 days, including the night before the interview. "Non-shelter users" were defined as people who had not stayed in a shelter in the last 10 days, but were still considered to be "absolutely homeless" – that is, they had stayed in a public place or at a friend or relative's place (and not in a shelter) in the last 10 days. Accordingly, a screening tool was used before conducting every survey.

Recruitment

Participants were recruited from sites where people who are homeless obtain services, including three emergency shelters (Siloam Mission, Main Street Project, and Salvation Army Booth Centre), a meal program (Agape Table), a safe house for people with HIV/AIDS and/or Hepatitis C (Sunshine House) and a youth resource centre (Resource Assistance for Youth). Staff at the services announced the survey and people volunteered to do the survey. When staff were unavailable, surveyors approached people or groups of people at random, described the survey, and asked people to participate.

The Survey Instrument

The survey consisted primarily of closed-ended quantitative questions on demographic factors, participants' health and well being, health determinants, lifestyle factors and access to care and services. A small qualitative component was included to explore homeless people's self-identified health issues and concerns. The survey questions included questions from the 1997 Toronto Street Health Report survey and Canadian Community Health Survey (CCHS) questions (to ensure comparable data to the general population). Additional survey questions were included on issues specific to the Aboriginal population, cigarette use, income assistance and food security. These questions were added in an effort to collect more Winnipeg specific data as well as to assist other researchers looking for answers to specific health-related questions.

The survey instrument was reviewed with two people currently experiencing homelessness and revised or expanded upon accordingly prior to surveying the entire sample. It should be noted that the original survey from Toronto has gone through university research ethics review. The added questions were also subject to an ethics review by the University of Manitoba Ethics Review Board.

Data Collection

The Winnipeg Street Health Report research team, students from the University of Manitoba's Department of City Planning, and a consumer of mental health services conducted data collection. Each survey took between 45 minutes to an hour to complete and the study participants were be given an honorarium for their time.

Data Analysis

Data was entered into a spreadsheet and quantitative analysis using PASW Statistics 18 software was undertaken by co-author Christina Maes and Christopher Beauvilian, a graduate student from the University of Manitoba. Analysis focused on descriptive statistics and comparisons with the general population. Duplicate and incomplete surveys were deleted from the dataset.

Participants' answers to open-ended questions were reviewed, and some illustrating key ideas were selected. All data was analyzed to identify key study findings, issues and themes.

APPENDIX 2

Limitations

While we are confident that our findings are representative of the experiences and health status of homeless adults in Winnipeg, this study has some limitations that should be acknowledged.

Our data is based on self-reported information. Also our survey only captures the experiences of a segment of the homeless population, often referred to as "absolutely" homeless. In addition to people who have no place of their own to live, the term "homelessness" can include people living in poor housing or overcrowded conditions, people at risk of becoming absolutely homeless, and people living on low incomes who spend a large part of their income on rent. People in these circumstances face many of the same health issues and barriers to health care as absolutely homeless people. However, we chose to narrow our focus to "absolutely" homeless people to ensure that our study was comparable to the past studies conducted in Toronto and Halifax and because of the logistical challenges to including a much less visible group of people who could be broadly defined as homeless.

In addition, it is important to acknowledge that the small percentage of absolutely homeless people who do not use any services for homeless people were excluded from the study because we only recruited survey participants at shelters, drop-in centres and meal programs.

When selecting survey sites, we excluded shelters focusing their services on women escaping violence, and youth. These shelters were excluded because their services are tailored to specific sub-groups of homeless people, who have unique circumstances and needs that may be different from the rest of the homeless population, and were beyond the scope of the study. As a result, the health issues and needs of these particular groups are less likely to be reflected in the study findings.

Our survey deliberately focused on downtown Winnipeg to ensure that our study was comparable to the Toronto and Halifax study methodology. As a result, homeless people outside of the downtown core were excluded from the study. It is important to acknowledge that homelessness exists outside of the downtown of Winnipeg and the experience of homeless people in these parts of the city may not be reflected in our study.

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“Something good will happen – I have positive thoughts. I take it day by day.”

– Winnipeg Street Health Report Survey Participant