

**PERSONAL PERSPECTIVES OF PEOPLE WHO ARE
HOMELESS OR AT-RISK OF HOMELESSNESS:
A community project to understand the perspectives of service users
in Windsor-Essex County**



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EXECUTIVE SUMMARY

In 2001, Windsor-Essex County initiated a project to collect data from people who were homeless or at-risk of homelessness. The aim of this data collection process was to receive input from people who are using services and to provide information from service users which could be used to inform the allocation of resources and the development of services for the target population. The personal perspectives project was intended to assist in establishing gaps and priorities with respect to the needs of persons who are homeless or at-risk of homelessness. After the first year (2001), it became apparent that it would be useful to continue this data collection on an annual basis through the Taking Action on Homelessness Coalition (hereafter referred to as the Homeless Coalition or the Coalition) which was formed in 2002. It should be noted that the Coalition also undertakes an annual Inventory of Resources which examines local trends and demographics as well as tracks service utilization.

The information and data gathered from the Personal Perspectives project has guided the planning activities of the Coalition. This is the fourth year that this community process has been conducted in Windsor-Essex County and it is the first project in Windsor-Essex County to collect extensive data over such an extended period of time.

The project was approved by the University of Windsor Research Ethics Committee. The recruitment process for the study was not random as it involved attending at service organizations to find individuals willing to participate in an interview. The 2006 interviews were conducted through the Salvation Army, the Well-Come Home Shelter, the AIDS Committee, Can-An Native Urban Homes, the Downtown Mission and the Amherstburg Food and Fellowship Centre.

The interviews were conducted by three 4th Year University of Windsor social work students as part of their field placement. Interviews were conducted during the period from January 2006 – March 2006. Prior to the 1:1 interviews, for most of the locations, the social work students visited the location to informally introduce the project to potential participants.

While at the research sites, participants self-selected to participate in the study. The researchers used the interview questionnaire designed for the first personal perspectives study which included collecting a limited set of demographics based on: 1) gender; 2) age; 3) self-identified homeless status; and, 4) participation in past personal perspectives studies. Participants responded to five questions:

- 1) What circumstances do you believe led to your current situation?
- 2) At the time, what services/resources did you access?
- 3) At the time, what services/resources would have been useful to you, but were not available at the time?

- 4) What services/resources would be useful now?
- 5) What changes in service delivery have you seen over the last year, good or bad?

The total number of participants in the study was 52, including 44 males and 8 females. The high number of male participants is consistent with previous years. The majority of participants (23%) were 45 – 55 years old. Thirty-two (32) participants or 61.5% fall within prime employment age categories, from 25 – 54 years. There were no significant findings related to age and gender.

SIGNIFICANT FINDINGS

- The two main reasons people are in their current circumstances are drug and alcohol addiction and family difficulties. Involvement in crime was the next frequent response. Addiction and family difficulties are consistent with the previous report (April 2004); however, involvement in crime as the third circumstance has not been identified in previous reports.
- Employment and income-related issues remain consistent reasons why people are in difficulty, especially those who are at-risk of homelessness.
- For women, the primary reason for their current situation was related to leaving or losing a spouse/partner. Once leaving a spouse/partner, in some cases where the partner was abusive, these women did not have a source of income.
- When participants were asked what services they accessed, participants most frequently identified social assistance programs (for income) and the Salvation Army.
- While many participants cite drug and alcohol addiction problems as their reason for becoming homeless, very few accessed in-patient/detox and/or addiction programs. The majority accessed the City of Windsor Social Services department and the Salvation Army.
- Few participants answered the question related to what services were needed and not available to them; however, of those who did answer the question, housing, an income source and counseling were identified, respectively. It is interesting to note that in the April 2004 report counseling was the most frequent response.
- When asked to identify their most pressing need the most frequent response was housing. This response supports anecdotal evidence from service providers as well as individuals and families that it is difficult to find housing that is adequate and affordable. This issue is compounded by the two year waiting list for subsidized housing.
- Employment was the next most frequently cited need for people who are homeless or at-risk of homelessness. This is a positive indication that people want to improve their situations. Counselling was also identified as an important support for people.
- When asked about negative and positive changes in the service delivery system, the majority of participants did not indicate any negative changes;

however, some noted the waiting list for housing or other services, the amount of money provided by social assistance “is not enough to live on” and rates need to be increased.

- Participants did note that there have been improvements within the system over the past two years, including better access to and coordination of services.

RECOMMENDATIONS

As a result of this study we propose:

1. The Coalition continues to obtain input from people who are using services so that efforts remain grounded and relevant.
2. The Coalition continues advocacy efforts to ensure access to housing, employment and support.
3. The Coalition explores other mechanisms for involving people who are homeless or at-risk of homelessness in developing a community response to address homelessness.
4. The Coalition monitors the impact that the reduction of addiction treatment services has on the provision of supports for people who are homeless/at-risk of homelessness.

A. INTRODUCTION

In 2001, Windsor-Essex County initiated a project to collect data related to the personal perspectives of people who were homeless or at-risk of homelessness. The aim of this data collection process was to receive input from people who are using the services and to provide information from service users to inform service planning. The personal perspectives project was intended to assist in establishing gaps and priorities with respect to the needs of persons who are homeless or at-risk of homelessness.

The community believed that the data would inform the allocation of resources and the development of services for the target population. After the first year, it became apparent that it would be useful to continue this data collection on an annual basis, through the Taking Action on Homelessness Coalition (hereafter referred to as the Homeless Coalition or the Coalition) which was formed in 2002.

The purpose of the Coalition as outlined in their Terms of Reference is “to provide a mechanism for discussion, identification and problem solving on issues related to homelessness and to coordinate and implement a community response to homelessness and related needs in Windsor-Essex County.” Given

the aforementioned purpose it is important that the Coalition collect and receive information that will facilitate achievement of its goals. The annual Inventory of Resources is one mechanism to collect data and the second mechanism is the annual Personal Perspectives project. This project solicits input from people who are homeless or at-risk of homelessness who are using community services. The information and data gathered from service users has guided the planning activities of the Coalition. This is the fourth year that this community project has been completed in Windsor-Essex County and it is the first project in Windsor-Essex County to collect extensive data over such an extended period of time.

B. RESEARCH METHODS

Process

The project was approved by the University of Windsor Research Ethics Committee. The recruitment process for the study was not random as it involved attending at service organizations to find individuals willing to participate in an interview. The 2006 interviews were conducted through the Salvation Army, the Well-Come Home Shelter, the AIDS Committee, Can-Am Native Urban Homes, the Downtown Mission and the Amherstburg Food and Fellowship Centre. It should be noted that a decision was made not to conduct interviews through THRIVE, because the Kingsville Family Resource Network which sponsors the THRIVE program was the lead agency on a large research study on rural homelessness and we did not want to interfere with their research study.

The interviews were conducted by three 4th Year University of Windsor social work students as part of their field placement. In the case of participants from Can-Am Native Urban Homes, participants were interviewed by the agency staff as it was identified that staff involvement would be an important factor in soliciting input from this target population. This process was approved by the researchers. Interviews were conducted during the period from January 2006 – March 2006. Prior to the 1:1 interviews, for most of the locations, the social work students visited the location to informally introduce the project to potential participants.

While at the research sites, participants self-selected to participate in the study. In keeping with University of Windsor requirements, participants signed consent forms and information letters were provided to the participant. Before the interview started, the participant was provided with a small honorarium (Tim Horton gift certificates); any participant who chose to withdraw kept the honorarium.

The researchers used the interview questionnaire designed for the first personal perspectives study. A limited set of demographics was collected based on: 1) gender; 2) age; 3) self-identified homeless status; and, 4) participation in past personal perspectives studies. Participants responded to five questions:

1. What circumstances do you believe led to your current situation?
2. At the time, what services/resources did you access?
3. At the time, what services/resources would have been useful to you, but were not available at the time?
4. What services/resources would be useful now?
5. What changes in service delivery have you seen over the last year, good or bad?

C. RESEARCH FINDINGS

1. *Description of Participants*

The total number of participants in the study was 52, including 44 males and 8 females. The high number of male participants is consistent with previous years. Fifty-two (52) individuals also participated in the 2005 study. Table 1 describes the basic demographics of the total sample.

Table 1 – Participant Demographics

CHARACTERISTICS OF SAMPLE	MALES	FEMALES	TOTAL
Under 18	3	0	3
18 – 24	8	0	8
25 – 34	9	1	10
35 - 44	7	3	10
45 - 54	10	2	12
55 - 64	6	2	8
65 + years	1	0	1
Total	44	8	52
Homeless	18	4	22
At-risk of homelessness	26	4	30
Participated before	5	0	5

The majority of participants (23%) were 45 – 55 years old. Thirty-two (32) participants or 61.5% fall within prime employment age categories, from 25 – 54 years. There were no significant findings related to age and gender.

2. Findings of the Study

This section of the report will present an analysis of the responses according to each question. Where possible additional analysis will be provided based on gender and/or age categories.

Question 1: What circumstances do you believe led to your current situation?

THEME: CIRCUMSTANCE	DESCRIPTION	FREQUENCY
Alcohol/drug problems	Includes references to drugs and alcohol	17
Family Issues	Includes references to not getting along with family, being kicked out, leaving a spouse, losing a spouse, divorce	12
Crime	Includes references to being in trouble with law and jail	7
Employment	Includes references to loss of job, no full-time work, no work	6
Income issues	Includes references to cut-off OW, couldn't afford rent, retirement	6
Landlord issues	Includes references to being evicted, hydro shut off, problems with landlord	3
Medical issues	Includes references to medical problems resulting in not being able to work	2
Immigration		1
Won't go to shelter		1
Between housing		1
Lack of education		1

The two main reasons people are in their current circumstances are drug and alcohol addiction and family difficulties. These responses are consistent with the previous report (April 2004). However, this study identified crime as the third circumstance, which has not been identified in previous reports. Employment and income-related issues remain consistent reasons why people are in difficulty, especially for those who are at-risk of homelessness.

When the circumstances are explored according to age categories, some differences are noted. For example, in the 18–24 year group, the primary circumstance is addiction issues followed by involvement in crime. This is consistent with the 25–34 year group. For those individuals in the 35–44 year age group, addiction issues remained the primary reason for their housing situation, while the next frequently report reason was financial issues, followed by medical problems. The 45–55 year age group also noted addiction issues and financial issues as their two reasons for their current situation. The 55–64 year age group cited employment issues as the primary reason for their housing circumstance and for youth under 18 years of age, the primary reason for their current situation was “being kicked out” of the family home.

For women, the primary reason for their current situation was related to leaving or losing a spouse/partner. Once leaving a spouse/partner, in some cases where the partner was abusive, these women did not have a source of income.

Question 2: At the time, what services/resources did you access?

THEME: SERVICES ACCESSED	FREQUENCY
City of Windsor: Social Assistance	20
Salvation Army	19
None	8
The Downtown Mission	6
Addiction Programs	5
Detox	4
Medical Services	3
Family	2
St. Vincent de Paul	2
AIDS Committee	2
Unit 7	2
Windsor Housing Corporation	2
9 different places	1

When participants were asked what services they accessed, participants most frequently identified social assistance programs through the City of Windsor (for income) and the Salvation Army. Given that the majority of the sample was men and the community has only one men’s shelter, it is not surprising that the Salvation Army is a primary resource. The results of question 2 also inform the community that there are people who do not access any services.

Many participants cited drug and alcohol addiction problems as their reason for becoming homelessness; however, very few accessed detox and/or addiction programs. In the previous study food banks were reported more frequently; in the 2006 study, food banks were identified only once.

Question 3: At the time, what services/resources would have been useful to you, but were not available at the time?

THEME: USEFUL BUT NOT AVAILABLE	FREQUENCY
Not sure, did not know	23
Housing	9
Income	5
Counselling	4
Information on other organizations that help	3
Job	2
Detox	2
More food	2
Legal assistance	2
Transportation	2
School	2

This was a difficult question for many of the participants to answer as noted by the high frequency of “not sure” or “don’t know” responses. Approximately 44% of participants were unable to provide any response.

For those participants who provided a response to this question, housing was the next frequent response. This was followed by having an income source and then counseling. It is interesting to note that in the April 2004 report counseling was the most frequent response.

The April 2004 report also identified the need for more information on supports; the availability of a community bulletin board (fourth most frequent response). In response the Coalition created, produced and distributed a pocket guide which identifies the supports available to individuals/families. The guide was created in 2004 and has been distributed widely in the community. Although this strategy has been employed, the Coalition should continue to ensure strategies are in place to disseminate information to homeless and at-risk people.

Question 4: What services/resources would be useful now?

THEME: USEFUL NOW	FREQUENCY
Housing	19
Employment	14
Ontario Works/ODSP	9
Counselling	4
Addiction rehab	4
Transportation	2
Volunteer work	2
School	2
A place to stay during day/relax	2
Not sure	2
Access to phone	1
Food	1
Clothing	1
Medical specialist	1
Health care classes	1
Family shelter	1
Getting all that is needed	1

Overwhelmingly, the most frequent response was housing. This response supports anecdotal evidence from service providers as well as individuals and families that it is difficult to find housing that is adequate and affordable. This issue is compounded by the two-year waiting list for subsidized housing. Employment was the next most frequently cited need for people who are homeless or at-risk of homelessness. This is a positive indication that people want to improve their situations. Counselling was also identified as an important support for people.

Four participants indicated a need for more addiction treatment. These responses could be related to the funding difficulties for the Salvation Army addiction program until it was restored in April 2006. It should also be noted that in July 2006, Brentwood, the largest provider of residential addiction treatment in Windsor-Essex County, announced that they were closing some of their treatment beds due to funding difficulties. Given that the most frequent reason for entering homelessness or being at-risk was due to drug/alcohol addiction issues, this is a troubling trend which the Coalition should monitor over the next year.

Question 5: What changes in service delivery have you seen over the last year, good or bad?

THEME: NEGATIVE CHANGES	DESCRIPTION	FREQUENCY
Waiting for services	References to waiting for housing, social services, slow services	6
Not enough money	References to needing more money, not enough on Ontario Works	4
Changes at shelters	References to change in rules, reduced hours, cannot stay in during day and cleanliness	4
Require more services	References to youth and family shelter, more addiction treatment, more for people on street	3
Have not noticed any changes		3

Responses to this question are very personal and individual and so although there were 52 participants the majority did not indicate any negative changes. However, the most frequent responses were related to waiting for housing or other services.

There was also an acknowledgement from some participants that the amount of money provided by social assistance “is not enough to live on” and rates need to be increased. Since the majority of the sample was men and most had accessed the Salvation Army shelter, some participants recommended changes they would like to see at the shelter.

THEME: POSITIVE CHANGES	DESCRIPTION	FREQUENCY
Service improvements	References to improved programs at Salvation Army, improvements at Mission, Street Help, Mental Health Connection, more meetings, Job Connect, Social Services, Immigration	13
Systems improvements	References to “not as much of a revolving door”, government is trying to help, wait under Priority 2 Status is not as long, more empathy from workers	4

It is evident that people do recognize that there have been improvements within the system over the past two years. The Salvation Army is a good example where even though there were some limited comments made about changes that were needed there was an equal amount of comments that programs have improved and the Salvation Army is helpful. Other services were also identified as making improvements or being helpful.

One person noted that things are better because “there is not as much of a revolving door”. This is an indication of improved coordination of efforts amongst service providers, most likely facilitated by the creation and maintenance of the Homeless Coalition.

D. RECOMMENDATIONS

Over the last two years, the Windsor-Essex community has benefited from a significant increase in local research related to homelessness issues. This is the fourth time since 2000 that the community has participated in the Personal Perspectives project resulting in this fourth report. It is important that the Coalition continue to obtain input from people who are using the services so that efforts remain grounded and relevant.

This process has provided a voice for people to give input regarding the delivery of services in Windsor-Essex County and it is of note that there have not been significant changes in the participants’ perception of the service system. Although there have been resources allocated to the community to respond to homelessness and risk of homelessness, advocacy efforts must continue to ensure access to housing and employment. This recommendation has remained consistent since the first report and until new resources are introduced to address these areas, they will continue to be the main responses for people requiring supports. In this regard, we propose the following recommendations:

“The Coalition explores other mechanisms for involving people who are homeless or at-risk of homelessness in developing a community response to address homelessness.”

“The Coalition continues to lobby for access to adequate housing and income”.

One area that this report highlights is the role that problems with addictions cause for many people who are homeless. Given the reductions in addiction services that will occur as of July 2006, the following recommendation should be considered:

“The Coalition monitors the impact that the reduction of addiction treatment services has on the provision of supports for people who are homeless/at-risk of homelessness”