

Prince Albert PIT Count 2018
River Bank Development Corporation

Results Report

Oct 30 2018

Submitted by:	Dr. Chad Nilson (PIT count coordinator)
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PiT Count Enumeration (note that the enumeration must refer only to the night of the count)		
Population	Data Source	Count
Unsheltered – Surveyed	Number of unsheltered responses*	30
Unsheltered – Observed	Number observed homeless from tally	0
Emergency Shelter and VAW	Systems data/Occupancy	47
Transitional Housing	Systems data/Occupancy	0
Systems (Health and/or Corrections)	Systems data	0
Unknown (likely homeless)	Number of “Respondent doesn’t know” responses**	0
Total		77

*Refers to the number of people who responded with an **unsheltered location** to the question, “Where are you staying tonight?”

**Refers to the number of responses of “Respondent doesn’t know (likely homeless)” to “Where are you staying tonight?”

Demographics*	
Population	Percent
Male	47
Female	53
Aboriginal identity	92
Veterans	0
Chronic (6+ months/ past year)	54
Episodic (3+ times/ past year)	46
Child (0 – 14)	0
Youth (15 – 24)	19
Adult (25 – 64)	69
Senior (65+)	12

Surveys Completed*	
Population	Count
Unsheltered	30
Emergency Shelter and VAW	47
Transitional Housing	0
Systems (Health / Corrections)	0
Hidden Homeless	0
Total	77

*Refer to results from **all surveys**, including those done on subsequent days if you also conducted a Registry Week or Period Prevalence Count.

1. PiT Count Overview			
Date(s)	April 18, 2018		
Time	Unsheltered Count	Sheltered Count	
	7pm – 1am	7pm – 7am	
	Magnet Event(s)	Other:	
Weather	Mild warm		
Ice Breaker/Honoraria Provided	Snacks, drinks		
		Yes	No
Did you conduct a joint Registry Week Period Prevalence Count?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
How did you adapt the methodology to conduct the survey on subsequent days?			
no			

2. Key Findings			
<i>What were the key findings of your PiT Count? Did the results confirm your expectations, or were there any surprises in your findings? If you conducted a previous count, what changes did you observe?</i>			
Previous years had older homeless struggling with alcohol...this year was younger homeless struggling with crystal meth and violence			
3. Project Structure		Yes	No
Did your community have a dedicated PiT Count Coordinator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did your community use an Assistant Coordinators? (e.g., Volunteer Coordinator, Night of the Count Assistant, etc.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe:			
Had assistance from other organizations to help support the count logistics			
Did your community use sub-committees? (eg., Survey Committee, Volunteer Committee, Aboriginal Engagement Committee, etc.)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Describe:			
Did your organization involve community partners?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
How many partners and what sectors did they come from? Did your organization develop new partnerships during the count?			
Describe: We developed multiple partnerships—both new and old. In total, 25 organizations contributed to the count			
4. Methodology: Survey Development		Yes	No
Did you use Canadian Observatory on Homelessness questions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe:			
All of them			
Did you include the VI SPDAT or another acuity assessment tool?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Describe:			
Did you add local questions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe:			
While experiencing homelessness were you exposed to violence?			
What was the process used to develop your survey?			
Describe:			
Community consultation			

Please include the final version of the survey used in your community.			
5. Methodology: Sheltered Count		Yes	No
Were surveys conducted in all shelters in your community? (e.g., Emergency shelters, transitional housing, and VAW shelters)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe:			
Homeless shelters, violence shelters, women shelters, detox			
How many shelters were:	Emergency or VAW:	9	Transitional: 0
How did you define Transitional housing (e.g., is there a maximum length of stay?): NA			
Were surveys conducted by volunteers in the shelters?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, describe who conducted surveys: Shelter staff			
How many surveyors conducted the sheltered surveys?		0	
Other comments:			
6. Methodology: Unsheltered Count			
How many surveyors conducted the unsheltered surveys?		6	
How did you organize your survey teams?			
By area of city			
How did you determine the walking routes and known locations?			
Hot-spotting exercise conducted by outreach team, police, taxi, addictions organizations			
Other comments:			
7. Methodology: Service Count (e.g., food banks, drop-in centres)		Yes	No
Did your community conduct surveys at service locations?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Which service locations were included and when did you conduct the surveys?			
Other comments:			
8. Methodology: Magnet Events		Yes	No
Did your community conduct surveys during magnet events?		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please describe the events and the populations surveyed in these locations:			
Other comments:			
9. Methodology: Indigenous Engagement			
How did you engage the Indigenous community?: Elder involvement, indigenous staff, indigenous partners organizations, organizations with strong rapport with indigenous clients			
Other comments:			
10. Methodology: Public Systems (e.g., hospitals, corrections, and/or detox facilities)		Yes	No
Did you include public systems?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Which systems did you include and how were they engaged? Detox agreed to be part of our count			
How did you enumerate homelessness in these systems?: They completed surveys on those self-reporting as homeless			
Other comments:			
11. Methodology: Hidden Homeless		Yes	No
Did you survey people experiencing hidden homelessness?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
How did you engage this population?			
What was the screening process that your community used?			
Other comments:			
12. Methodology: Data Entry and Analysis			
Please describe your data entry, cleaning and analysis:: Data entered onto excel and double-checked by staff			
13. Methodology: Reporting Back			
How will the results be reported back to the community? Community presentation and release of PIT Count Report			

14. Volunteers: Volunteer Recruitment	Yes	No
Did your count use volunteers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How many volunteers were used?	6	
How did you recruit volunteers? Describe: Word of mouth		
What were the roles of the volunteers? Describe: Surveying		
15. Recommendations for Future PiT Counts		
<i>Describe any recommendations you have for future PiT Counts.</i>		
Overall Project Management Recommendations (e.g., decision making, assistant coordinator roles, etc.): na		
Methodology Recommendations: (e.g., Survey Development, Sheltered and Unsheltered Count, etc.) Less questions on the national "recommendation survey"...leave more room for localized questions.		
Day of the Count Logistics Recommendations: Inform police of count so they take it easy on the homeless that night...plus know where you are for safety		
Volunteer Management and Training Recommendations: Reliable people with past experience in vulnerable person's sector.		
Media and Communications Recommendations: na		
HIFIS PiT Count Module Recommendations: More easily upload of data straight from Excel onto HIFIS instead of manual input		
What resources were most useful as you implemented the count? Past experience, consistent partnerships in community, PIT Toolkit		
Were there any additional resources that could have been developed to help your community implement the count? na		
16. Other Comments		
<i>Include any other comments your community has that weren't addressed in the questions above.</i>		

Note: If your community would like to share training materials, promotional tools, or other developed materials. Please attach them to the report.

D. REASON NOT SURVEYED (circle):

declined – already responded – screened out – observed

E. Are you staying here tonight?

<input type="radio"/> YES [BEGIN SURVEY & NOTE <i>f.</i> OR <i>g.</i> ON SURVEY, AS APPROPRIATE]	<input type="radio"/> NO [ASK RESPONDENT TO SPECIFY LOCATION]
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SHELTERED SURVEY

Facility/Program Name: _____ Time: _____
 _____ AM/PM

Interviewer: _____ Contact #: _____

C. [Surveyor: Circle overnight location]

f. EMERGENCY SHELTER, DOMESTIC VIOLENCE SHELTER g. TRANSITIONAL SHELTER	Other location: _____
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BEGIN SURVEY

1. What family members are staying with you tonight? [Indicate survey numbers for adults. Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER ADULT - Survey #: _____																											
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> DECLINE TO ANSWER																											
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)																												
[indicate gender and age for each]																												
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2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

<input type="radio"/> AGE _____ OR YEAR BORN _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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➔ For the next questions, “homelessness” means any time when you have been without a secure place to live, including sleeping in shelters, on the streets, or living temporarily with others.

3. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4. In total, how much time have you been homeless over the PAST YEAR? [Best estimate.]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. In total, **how many different times** have you experienced homelessness over the PAST YEAR? [Best estimate.]

<input type="radio"/> NUMBER OF TIMES _____ [Includes this time]	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. **Have you stayed in an emergency shelter in the past year?** [Give local examples of homeless shelters]

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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7. **How long have you been in (*community name*)?**

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS -----> <input type="radio"/> ALWAYS BEEN HERE <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	Where did you live before you came here? <input type="radio"/> COMMUNITY _____ PROVINCE _____ OR COUNTRY _____ <input type="radio"/> DECLINE TO ANSWER
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8. **Did you come to Canada as an immigrant, refugee or refugee claimant?**

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: How long have you been in Canada? <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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9. **Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit.** [If yes, please follow-up to specify.]

<input type="radio"/> YES -----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	If YES: <input type="radio"/> FIRST NATIONS (with or without status) <input type="radio"/> INUIT <input type="radio"/> MÉTIS <input type="radio"/> HAVE INDIGENOUS ANCESTRY
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10. **Have you ever had any service in the Canadian Military or RCMP?**

[Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> YES, MILITARY	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, RCMP			

11. **What gender do you identify with?** [Show list.]

<input type="radio"/> MALE / MAN	<input type="radio"/> TRANS FEMALE / TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
<input type="radio"/> FEMALE / WOMAN	<input type="radio"/> TRANS MALE / TRANS MAN	<input type="radio"/> DON'T KNOW
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> GENDERQUEER/GENDER NON-CONFORMING	<input type="radio"/> DECLINE TO ANSWER

12. **How do you describe your sexual orientation, for example straight, gay, lesbian?** [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED:	<input type="radio"/> DECLINE TO ANSWER

<input type="radio"/> LESBIAN	<input type="radio"/> QUESTIONING	<input type="text"/>
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13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

<input type="checkbox"/> ILLNESS OR MEDICAL CONDITION	<input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN
<input type="checkbox"/> ADDICTION OR SUBSTANCE USE	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER
<input type="checkbox"/> JOB LOSS	<input type="checkbox"/> INCARCERATED (JAIL OR PRISON)
<input type="checkbox"/> UNABLE TO PAY RENT OR MORTGAGE	<input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM
<input type="checkbox"/> UNSAFE HOUSING CONDITIONS	<input type="checkbox"/> OTHER REASON: _____
<input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> DECLINE TO ANSWER

14. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> GST REFUND	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS	
	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	

15. While experiencing homelessness, have you been exposed to violence (circle)?

Yes	No
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16. What do you feel are the biggest barriers of support to services in the community?

UNSHELTERED SCREENING TOOL

Interviewer Name: _____ Time: _____

Location (circle): downtown - midtown - cathedral – west flat – east flat – cornerstone
– golf course – west hill – east hill – crescent heights – crescent acres – hazeldell

Hello, my name is _____ and I'm a volunteer for the **Prince Albert Homelessness Count**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

- **Your participation is voluntary and your name will not be recorded.**
- You can choose to **skip any question** or to **stop the interview at any time.**
- Results will contribute to the understanding of homelessness across Canada and will help with research to improve services.

D. Have you answered this survey already tonight?

[YES: skip to "D"]

[NO: Continue with "B"]

E. Are you willing to participate in the survey?

[YES: Continue to "C"]

[NO: Say thanks and answer "D"]

F. Where are you staying tonight? [DO NOT READ CATEGORIES]

<p>n. Decline to Answer o. Own Apartment/House p. Someone Else's Place q. Motel/Hotel r. Hospital, Jail, Prison, Remand Centre</p>	<p>s. Emergency Shelter, Domestic Violence Shelter t. Transitional Shelter u. Public Space (E.G., Sidewalks, Squares, Parks, Forests, Bus Shelter) v. Vehicle (Car, Van, Rv, Truck) w. Makeshift Shelter, Tent or Shack x. Abandoned/Vacant Building y. Other Unsheltered Location Unfit for Human Habitation z. Respondent Doesn't Know [Likely Homeless]</p>
<p>THANK AND TALLY - NOTE RESPONSE TO "D"</p>	<p>BEGIN SURVEY - NOTE RESPONSE TO C</p>

D. REASON NOT SURVEYED (circle):

declined – already responded – screened out – observed

UNSHeltered SURVEY

1. What family members are staying with you tonight? [Indicate survey numbers for adults. Check all that apply]

<input type="checkbox"/> NONE <input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> OTHER ADULT - Survey #: _____ <input type="checkbox"/> DECLINE TO ANSWER																											
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<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4. In total, **how much time** have you been homeless over the PAST YEAR? [Best estimate.]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. In total, **how many different times** have you experienced homelessness over the PAST YEAR? [Best estimate.]

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7. **How long have you been in (community name)?**

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<input type="radio"/> DON'T KNOW	
<input type="radio"/> DECLINE TO ANSWER	
	<input type="radio"/> COMMUNITY _____ PROVINCE _____ OR COUNTRY _____
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8. **Did you come to Canada as an immigrant, refugee or refugee claimant?**

<input type="radio"/> YES, IMMIGRANT ----->	If YES: How long have you been in Canada?
<input type="radio"/> YES, REFUGEE----->	
<input type="radio"/> YES, REFUGEE CLAIMANT----->	
<input type="radio"/> NO	
<input type="radio"/> DON'T KNOW	
<input type="radio"/> DECLINE TO ANSWER	
	<input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR
	<input type="radio"/> DON'T KNOW
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9. **Do you identify as Indigenous or do you have Indigenous ancestry? This includes First Nations with or without status, Métis, and Inuit.** [If yes, please follow-up to specify.]

<input type="radio"/> YES ----->	If YES:
<input type="radio"/> NO	
<input type="radio"/> DON'T KNOW	
<input type="radio"/> DECLINE TO ANSWER	
	<input type="radio"/> FIRST NATIONS (with or without status)
	<input type="radio"/> INUIT
	<input type="radio"/> MÉTIS
	<input type="radio"/> HAVE INDIGENOUS ANCESTRY

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[Military includes Canadian Navy, Army, or Air Force]

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<input type="radio"/> MALE / MAN	<input type="radio"/> TRANS FEMALE / TRANS WOMAN	<input type="radio"/> NOT LISTED: _____
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<input type="radio"/> GAY	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NOT LISTED: _____	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> LESBIAN	<input type="radio"/> QUESTIONING		

13. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays.]

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<input type="checkbox"/> UNSAFE HOUSING CONDITIONS	<input type="checkbox"/> OTHER REASON: _____
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<input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER	<input type="checkbox"/> DECLINE TO ANSWER

14. What are your sources of income? [Read list and check all that apply]

<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> INFORMAL/SELF-EMPLOYMENT (E.G., BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> SENIORS BENEFITS (E.G., CPP/OAS/GIS)	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> GST REFUND	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS	
	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	

15. While experiencing homelessness, have you been exposed to violence (circle)?

Yes	No
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16. What do you feel are the biggest barriers of support to services in the community?