

The Homelessness Continuum: A Community Plan for Hamilton

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1. EXECUTIVE SUMMARY

Our plan enumerates gaps in our community identified through an analysis of the inventory of facilities and services, knowledge of City staff, input from two stakeholder planning workshops (business and service providers), and interviews with key stakeholders. It also recommends a model for creating new policy according to a continuum of homelessness from street homelessness to adequate housing, and a shift in focus from emergency response to proactive intervention. It lays out community assets, gaps and emergent priorities for the next phase of the Supporting Community Partnerships Initiative (SCPI), and introduces two innovations for how we as a community can best meet the ultimate and much broader goal of adequate housing for all members of our community: a consolidated approach to planning and resources and a business plan on homelessness.

As the solutions require the active participation of all three levels of government, as well as business, social service, charitable and not-for-profit sectors, the City must do everything possible to bring these groups together. This will require a great deal of leadership and innovation on our part.

Based on the continuum of supports, our plan adopts a model for addressing homelessness that emphasizes the vulnerability and risk of losing housing and “sliding down” into street homelessness. The bottom step (absolute homelessness) is living on the street, in emergency shelters, or one of the hidden homeless (living with friends, or outdoors). The next step (“at risk”) is a slight movement up: insecure housing and living in chronic risk of becoming homeless. Without last month’s rent deposit, without help working through landlord problems and avoiding eviction, this group is very close to falling into “absolute” or “street homelessness”. The next step up (housing with supports) is stronger still, providing vulnerable groups with the daily supports necessary to live in a stable and independent environment.¹ The last step (adequate housing) is the strongest in the continuum: housing that is adequate, safe, stable, permanent, and affordable, and that is designed for those in our community who live at, or below the poverty line. This must be done without creating ghettos and without eroding human dignity or inadvertently creating incentives for dependence, or lack of personal responsibility.

¹ One may argue that Housing with Supports is a form of “Adequate Housing”. While the two forms overlap to some extent, given inadequate inspection of Residential Care Facilities and inadequate rates for Personal Needs Allowance (\$112 per month), some would object to this being referred to as “adequate”. We acknowledge that housing with supports can and ideally is a form of adequate housing but because it generally captures members of groups that are not only poor, but poor with serious health problems and disproportionate risk of homelessness, for the purpose of analysis they are categorized separately.

Using this model, this report will walk through each step, from living on the street, to being at high risk of homelessness, to housing with supports for persons with special needs, to adequate housing for those at or below the poverty line. It will outline our community's assets, and primary needs at each of these levels. A subset of the broader Community Plan on Homelessness is the recommendations for the SCPI Community Plan for the next three years (2003-2006). SCPI is only a part of the overall plan.

Furthermore, both the Community Plan on Homelessness and the SCPI Community Plan will be reflected in the City of Hamilton's Keys to the Home, which will provide a policy context and clear directions for City Council in housing matters. The Housing Policy and Plan will identify major issues, trends and challenges and map out solutions and actions. Emphasis will be placed on identifying housing options and strategies that require minimal cost to the City. Keys to the Home will address areas of the housing continuum that can influence homelessness, including the rental housing market, residential intensification, "affordable" housing, rooming houses, homeownership opportunities for lower income households, supportive housing, and an assessment of unique housing needs.

2. INTRODUCTION

Homelessness is caused by the combination of poverty and increased vulnerability. This vulnerability is mental disorder or disability, addiction, discrimination, a lack of family and friends to lean on. The challenge is to meet the need where it exists along the homelessness continuum without compromising dignity and independence, and without unintentionally creating incentives for ongoing dependency.

Given 2001 census data, of the half million people who live in Hamilton, approximately twenty percent or 100,000 people now live in poverty. Consider, for a single person earning, minimum wage income (\$1100 per month) against current average market rent (\$597 per month for a one-bedroom). Fifty-seven percent of income spent on rent leaves very little left (\$503) to purchase food and to meet other basic needs. This demonstrates that some average hard working Hamiltonians simply cannot afford market rent. We have to create options for them to live adequately and not day-to-day in emergency shelters.

During the first phase of the SCPI program, our focus as a community was to improve the capacity and quality of emergency shelters, many of which had been untouched for over fifty years. With that important work now well underway, the new plan shifts emphasis from reactive emergency intervention to proactive prevention. Given that as a City we spend approximately five million dollars a year on emergency shelters, \$4.3 million a year from the SCPI program over the next three years is only a small part of what is required.

Our plan advocates applying this funding to the two middle steps along the continuum: housing with supports (e.g. harm reduction supportive housing for long-term homeless persons with chronic alcoholism) and eviction prevention programs (e.g. emergency food programs and trusteeships). While recognizing the importance of alleviating the suffering of people on the street, our plan espouses a strong prevention approach by focussing on the end goal of helping people to remain adequately housed. We will use SCPI funds to shore up the system where we can, while recognizing that our community plan is first and foremost driven by community need, not funding program criteria.

3. HOMELESSNESS AND HEALTH

As a group, homeless people have high levels of morbidity and mortality and experience significant barriers to accessing health care. A recent *Canadian Medical Association Journal* (CMAJ) report states that homeless individuals suffer from a wide range of medical problems.² The severity of the disease can be remarkably high because of factors such as extreme poverty, delays in seeking care, non-compliance to therapy and follow up appointments, cognitive impairment and the adverse health effects of being homelessness.

The CMAJ reports medical problems that are particularly prevalent among homeless adults including seizures, chronic obstructive pulmonary disease, arthritis and other musculoskeletal disorders. Conditions such as hypertension, diabetes and anaemia may go undetected for long periods. Dental health is poor and skin and foot problems are prevalent.

Violence is a constant threat to the health of the individual homeless person. Unintentional injuries are a leading cause of morbidity and mortality, especially among homeless men. Injuries are often the result of falls or being struck by a vehicle, unintentional overdose of drugs, alcohol abuse, and exposure to the elements.

Patterns of substance abuse and mental illness vary across demographic subgroups. Homeless single women are more likely to have mental illness alone, without substance disorder, and substance abuse in men is about twice that in single women.

Homeless adults have a high level of health care use and most of their care is from emergency departments. These individuals are admitted to hospital up to five times more often than the general population. Homeless individuals are sometimes discharged to shelters raising issues related to recuperation and follow-up after a stay in hospital. Often filling prescriptions is problematic as homeless individuals do not have insurance benefits and cannot afford the cost of medications.

The *Community Action Plan on Homelessness* (2000) made several recommendations about the health care needs of people who are homeless: expanding health care outreach services, expanding oral health care and reducing barriers to access health care services. The *Progress Report on Homelessness* (2003) states that community based health centres continue to seek innovative ways to promote community health, deliver health care and secure people with housing. The increased funding available through SCPI has enabled the expansion of some existing projects and the development of new ones. Some examples include increased outreach services at the Aboriginal Health Access Centre, Hamilton Urban Core Health Centre, the Salvation Army Booth Centre and

² Canadian Medical Association Journal, Volume 164, Issue 2, January 23, 2001.

Soup Van, the Assertive Outreach Team, Crisis Outreach Assistance and Support Team (COAST), and the Community Health Bus.

A research project by the McMaster School of Nursing under the direction of Helen Thomas (Clinical Consultant to Public Health Research Evaluation Development) and Dyanne Semogas (School of Nursing), titled *A Community Action Plan for Health of the Homeless in Hamilton*, funded by SCPI, is expected to provide comprehensive information about the health status and unique health care needs (and access issues) of homeless individuals in Hamilton. To date, the data collection phase has been completed, 300 homeless individuals were interviewed, 15 key informant interviews with service providers, four focus groups with visible minorities and chart audits to assess health themes were conducted. At present the data is being analyzed, and recommendations will be made by the Advisory Committee following consultation with the community. The overall goal of this project is to develop a Community Plan for the Health of the Homeless.

Homelessness is associated with a high burden of illness, at the same time the health care system does not adequately meet the needs of homeless individuals. Extensive research is required to identify innovative and effective ways to deliver health care to these individuals. In this new Community Plan, homeless individuals are entitled to live with dignity and can be supported along the homelessness continuum.

4. LIVING ON THE STREET: EMERGENCY FOOD AND SHELTER

The following assets, gaps, and recommendations for the second phase of SCPI were identified through an analysis of the inventory of facilities and services, knowledge of City staff, input from three stakeholder planning workshops (business, emergency shelter providers and emergency food programs), and developmental review by key stakeholders.

Assets:

- we currently have 436 overnight spaces available in emergency shelters (including specialized shelter spaces for youth, families, and Aboriginal women)

Gaps:

- our emergency food system is overburdened and on the brink of collapse
- lack of long-term supportive housing for homeless individuals with addiction problems
- inability of shelters to provide emergency medication (drug cards)
- high incidence of concurrent disorders (addiction and mental illness) in shelters
- high turn-away rate at shelters
- lack of education and training programs for homeless persons living in shelters
- need for improved accessibility of health services for homeless persons
- improved outreach
- need for the completion of a permanent Family Shelter
- need for a specialized emergency shelter for Aboriginal men
- need for a Common Data Collection System to monitor service usage
- inadequate allotment of bus tickets to shelters

Recommendations for the SCPI Community Plan (2003-2006):

- completion of a permanent Family Emergency Shelter
- improving the accessibility of health care services for the street homeless population

Persons who end up without any form of housing whatsoever rely on emergency shelters or live on our streets, vulnerable to violent crime, chronic illness (including serious mental illness), extreme cold and heat, addiction, incarceration, depression, social alienation, mistreatment and neglect. Without systemic prevention, the urgency of unmet basic needs puts those individuals at risk of being harmed, harming themselves, or harming others in the community.

During the development phase of this proposed plan, Program Policy and Planning staff facilitated a focus group consisting of nine Service Providers from local emergency shelters. We heard two strong messages.

First, emergency service workers are being asked to do more and more with less and less, and they report the entire system is on the brink of collapse. Our emergency food programs are overloaded and there is a constant increase in the demand for food. This fatigue also affects those individuals, including volunteers, who work on the front lines of emergency food programs. As local champion Joanne Santucci expressed it, "we are becoming the people we serve". This means providers face the same daily crisis, not knowing where the next meal and the next bed will come from. Without adequate resources and support, and in a climate of seed money, pilot money, and other short-term funding programs, the emergency providers face ongoing crisis and instability.

The impact of an overall shift from core funding to targeted, program funding has had upon the non-profit and voluntary sectors is surveyed in a recent report by the Canadian Council on Social Development.³ Some of the effects include "human resource fatigue", "reporting overload", organizational volatility, and loss of infrastructure. As the report states:

"Diversified funding also means multiple reporting requirements to different funders - usually involving separate forms, procedures, and timelines. With funding beginning and expiring at different times for different projects and funders, organizations must also hire and let go program staff on a revolving-door basis ... these requirements wreak havoc with their human resource management, not to mention their cash flow. ... Seeking project funding for several programs is far more time-consuming than getting a stable grant for the organization that is renewed on a reasonably predictable basis. In other words, more time and energy is required of administrators - time and energy that nobody wants to fund."

Second, we heard from emergency food and shelter providers that without immediate action the problem of increasing need for emergency food programs will cease being "theirs" and will become "ours". They predict that when the emergency food system collapses and food programs are no longer available, people will become homeless. They conclude that if this system topples there will be a crushing impact on all of the other systems, including emergency rooms, correctional facilities, emergency shelters, welfare, and police services.

³ *Funding Matters: The Impact of Canada's New Funding Regime on Nonprofit and Voluntary Organizations* (Summary Report), 2003. Katherine Scott. Canadian Council on Social Development in collaboration with the Coalition of National Voluntary Organizations.

5. LIVING ON THE EDGE: EVICTION PREVENTION PROGRAMS FOR THOSE AT RISK

The following assets, gaps, and recommendations for the second phase of SCPI were identified through an analysis of the inventory of facilities and services, knowledge of City staff, input from three stakeholder planning workshops (business, emergency shelter providers and emergency food programs), and developmental review by key stakeholders.

Assets:

- food bank capacity to serve 15,000 people
- three trusteeship programs helping 528 individuals remain housed

Gaps:

- demand on food banks far greater than they can provide
- the need for trusteeships exceeding those available
- low-income and newcomer families are having trouble locating housing that meets their needs
- absence of free moving and storage programs
- lack of ongoing tenant education and advocacy programs
- lack of adequate funding for legal assistance
- insufficient funding of community emergency loan programs to help people in short-term rent arrears (these programs are sometimes called “rent banks”)⁴
- lack of housing supports and preparation for recently discharged patients and inmates
- lack of culturally sensitive services for Aboriginal peoples

Recommendations for the SCPI Community Plan (2003-2006):

- trusteeships
- food security programs
- eviction prevention programs

This category of risk begins when one is paying more than thirty percent of income on housing, and becomes a crisis when one is paying fifty percent or more on housing. Persons who live in unsafe or unsuitable conditions are also at risk. This category covers a very disparate group of people who rely upon a range of services, programs, resources, and supports. In a client survey undertaken in the summer of 2002, 62% of food bank users interviewed stated that they would lose their homes if they could not rely upon food banks. In Hamilton, in the month of March 2002, over 14,000 people turned to a food bank for help. Although it is regrettable that there is a necessity for

⁴ \$75,000 was approved for the Housing Emergency Loan Program at the Housing Help Centre from the Opportunity Fund Report submitted to Council from the Affordability & Accessibility Issues Task Force. Council approved the report on July 9, 2003.

food banks at all, if by providing emergency food those food banks allow some people to remain adequately housed, these programs are critically important and wise investments. The money we are spending on food banks is a small fraction of what would be spent on these families in emergency shelters.

One third of people released from correctional institutions go directly to an emergency shelter. Without access to housing with supports or a form of adequate affordable housing, these persons will go directly from prisons to our shelters and our streets, increasing the burden on an already strained system.

5.1 Emergency Food Programs

The common perception of services that deal with the issue of homelessness tend to be directed toward those of emergency shelters and street outreach services. While these services play an integral role in dealing with the complex issues associated with homelessness, the front line is not limited to these services. The other side of the shelter coin is another vital service that prevents homelessness: food banks and hot meal lines.

Hamilton Food Share has grown ten times larger since 1990. Its growth is due to the urgent requests of its member agencies to provide increased food supplies to meet an ever-increasing demand. In 1993, one hundred thousand pounds of food was raised mainly through the traditional means of food drives. Since then, Hamilton Food Share has built partnerships with food producers, manufactures and retail grocery stores. It has established many stable ?food recovery systems? that raised, stored and distributed approximately 1.2 million pounds of food in 2002 to local food banks and hot meal programs across the city. With no extra warehouse staff or space, the Food Share operation increased its capacity once again by March 2003, to raise 1,940,000 pounds of food. As of March 2002, usage of Hamilton's food banks increased to ten percent of the overall population of Hamilton compared to the provincial average of seven percent.

Front line workers revealed a steadily rising stress level that has, until now, received little attention. They do not feel that their work is well understood. They are concerned their steadfast determination to keep the doors open will be misinterpreted as a reflection of stability, or capacity in a system that they perceive to be held together by not much more than a stubborn refusal to give up. They are also troubled by the recent changes in client demographics, seeing more and more seniors as well as children relying on their services. The face of poverty is changing from the once predominately single parents to a mosaic of every cross section of our community.

Increased stress levels are reported by the front line staff as there is a greater demand for services, fewer resources to meet the need, and more complex needs of clients. While it is important that the resources be there; front line workers were also clear in saying that to be truly effective, resources should come through a funding approach that is proactive and farsighted. A recent study by the Canadian Council on Social

Development and the Coalition for National Voluntary Organizations describes the human resource fatigue:

“People, both paid and volunteer, are stretching themselves to the limit to meet the new challenges from funders and still remain faithful to their mission and to the citizens and communities to whom they feel responsible. But how long can this go on?”⁵

The transition for food bank programs has been enormous. In the 1980s, food banks were created to address a temporary crisis. Twenty years later, living in crisis and depending upon food banks is the norm for some low-income families. In one decade, food banks have grown from a small supplemental grocery service, helping those in need during an emergency situation, into being the last line of defence for families and individuals to retain their housing.

The current circumstances of most food bank users have one common element: lack of an adequate income that provides basic needs. The lack of income is for the most part due to systematic changes or more specifically, to cuts to social assistance rates and the tightening of eligibility to social service benefits, employment insurance and disability benefits. Due to these decreases in income, climbing out of poverty is out of reach for most food bank users. The result of these restrictions to eligibility for benefits is that more than 14% of food bank users have no income at all.

Given the importance of this issue, staff will be returning to Council with a comprehensive report on the current state of emergency food programs in our community.

5.2 Trusteeships

In addition to adequately resourced emergency food programs, trusteehips are a vital component of our plan to keep people adequately housed and to prevent and reduce homelessness. Some people are unable to manage their financial affairs. Some of these individuals voluntarily agree to have their monthly income held “in trust” by the trusteehip provider and disbursements are made on their behalf by the trustee for major expenses such as rent, utilities, and bad debts. The balance is either turned over to the individual in whole, or provided in the form of a daily or weekly allowance. Financial counselling, budgeting and other basic financial life skills are also provided, with the goal of financial independence within five years. Through regular payment of rent and utilities, individuals receive not only a place to live, but also the stability and social benefits that accompany residency.

⁵ *Funding Matters: The Impact of Canada's New Funding Regime on Nonprofit and Voluntary Organizations* (2003). Summary Report. Katherine Scott, Canadian Council on Social Development in collaboration with the Coalition of National Voluntary Organizations.

In addition to the individual benefits accruing from trusteeship, there are significant savings that accrue to the community when housing is stabilized. There is reduced demand for emergency shelters, fewer hospitalizations and incarcerations associated with homelessness, and reduced demand on other community resources. Furthermore, without the counselling in financial management and support services provided by the trusteeship programs, individuals are often short of money before month end and resort to seeking payday loans at usurious interest rates or borrowing from friends and family. They are also in greater danger of being victimized and are less able to cope with their addictions. The community also benefits. Landlords and utility companies receive regular payment, government income support programs are assured the benefits are being used for their intended purpose, social costs are reduced, and individuals that might otherwise become homeless are able to remain adequately housed.

6. LIVING WITH DIGNITY: HOUSING WITH SUPPORTS

The following assets, gaps, and recommendations for the second phase of SCPI were identified through an analysis of the inventory of facilities and services, knowledge of City staff, input from three stakeholder planning workshops (business, emergency shelter providers and emergency food programs), and developmental review by key stakeholders.

Assets:

- approximately 400 units/beds of supportive and transitional housing
- 269 supportive and supported units for persons with serious mental illness
- 744 custodial beds in Residential Care Facilities
- 146 spaces for persons with disabilities

Gaps:

- 3,000+ supportive and transitional units/beds are needed in this community (*Hamilton District Health Council 2001 study*)
- supportive housing projects for different groups with various specialized needs including individuals with alcohol and drug addictions
- wheelchair accessible Residential Care Facilities and treatment centres

Recommendations for the SCPI Community Plan (2003-2006):

- local supportive housing for homeless individuals with addiction problems
- other housing with support programs

Some groups require supports in order to remain adequately housed. Those supports come in the form of housekeeping, meal preparation, banking and budgeting, errand-running, life skills training, medical care, conflict resolution, and counselling.⁶ Those especially vulnerable to poverty and homelessness include older adults, youth, long-term homeless persons with chronic alcoholism, persons with serious mental illness or disability, abused women and children, newcomers, and ex-inmates.

This support could be:

- transitional housing (six weeks to one year)
- supportive housing (supports attached to a housing unit rather than to a person)
- supported housing (supports attached to a person regardless of where he or she lives)

Overall, the range is from dedicated institutional living to independent apartments. The funding and regulation of “residential care facilities” or “second-level lodging homes” is a responsibility rightly carried by senior levels of government with the full support of the municipal sector.

⁶ See *Taking Responsibility for Homelessness: An Action Plan for Toronto*, p. 123.

Each vulnerable group has unique needs: older adults, youth, persons with concurrent disorders (addictions and mental illness), persons with serious mental illness, persons with disabilities, abused women, newcomers, ex-inmates, and Aboriginal Peoples. Our system overall must be responsive to the different needs of different vulnerable groups. The unique housing and support needs of each of these groups are addressed below.

6.1 Older Adults

Statistics Canada shows that there were 62,275 seniors in Hamilton in 1996. Consider the following from the *Report on Hamilton Seniors: Trends and Issues* (2002), by the Social Planning and Research Council:

“Seniors living alone on low incomes are experiencing increasing financial stress and isolation. There is a high rate of poverty in the seniors’ population. The majority of seniors rely on government pensions and income support programs that provide an inadequate income. The population of seniors living alone has a very high rate of poverty and this poverty rate increases as that population ages.

Securing adequate housing is increasingly a problem for seniors. Housing costs are increasing faster than pension incomes. There is no growth in the supply of subsidized rental housing for seniors living independently even though the population in need of this support is growing. Low-income seniors are finding it increasingly difficult to manage and maintain their housing when living independently.”

There is a growing community need for more supportive, transitional, and supported housing options for older adults, while simultaneously functioning as fully equipped emergency shelters. Given their special needs and advanced age, what is needed is not an emergency shelter for seniors, but housing with supports to live independently and with dignity, protected from vulnerability of abuse.

Of particular importance in our community, is the increasing incidence of elder abuse. Consider the following, excerpted from *A Focus Report on The Needs of Seniors at Risk of Abuse* (November 2002):

The Trauma Prevention council, in partnership with the Council Against Abuse of Older Persons (CAAOP), received a Trillium Grant to conduct a Needs Assessment to determine whether or not a shelter dedicated to serving abused seniors is needed in Hamilton. Under the direction of Linda Dayler, Executive Director of Catholic Family Services, and formerly Trauma Prevention Council, a Steering Committee was formed

with people from varying backgrounds to steer the development and implementation of the assessment process.

Local research data suggests that, for a number of reasons, existing shelters do not meet the needs of the senior population for the following reasons. Women with young children are the highest in priority for admission to existing women's shelters. Due to the rising demands on their space from this group, older women can rarely be admitted. The environment in a women's shelter is not comfortable or conducive to the health and wellness of older women, for a number of reasons:

The noise and activity of children are not conducive to the respite needed. There is a lack of peer support because most other residents are younger women. Limited stay does not allow for the time needed by older abuse victims to find suitable housing, organize finances, and gain the skills and confidence needed to live independently. Furthermore, there is no provision for couples, and a spouse is not always the abuser.

Cognitive impairments and health issues of older persons make it difficult for shelters to provide needed services as well as a lack of crisis counselling resources to meet the needs of older persons at time of admission. By far the most common theme in the key informant interviews and focus groups was a lack of appropriate short term housing that could be used to house seniors needing to remove themselves from an abusive situation.

Core themes concerning the needs of abused seniors in Hamilton are as follows:

- short term crisis housing/shelter
- long term re-housing
- education and public awareness
- crisis line/information hotline for advice and referral
- fragmentation of services
- need for multi-cultural sensitivity in service
- cutbacks to Home Care.

With the expected growth in seniors' population over the next ten years, a need exists now to develop a coordinated and collaborative response to meet the identified gaps in services.

6.2 Youth

Youth are individuals between the ages of sixteen and twenty-four, are at a transitional stage of life, between the dependencies of childhood and the responsibilities of adulthood. Youth do not tend to access adult services. Successful youth programs are those targeted specifically to them. Homeless youth have the same general

characteristics as others their age, but due to their lack of housing suffer exposure to physical violence, mental health problems, alcohol and drug abuse, sexual abuse and conflicts with the law. They are often isolated with no family ties and few friends. Many have been raised in foster homes, have a lack of education and skills, and suffer from poor physical health. While the majority of homeless youth are male, the number of young homeless women is growing.

Homelessness is a significant problem among Aboriginal youth, gay, lesbian and bisexual youth are also at risk of ending up on the street because their families often reject them. Like Aboriginal youth, they avoid using some of the shelters because they fear harassment and discrimination.

Many homeless youth survive on a day-to-day basis by “couch surfing”, or they may live in overcrowded or unsuitable housing. Other survival strategies include pooling resources to rent accommodations, staying at emergency shelters, or sleeping outside or in abandoned buildings. A significant number of youth become involved in illegal activities such as selling drugs, shoplifting and prostitution.

The lifestyle of homeless youth puts their health at considerable risk; some medical concerns are: tuberculosis, dental problems, sexually transmitted diseases, viral infections and mental health issues.

From our consultation with eleven homeless youth, their needs were expressed in terms of more money to pay for rent and personal items, housing that was safe and affordable, more shelters for youth, more employment opportunities, and more access to food banks. A seventeen-year old female states “shelters are overcrowded, lots of people on the street, affordable housing is too expensive and cheaper places are not very good, [they are] run down and dirty...”

SCPI youth funding has contributed to new innovative programs, including a new temporary shelter that provides accommodation for up to 15 youth, additional outreach services focusing on youth and addictions, and an expanded health clinic and food service as well as the MAC Door project that empowers youth to leave the street and secure housing.

St. Martin’s Manor, a program of Catholic Family Services located in Hamilton, provides residential and non residential services for prenatal and postnatal young women, and has undertaken a strategic planning and operational review exercise in 2003. Several priorities emerged from the three phase review, some of these are; St. Martin’s Manor space (i.e. transitional housing on site), continued support after leaving St. Martin’s Manor (i.e. post-natal support programs, peer and mentoring programs, mother and grandmother’s program and programs for fathers), adoption support and pastoral counselling. Grace Haven provides similar youth pre- and post- natal programs.

The Canada Mortgage and Housing Corporation (CMHC) report, *Environmental Scan of Youth Homelessness*, identifies a number of expanded and additional programs and services that could help alleviate youth homelessness, and to support them along the continuum. They include more affordable housing and a range of additional housing options such as emergency shelters, transitional and supported housing.

The emphasis should be placed on programs that offer youth a full range of housing choices linked with support programs, such as life skills, pre-employment training, education and the opportunity to address a variety of issues related to physical and mental health, substance abuse, physical and sexual abuse, and personal safety.

Other suggestions for supporting homeless youth include improved access to income assistance, better access to the child welfare system for 16 year olds, more mental health services, treatment for addictions, alternative schooling options and initiatives to help youth find jobs. Family mediation, conflict resolution, strategies to help youth remain in school, more recreation centres, and more support to families and children are also recommended as part of the continuum of supports for helping homeless youth.

6.3 Homeless Individuals with Drug and Alcohol Addictions

In 1996, after three homeless men froze to death on the streets of downtown Toronto, a group of health care providers decided to throw caution to the wind and opened the Annex at Seaton House, Canada's largest men's shelter. Toronto is now experiencing fewer homelessness-related deaths than before the Annex opened, a marked decrease in healthcare costs, and improved quality of life for those who live on the extreme margins of our society.⁷

Individuals who are homeless and suffer from chronic alcohol dependence have very few options for treatment in an already overburdened shelter system. Every winter in Hamilton, the street outreach team at Public Health and Community Services and street outreach staff at Housing Help Centre connect with an increased number of single, alcohol-dependent individuals who are choosing to stay out in the cold rather than relinquish their alcohol to enter a shelter. There are fewer and fewer places to find shelter as downtown businesses improve security, and the police are instructed to round up people loitering in storefront doorways, bank-machine vestibules, and passed out in alleyways.

In Hamilton, on any given night there are approximately 343 people accessing shelter beds in Hamilton (SPRC, *Community Trends in Hamilton-Wentworth*, April, 2002). Of all

⁷ Art Manuel, Manager, the Annex Harm Reduction Program, Seaton House, Toronto, ON. Personal communication.

the shelters being used, none accept people who are intoxicated. Only the Wesley Centre Drop-in (operating at over-capacity for more than a year) will allow someone who is intoxicated to sleep on a mat on the floor.

To understand the need for supportive housing for homeless persons with drug and alcohol addictions in Hamilton, we need to briefly consider the “black hole theory of homelessness” which informed the Toronto experience in developing the Annex Program at Seaton House.⁸ The theory contends that there are three stages of homelessness. The first is episodic; having suddenly experienced a crisis (e.g. lost a job or a place to live), these persons go to live in an emergency shelter. Highly motivated as a group, seventy percent of these people will leave the shelter within one week, never to return.

The second stage of homelessness is like the first, only the episode or crisis happens to a person who has chronic alcoholism, severe mental illness or some other disorder that makes recovery in the form of a speedy return to adequate housing more challenging. Motivated, these people can also succeed, but only with the help of supports, programs, resources, and services and other forms of assistance designed with their unique needs in mind.

The last stage is the black hole. Having been on the streets for fourteen or more years (on average), these individuals have experienced such profound social decomposition that they are literally in the throes of death. Our emergency response system is not designed to handle these people, who present in emergency rooms with a multitude of physical, mental, emotional, and personal problems including schizophrenia, clinical depression, chronic alcoholism, diabetes, cirrhosis of the liver, level four cancers, no personal identification or money, no family or friends, and with no intention of giving up alcohol. When this individual collapses on the street from severe alcohol poisoning, our emergency response teams pick them up and take them to the hospital overnight, at a cost to the community of \$3200. Released on the street the next morning, this process may be repeated three or four times a week, for a total cost to the system of \$44,000 per month.

According to the experience of the Annex Program in Toronto, the most salient factor about the black hole experience of homelessness is not how costly it is to the system, nor how economically inefficient. It is the fact that there is no positive outcome for the individual or for the community. If, instead of being hospitalized, they were dropped off at a specialized housing program where they were allowed to continue drinking alcohol moderately, within several weeks they would begin to eat regularly. Their mental and physical condition would stabilize. They would be served three meals a day and have the opportunity to shower regularly. This would produce positive

⁸ The “black hole theory of homelessness” is excerpted from staff discussion with Art Manuel during a recent site visit to Seaton House.

outcome, and could be achieved for a mere \$75 per day or \$2100 per month, at a total cost savings to the system of \$41,900 per month.

The clients who would benefit from a specialized housing program are usually, but not always, middle-aged, single men who suffer from severe alcoholism. These individuals drink dangerous substances such as mouthwash, rubbing alcohol, and Lysol, the toxic effects of which pose serious health risks, trigger behavioural disorders and violence, and cause organ damage and premature death. They live on the extreme margins of our community, often spending months on the street at a time. They are vulnerable to assault, blackouts, compromised immune systems, injuries from extreme weather conditions (e.g. heat stroke and hypothermia), poor hygiene and severe isolation from the community. People with concurrent disorders are at a disproportionate risk of homelessness, and because of the absence of a specialized program, most are not accessing treatment.⁹

6.4 Persons with Serious Mental Illness

“Housing is a mental health issue and the absence of decent housing is a major determinant of health”

- Coroner’s Inquest into the death of Edmund Yu, 1999.

Persons with serious mental illness deinstitutionalized in the 1960s have, in the new millennium, been re-institutionalized in emergency shelters. Of the homeless population in general, thirty-five percent have mental illness and twenty-five percent have concurrent disorders (severe mental illness and addictions).¹⁰ The demand for housing for persons with serious mental illness continues to increase. While great strides are being made in Hamilton, the absence of long-term planning and funding commitments from the federal and provincial governments is a severe impediment to meeting the housing and support requirements of persons with serious mental illness.

In March of 2001, the Ministry of Health and Long-Term Care (MOHLTC) asked local District Health Councils across the province to identify housing and support requirements for persons with serious and persistent mental illness. In October of 2001 the Hamilton District Health Council tabled its response (“Background Report: Housing and Support Requirements for Persons with Serious Mental Illness”) which presented a community-supported vision of the system as it should be and made a number of recommendations as to how this vision should be achieved. City of Hamilton staff responded in a report titled, “Housing and Support Requirements for Persons with

⁹ We acknowledge the contribution of Niki Gately, Street Outreach Coordinator, Public Health and Community Services/Housing Help Centre, in assisting with the composition and development of this section of the report.

¹⁰ Report of the *Mayor’s Homelessness Action Task Force*, 1999.

Serious Mental Illness” (HCS03004) (PD03094) (City Wide) which was referred from Hearings Sub-Committee on October 30, 2001.

The study indicates that supported housing models “work best” for persons with serious mental illness, within a broad range of housing options, for three reasons. Supported housing is: (1) the preferred option by most persons with serious mental illnesses; (2) shown to produce reductions in hospitalisation rates; and (3) linked to improved mental health stability thus reducing crisis intervention, re-hospitalisation, and risk of homelessness. The study recommendations support an overall shift from a custodial to more supported housing models.

As of Spring 2001, there were approximately 744 *custodial* beds in Residential Care Facilities in Hamilton. Operated “for profit”, these facilities provide the most basic daily needs of residents by on-site staff.¹¹ This includes minimal supports such as meal preparation, laundry service, and assistance with activities of daily living.

At the same time, there were approximately 49 *supportive* housing units (support occurs on site) in Hamilton. Partly subsidised, these facilities provide the most basic daily needs of residents on an individualised basis, with an aim to maximising independence. Under the supportive model, housing and supports are linked: housing is conditional upon accepting treatment.

As of Spring 2001, there were approximately 220 *supported* housing units (support occurs on or off site at the discretion of the individual) in Hamilton, physically integrated into the community to promote decreased stigma and social isolation. Either subsidised or fully-funded, in these facilities, housing and supports are de-linked: the support provider is not the landlord and supports are not tied to residence. The individual, not the housing provider, has full decision-making control on all aspects of housing and supports (e.g. whether support will be on-site, off-site, whether it will occur at all, etc.).

This community needs more supported and supportive housing options for persons with serious mental illness. What this requires at a minimum is a fundamental recognition that housing for persons with serious mental illness is an issue of health and needs to be addressed as such.

6.5 Persons with Disabilities

At the start of 2002, there were 3,139 people in Hamilton who receive their income from the Ontario Disability Support Program and who pay more than 50% of their income on rent, putting them at serious risk of homelessness.

¹¹ With the exception of the Good Shepherd Lodging Home (24 beds), all residential care facilities are exclusively “for-profit”.

A disability is defined here as a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being (World Health Organization and Health and Activities Study). Persons living with a disability encounter extensive systemic barriers to their ability to access services and housing. If the services or housing are inaccessible, the person who is living with a disability will not have the opportunity to seek the resources necessary to improve their living conditions.

The Hamilton District Health Council has recently explored the need for supportive housing programs by target population. The existing number of designated units/beds available for people with physical disabilities is 146, and the waiting list is 47.

In the areas of employment and housing, individuals with disabilities face discrimination. Exclusion from the labour market and increased incidence of low income for individuals with disabilities is an indication of a systemic lack of empowerment for these individuals.

The *Progress Report on Homelessness* (2003) indicates that as a community, we must support measures that alleviate systemic discrimination on the basis of disability by continuing to advocate for new and innovative projects that address this inequality, especially in addressing homelessness issues. Barrier-free is defined as an environment that enables an individual with a disability to live as independently as possible within the scope of his or her limitations. Some examples of barriers may be employment, housing, medical conditions and physical disabilities.

6.6 Women and their Families

The *Community Action Plan* reports that women are more likely to be poor than men (1996 Census data), 85% of all lone parent families are headed by women and 64% of those families fall below the poverty line.

In relation to homelessness, the realities of poverty can inhibit a woman's ability to leave an abuser. When that decision has been made, and the woman has removed herself to an emergency shelter, she is then faced with making decisions in an unstable state of mind to remain in the shelter, leave the community, or return to the abusive relationship. Even in cases where women are leaving long-term non-abusive relationships, they may require short-term transitional housing (more than the average 4-6 week stay at women's shelters but less than one year) in order to relocate their children, switch schools, establish reliable child care and settle outstanding legal issues of custody and access.

A report from the SPRC, *Trends in Homelessness in Hamilton*, indicates that women's shelters are consistently full, and have had to turn away more than 20 requests for

service on a given night. These women are then housed in motels. Staff from women's emergency shelters report that the reasons for the increasing number of women and children seeking emergency shelter are due to increasing poverty and the corresponding lack of housing options.

There are four Violence Against Women (VAW) shelters in the City, three of which have a mandate to also serve women who are homeless. The Native Women's Centre is unique in that it provides holistic services to Native women and is sensitive to their heritage and cultural needs.

There has been no total increase in the number of beds/mats from March, 2000 to November, 2002, for emergency shelters for women. In 2003, through SCPI funds, St. Mary's received an increase of 2 beds (for a total of 11 beds).

In Hamilton, families and youth are the fastest growing groups of people at risk of homelessness. Finding safe, secure, adequate and affordable housing in this City is becoming more difficult. Average rents are rising, vacancy rates continue to decline and no new affordable rental housing is being created in Hamilton.

6.7 Newcomers

The *Community Action Plan* reports that Hamilton is the third largest entry choice for immigrants and refugees in Canada, next to Toronto and Vancouver. Hamilton also has a high secondary migration population, where an immigrant or refugee moves from their port of entry to a new city because of low unemployment rates, less expensive housing, and better opportunities.

The future growth and prosperity in our country depend on the arrival and integration of immigrants and refugees into Canada's economic, social, cultural and political sectors. In the process of settlement and integration, immigrants and refugees encounter barriers in accessing many services such as health, housing, and employment.

Immigrants and refugees are at risk for homelessness, especially refugee claimants. As a result, there are increasing numbers of immigrants and refugees requiring homelessness supports along the continuum. Newcomers face many challenges such as language, culture, employment, health and legal issues. Many homelessness support services lack the resources to effectively house and settle newcomers. At the same time, there has been little movement in addressing systemic issues related to services that are accessible, appropriate and responsive to the unique needs and issues of immigrants and refugees.

Best Practices for Working with Homeless Immigrants and Refugees (March 2003) is a community-based action research project, which has generated eleven findings and twenty-one recommendations for addressing homelessness, housing and access to services for immigrants and refugees, and the needs of the service providers who work with them. Several themes emerged, including socio-economic status, housing and homelessness, shelter and drop-in services, language, discrimination, coordination of services, training, future research, and funding.

The first phase of this project was to bridge the gap between research and action on the issues of homelessness. The second phase was the prioritization of these recommendations which include: linguistic accessibility of shelters and drop-ins, delivery of culturally appropriate services in shelters, coordination of services between settlement sector and shelters and coordination of training on issues affecting homeless immigrants and refugees.

The Community Action Plan on Homelessness in Hamilton (2000), made specific recommendations to stabilize funding for transitional housing for women and to establish a Settlement House for recent immigrants and refugees. There is no permanent transitional housing or Settlement House in Hamilton for recent immigrants or refugees, nor are resources currently allocated to fund one. *The Progress Report on Homelessness in Hamilton (2003)*, reports that Settlement and Integration Services Organization (SISO), has identified that 3,360 recent immigrants and refugees arrived in Hamilton between March 2002 and March 2003. Nine hundred and twenty-one of these are refugee claimants and are at an increased risk of homelessness.

The Progress Report further states that without permanent funding for a Settlement House or other transitional housing which offers culturally specific supports, immigrants and refugees are faced with an already competitive housing market, resources and cultural or language barriers to services, and thus put them at greater risk of homelessness. Under this new proposed community plan, a Settlement House would qualify under Housing with Supports, a high priority under SCPI II. This is preferable to an emergency hostel, since it allows for the possibility of permanent housing with ongoing access to cultural, literacy, and language supports.

6.8 Aboriginal Peoples

The issues of homelessness are substantively different in the Aboriginal community. Understanding and acknowledging this history is an important first step. Secondly, it is vital to adequately support the efforts of the Aboriginal community to take self-determined action on the issues of homelessness. These actions are outlined in the planning reports, *The Homelessness Trail: Voice of Our People*, *The Kevin Sandy Report*, and *The Hamilton Aboriginal Homelessness Evaluation (Bonnie Freeman, 2003)*, among others.

The Introductory Report on Aboriginal Homelessness within the City of Hamilton, March 2001, serves as the most recent document available to identify the needs of the Aboriginal absolute and relative homeless population. The outcome of this study is a framework to address the needs and improve existing Aboriginal and mainstream services with the hope of developing new services to help people who are homeless.

The following recommendations were identified in this report. To increase access to culture, spiritual and traditional healing, the following examples were identified: to arrange for elder visits at mainstream shelters, increase promotion of traditional healing, make referrals to Aboriginal addiction programs, host cultural events and develop a traditional community garden.

Improving coordination among and between mainstream and Aboriginal service providers was identified. Establishing partnerships with existing mainstream organizations so that Aboriginal agencies can incorporate a cultural component in existing services, and mainstream staff can be trained to better serve Aboriginal clients. Another priority is having a strong Aboriginal voice on decision-making committees at all levels. This can ensure that the Aboriginal community receives its share of funding, programs and services that are proportionate to the incidence of Aboriginal homelessness.

Preventative services to assist the homeless individual move along the continuum were identified. Some examples are transitional housing, access to health and social support services, pre-employment skills, and child support for single parents. Gaps were identified in Aboriginal specific programs and services for homelessness such as shelters for men, youth families, mentally ill and the elderly, affordable permanent housing and soup kitchens that incorporate Aboriginal traditions. Programs that provide temporary, part-time and end-of-month supports for relative homelessness such as utility rebates, financial planning and budgeting and temporary financial help were identified as priority areas.

Within Aboriginal communities, the *Progress Report on Homelessness* found that some progress has been made in terms of new programs, partnerships, and community planning. The Urban Aboriginal Strategy-Homelessness (UAS-H) funding was beneficial and contributed to capacity building. In order to strengthen, build upon and implement recommendations from *The Homelessness Trail* and other key research and planning reports, more resources are required.

7. LIVING WELL: ADEQUATE PERMANENT HOUSING

The following assets, gaps, and recommendations for the second phase of SCPI were identified through an analysis of the inventory of facilities and services, knowledge of City staff, input from three stakeholder planning workshops (business, emergency shelter providers and emergency food programs), and developmental review by key stakeholders.

Assets:

- 14,200 social housing units in Hamilton, of which approximately 10,000 are “rent-geared-to-income”
- staff development expertise in the supply of new affordable housing initiatives
- reduced property taxes for new multi-residential housing equal to the residential rate
- City administration of the provincial Rent Supplement Program that provides rent supplements to private landlords who house low income households, provincially funded until 2023 (207 rent supplement units in total)
- a new strategy was approved by Council in April 2002 (Hamilton Affordable Housing Partnership Initiative or HAHPI) to complement the stimulation of new affordable housing development in Hamilton, including
 - inclusion of a “Consider Housing First” policy for surplus city land and lands available to the City by senior levels of government (HAHPI)
 - construction of 34 affordable rental units at 555 Queenston Road under CityHousing Hamilton
 - participation in the federal/provincial Community Rental Housing Program (CRHP) which will result in 700 new units of affordable rental housing built in Hamilton over the next four years
 - adoption by Council in June 2003 of the Municipal Housing Facility By-law that allows the City to make cash or in-kind contributions to stimulate new affordable rental housing projects and to participate in the CRHP
- a City-wide housing policy and plan (Keys to the Home), currently underway, will ensure Official Plan policies and land-use regulations facilitate and encourage affordable housing development and suggest strategies for more affordable housing

Gaps:

- due to federal and provincial cutbacks there has been no new social housing units built in Hamilton since 1995 (waiting list for social housing is currently 5,000+ and increasing)
- shortage of housing at or below CMHC average market rent
- inadequate provincial funding for the Rent Supplement Program
- consistent enforcement and accountability of property standards, particularly in the lower end of the rental market (e.g. “rooming houses”)

City of Hamilton staff recognize that while adequate, permanent housing for lower income households (i.e. rent-geared-to-income) is an important component to elevating the quality of life for both the homeless and the working poor, the capacity of the municipality to significantly increase housing supply is dependent upon funding from our senior levels of government. Due to the limited revenue-generating abilities of municipalities, the City's key role is to take the lead and establish partnerships that will increase the supply of units to the low income household market. To this end, City staff continue to capitalize on current housing programs that are available.

A key priority is for all members of our community to be adequately housed. The "Living Well" or "Adequate Housing" step of the homelessness continuum is where housing is adequate, safe, stable, permanent and affordable and accessible to low-income households. City staff are currently developing a policy document, *Keys to the Home*, which will provide a policy context and clear directions for City Council in housing matters. The Housing Policy and Plan will identify major issues, trends and challenges and map out solutions and actions. Emphasis will be placed on identifying housing options and strategies that require minimal cost to the City. The Housing Policy and Plan will also create Housing policies for the new Official Plan for the City of Hamilton. This effort will be to link projected population and household growth dynamics to land supply requirements as input to long-term growth management for the City.

Adequate housing for those at or below the poverty line is the foundation of a strategic plan to reduce and eliminate homelessness. At the same time, there are several housing concerns and needs that are evident in our community that require review and may require implementation of policy and programs initiatives. *Keys to the Home* will address areas of the housing continuum that can influence homelessness, including the rental housing market, residential intensification, "affordable" housing, rooming houses, homeownership opportunities for lower income households, supportive housing, and an assessment of unique housing needs.

HAHPI represents the City's proactive and comprehensive strategy to increase the supply of rental housing in Hamilton. The Housing Partnership Fund under the auspices of HAHPI was also adopted by Council in 2002 to facilitate the development of affordable housing. Council also endorsed the document, *A Social Vision for the New City of Hamilton* (October 23, 2002). One of the flagship initiatives identified in this document is "Affordable Housing." The goals of the Affordable Housing Flagship are: to increase the supply of affordable housing in the City of Hamilton, to promote the availability of affordable housing through such measures as rent subsidies, funds for home improvement and assistance with the payment of first and last months' rents and lastly to ensure the availability of emergency and shelter arrangements in order to reduce substantially the rate of homelessness in Hamilton.

The City needs to continue to demonstrate leadership and innovation in responding to the homelessness needs in the Hamilton community, by working collaboratively and building partnerships, thus creating solutions to address these needs.

8. LOCAL LEADERSHIP AND INNOVATION

8.1 A Business Plan for Homelessness

The Policy and Program Development Division facilitated a focus group for the business sector at the Chamber of Commerce on August 14, 2003. The objective of this consultation was to access views on the proposed plan and to engage the business community on the issue of homelessness. The idea of generating a business plan on homelessness arose from this session.

As the late John Munro expressed it, issues are defined by awareness, and by that definition homelessness is simply not an issue in Hamilton. What is needed is to make the case in business vocabulary, one that clearly outlines why this community as a whole cannot afford to let homelessness and poverty proliferate. A business plan on homelessness would illustrate for the business community the consequences of non-involvement, in ways in which it can relate and in which it can hold a stake.

Engaging the business community grounded in a business plan would take the following general form. First, using basic research, the plan would describe the present situation. Second, it would make the case for action and raise the profile of the problem, particularly its consequences for the business community such as opportunity costs, loss of labour pool, increased social service costs, negative image of the core, lack of investment dollars, and so on. Based on five, ten, and fifteen year projection research, it would outline the costs of continuing on the current path. It would build consensus among the various stakeholders about the highest priority need in our community.

Third, it would outline future directions and desired outcomes in measurable terms (e.g. Hamilton will have reduced its street homeless population by 10% by 2006, 75% will be enrolled in pre-employment, training, or addictions program within five years, etc.). It would explain how we intend to fund the initiatives and sustain momentum, and outline obstacles to success.

Finally, it would present key leverage points, or conditions that must be present for the strategic plan to succeed and introduce a high-profile community leader or group to advocate for this plan and create a campaign.

8.2 Consolidated Systems Approach

The City of Hamilton is one of forty-seven “Consolidated Municipal Service Managers” (CMSMs) across Ontario. CMSMs are the municipal entities responsible for co-ordinated planning and delivery at the local level of social housing administration, homelessness-related services, social assistance, and affordable housing development.

The newly formed Employment, Housing and Long-Term Care Division of Public Health and Community Services is presently considering a “systems approach” to the coordination and management of homelessness initiatives and services, taking into consideration:

- community-wide and individual needs
- role of Consolidated Service Management
- accounting protocols to provincial and federal ministries
- tripartite government initiatives
- policy and planning directions
- advocacy roles (municipal, provincial, and federal)
- fiscal responsibilities and business planning

Addressing or reducing homelessness requires an array of services, provided in an integrated manner. More than organizational collaboration, a “systems approach” to homelessness examines the interaction among the total system of activities: the needs of the clients, the work of service providers, the requirements of funders and the regulations of government. A systems approach asks all of these stakeholders to focus on the ideal design of a comprehensive solution to homelessness that puts the goals of the community ahead of individual, organizational or government goals. There would be one strategy plan, one recognized set of needs, and one set of priorities to address homelessness within the Hamilton community.

Improving our community is a shared effort that requires not only collaboration among service providers but also requires collaboration among those providing the resources – all levels of government, non-profit agency boards, and the private sector.

Only if we work together in a collaborative comprehensive systems approach can we hope to successfully tackle the issue of homelessness within the Hamilton community. Given recent restructuring within the Public Health and Community Services Department, staff are well positioned to develop a range of options and approaches to respond to its role as Systems Manager of Homelessness and Housing, and to do so in accordance with Hamilton’s community needs.¹²

¹² Staff acknowledge Lyle Huntley, Project Manager, Strategic Planning & Continuous Improvement, Strategic Services Division, City of Hamilton, for assistance with the composition and articulation of the “systems approach”.

9. CONCLUSION

The Homelessness Continuum: A Community Plan for Hamilton attempts to identify, in a holistic manner, the needs of individuals and families in our community across a continuum, from absolute homelessness to the provision and retention of adequate housing.

The Community Plan was updated based on consultation with all pertinent provincial ministries and federal governments, emergency shelter operators, service providers (including youth service providers), health authorities, community advocacy groups, housing providers, urban aboriginal community groups, and others. Its development was led by the City of Hamilton Public Health and Community Services Department, which included:

- an assessment of the first round of SCPI
- focus groups with key stakeholder representatives from business, shelter and emergency food program providers (see Appendix A for a full listing)
- targeted invitation for stakeholders to review successive drafts of the community plan (see Appendix B for a full listing)
- presentations to various committees and organizations (see Appendix C for a full listing)
- SCPI program guidelines
- a review of key documents including the original *Community Action Plan on Homelessness* (2000), *Addendum to the Community Plan* (2001), and *Progress Report on Homelessness* (2003).

The consultation revealed a desire by community stakeholders for the City to acknowledge and re-affirm its responsibility for the range of homelessness-related services under its role as Consolidated Municipal Service Manager. However, the City is also charged with forwarding these concerns and shortfalls to the relevant senior levels of government to ensure adequate housing and services for our most vulnerable community members. To that end, the report makes two recommendations that would allow the City to address issues of homelessness in a preventative way with a long-term focus.

(a) a “systems” approach to addressing homelessness to be developed by working together across sectors and making allocations according to the greatest needs in our community from the perspective of the continuum of homelessness; and

(b) the development of a Business Plan on homelessness to engage the private sector on issues of reducing homelessness in our community.

Without a comprehensive plan and coordinated resources, our community will continue to react to short-term senior government funding protocols. Community stakeholders emphasized the City's endorsement of the Social Development Strategy. In particular, to reaffirm the leadership role of the City in addressing homelessness and the need for the City to be proactive rather than reactive in developing and implementing a strategic plan to reduce and eliminate homelessness in Hamilton.

The report also meets the HRDC requirements to update the community plan, with recommendations for the following:

1. Completion of the Emergency Family Shelter.
2. Improving accessibility of health care services for the street homeless population.
3. Eviction Prevention Programs, especially trusteeships and emergency food programs.
4. Housing with Support Programs, including long-term supportive housing for homeless individuals with addiction problems.