

The State of Homelessness in Kingston, 2013

RESULTS OF THE URBAN KINGSTON POINT IN TIME
COUNT – OCTOBER 16 2013

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The City of Kingston would like to thank our partnering organization, the United Way for their vision, support and participation in making the first Kingston Point-In-Time (PIT) Homeless Count possible.

Thanks to OrgCode Consulting, Inc. for planning and executing the Count, including training all volunteers, mapping and allocating volunteers across the city, developing the survey, and acting as experts and coordinators on the night of the Count. OrgCode also conducted all analysis of the survey results and wrote the preliminary and final reports.

Kingston Home Base Non-Profit Housing Inc. was responsible for recruiting additional Special Team surveyors to enumerate homeless individuals expected to be found in higher-risk areas. Home Base Housing also provided occupancy totals and capacity totals for the night of the Count at its In From The Cold and Lily's Place shelters.

The City would also like to thank Ryandale Shelter for the Homeless, Kingston Harbour Light, Kingston Interval House, and Dawn House for their participation in surveying those individuals staying in those shelters at the time of the Count, as well as providing accurate occupancy totals and capacity totals for the night of the Count.

The assistance of the Kingston Police Force (KPF) was instrumental to the success of the count. The KPF provided one officer to participate as a Special Team member, as well as providing 911 support to volunteers. They also provided occupancy totals for the remand centre on the night of the count.

Thanks to Providence Care, Kingston General Hospital, and Hotel Dieu for providing information about the numbers of persons who were patients at or admitted to the city's medical centres having "No Fixed Address" on the night of October 16th.

Finally, thanks to all organizations and individuals who provided support by volunteering or helping recruit volunteers. A total of 118 volunteers, including members of the following organizations: St. Lawrence College, St. Lawrence Youth Association, St. Lawrence Women's Basketball Team, Loving Spoonful, Elizabeth Fry Society, Queen's University, Youth Diversion, Iris Kirby House, Canadian Mortgage and Housing Corporation, Newfoundland & Labrador Statistics Agency, Newfoundland and Labrador Housing Corporation, and Choices for Youth. Without the assistance and commitment of these dedicated volunteers, the 2013 PIT Homeless Count would not have been possible.

Overview

On October 16, 2013, the City of Kingston and the United Way engaged OrgCode Consulting, Inc. to conduct the first Point in Time (PIT) Homeless Count in urban Kingston.

106

Homeless people found in Kingston

77%

Proportion found in emergency shelters

Figure 1: Key Homeless Count Statistics

A total of 106 people were found to be homeless on October 16th, 2013. As is the case with any homeless count, this should be considered a minimum number of persons experiencing homelessness on that night.

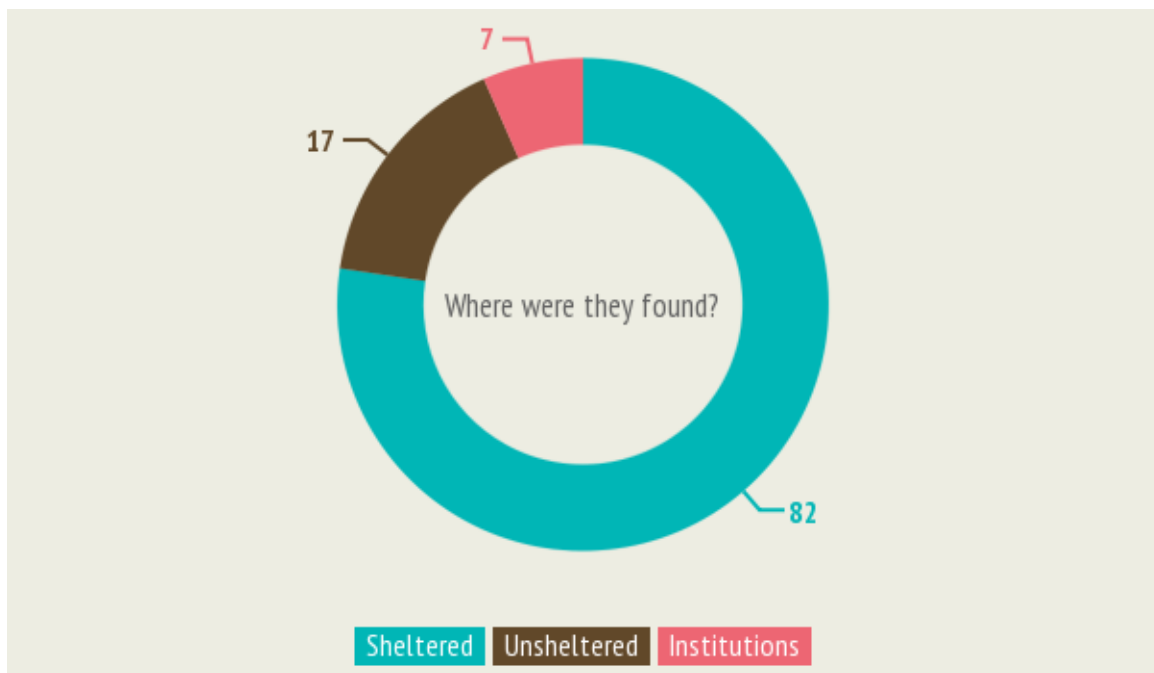


Figure 2: Sheltered Status

Of the 106 people, 89 or 84% were sheltered, meaning that they slept in an emergency shelter, safe house, detox centre, or remand centre on the night of the count. 17 or 16% were unsheltered, meaning that they were encountered in parks, on the streets or on sidewalks during the evening of October 16.

Key Findings

52% are women

Kingston has a much higher rate of female homelessness than other jurisdictions

77% are sheltered

77% were found in emergency shelters with an additional 7% in hospitals

3.5 months

The median or "middle value" of how long people are homeless; half are homeless for longer and half are homeless for shorter

33 years old

The average age of the homeless population

54% are episodically homeless

More than half of respondents have been homeless multiple times

80% receive welfare

OW and ODSP are the main sources of income for homeless people

4% panhandle

In contrast to common opinion

76% say rent is too expensive

And 69% say they don't have enough money to afford rent

78% have poor health

78% of respondents reported at least one health problem, and 50% reported two or more

8 families

8 families were found homeless, including 12 children.

Figure 3: Key Findings

PIT Count Background

A Point-In-Time (PIT) Homeless Count is a snapshot of homelessness that captures numbers and basic demographics of persons experiencing homelessness at a single point in time. Persons enumerated are those staying in emergency shelters, safe houses, jails and remand facilities, detox programs, and those staying outdoors in parks, on the streets, and in other public areas.

A PIT Count is the best way to get an accurate picture of the number of people who are homeless in a city like Kingston; however, a PIT Count is not without its limitations. For instance, a PIT Count is unable to measure persons who are experiencing "hidden homelessness," who may be couch surfing at a friend's house, sleeping in a public washroom, or living in a hotel room. In addition, a PIT Count relies on the ability of volunteers to find those experiencing homelessness in public areas, and may miss some who do not appear to be homeless, who are well-hidden, or who are actively avoiding being counted. For the reasons cited, although a PIT Count is a carefully executed scientific process, all PIT Counts (by their inherent limitations) undercount the homeless population. The findings from the PIT Count, therefore, should be considered the minimum number of people that were homeless on the night of October 16, 2013.

The 2013 Kingston Point-In-Time Count

The City of Kingston engaged OrgCode Consulting, Inc. to conduct Kingston's first Point in Time (PIT) Homeless Count held on October 16, 2013. Occupancy totals were obtained from shelter providers and a comprehensive outdoor enumeration was conducted to capture the most accurate number of homeless persons possible. Surveys were also conducted at shelters to obtain robust data on sheltered homeless individuals.

The United Way, Kingston Frontenac Lennox and Addington coordinated the recruitment of volunteers to assist with the count. A total of 118 volunteers canvassed 49 outdoor areas, covering as much of the city as possible. Seven special teams of professional homeless service workers enumerated high-density and forested areas. Enumerators in six of Kingston's shelters interviewed those persons staying in their shelters during the night of the Count.

Prior to conducting the count all volunteers attended a two-hour training session and were instructed to survey everyone they encountered, allowing the questions on the survey to screen whether or not the person encountered was homeless or not. If the person was not homeless, the survey was suspended and no additional questions were asked.

The result of the approximately 4-hour survey (19:00 to 23:00) was a Point-In-Time “Raw Count” of homeless individuals encountered in areas where homeless persons have been identified in the past by professional outreach workers and service providers. These areas of the city were determined to be high density (likely to find 5+ persons), medium density (likely to find 2-4 persons) or low-density (likely to find 0 or 1 person) survey areas. The final count of homeless individuals was the sum of this raw count and the results of two statistical methods used to account for: 1) the homeless individuals in the low-density areas not surveyed, and 2) the homeless individuals missed by the survey teams.

Methods

To ensure a more accurate number, the following techniques were used to enhance the quality of the data:

1. Covering as much of the geographic area in the City of Kingston as possible
2. Instructing volunteers to enumerate everyone encountered, regardless of appearance (not just those that may “look” homeless)
3. Extrapolation for low-density areas
4. Plant-capture technique using decoys

The majority of homeless persons found on the night of the count were found in known locations, places identified previously by staff that work in homeless programs and services as “hot spots” where many homeless people can be found and, specifically, at certain times of the day. However, the Count also identified two homeless persons in areas where homeless people were not expected to be found. Thus, part of the methodology used was to cover as many parts of the city as possible and to survey as many homeless persons as possible.

, A common limitation with engaging inexperienced volunteers as enumerators is that they tend to use their judgement in deciding whether or not to approach a person. If a person does not “appear” to be homeless, they may not be enumerated. In Kingston, volunteers were instructed to approach everyone they encountered, so that this potential bias would be eliminated.

Extrapolation

The first statistical method applied to the raw count of homeless individuals was employed to account for the homeless individuals in the low-density study areas that were not selected as survey areas. This methodology assumes that homeless individuals are evenly distributed throughout the low-density areas used in this assessment. Since the low-density survey areas that were not included in the survey were randomly selected, it can be assumed that the proportion of homeless individuals found in the survey areas would be consistent with the number of homeless individuals anticipated in the low-density study areas not surveyed. Using these assumptions, the following extrapolation calculation was applied to estimate

the homeless individuals in the low-density study areas not surveyed (n_{est}) using the actual number of homeless individuals counted in the low-density survey areas (n_s) :

$$n_{est} = \frac{n_s}{L_s} * (L_{tot} - L_s)$$

where:

- n_{est} is an estimate (*est*) of the homeless individuals (n) in low-density study areas not surveyed
- n_s is the raw count of homeless individuals (n) in low-density areas surveyed (s)
- L_{tot} is the total (*tot*) number of low-density study areas (L)
- L_s is the number of low-density study areas (L) which were surveyed (s)

Through this method, 2 persons were added to the count total. In total, 21 low-density areas were not surveyed, and the low-density areas that were surveyed had an average of 0.087 homeless persons per area. In addition, 2 medium-density areas were not surveyed, and the medium-density areas had an average of 0.091 homeless persons per area.

Plant-Capture Method

The second statistical method, called a 'plant-capture' method, was applied to the raw count of homeless individuals to account for the homeless individuals missed by the survey teams. The reasons why homeless individuals might be missed in a PIT Homeless count could include the assumption that a person was not homeless and therefore was not approached by the survey team regardless of the instruction to stop-everyone; the survey team or subjects moved too quickly; not covering both the north-south or east-west sides of a street; etc. This plant-capture method was successfully used in New York City and in Toronto's point-in-time homeless population estimates. Housing and Urban Development (HUD) in the United States, where counts are a requirement for funding every two years, has suggested that this is the "gold standard" for homeless counts likely to yield the most accurate results.

The underlying assumption of this method is that the number of individuals ("plants") that were missed (not "captured") is directly proportional to the number of homeless individuals missed by the survey teams.

A total of 9 plants were deployed throughout the survey areas (7 plants in high density areas and 2 plants in low-density areas) distributed across the City. These plants were provided instructions and training prior to being deployed into the field. They were instructed on how to act in the field, how to answer questions of surveyors and when to reveal their status as a decoy. The plants had a range of gender, appearance and age. Each was given a location where they were expected to be; some directly with their plant partner, others with visual distance of each other. All plants were located on public property. All plants were deployed to survey areas where study teams were going. If they were interviewed by the survey team

("captured"), the plants answered the questions as if they were homeless. After completing the survey and identified themselves as a decoy to the survey team, the plants signed the survey as confirmation of the encounter.

Important information is also gleaned from plants who do not complete the survey with study teams. Of importance is whether they saw the study team at all. "Visited; Not Counted" impacts the overall probability equation differently than "Not Visited; Not Counted" (in other words, missed altogether).

The adjustment to the raw count using the plant-capture method is calculated as the product of the probability of capturing a plant, given that the site was visited by a study team (p_{cap}), the probability of a plant was located in a survey area (as opposed to located in a study area not surveyed), and sampling fraction used in the assessment (the fraction of low-density survey areas from the total number of low-density study areas).

First, the probability of capturing a plant given that the site was visited (p_{cap}) is calculated using the following equations:

$$P_{cap} = \frac{X_{counted}}{X_{visited}}$$

where:

- p_{cap} is the probably of capturing a plant given that a site was visited
- $X_{counted}$ is the number of plants counted
- $X_{visited}$ is the number of plants which saw a survey team but were not surveyed (thus not counted)

Secondly, the probability that the survey area contained a plant (p_{vis}) is calculated using the following equation:

$$P_{vis} = \frac{X_{visited}}{X_{deployed}}$$

where:

- p_{vis} is the probability that the survey area contained a plant
- $X_{visited}$ is the number of plants which saw a survey team but were not surveyed (thus not counted)
- $X_{deployed}$ is the number of plants deployed

Finally, these probabilities were multiplied by the sampling fraction to calculate the final adjustment to the raw count and to account for the homeless individuals missed by the survey teams.

The sum of the plant-capture adjustments from high density areas and low-density areas are added to the extrapolated values which is added to the raw count to calculate the final point-in-time count of homeless individuals.

In total, 3 of the 9 plants were Captured; of the remaining six, 5 were Not Visited; Not Captured, and the last 1 was Visited; Not Captured. Through this method, a total of 7 persons were added to the count total.

Quality Assurance

The approach to adjusting the raw count is a method employed by Toronto, New York, and Seattle. Most other jurisdictions that conduct Homeless Counts of the outdoor population report only the raw count. They make no efforts to reliably account for areas that they are unable to send survey teams to, nor do they make efforts to account for homeless people that may have been missed, given that a study area was included in the survey. There are a very small number of academics or other experts that have familiarity with the approach to adjusting for non-sampled areas and for making probability adjustments based upon plant-capture and probability of a study area being included.

The calculations undertaken by OrgCode were peer reviewed by two professionals intimately familiar with the methodology, having also been involved in counts and analysis in Toronto and New York. Consensus among the experts was reached in the findings for the City of Kingston.

Validity

A total of 46 valid, completed surveys were collected and analyzed. Assuming a total population of 106 persons, all data presented within this document is considered to be accurate, plus or minus 10.92, 95% of the time.

Limitations

While a Point in Time Count is the most accurate and comprehensive methodology for enumerating a homeless population, the approach does have some known limitations. In addition, some local considerations also posed a challenge.

It is important to understand that any Point in Time Count is an "undercount" – that is, the results of the Count are the minimum value. There may be more people who are homeless that were not counted (in fact, this is a likely scenario), but we know that there were *at least* 106 people who were homeless on the night of the Count.

A major limitation of PIT Counts is their inability to measure "couch surfing" with any degree of accuracy. In order for a couch surfer to be counted, they must be outdoors, in a public place during the window of the Count. Since a small but unknown percentage of couch surfers would fulfill this criteria, the decision was made to exclude couch surfers entirely so as to not present a false conclusion about the prevalence of couch surfing in Kingston. A recent report entitled the *State of*

Homelessness in Canada, 2013, estimates that for every one person who is absolutely homeless, three more are “invisibly” homeless, suggesting an additional 246-318¹ homeless persons in Kingston who were not counted, primarily due to couch surfing.

Similarly, homeless persons are only enumerated if they are outdoors (on public property) or in participating indoor locations. If homeless persons are indoors in non-participating locations, they are not counted. In addition to couch surfing, this type of location includes squatting in abandoned buildings, living in a motel, sleeping in mall washrooms, ATM foyers, or the like. In Kingston, examples include the downtown public library and nightlight which are known to include homeless persons but could not be counted. branch is known to be a spot frequented by homeless persons, though their policies did not allow the branch to participate in the Count. For example, nightlight Kingston is a drop-in centre that also did not participate. Anecdotal evidence suggests that up to a dozen homeless persons were at nightlight during the Count window and may not have been enumerated.

Of Kingston's seven emergency shelters, one – the Kingston Youth Shelter – did not participate in the survey component of the Count. While occupancy totals for that shelter on the night of the Count were obtained, there is no additional information about the nine youth who slept there. This made it difficult to describe the characteristics or needs of Kingston's homeless youth.

Finally, the weather likely played a contributing factor. While the Count window was from 7pm to 11pm, it began to rain between 8pm and 9pm and approximately 8mm of rain was accumulated. As a result, some volunteers requested to return to headquarters early, and it is possible that some homeless persons were missed as a result. In addition, some individuals who are indeed absolutely homeless may have been able to call in a favour and find somewhere dry to sleep, temporarily increasing the number of hidden homeless for that night.

¹ 246 is based on only the number of sheltered homeless persons, while 318 is based on all homeless persons counted (see Figure 4).

Results

A total of 106 people were found to be homeless on October 16th, 2013.

Of the 106 people, 82 or 77% were sheltered, meaning that they slept in an emergency shelter on the night of the Count. In addition, 7 (7%) were found in a hospital, detox centre, or remand centre on the night of the count, and stated that they had No Fixed Address (NFA). Often, these two totals may be presented together; in total 84% were indoors and therefore sheltered, even though not all of them were in shelters.

17 or 16% were unsheltered, meaning that they were encountered in parks, on the streets or on sidewalks.

Figure 4: Homeless Persons by Sheltered Status, Including Accompanied Children

	Adults	Accompanied Children	Total	% of Total
Sheltered	69	13	82	77.4%
Unsheltered	17	0	17	16.0%
No Fixed Address	7	0	7	6.6%
Total	93	13	106	100%

Demographics

Persons experiencing homelessness can come from a range of situations, making it impossible to determine a demographic profile of a "typical" homeless person. They can be male or female of any age, from any socio-economic or ethnic background, and there are a variety of reasons why any individual would be experiencing homelessness.

Gender



Figure 5: Key Gender Statistics

The majority of homeless persons were women (52%), which is atypical based on experience elsewhere. A recent national report, corroborated by recent PIT Counts in Toronto and Vancouver, find that women typically account for 25-35% of the total homeless population.

A higher proportion of women (94%) than men (83%) were sheltered on the night of the Count.

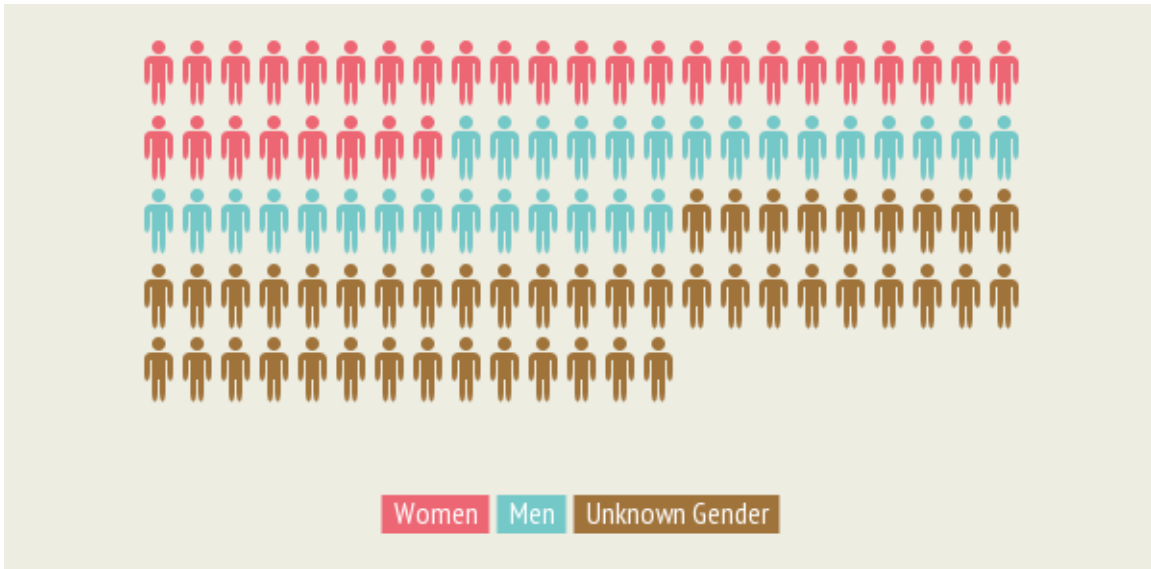


Figure 6: Homeless Population by Gender²

² The gender was not provided for all persons counted on the night of the Count, for a number of reasons. First, for any accompanied children, gender was not asked. Second, some participating institutions and shelters provided an occupancy total or number of patients, but not all of these persons were surveyed. Third, the total homeless count included extrapolation (see Methodology), and as a result, there is no data for the extrapolated persons.

Age

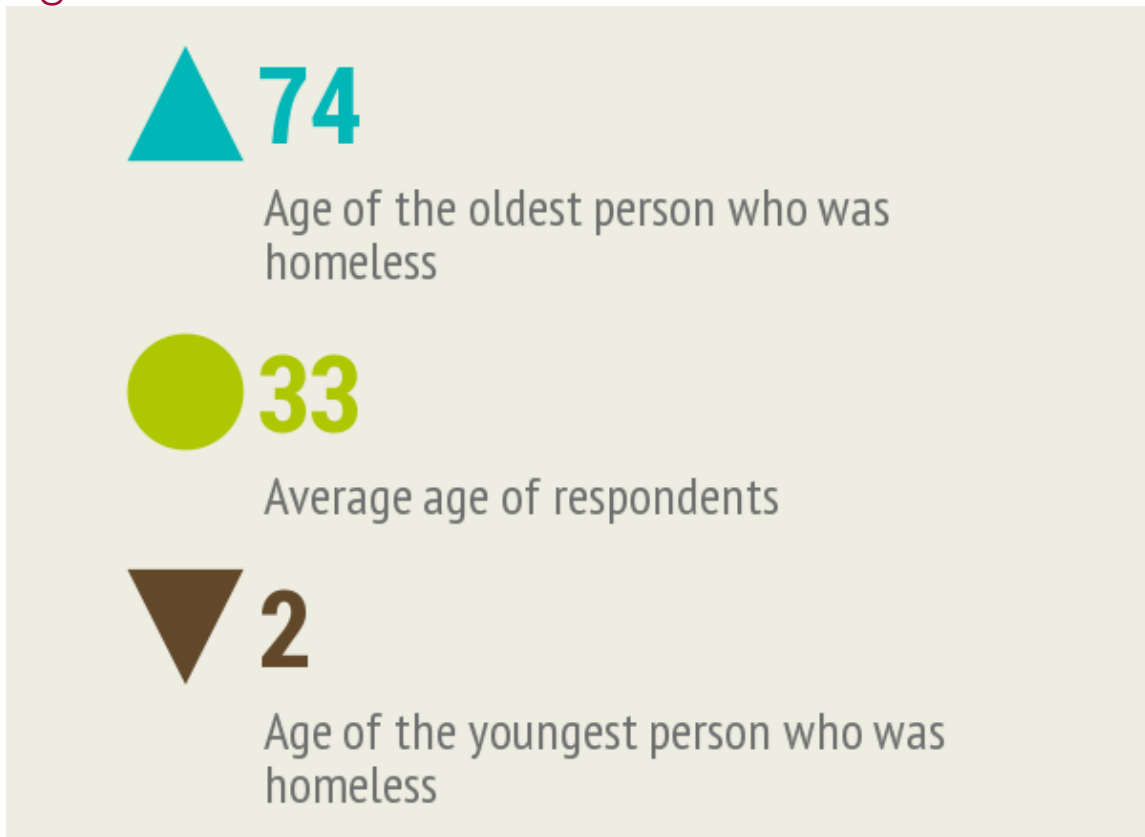


Figure 7: Key Age Statistics

Both the median and average age of homeless persons encountered in Kingston was 33 (see Figure 7). The most common age of respondents was 35, while the most common age range was 35-44. The youngest person surveyed was 22, while the youngest child accompanying a surveyed parent was 2 years old. The oldest person surveyed was 74.

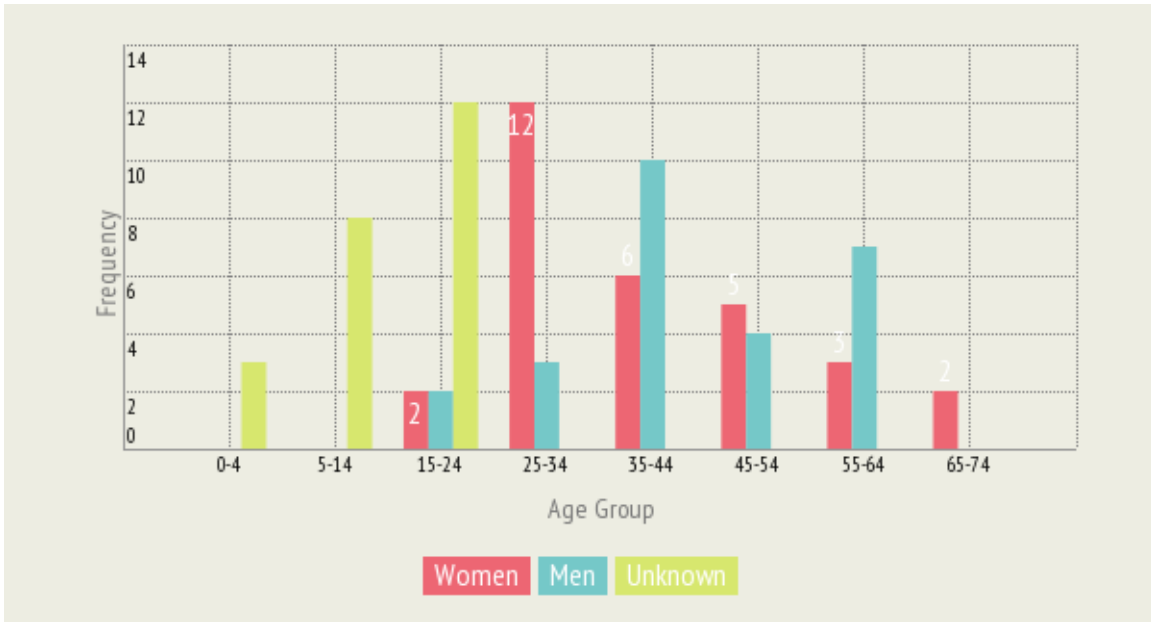


Figure 8: Age Groups, by Gender

Family Status

Although surveyed individuals were not specifically asked about their marital status, they were asked if anyone else in their family was homeless. More than two-thirds of respondents reported that no one in their family was homeless. 10% reported that at least one sibling was also homeless, and 17% reported that their children were homeless as well.

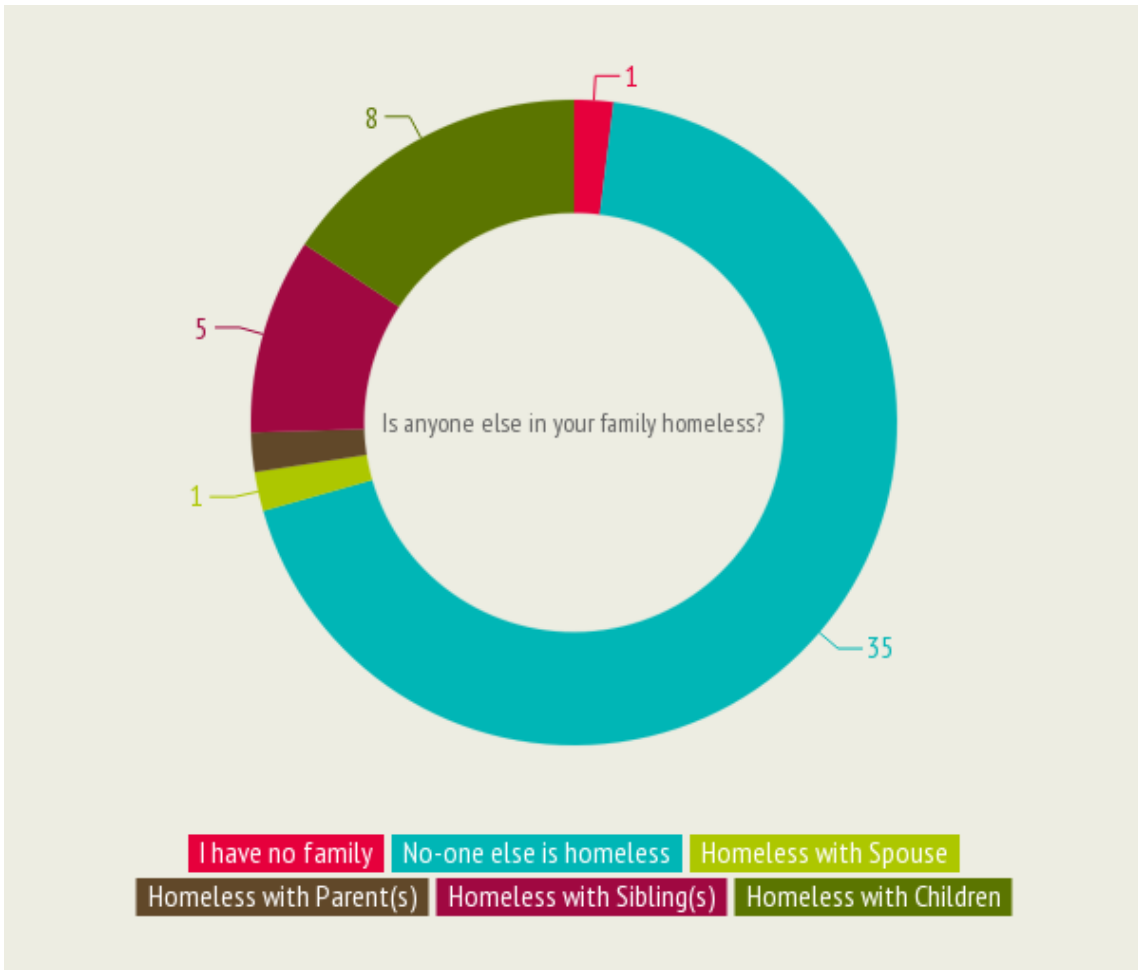


Figure 9: Companions on the Night of the Count

Aboriginal Status

On the night of the count, homeless people who agreed to complete the survey were asked, “Are you a First Nations, Métis or Inuit person?” Respondents self-reported whether they were or were not aboriginal, or could opt not to answer the question. 9% indicated that they were First Nations, Métis or Inuit. This percentage is disproportionately high considering that Aboriginal persons comprise only 3% of Kingston’s total population. However, this is consistent with results from across Canada, where aboriginal persons are often overrepresented among the homeless population.

Veteran Status

4.3% of respondents indicated that they had previously served in the Canadian Armed Forces. While this is not a very large percentage, less than 2% of Canadians are veterans, so this number is also disproportionately high. In Canada and especially the United States, veterans have been shown to be at higher risk of homelessness.

Sleeping Arrangements

The results of the 2013 PIT Count found that 84% of homeless people in Kingston were sheltered, and the remaining 16% were unsheltered.

33% of the unsheltered individuals reported that they did not know where they would be sleeping that night. 17% of unsheltered respondents reported "Sleeping Rough" which includes individuals who were in parks, on sidewalks and in alleyways, or squatting in abandoned buildings. The remainder refused to answer the question.

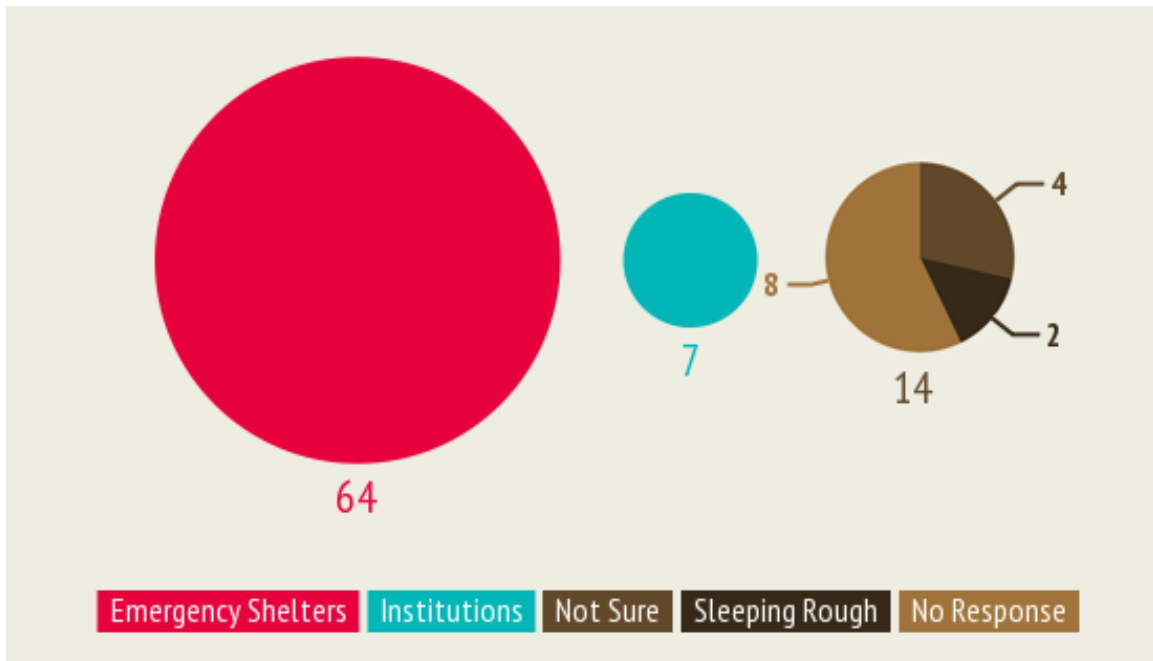


Figure 10: Sleeping Arrangements on the Night of the Count

93% of respondents indicated that they had stayed in an emergency shelter in the past year, indicating that such shelters are well-utilized by homeless individuals and families.

Shelter Capacity

On the night of the Count, shelters in Kingston were operating at 74% of capacity, and there was additional space for nearly all subgroups, including youth, women, men, families, and victims of domestic violence.

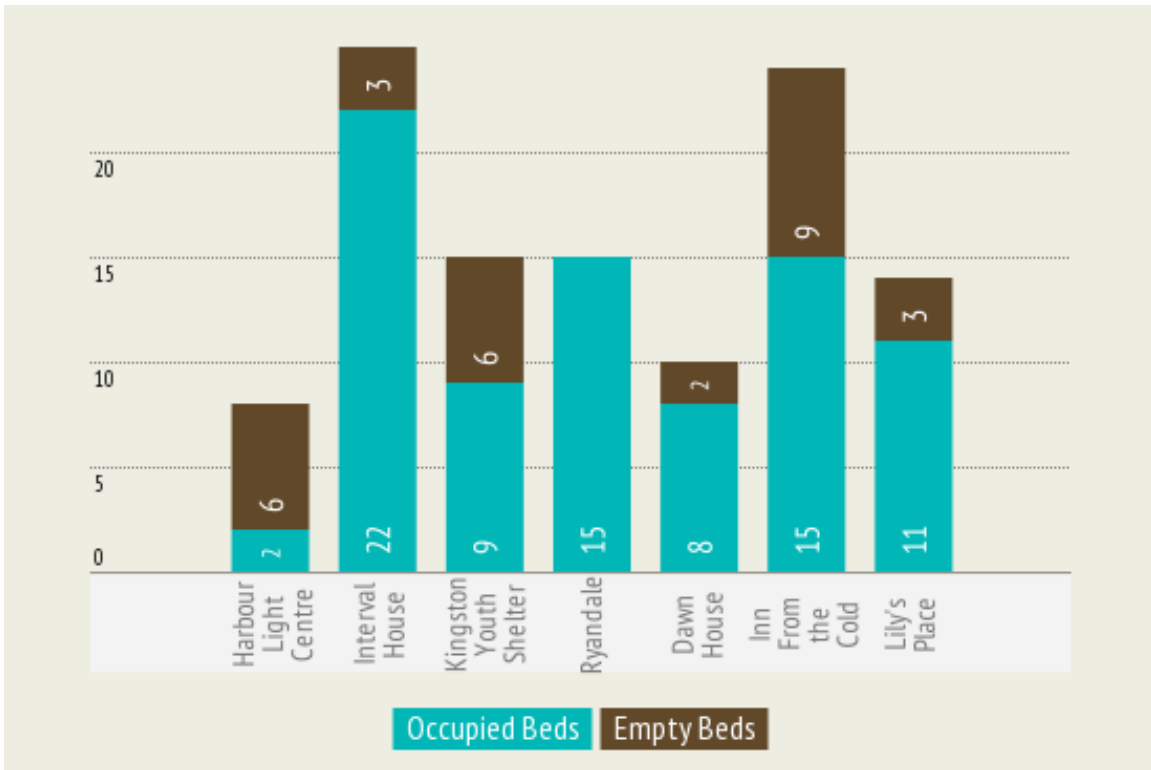


Figure 11: Shelter Capacity, by Shelter, on the Night of the Count

While the shelters were not full on the night of the PIT Count, the combined occupancy rate of the shelters is similar to that of the average occupancy rate for October, 2012, and is lower than the seasonal average for the past five years.

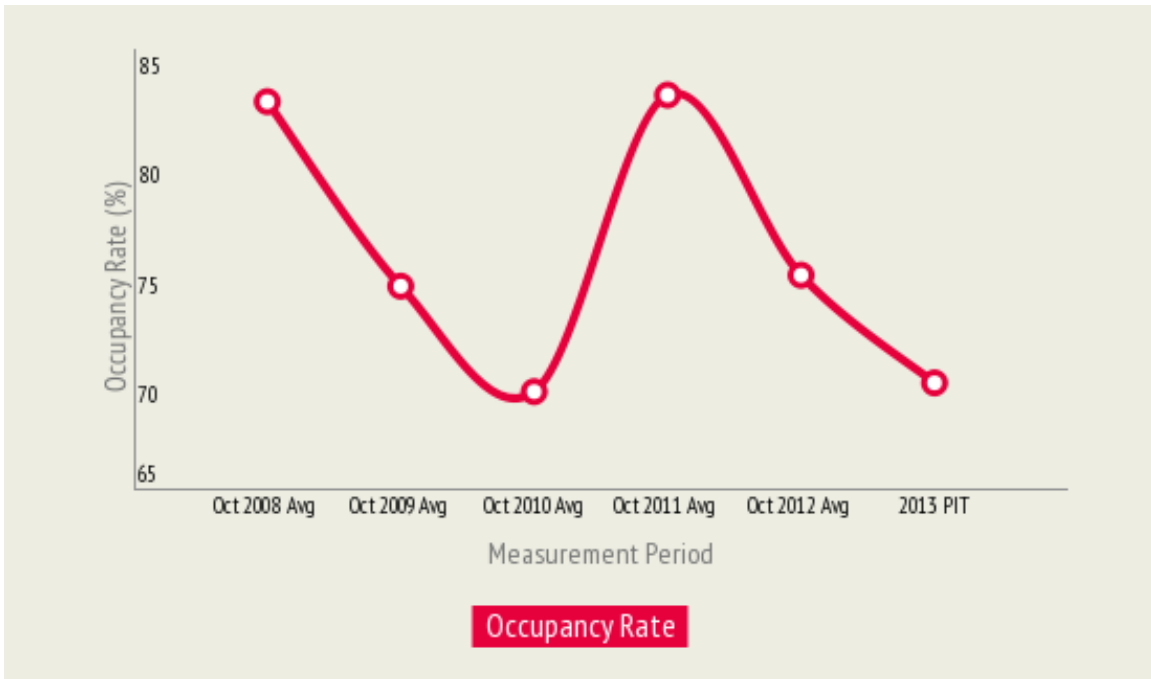


Figure 12: Shelter Occupancy Rate, 2008-2013³

This change reflects recent changes in shelter capacity across urban Kingston; in 2012 a new 14-bed shelter was opened, and in 2008 and 2009, two shelters expanded their capacities.

While the occupancy rate has remained relatively constant throughout the month of October for the past five years, the total number of occupied beds has increased dramatically in the same time period, an increase of roughly 20% since 2010 (see Figure 13), though the results from this year's Count are lower than last year's October average.

³ All shelters, excluding Kingston Interval House.

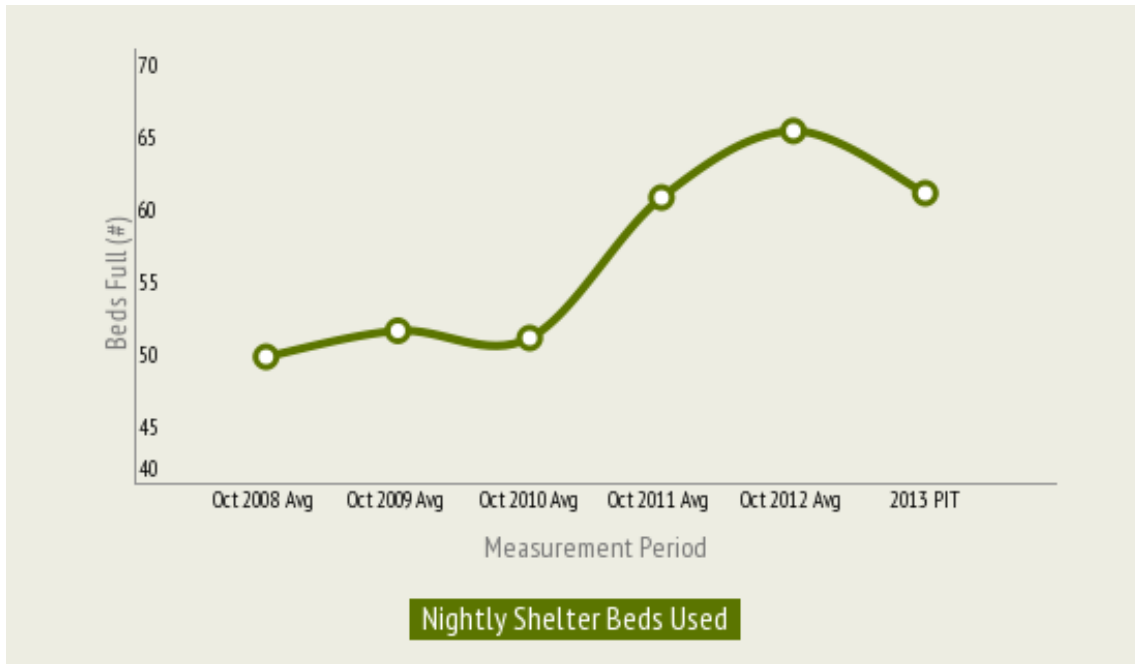


Figure 13: Shelter Bed Usage, 2008-2013⁴

While these graphs are educational, only 2013 data is based on a nightly count. Data from previous years is provided for comparative purposes, however reflect a monthly average rather than a specific point in time so comparisons must be cautious

Duration of Homelessness

Most people who experience homelessness during their lifetime do so for a very short period of time – usually less than 10 days, and then are able to find a housing arrangement (which may include family or friends) and never become homeless again.⁵ Thus, analysis of homeless data over a complete year would show that most people are homeless for less than two weeks. A point in time count is a snapshot of the people who are homeless during a given time window and date, and so survey respondents are disproportionately episodic or chronically homeless persons, since they are more likely to be homeless at the time of the count.

Kingston's 2013 PIT Count found that the majority (78%) of respondents had been homeless for more than 30 days, and that nearly a quarter (22%) had been homeless for longer than 1 year.

⁴ All shelters, excluding Kingston Interval House.

⁵ Kuhn, R. and Culhane, D. P. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology*, 26(2), pp. 207-232.

3.5 months

Median length of time respondents were homeless

10 months

Average length of time respondents were homeless

Figure 14: Key Duration of Homelessness Statistics

The average length of time one has been homeless was approximately 10 months. However, the distribution of time spent homeless does not follow a “normal” (bell-curve) distribution with a meaningful average, where an equal number of cases are located on either side of the average. Instead, the distribution of homelessness resembles what is called a “power law” distribution (the 80/20 rule).

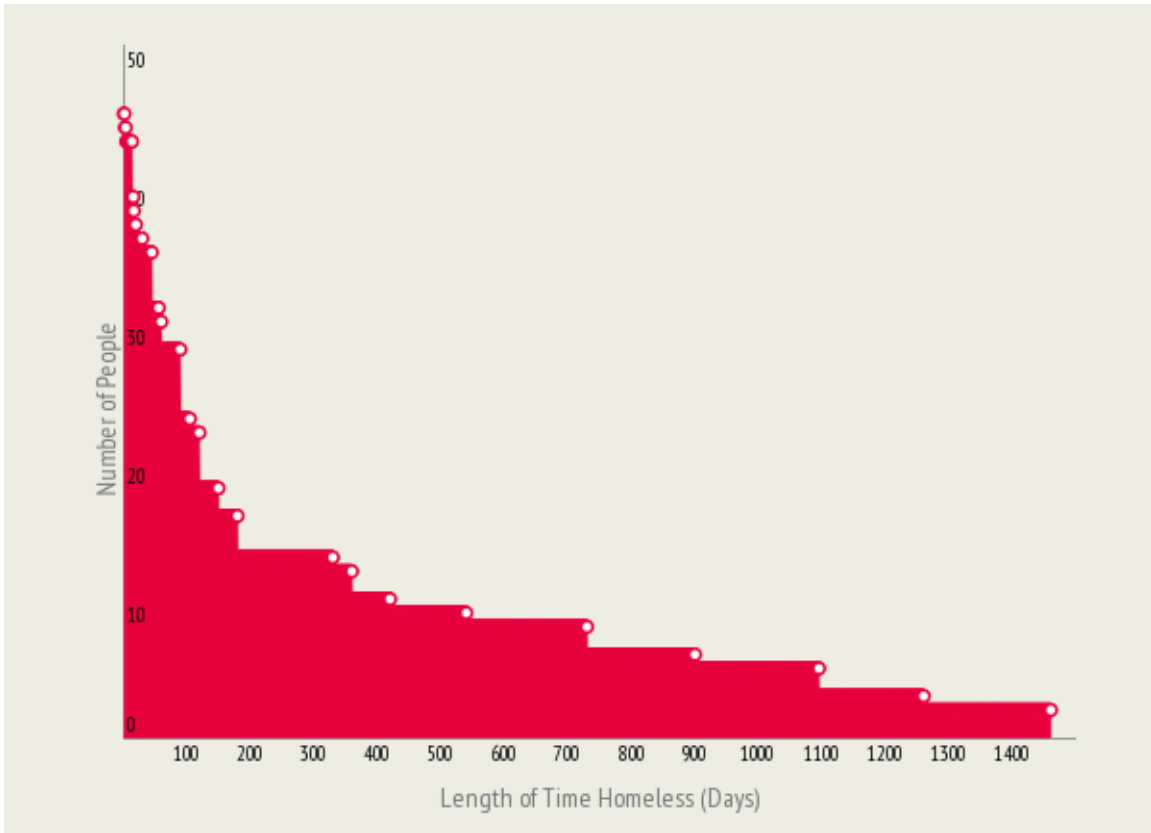


Figure 15: Distribution of Length of Time Spent Homeless

In Kingston, while the average length of time people have spent homeless is 291 days (about 10 months), less than one-third of homeless persons have been homeless for longer than that. The majority – over two-thirds – have been homeless for less than ten months. In fact, the 20% of respondents who have been homeless the longest collectively account for more time spent homeless than the other 80% combined (see Figure 58)!

The median represents the “middle number,” where half the cases lie on either side. In Kingston, the median length of time homeless was 105 days, or approximately 3.5 months.

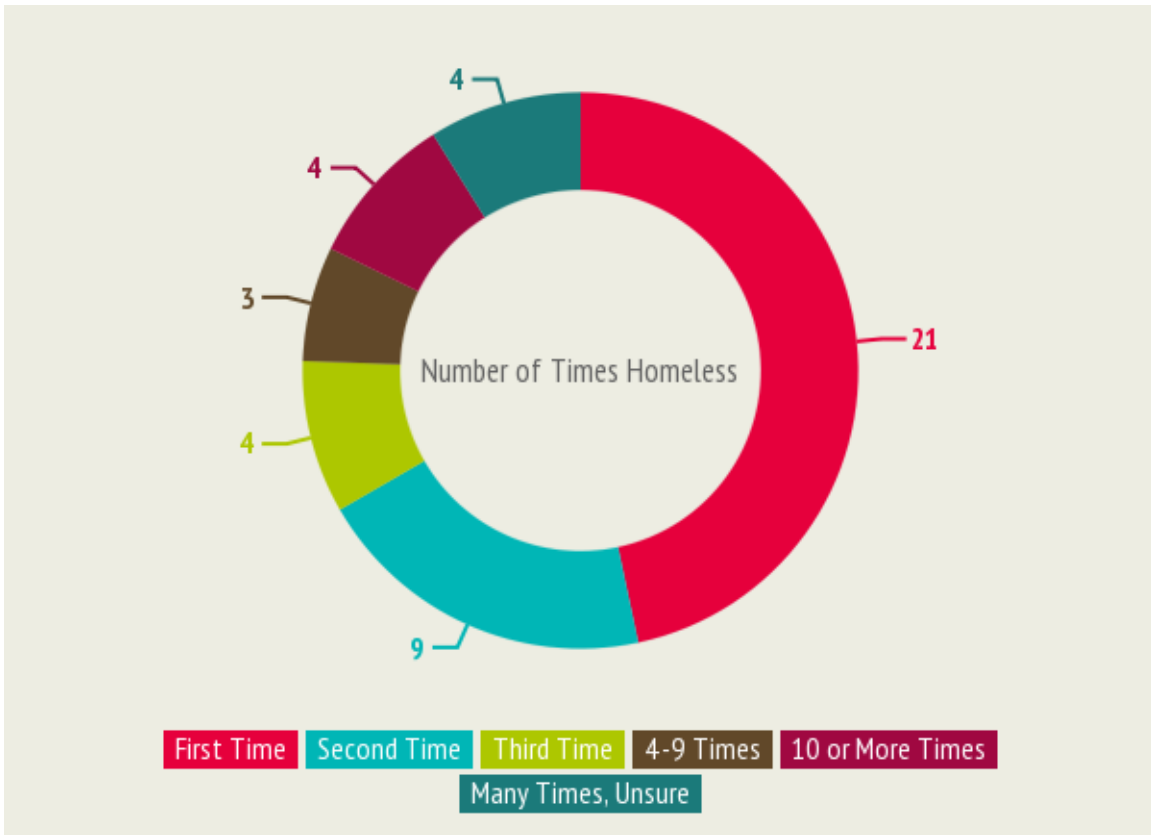


Figure 16: Number of Times Homeless

Nearly half (47%) of homeless people surveyed said that it was their first time being homeless, and 20% said that it was their second time homeless (see Figure 16).

The definition of chronic homelessness is: either (a) being homeless for at least one year, (b) having four or more episodes of homelessness in three years, or (c) both a and b. One in six (16%) indicated that they had been homeless four or more times, however, this question simply asked about total number of episodes of homelessness, not within the past three years. Nine percent of respondents were unsure how many times they had been homeless or stated that they had been homeless “many” times, suggesting that they too may be chronically homeless.

22%

Have been homeless for more than one year

16%

Have been homeless four or more times

Up to 37%

Are chronically homeless

The data suggests that up to 37% of Kingston's homeless population may meet the definition of chronic homelessness.

Geography

The majority of homeless persons encountered call the City of Kingston home. 54% reported that they lived in Kingston one year ago, though only 4% reported being from the County of Frontenac. More than a quarter (26%) lived somewhere else in Ontario, one year ago. 4% reported being from a different country, and the remainder came from elsewhere in Canada.

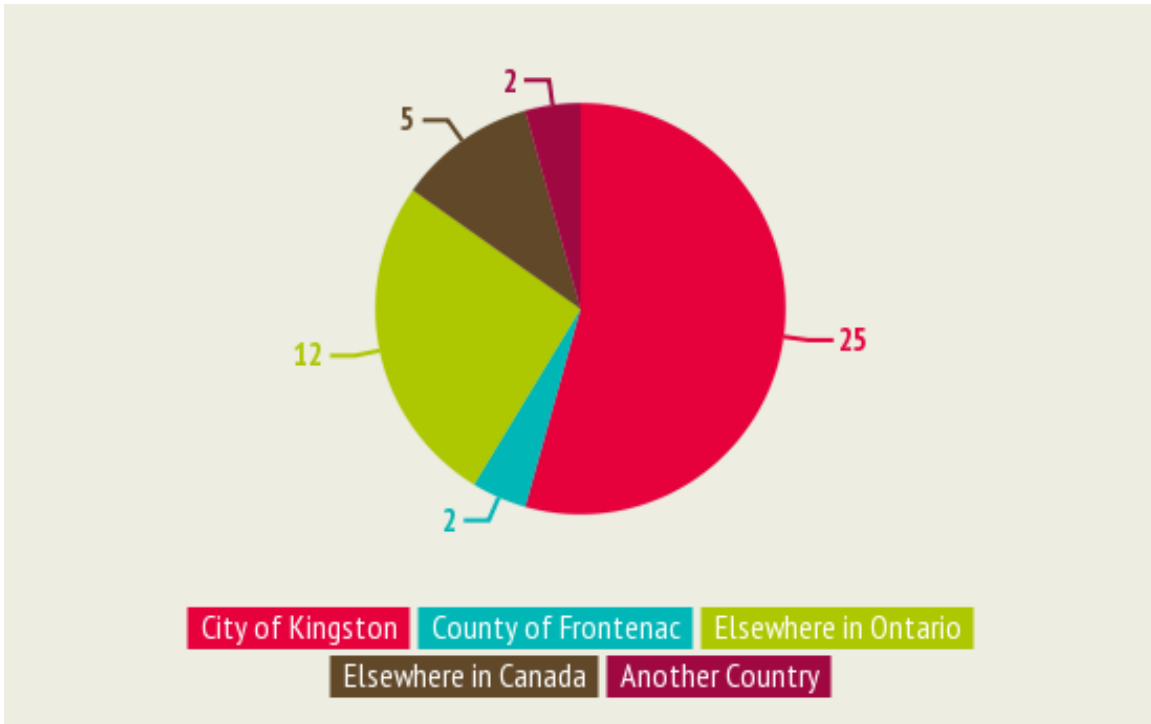


Figure 17: Municipality Lived In, One Year Ago

Money

Panhandling and begging for money

is very rare among homeless people

Three times as many

homeless people work than ask for money

Ontario Works and ODSP

is the most common source of income

Figure 18: Key Money Statistics 1

By a large margin, the most common method through which homeless people obtain money is through the Ontario Works or Ontario Disability Support Programs with 4 out of 5 respondents indicating such. The second most common response was “other,” with 13% of responses. The most common “other” response was some sort of child benefit, including alimony.

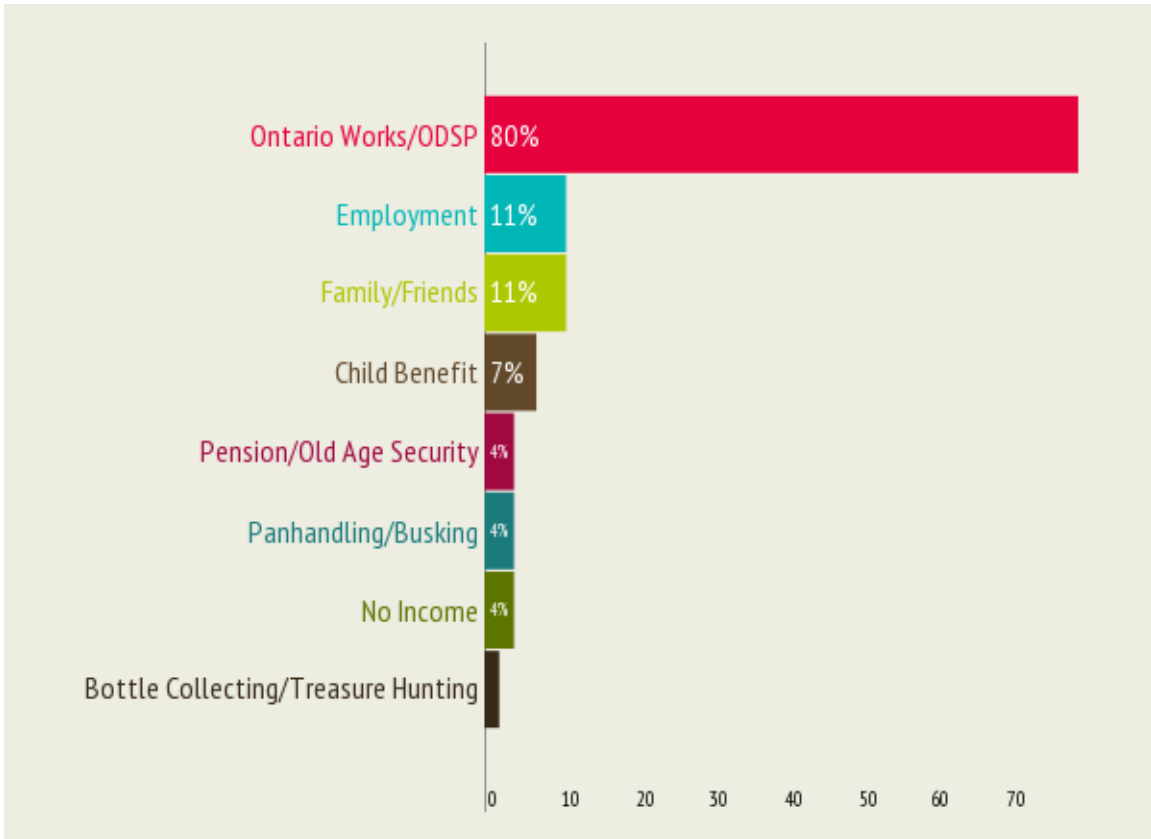


Figure 19: Reported Sources of Income

It is interesting to note that 11% of respondents – nearly triple the proportion that panhandled – reported having a job. There could be several reasons why this might be the case, including seasonal or inconsistent employment, bad credit, no savings, or perhaps simply the cost of housing is unaffordable, even to those who have a job.

1.3

Average number of sources of income reported

Decreases with age

Youth report more sources of income than older age groups

Figure 20: Key Money Statistics 2

On average, respondents reported an average of 1.3 different sources of income. This proportion decreased with age, in general. One possible explanation is that youth were more resourceful when it came to obtaining money.

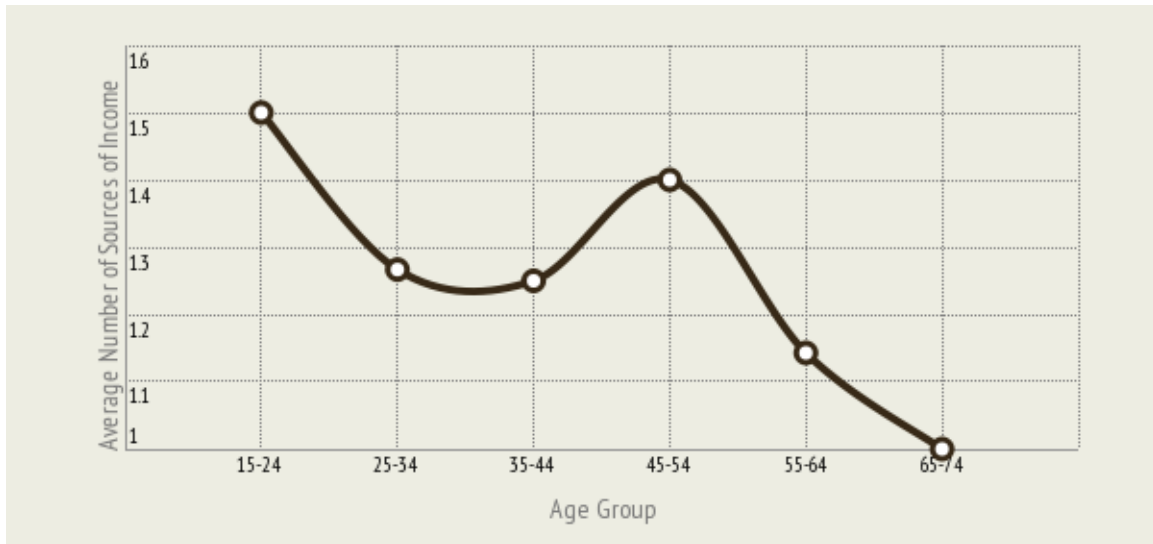


Figure 21: Average Number of Sources of Income, by Age Group

Service Usage

The programs and/or services most frequently used by homeless persons include emergency shelter and health services. In the past year, 93% of homeless persons reported staying in an emergency shelter at least once, 83% reported visiting a doctor or clinic, and 72% reported going to the Emergency Room.

6.9

Average number of different services used in the past year

Figure 22: Key Service Usage Statistics

Of the top three services used, two were health related, including the very high-cost emergency room. In addition, nearly half of respondents had ridden in an ambulance in the past year, another expensive emergency service.

Another interesting result is that 63% of respondents had sought help in the past year in finding housing, yet only 26% had sought help finding employment. This is consistent with the Housing First approach advocated by Kingston's 10-Year Municipal Housing & Homelessness Plan: housing is the most important factor in ending homelessness; everything else is secondary.

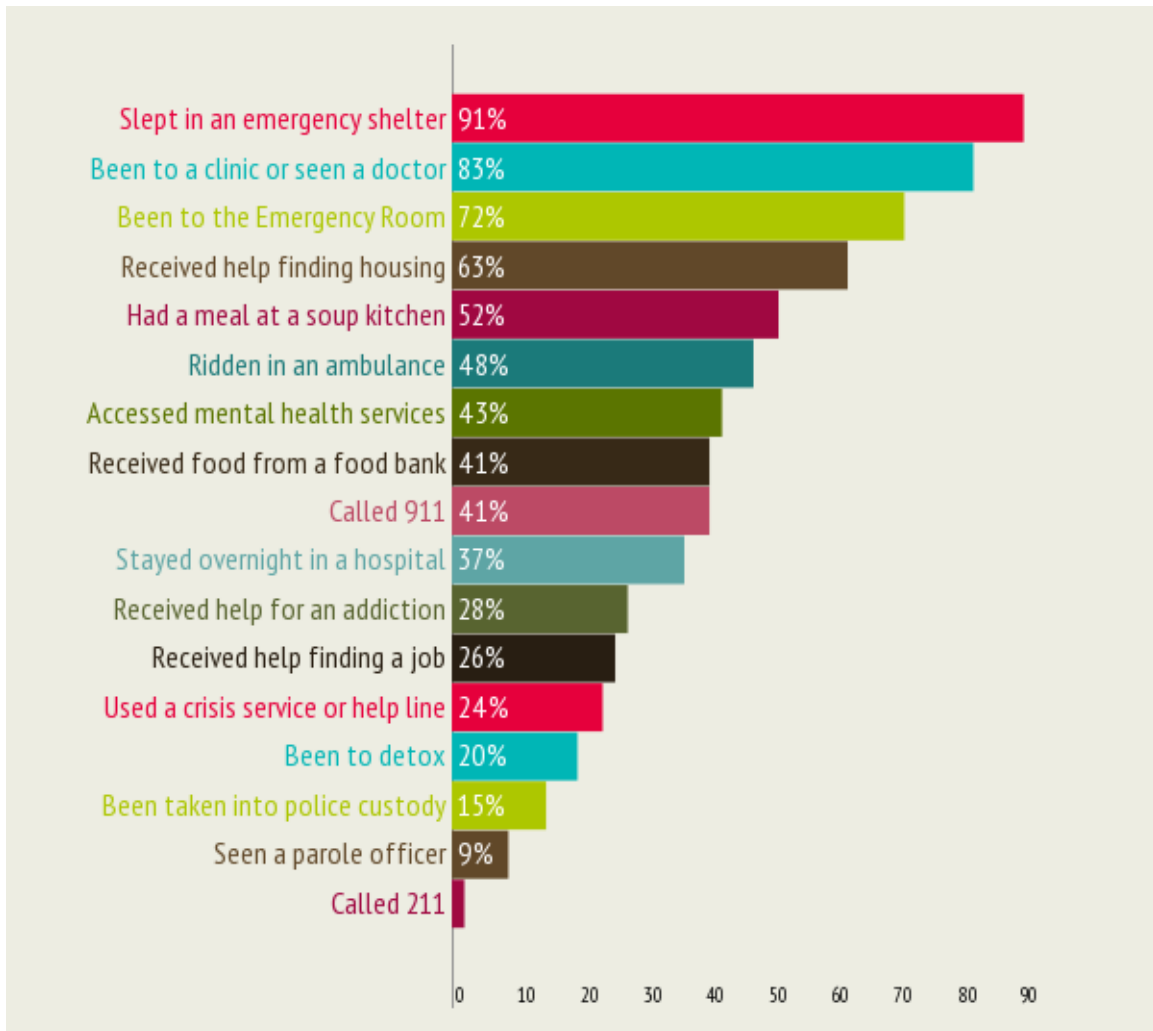


Figure 23: Services Used in Past Year, by Popularity

Meal programs were utilized much more than food banks. There may be a few reasons for this difference, since both do provide nourishment to people in need. One possible reason is often, food banks create access barriers, such as providing proof of identification or proof of address. A second possibility is that food banks require some way to store and prepare the food provided requires access to a kitchen.

211 is a service launched in 2010, which provides a free number to call to receive assistance in accessing services, including employment, housing, health, and food services. It is interesting to note that only 2% of homeless people had used the service in the past year, suggesting that knowledge of this service is not widespread.

While the most popular services used were fairly common across various subgroups, there was some variation. Seniors were more likely to have ridden in an ambulance in the past year, while youth were more likely to have accessed mental health

services. Men were more likely to have received assistance with an addiction, while women were more likely to have called 911 in the past year.

	Women	Men	Youth	Seniors	First Time Homeless	Chronically Homeless
1st	Shelter	Shelter	Clinic or doctor	Shelter	Shelter	Clinic or doctor
2nd	Clinic or doctor	Clinic or doctor	ER	ER	Clinic or doctor	Shelter
3rd	ER	ER	Hospital	Ambulance	Housing help	ER
4th	Housing help	Soup kitchen	Shelter	Soup kitchen	ER	Housing help
5th	Called 911	Addiction help	Mental health help	Clinic or doctor	Ambulance	Soup kitchen

Figure 24: Top 5 Services Used, by Various Subgroups

Support Networks

Homeless people were asked who they turn to for support, and the answers were illuminating. The most common response was “friends” but this only accounted for 37% of respondents. One third of respondents replied that they had a case worker or support worker who provided them with support.

More people (26%) said they had no one to turn to other than the proportion of people who said they could turn to their family for support (24%). 17% said they turned to non-case worker support services, such as shelter staff. Finally, 7% turned to the faith-based community for support.

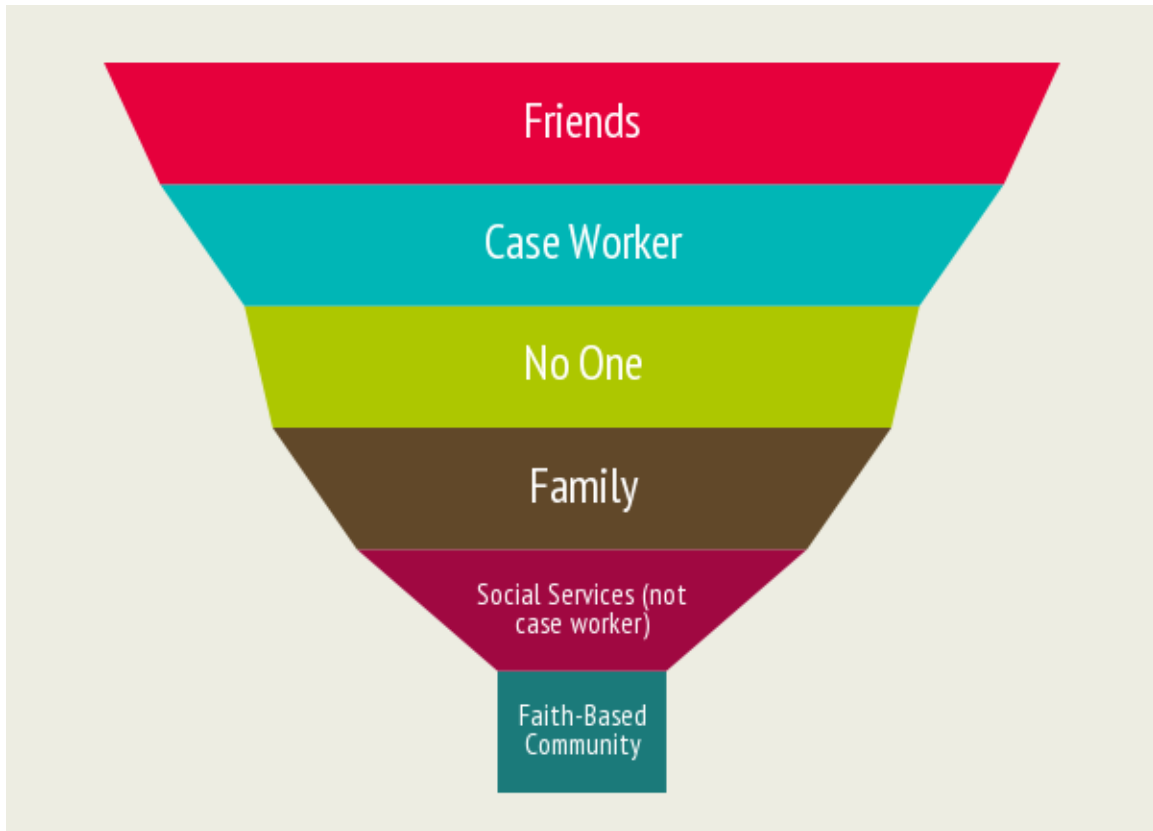


Figure 25: Support Networks, by Popularity

Barriers to Housing

Homeless persons face a lot of barriers preventing them from ending their homelessness and finding a suitable place to live. Respondents were asked what was keeping them from finding a permanent place to live. The most common responses were not having enough income and the fact that rents were too high.

On average, respondents identified three barriers to housing.

About 42% of respondents indicated that they were homeless as a result of family breakdown, abuse, or conflict, and 44% stated that the available housing options were undesirable. Of those who responded with an “other” answer, most indicated accessibility or availability difficulties. Only 2% of respondents indicated that they did not want housing, contrasting the common perception that homeless people do not want to be housed.

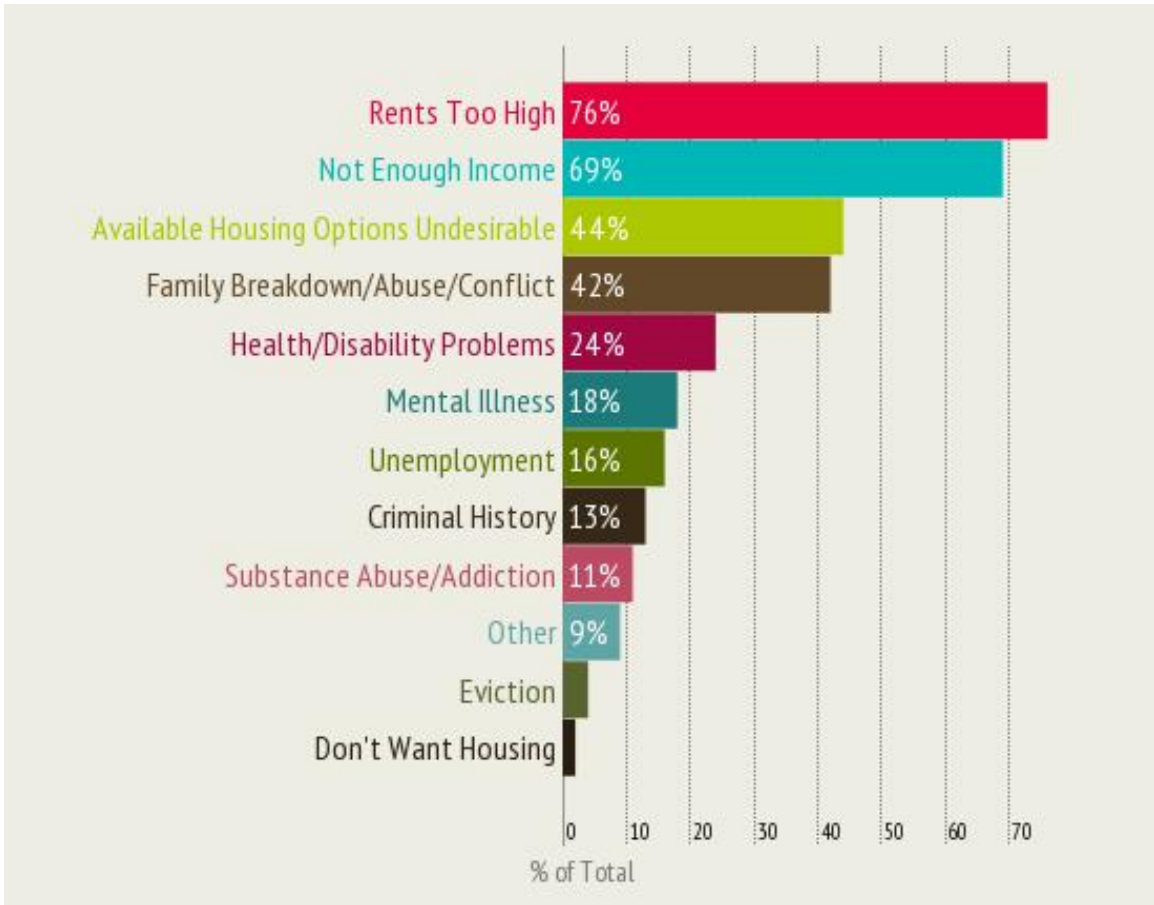


Figure 26: Barriers to Housing, by Popularity

Health Problems

Homeless persons were asked whether they had an addiction, mental illness, medical condition, and/or a physical disability. In total, more than three quarters of respondents indicated that they had at least one health problem, and half reported having more than one problem. More than 60% reported having a chronic health problem of some variety.

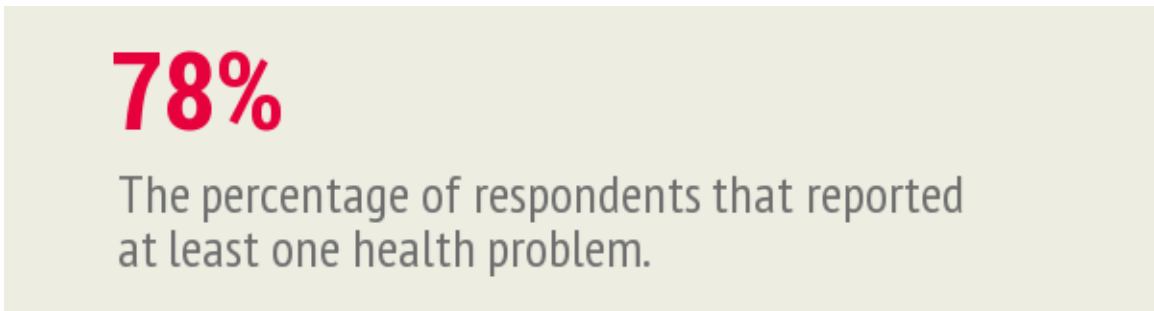


Figure 27: Key Health Statistics 1

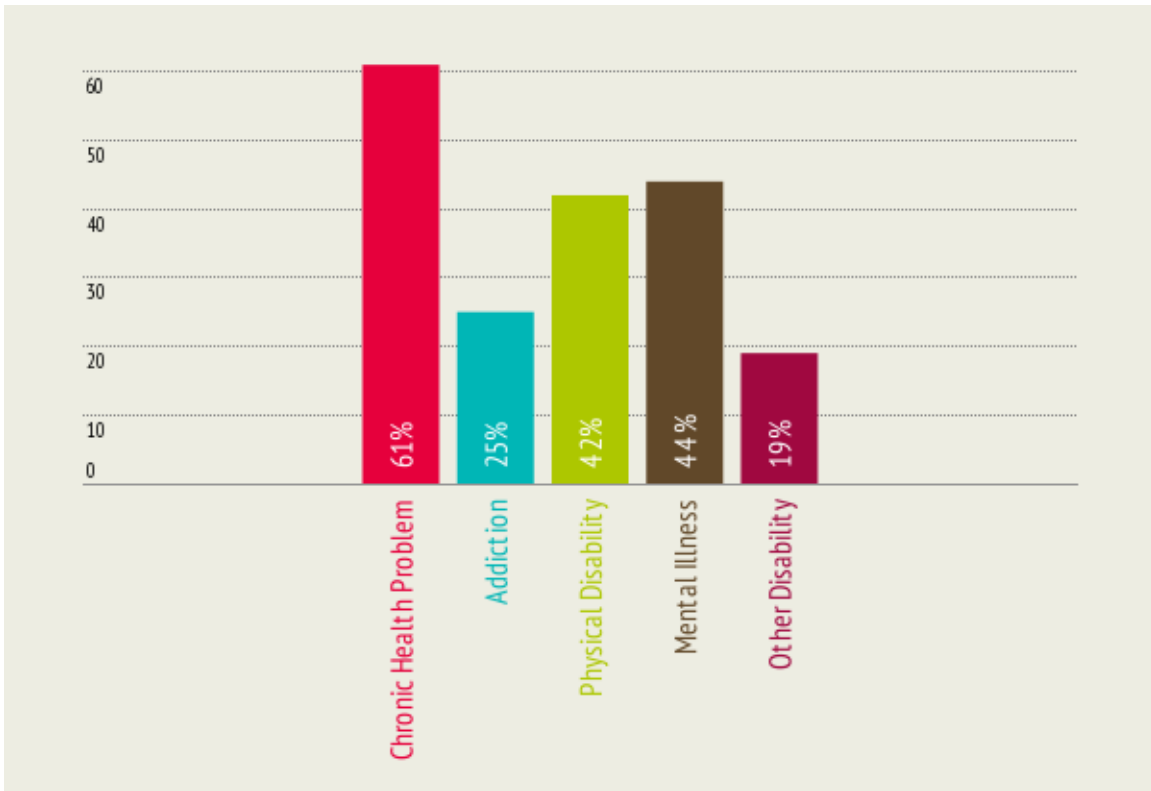


Figure 28: Reported Health Problems

When a person suffers from multiple health-related problems, such as having a mental illness and an addiction, this is referred to as a “co-occurring disorder.” These types of problems are more difficult to find treatment for, since many traditional treatments are very specific to one issue. For example, a mental health program might require patients to be sober, or at least assume that they are. Similarly, an addictions treatment program might not be equipped to work with patients with mental illness.

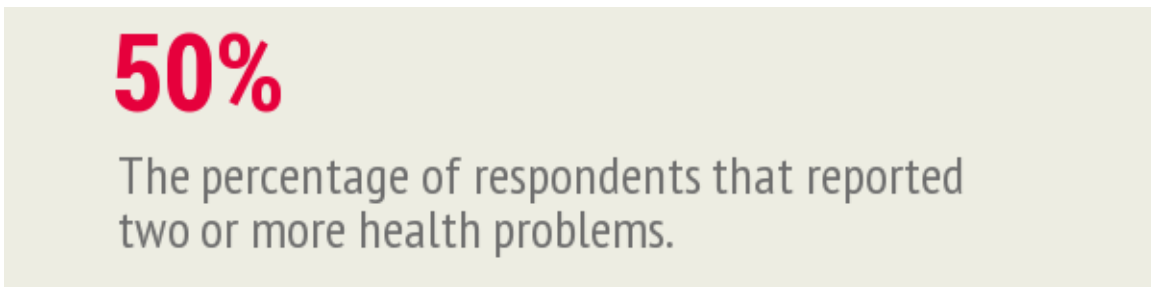


Figure 29: Key Health Statistics 2

In Kingston, half of respondents reported at least two health problems. The following table shows the relationship between the listed types of health problems. The table should be interpreted as follows: the size of the circle corresponds with the percentage of respondents having the health problem on the left, who also reported having the health problem along the bottom. For instance, a small

proportion (18%) of respondents with a chronic health problem also reported that they had an addiction (the first brown dot on the top row). However, a large proportion (44%) of persons with an addiction also reported having a chronic health problem (the top red dot in the first column).



Figure 30: Prevalence of Multiple Health Problems, by Type

Health problems were less frequent among youth and those who had been homeless for a short period of time. The groups with the highest rate of health problems were veterans, who reported an average of three health problems, and persons who self-identified as aboriginal, who reported an average of 2.25 health problems. The average across all groups was 1.5 health problems.

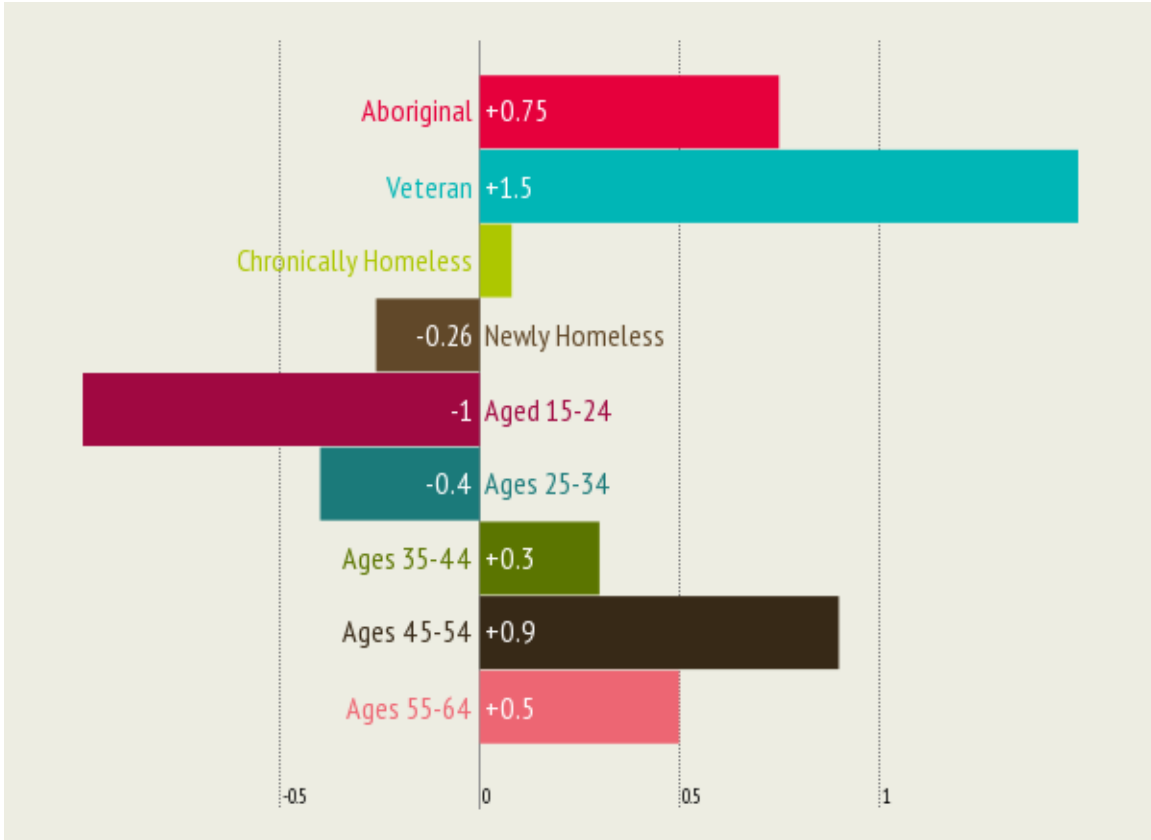


Figure 31: Average Number of Health Problems, by Various Subgroups, Relative to Overall Average

What One Thing Could End Their Homelessness?

At the end of the survey, respondents were asked, "What one thing could help you find permanent, stable housing?" This question was open-ended and as a result tended to receive a wide range of answers, from the light-hearted to the sobering. The responses were analyzed and categorized.



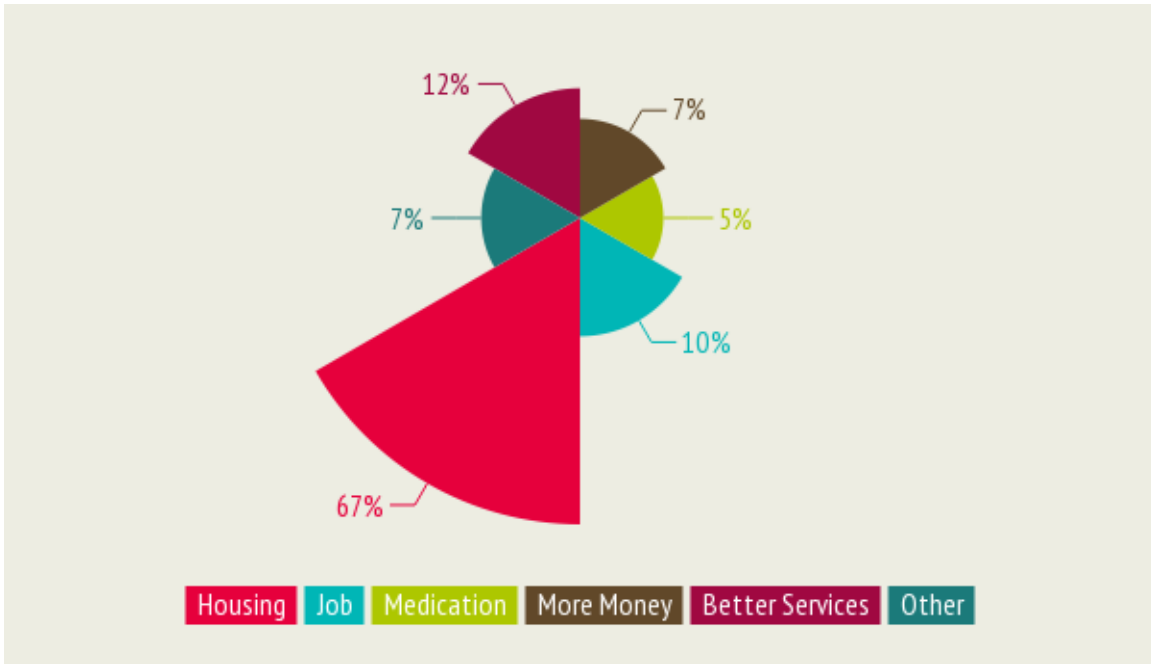


Figure 32: One Thing That Can End Homelessness

Most respondents (about two-thirds) indicated that they couldn't afford housing. If more housing was available, if the rents were lower, or if they had enough money for first month's rent plus a damage deposit, they wouldn't be homeless.



The second most common response concerned available services (12%): these respondents indicated that they needed help finding housing, needed someone to talk to, needed mental health services, or needed services to be less complicated.

Third most common (10%) were respondents who said that they just needed a job. It is interesting to note that more people responded that they needed to find a job than those who just said they needed more money.

A minority of respondents gave other responses, such as finding a significant other, obtaining a vehicle, or political change.

No one said that they wanted to stay homeless.



"Not being so complicated to get service"

25-year-old female

Sub-Groups

Certain sub-populations experiencing homelessness have special or distinct needs compared to other groups, or are disproportionately represented among the homeless population. The following section explores the specific responses of several sub-populations.

Women

52% of homeless people counted in Kingston on October 16th were female.

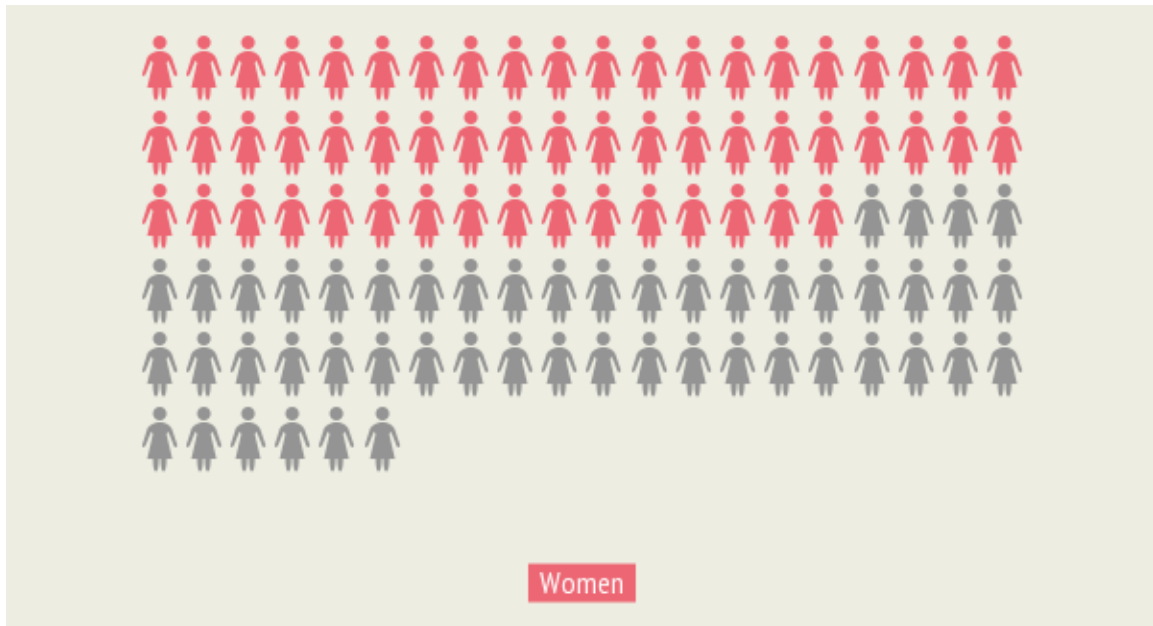


Figure 33: Homeless Women

These women represent a distinct sub-population of all homeless people and have distinct needs. Of note, homeless women may be caring for young children, may be pregnant, may be engaged in sex work, or in “survival sex.”

Characteristics

Homeless women tend to be younger than homeless men. Homeless women had an average age of 40.2 years whereas men had an average age of 43.6 years. 7% of homeless women were aboriginal, compared to 11% of homeless men. Women were more likely to be sheltered than men, with 90% accessing shelters and 3% in institutions. Only 7% were unsheltered.

Young adults

40% were between 25 and 34 years old

Parenting small children

26% were accompanied by children

Connected

Only 10% of women said they had no one to turn to

Figure 34: Key Homeless Women Statistics 1

Women were much more likely to be accompanied on the night of the count. Only 61% of women were alone, compared to 90% of men. More than 1 in 4 women were with children.

93%

of homeless women were sheltered

Homeless for less time

Most women were homeless for shorter periods of time than men

Figure 35: Key Homeless Women Statistics 2

Homeless women tended to be homeless for a shorter period of time than men; most female respondents were homeless for at least two weeks and not more than six months.

Why are they homeless?

Like other groups, the most common responses from homeless women had to do with not having enough money or rents being too high. However, women were

more likely than men to report having had a relationship break down (43%) or having been evicted (7%). Interestingly, women were also more likely than men to report poor housing conditions among the units that are available (50%).

Family conflict and breakdown

43% were homeless as a result of family breakdown, conflict, or abuse

Eviction

All respondents who reported an eviction were women

No money

Women were even more likely than other groups to report not having enough money to afford a home

Figure 36: Key Homeless Women Statistics 3

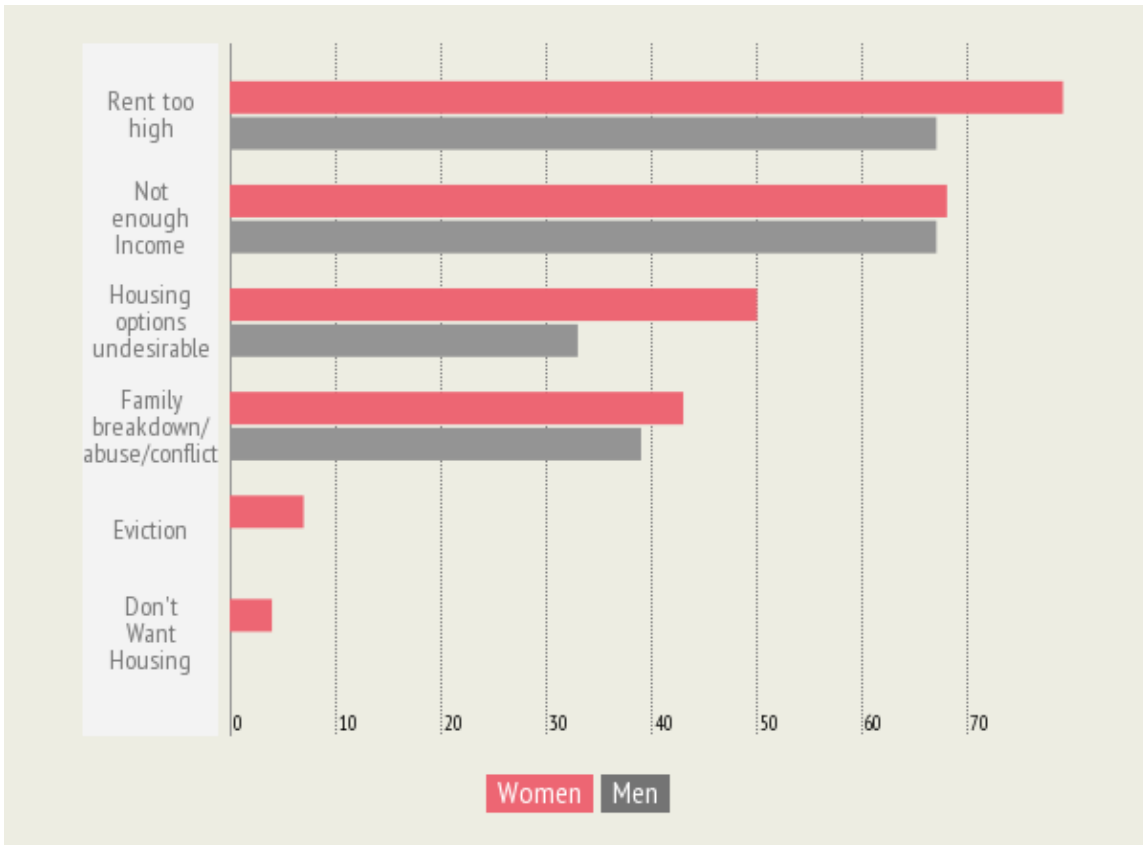


Figure 37: Selected Barriers to Housing, by Gender

What are their needs?

Women were more likely than men to report having a chronic health problem or physical disability. However, they were less likely to report having an addiction, mental illness, or non-physical disability. On average, women had the same number of health problems as men.

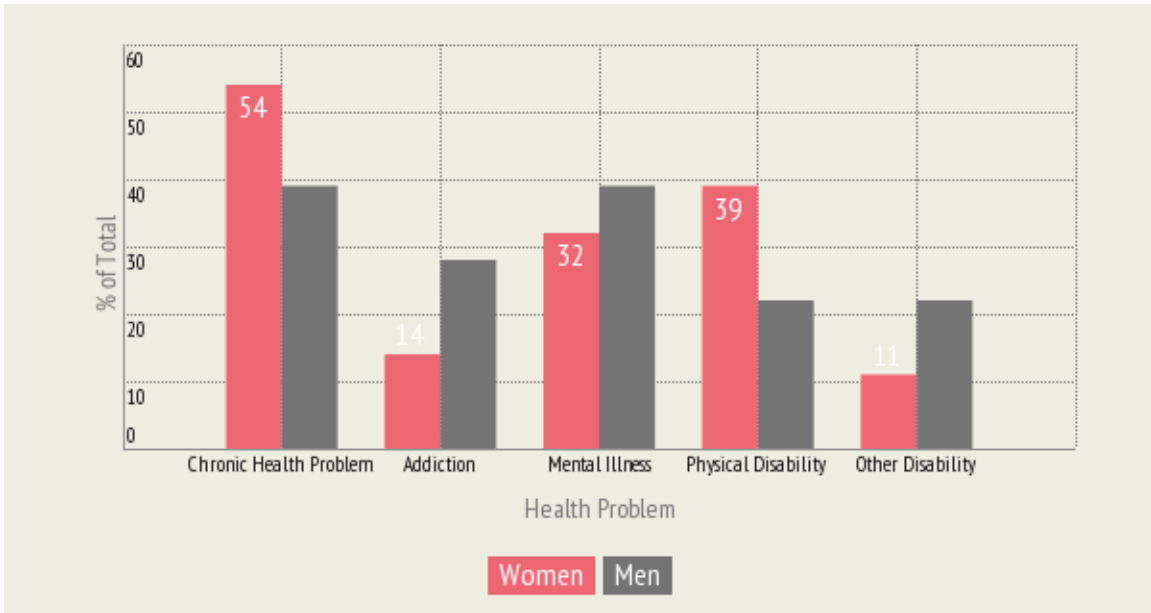


Figure 38: Health Problems, by Gender

Women were more likely to access non-emergency health-related services. For example, women were more likely than men to have used a clinic or visited a doctor in the past year, but were less likely to have visited the emergency room, ridden in an ambulance, or been hospitalized.

Housing

74% of women said that the one thing that could end their homelessness was housing

Health care

More women have chronic health problems than men, but they are more likely to use non-emergency health care

Figure 39: Key Homeless Women Statistics 4

Homeless females were more likely to access emergency shelters, and doctors/clinics than men. They were also significantly more likely to access housing help services and job help services. Women were also more likely to call for help than men – women were more than twice as likely to call 911, a crisis hotline, or 211.

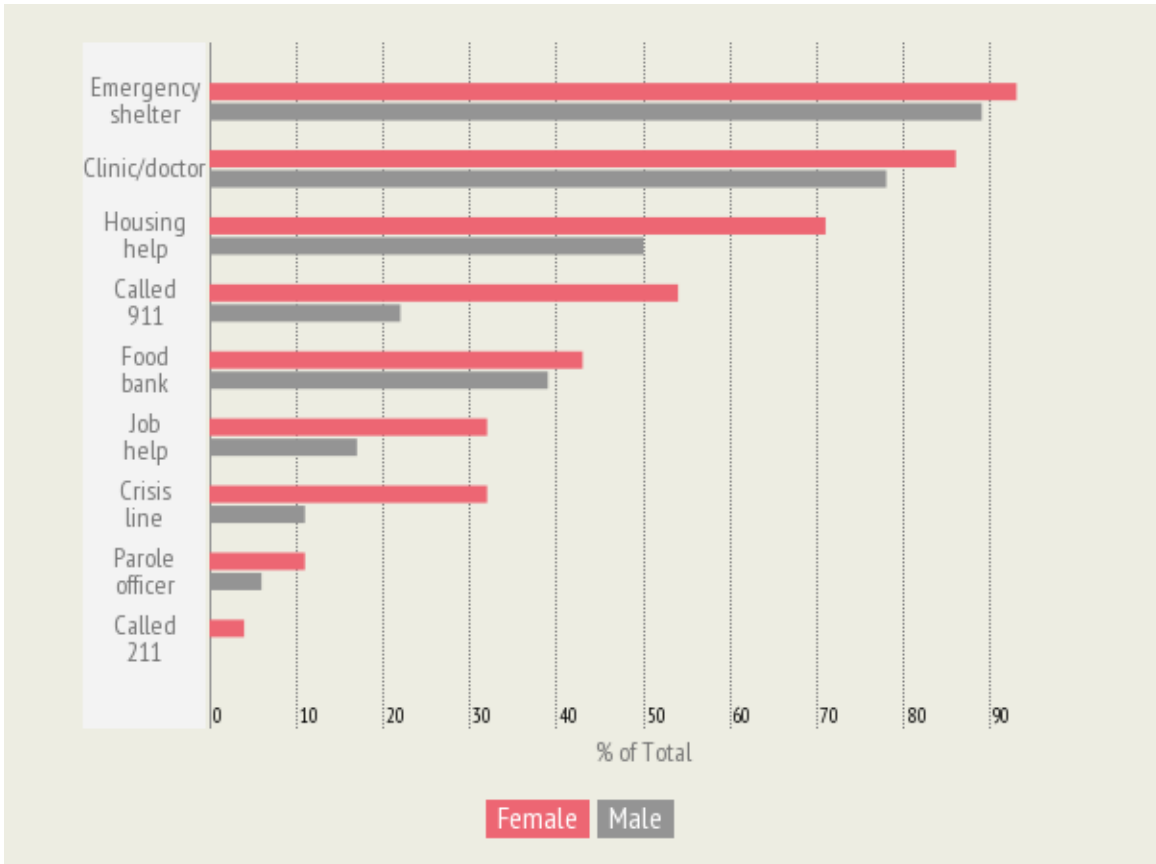


Figure 40: Selected Services Used, by Gender

Men

48% of homeless people counted in Kingston on October 16th were male.

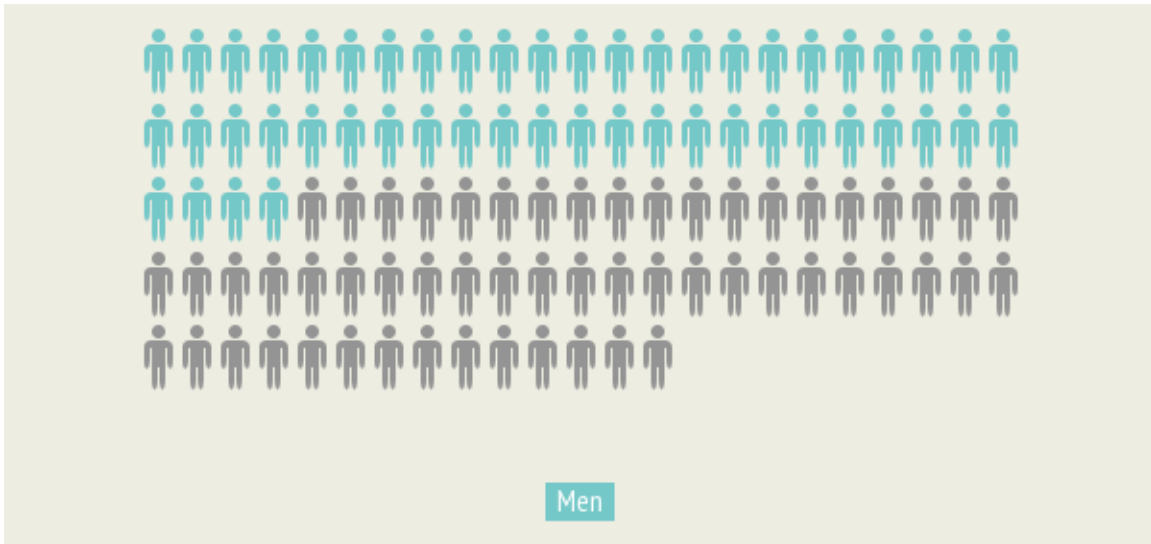


Figure 41: Homeless Men

While the majority of these men were sheltered (72% in emergency shelters and 11% in hospitals, detox, and other institutions), there was a much higher proportion of unsheltered homelessness among homeless men than women.



Figure 42: Key Homeless Men Statistics 1

Men were also more likely to be homeless for longer than women. Of the homeless persons who were homeless the longest, more of them were men than women (see Figure 60).

Characteristics

Homeless men were older than women, by an average of three years. Most male respondents were in the 35-44 age group.



Figure 43: Key Homeless Men Statistics 2

Men were much less connected than homeless women. 50% of men said that they didn't have anyone they turned to for assistance. Furthermore, 90% of men were found alone on the night of the count.

11% of men were aboriginal; a higher rate than that of homeless women.

While 43% of women had been homeless in the past, for 72% of men, this was not their first time being homeless, suggesting a higher rate of homeless recidivism among men than women.

Why are they homeless?

While they were actually less likely to report being unable to afford housing than women, this was still the most common response for homeless men, with 67% reporting too little income. Men were, however, significantly more likely to report health, mental illness, criminal history, or addiction as reasons why they are homeless, though these responses in total were given by less than a third of male respondents.

Health, mental illness, and addiction

Men were significantly more likely to report health/disability, mental illness, or substance abuse as a reason for their homelessness

Criminal history

Men were 3 times more likely to have a criminal history

Figure 44: Key Homeless Men Statistics 3

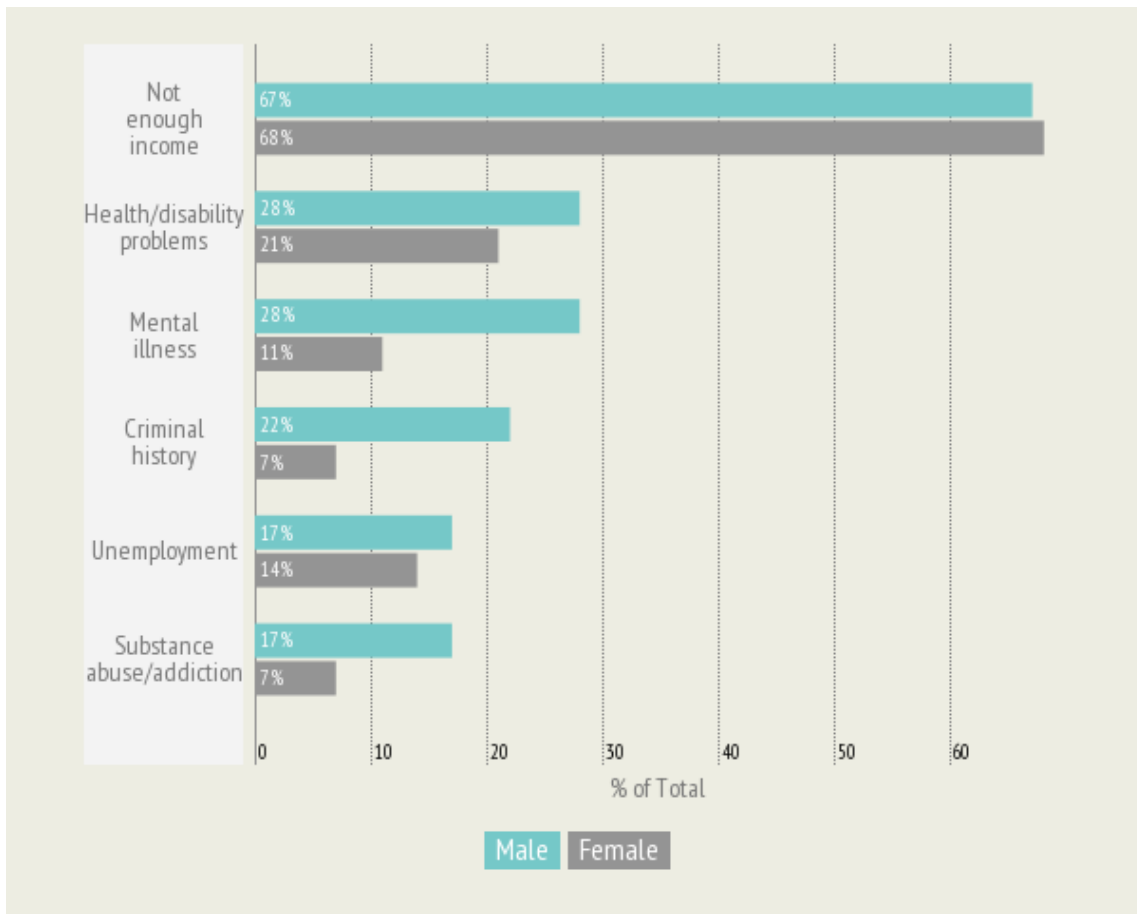


Figure 45: Selected Barrier to Housing, by Gender

What are their needs?

Men were more likely to report an addiction or other (non-physical) disability, such as a learning disability, and were slightly more likely to report having a mental illness than women. As a result, it is unsurprising that men were much more likely to have received help for an addiction or been in detox in the past year. However, the rates for accessing mental health services in the past year were very similar between genders.

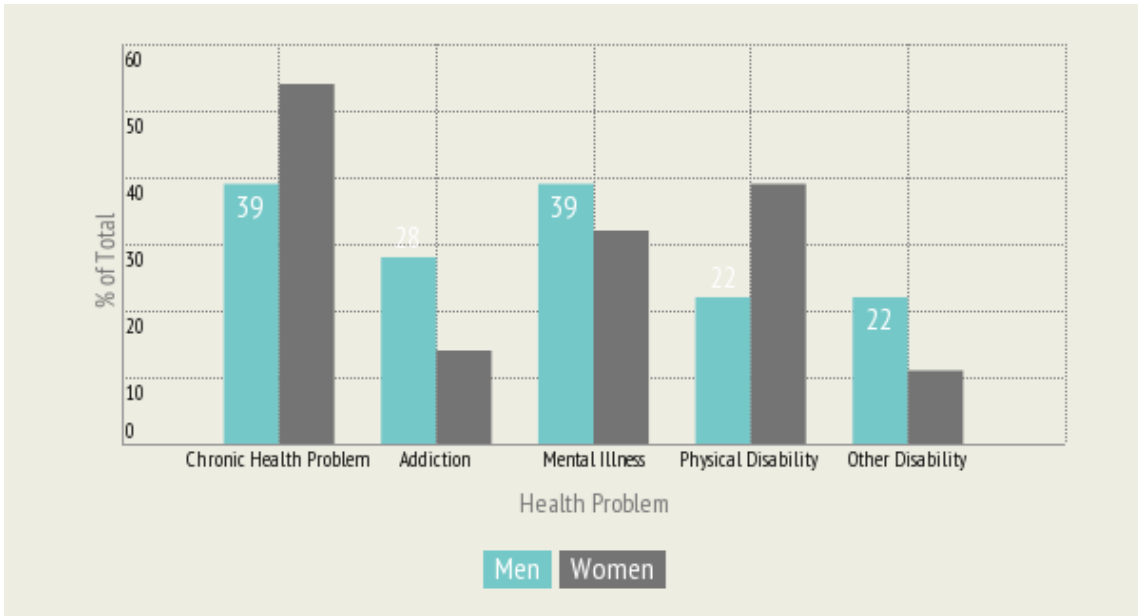


Figure 46: Health Problems, by Gender

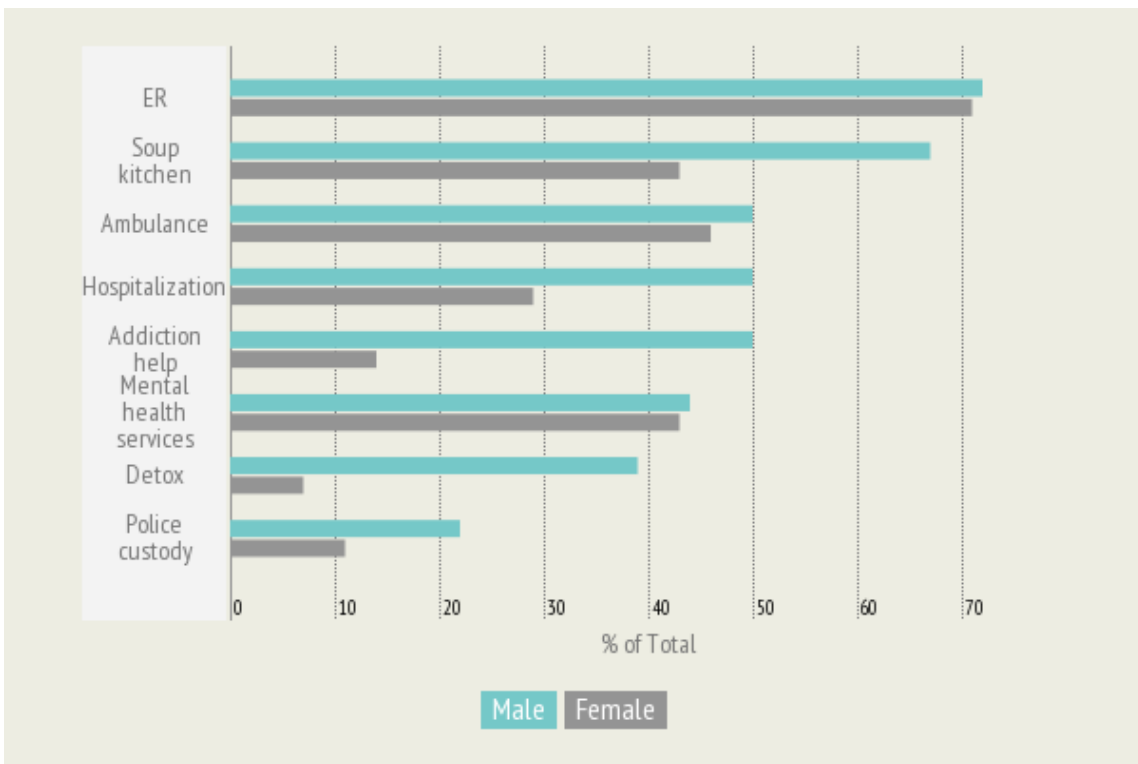


Figure 47: Key Services Used, by Gender

Men were more likely than women to have accessed a soup kitchen or meal program in the past year. Homeless men were also much more likely to have been hospitalized or taken into police custody in the past year.

Addiction services

Men were far more likely to report an addiction and also to report accessing addiction treatment and detox services

Food services

Men were more likely than women to access soup kitchens

Figure 48: Key Homeless Men Statistics 4

Families

Homeless families are defined as respondents who declared that they were with children at the time of the count.

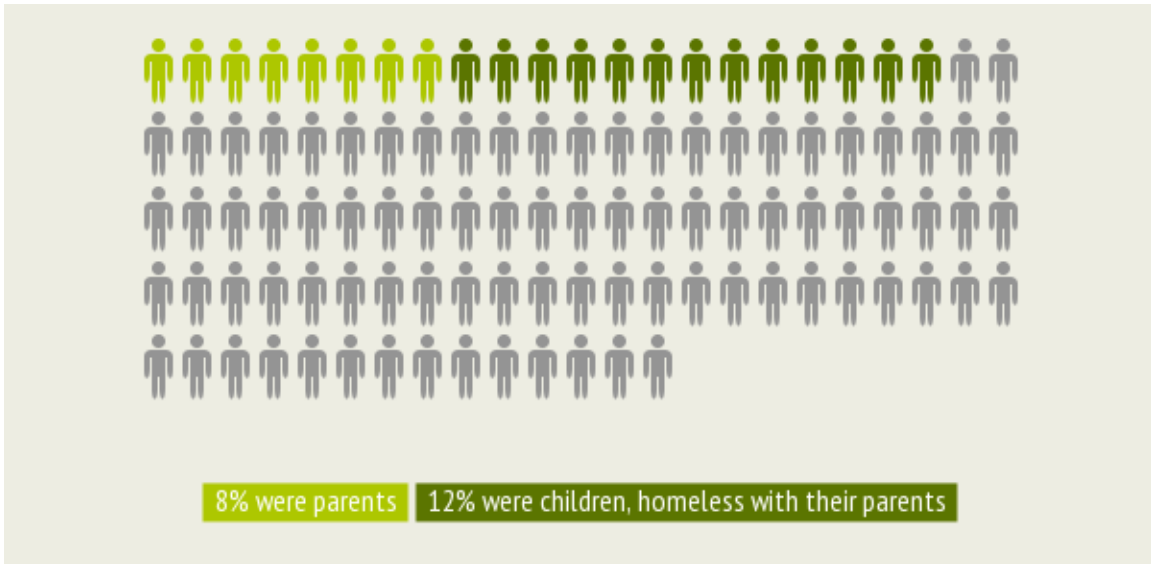


Figure 49: Homeless Persons in Families

Characteristics

Women with accompanied children were, on average, 32.8 years old, seven years younger than the average for childless respondents.

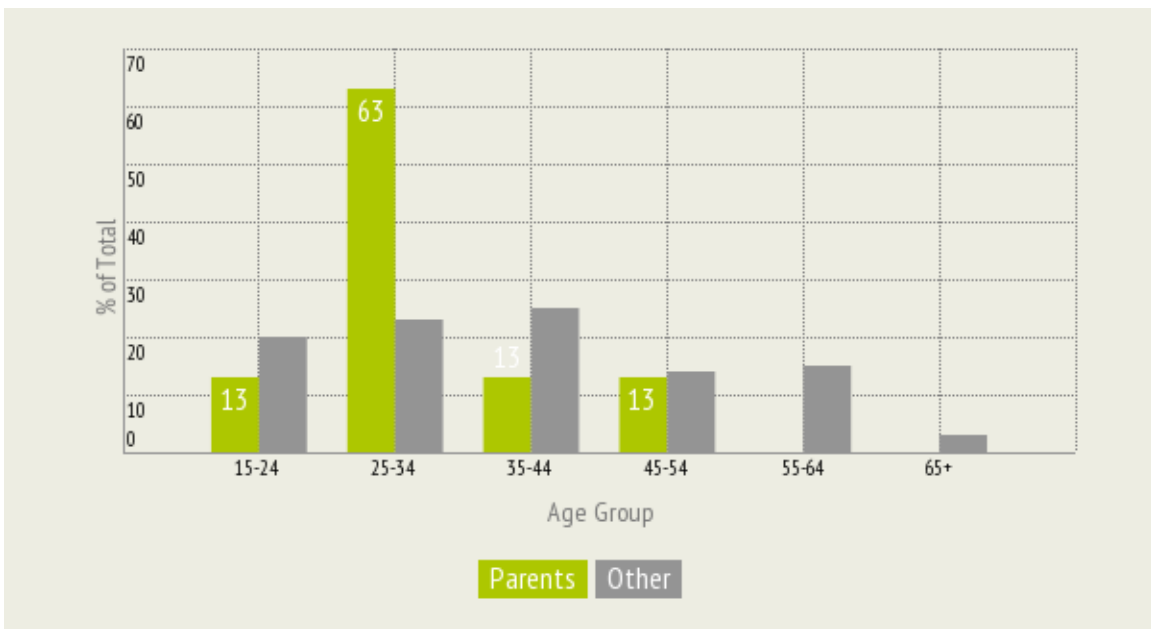


Figure 50: Age Groups, by Parental Status

Accompanied children were, on average, 7 years old, though they ranged from 2 to 15 years old.

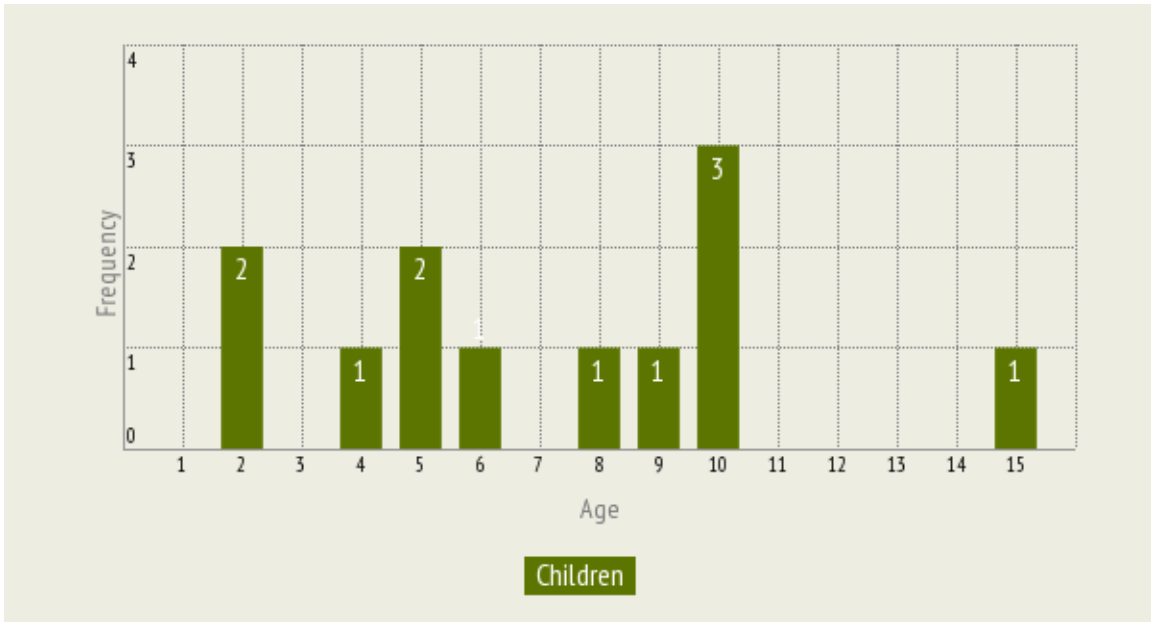


Figure 51: Ages of Homeless Accompanied Children

Homeless families were homeless for much less time than non-family respondents. The median length of time families were homeless was 45 days, while for other respondents, 120 days was the median.

Why are they homeless?

Persons in homeless families were very clear about why they did not have housing at the time of the Count. 75% of respondents answered with “family conflict / abuse / breakdown,” and nearly 90% responded that rents were too high.

No money

Families were even more likely to report that rents were too high or their income was too low than non-families.

Family conflict and breakdown

Three quarters of homeless families reported family breakdown, compared to only one-third of non-family respondents.

Figure 52: Key Homeless Family Statistics 1

None of the families responded that they had been evicted or had a criminal history, and a very small proportion responded with mental illness, substance abuse, or health problems.

What are their needs?

Persons in homeless families have better health than non-family respondents. On average, respondents in families reported 0.5 health problems, while respondents not in families reported 1.7 health problems.

No families reported having an addiction or a non-physical disability, as illustrated in Figure 53. The rates of reported chronic health problems, mental illness, and physical disability are much lower than for respondents who were not in families.

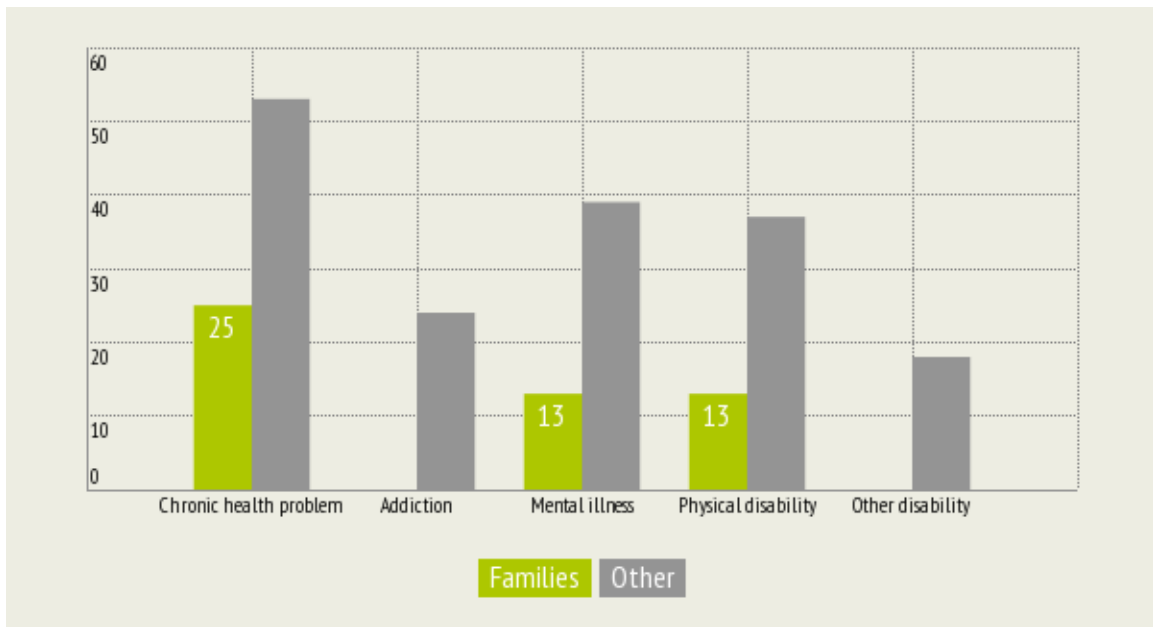


Figure 53: Health Problems, by Parental Status

In general, therefore, homeless families have better health and fewer life issues, and are homeless for shorter periods of time. This suggests that their needs may be lower than other homeless respondents. However, when examining the most common services used by homeless families, a different picture emerges.

Like other groups, homeless families were very likely to have stayed in an emergency shelter. Families were also more likely to have gone to a clinic or doctor in the past year, which makes sense, considering the fact that there are children in these families. Thus, homeless persons in families had better health and likely had a family doctor that they regularly visited. Homeless families even more likely than other groups to have visited the emergency room in the past year and more likely to have called 911, called a crisis service, or reported a family breakdown as a reason for homelessness. (see Figure 55)

Housing

All homeless families sought emergency shelter and they were much more likely to have received assistance finding housing

Health care

All homeless families had been to a clinic or doctor in the past year, and three quarters had been to the emergency room

Safety

Homeless families were much more likely to have called 911 or a crisis help line in the past year

Figure 54: Key Homeless Family Statistics 2

While the PIT Count did not specifically ask respondents if they were fleeing domestic violence, circumstantial evidence indicates that the majority of homeless families found themselves in such a situation. The prevalence of family conflict, abuse, or breakdown as a barrier to housing, the higher rates of calling 911 and crisis help lines, and the higher use of the emergency room among homeless families all suggest domestic violence is a common reason for families to become homeless.

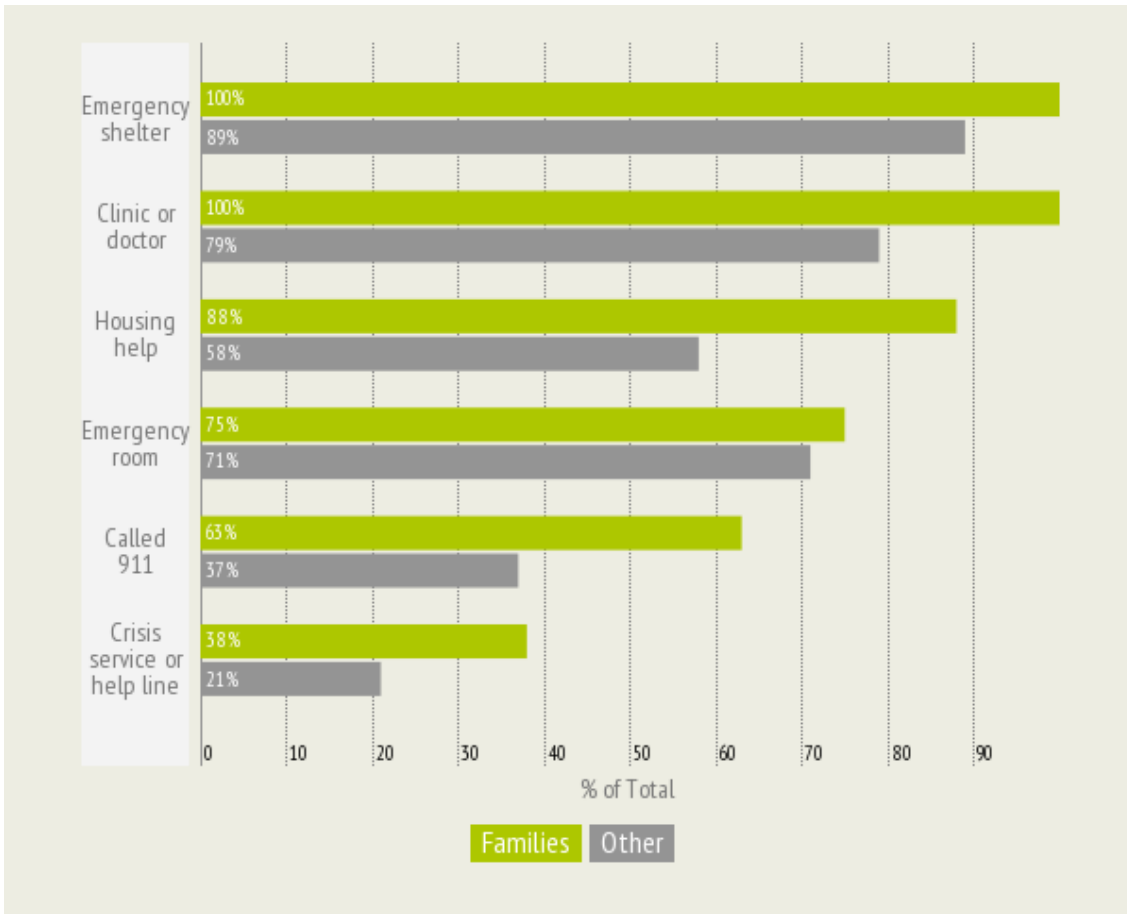


Figure 55: Selected Services Used, by Parental Status

In the respondent's own words, what homeless families need is housing. Safe, adequate, affordable housing.

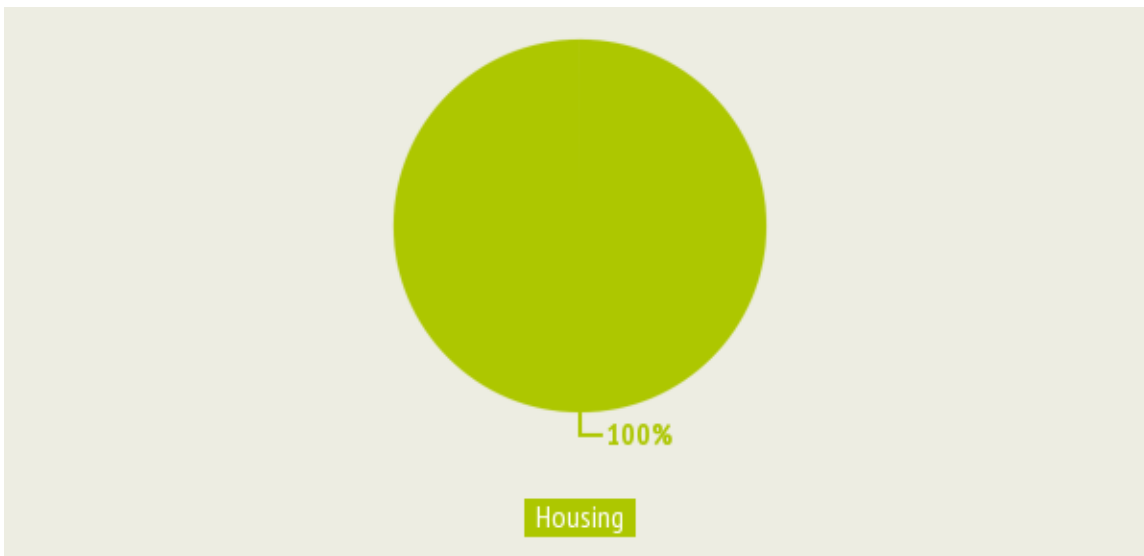


Figure 56: One Thing That Could End Their Homelessness, Homeless Family Respondents Only

Short-Term and Chronic Homelessness

As previously discussed, there is no “average” length of time for which people are homeless. While it is most common for persons to be homeless for a short period of time, some individuals stay homeless for a comparatively long time before they are able to regain their housing.

In general, persons who are homeless for a longer time have higher needs and require more assistance to end their homelessness than persons who are only homeless for a short period of time. This chapter will further analyze the characteristics of different groups based on the length of time they are homeless.

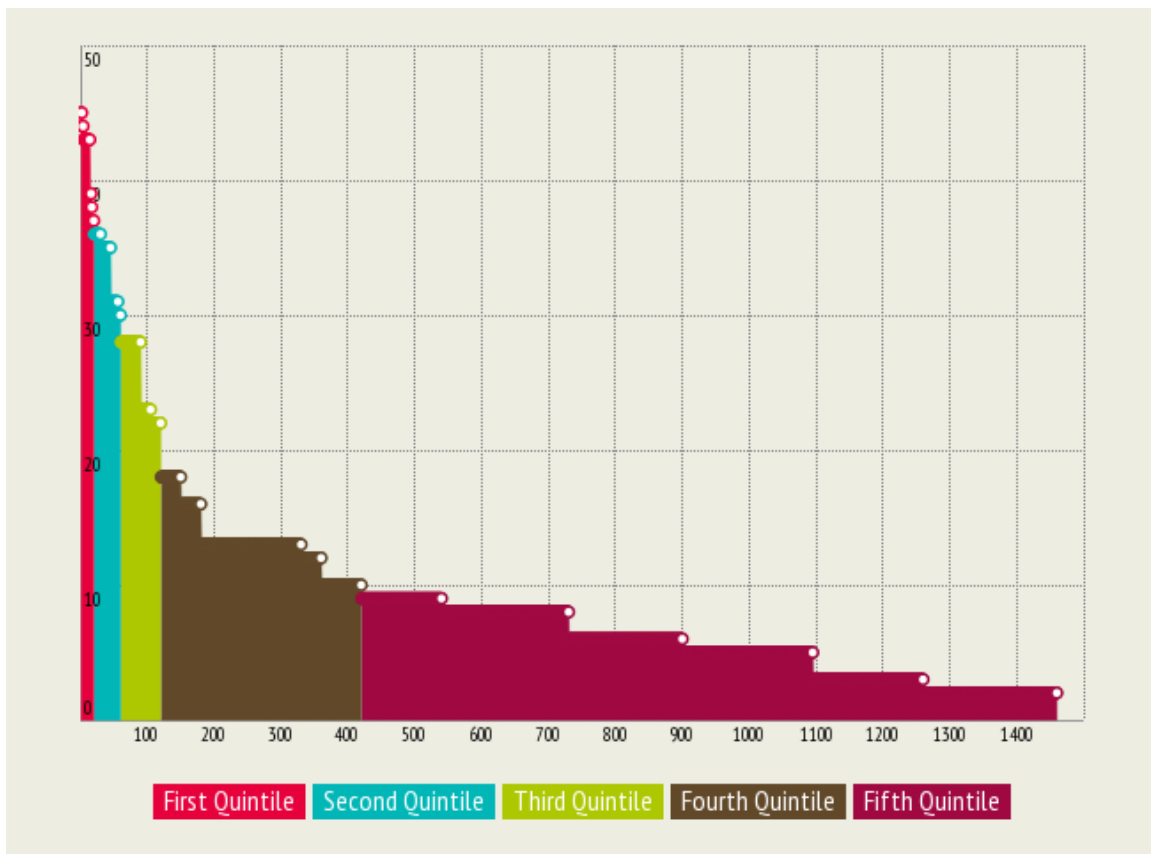


Figure 57: Distribution of Time Spent Homeless, by Quintile

Respondents were divided into five equally-sized groups, arranged in order by length of time they had been homeless (see Figure 57). The first quintile (group) had been homeless for the shortest period of time, while the fifth quintile had been homeless for the longest.

Comparatively, the 20% who had been homeless the longest accounted for over half of the total homeless nights in Kingston, while the 60% who had been homeless for the least amount of time accounted for only 14% of the total homeless nights (see Figure 58).

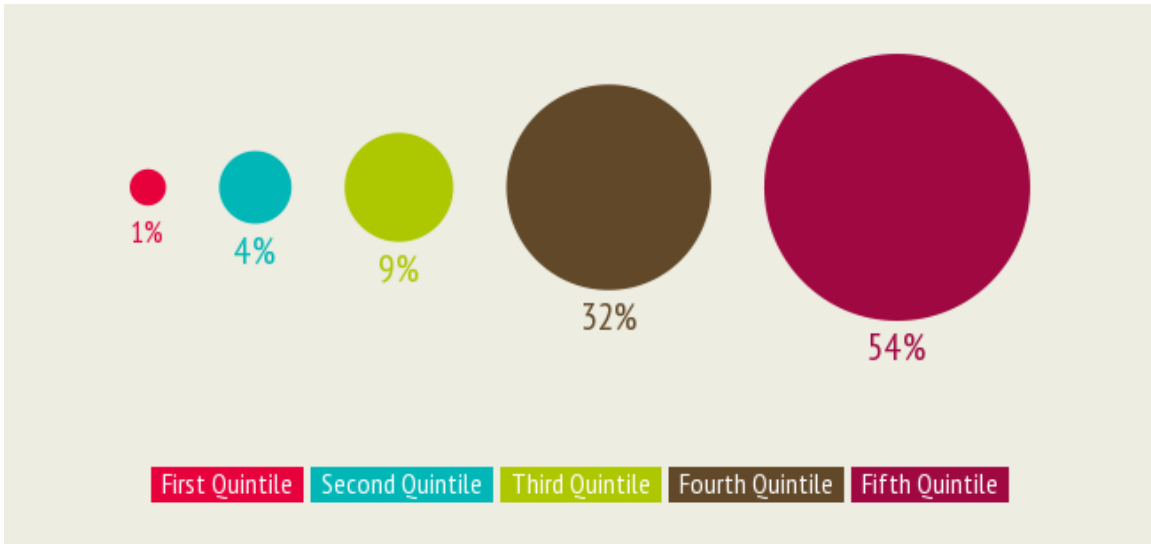


Figure 58: Share of Cumulative Time Spent Homeless, by Quintile

Not only have respondents in higher quintiles been homeless longer, but they are also more likely to have been homeless on multiple occasions in the past, as demonstrated in Figure 59.



Figure 59: Average Number of Times Homeless, by Quintile

Characteristics

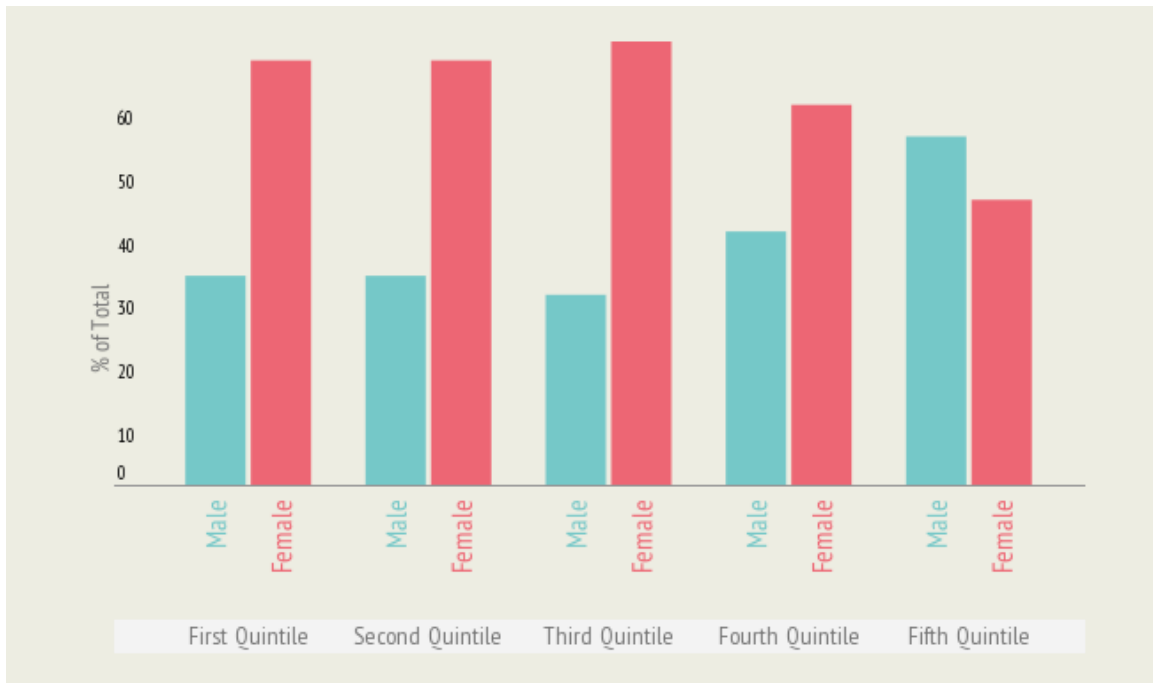


Figure 60: Gender Breakdown, by Quintile

Women are much more likely to be in the first three quintiles – that is, the 60% who have been homeless for the least amount of time. In the fourth quintile, the proportion of women begins to reduce, and by the fifth quintile, men are outnumbering women, as demonstrated in Figure 60.

Youth are more likely to be homeless for shorter periods of time than longer periods. Seniors were either homeless for a very short period of time, or else a very long period. This may be explained as most seniors being able to end their homelessness quickly, but for those that cannot, they remain homeless for a much longer period of time. The age breakdown of the quintiles is illustrated in Figure 61.

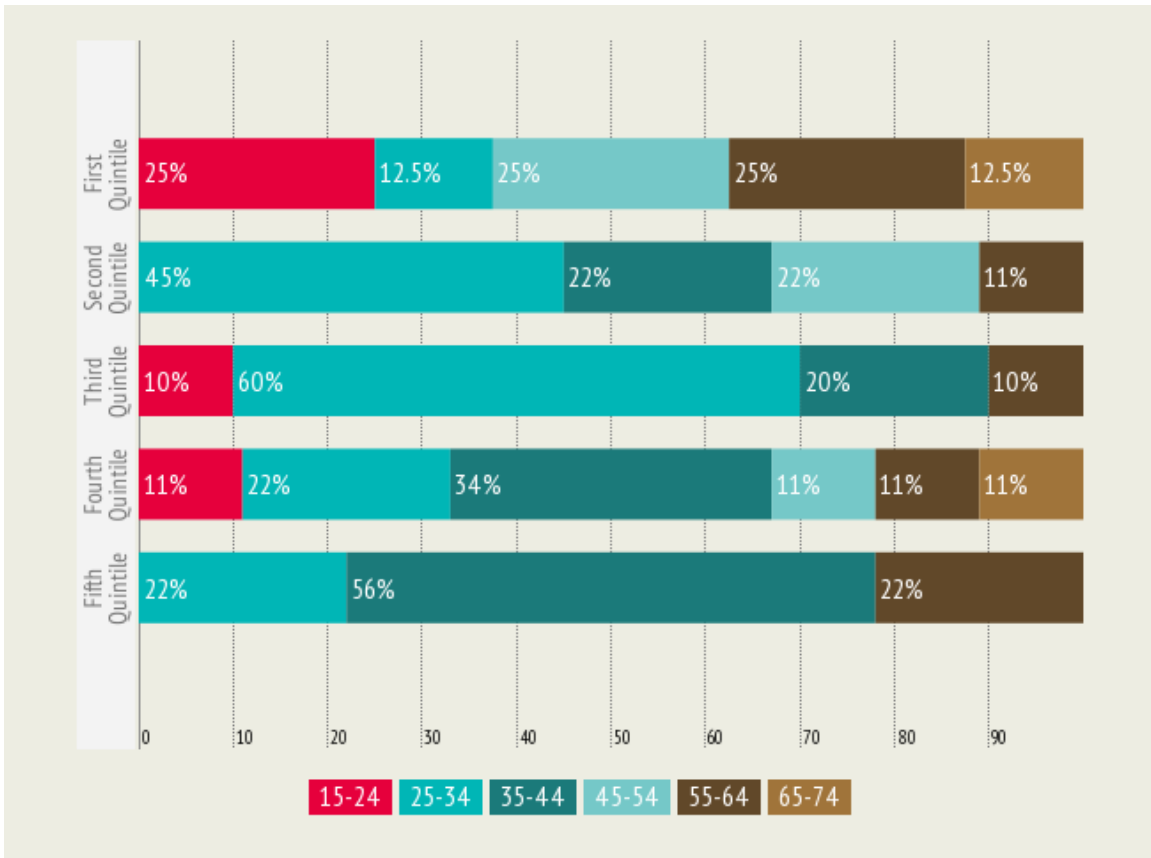


Figure 61: Age Breakdown, by Quintile

Persons who had been homeless for longer periods of time were more likely to have lost connections to natural networks. The longer persons had been homeless, the more likely they were to report being alone on the night of the Count (see Figure 62). Conversely, families with children were more likely to be homeless for shorter periods of time, as were persons who were homeless with another relative, such as a sibling.

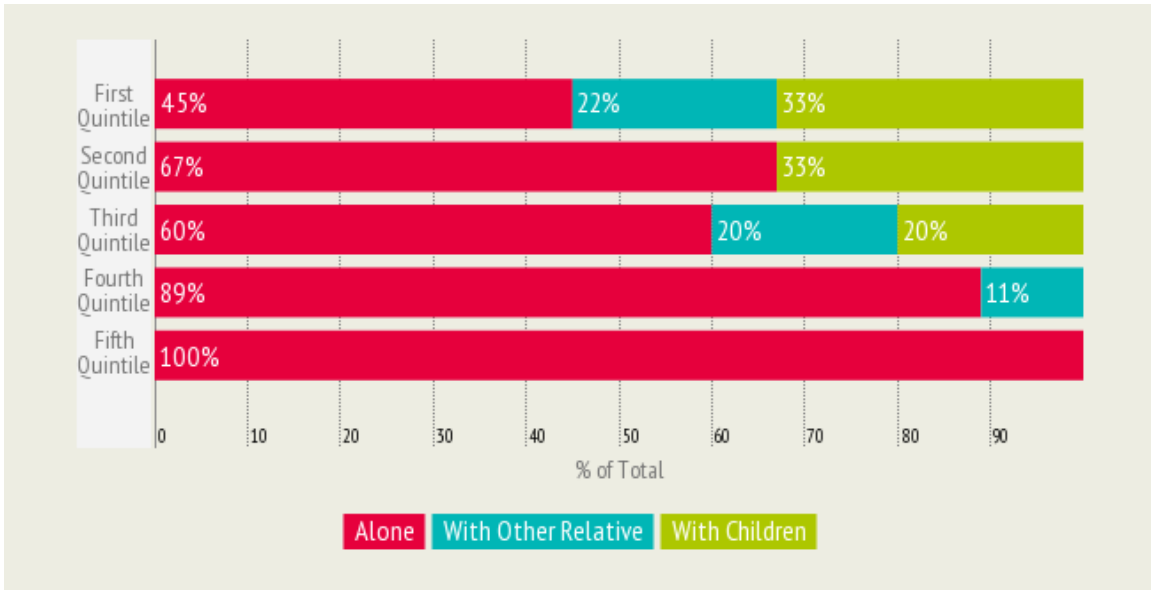


Figure 62: Companions, by Quintile

Similarly, Figure 63 demonstrates whom the respondent said they turned to for support, broken down by length of time homeless. Of note, people who have been homeless for shorter periods of time were more likely to turn to family for help, while those who had been homeless longer were more likely to turn to social services or “no one.”

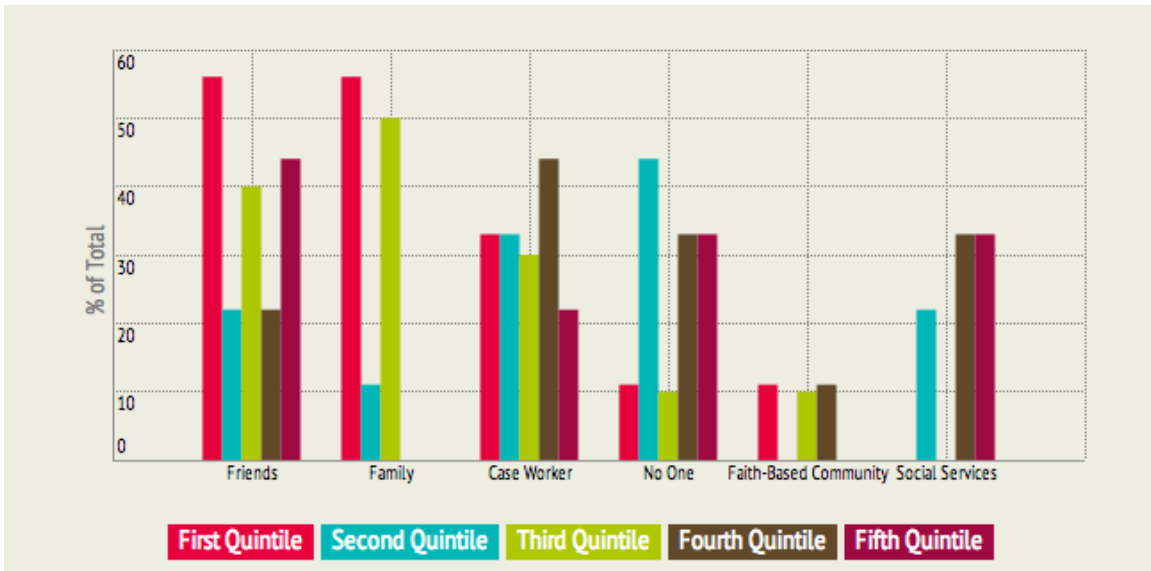


Figure 63: Support Networks, by Quintile

While there were few respondents who were veterans or reported aboriginal identity, these groups did also tend to remain homeless for longer periods of time.

Why are some homeless for longer?

While there are a number of factors which can predict whether an individual is more likely to be homeless for a longer or shorter time, it is impossible to generalize by saying that, in all cases, persons who reported X were homeless for longer/shorter. However, there are some trends that help suggest several factors that are correlated with length of time homeless.

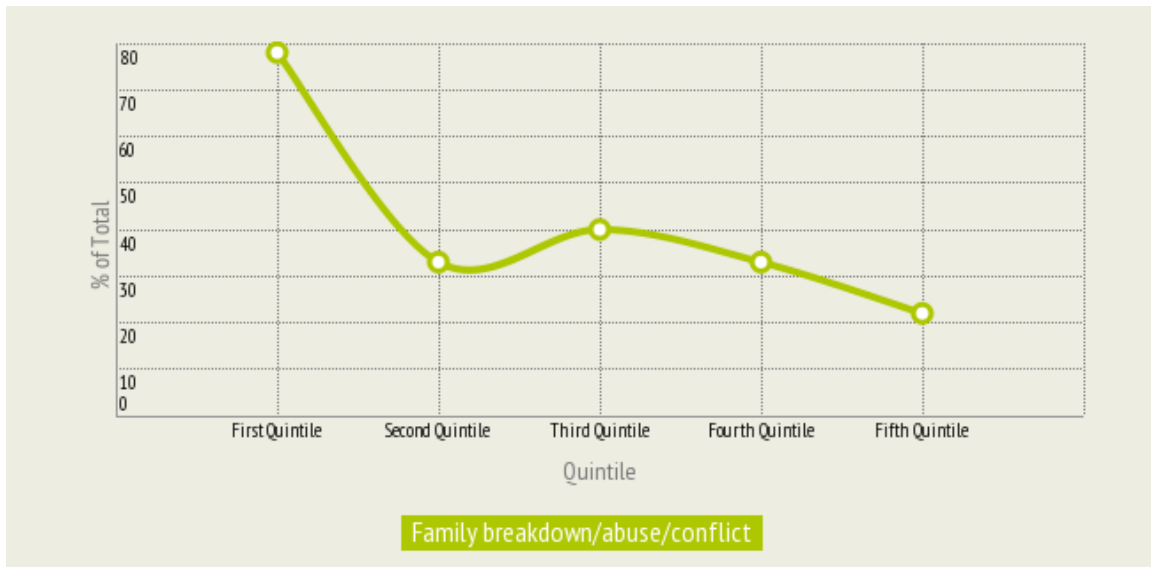


Figure 64: Family Breakdown, by Quintile

Family breakdown, abuse, and conflict are negatively correlated with length of time spent homeless (see Figure 64). This is possibly explained by the fact that victims of domestic violence have an emergency response system specifically geared towards persons in that situation, which is entirely separate from the emergency shelter system for other persons who experience homelessness.

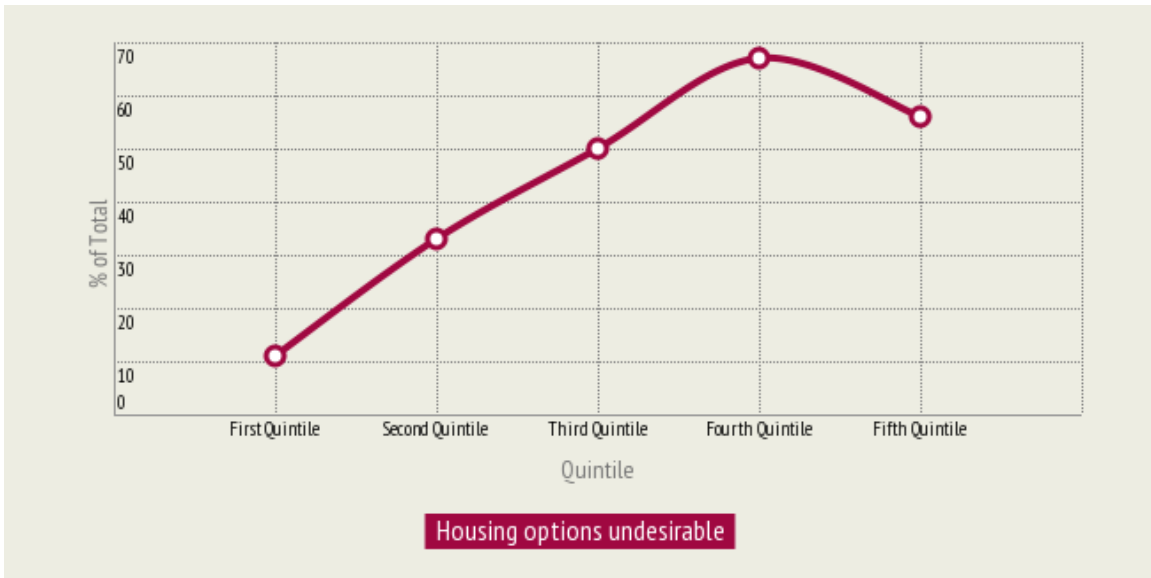


Figure 65: Housing Options Undesirable, by Quintile

Reporting that the housing options were undesirable was positively correlated with length of time homeless (see Figure 65), however it is unclear why. It is possible that housing conditions, in general, are poor, and persons who have been homeless for a shorter period of time, have not had a chance to realize this yet. It is also possible that persons who have been homeless longer are simply the ones who are more particular about their housing, though this seems unlikely.

The most likely explanation is the following: as persons are homeless for longer, their resources dwindle and therefore, their housing options contract, leaving only the housing options that no one else wants. People who have been homeless briefly are likely to have some savings (to be able to afford first and last month's rent), and references from previous landlords, indicating that they are more likely to be able to obtain private market accommodations. People who have been homeless longer do not have this advantage.



Figure 66: Criminal History, by Quintile

While not a strong correlation, persons with a criminal history are also more likely to be homeless for longer periods of time than shorter ones, as illustrated in Figure 66. This is likely explained by the fact that persons with a criminal history may have more difficulty in obtaining employment and housing due to their criminal record. Similarly, persons who were homeless longer were more likely to have seen a parole officer or have been taken into police custody in the past year.

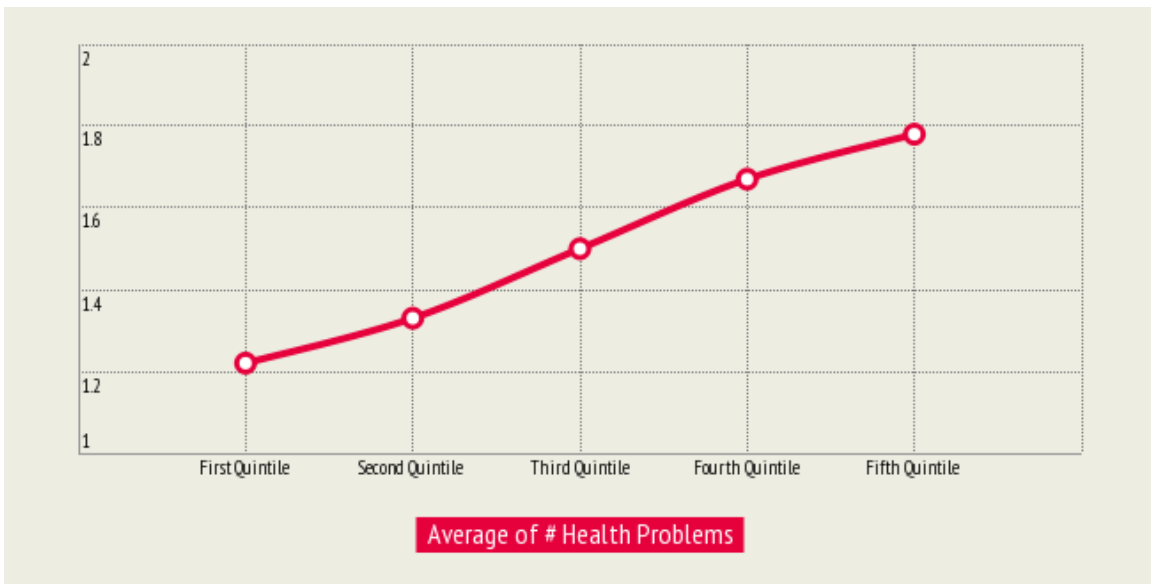


Figure 67: Number of Health Problems, by Quintile

In general, length of time homeless is positively associated with poor health. Being homeless places a great deal of stress on a person, causing health to worsen. Living outside, exposed to the elements, or indoors in a space with many other bodies,

tend to increase the risk of illness. Poor hygiene exacerbates the problem, and lack of opportunity for rest and relaxation lengthens recovery time.

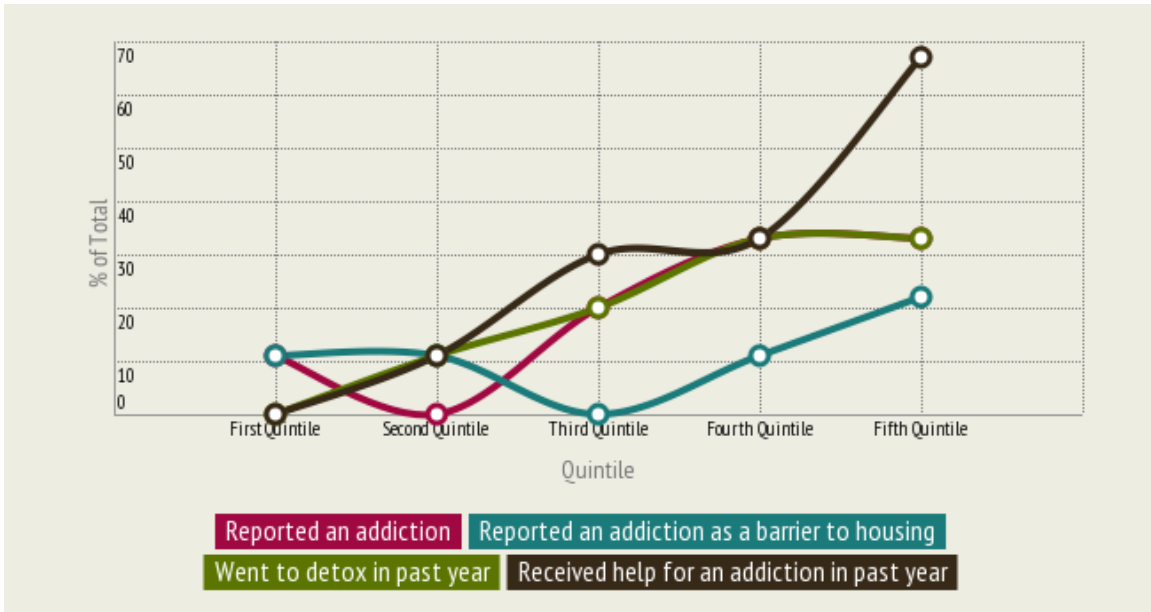


Figure 68: Addictions, by Quintile

In particular, substance abuse and addictions are positively correlated with length of time homeless. Typically, alcohol and other drugs may be consumed as a method of self-medicating or coping with the stress of their living situation or may have been the cause of homelessness in the first place. Conversely, having an addiction can be expensive, and a higher prevalence of addictions may mean a diminished ability to save money to afford to pay rent and end one's homelessness.

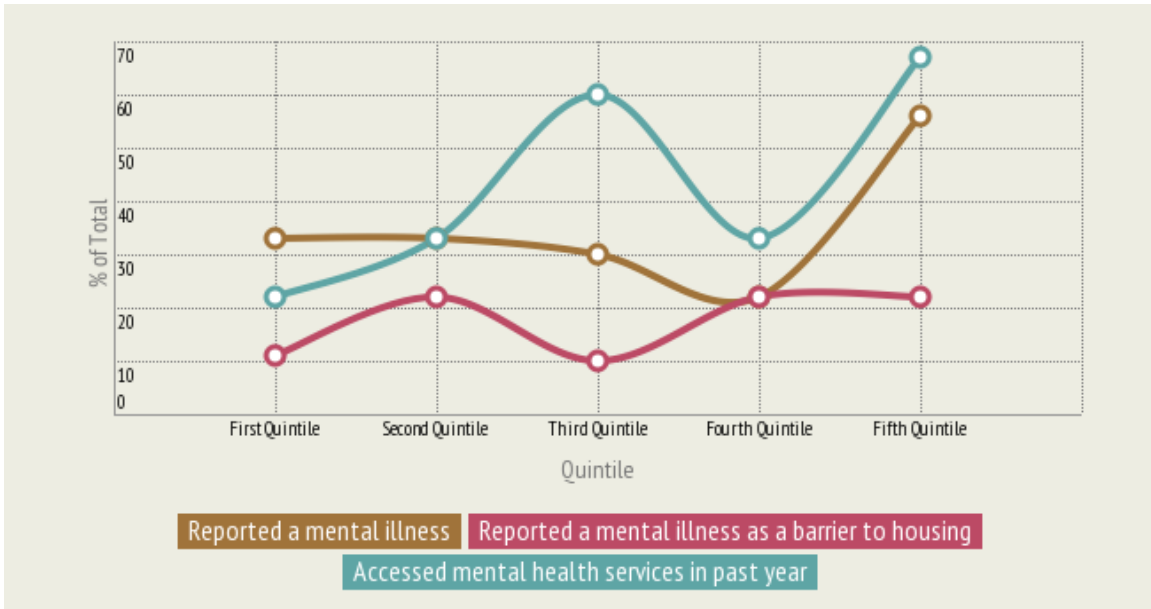


Figure 69: Mental Illness, by Quintile

Mental illness is also associated with increased length of time homeless, though only about half of respondents reported that their housing status was affected by their mental wellbeing. As discussed previously, spending more time homeless causes additional stress, worsening health outcomes, including mental health.

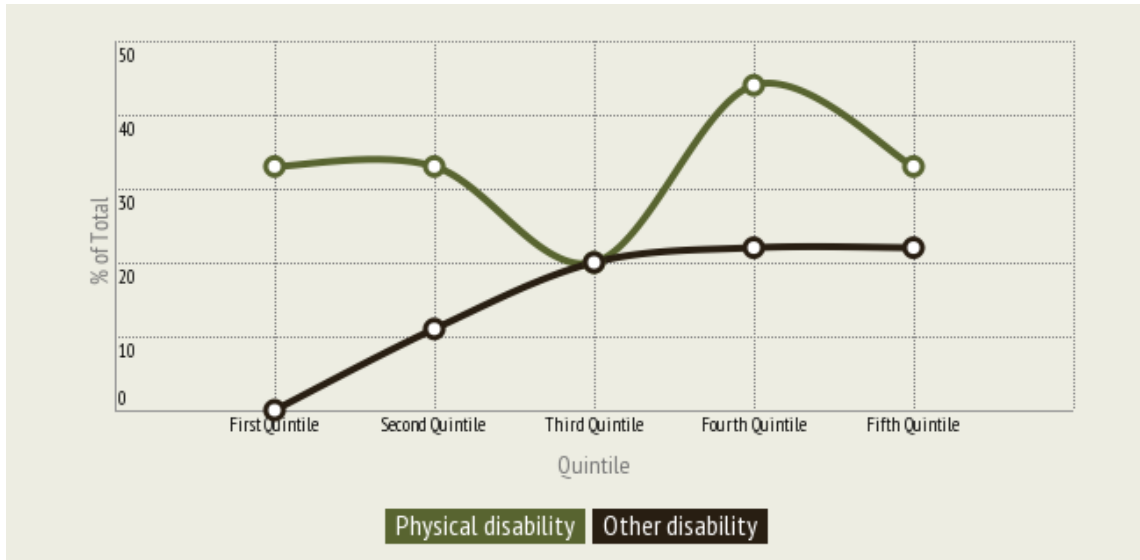


Figure 70: Disabilities, by Quintile

There is no apparent relationship between physical disabilities and length of time a person was homeless. However, persons who reported a non-physical disability were more likely to have been homeless for longer. A possible explanation for this is, while it may be more straightforward to obtain assistance for disabilities if one is visibly disabled – for instance, ODSP support – persons who are invisibly disabled, such as diabetes or COPD, face additional barriers since they do not appear to be so.

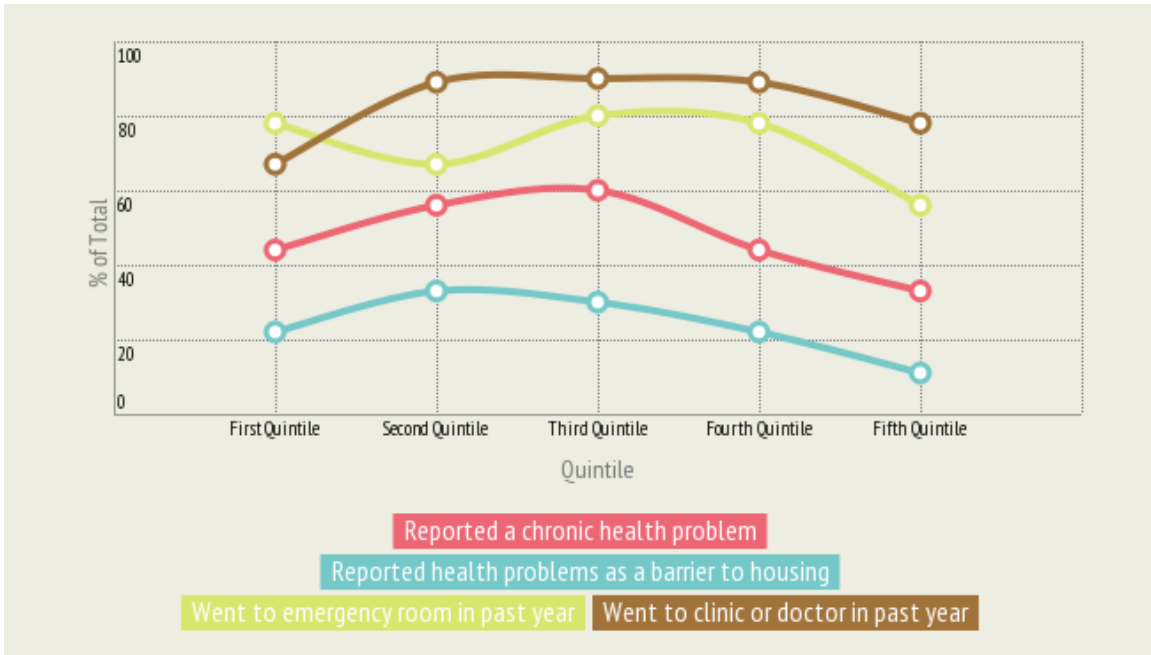


Figure 71: Chronic Health Problems, by Quintile

There was, if anything, a negative relationship between chronic health problems and length of time homeless, meaning that people who had chronic health problems were homeless for shorter periods of time.

What are their needs?

In addition to health-related needs, there are other differences in service use that are affected by length of time homeless, such as housing help, employment help, food bank usage, and soup kitchen usage.

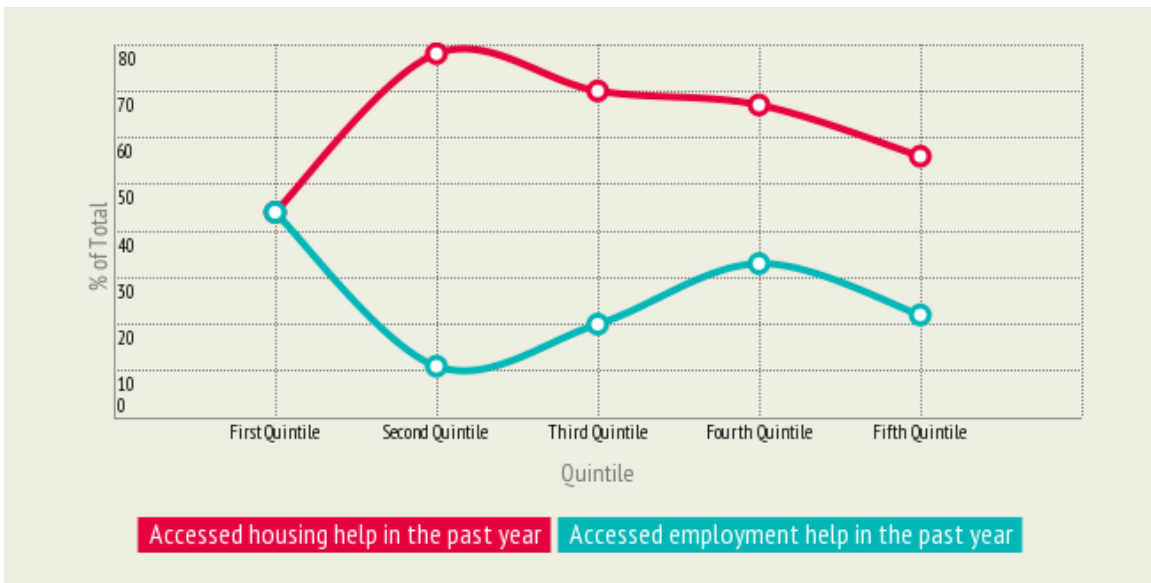


Figure 72: Housing and Job Help, by Quintile

People were most likely to access assistance finding housing if they were in the second quintile, as illustrated in Figure 72. It is possible that persons who are very newly homeless do not require housing assistance, but once a person is homeless for a certain amount of time, they realize that assistance would be advantageous. For persons who have been homeless longer; perhaps they have become disillusioned by their lack of success.

Accessing assistance finding employment was often pursued by the most recently homeless – perhaps due to an immediate loss of job – though persons who had been homeless longer were less likely to have recently sought such assistance.



Figure 73: Food Bank and Soup Kitchen Usage, by Quintile

There was a generally positive relationship between the length of time homeless and accessing food services, suggesting that, the longer people are homeless, the less money people have to purchase food. Alternately, perhaps people who are homeless longer better know the services available, and are better able to access such services.

Comparative Analysis

Kingston is only the second municipality in Ontario to have conducted a Point in Time homeless count, second only to Toronto. As a result, there are few local communities to which the results of Kingston's 2013 PIT can be compared. Although Point in Time Counts are an emerging tool in measuring homelessness in Canada, there is a growing body of research to which Kingston can be compared.

Nationally, Kingston is average in terms of number of homeless people relative to the municipal population. Since homelessness accounts for less than half a percent of the total regional population, rates of homelessness are typically expressed in "number of people experiencing homelessness per 10,000 people."



8.59

Kingston's rate of homelessness per
10,000 population

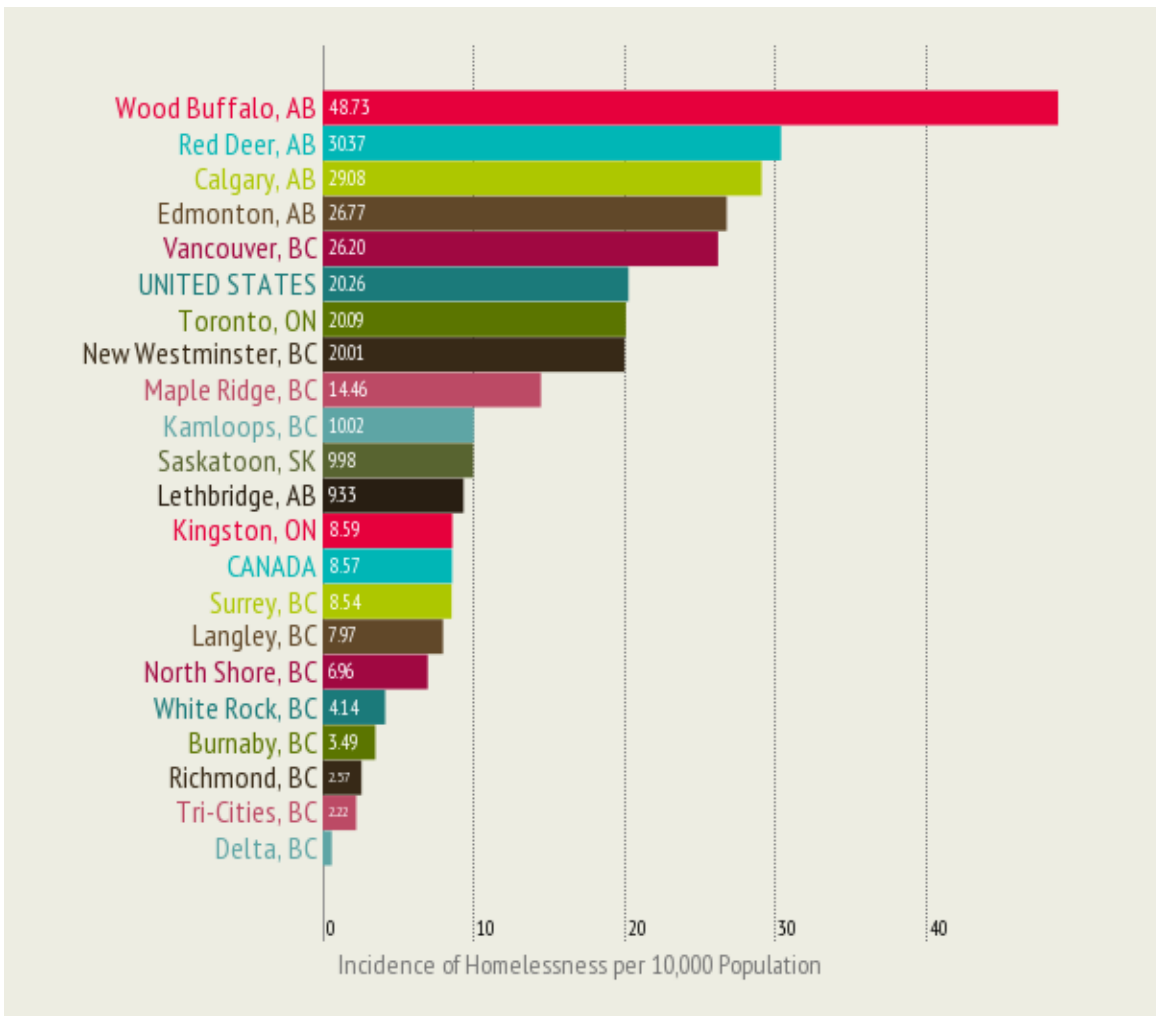


8.57

Canadian rate of homelessness per
10,000 population

Kingston's rate of homelessness is in the same range as Kamloops, BC, Saskatoon, SK, and Lethbridge, AB. In 2012, Kamloops had a population of 99,000, and found 99 homeless people. Saskatoon's most recent PIT was conducted in 2008, which found 260 homeless people and a regional population of 260,000. Lethbridge, conducted a Count in 2012 and found 99 people while having a regional population of 106,000. These three municipalities have some characteristics in common with Kingston, suggesting that Kingston's rate of homelessness is not unusual for a city its size.

In Canada, the cities with the highest rates of homelessness include Calgary, Edmonton, Vancouver, and Toronto. This is unsurprising, due to the size of these cities.



Conclusion

The Point In Time Count conducted on October 16th, 2013 in urban Kingston marks an important milestone for those seeking to end homelessness in Kingston. The recently adopted 10-Year Municipal Housing & Homelessness Plan emphasizes data collection, including conducting PIT Counts every two years.

With the 10-Year Municipal Housing & Homelessness Plan coming into effect on January 1st, 2014, the 2013 PIT Count will serve as a benchmark against which to measure progress made towards the goal of ending homelessness. In addition, the findings will serve to inform service decisions in the near future. Never before has there been such a large pool of data about the people experiencing homelessness in Kingston.

While the 2013 Count will be important for informing service decisions in the short term, the real value of Point In Time Counts is amplified by conducting consecutive counts using comparable methodologies. With each successive Count, it becomes easier to detect emerging trends and respond to the changing needs of the homeless population.

Subsequent Counts should be conducted regularly, at least once every three years. To ensure that results are comparable, they should be conducted in similar circumstances. For instance, timing. It would be ideal for the next Count to be conducted in October, near the middle of the month, mid-week. However, if that is not possible, it is important to select a day that will have a similar expected rate of homelessness (in the winter, more people might be indoors, in the summer, more people might be camping; near the beginning of the month, more people have received a welfare cheque; etc.).

The surveys themselves should be as similar as possible to ensure that the results from one survey can be compared to the next year's results. For instance, in 2013 one question was "What's stopping you from having permanent housing right now?" If a future survey instead asks "Why are you homeless?" although the results may be similar, they are not directly comparable, making trend detection difficult.

The methodology should not be significantly changed, however, some improvements can be made. The methods used by the Special Teams (trained outreach workers who sought homeless persons in high-density, wooded, or remote locations) could be improved, since many such enumerators reported difficulty finding anyone. The training could also be improved.

Notably, there were a few locations that did not participate in the 2013 PIT Count. Effort should be made in the future to expand the list of participating facilities, to ensure that everyone who is homeless is counted.

Enhancing the methodology in future counts will likely result in a higher total number of homeless persons found in the future. This does not necessarily mean that homelessness is increasing, simply that the accuracy of the Count in Kingston is improving.

Despite these challenges, the 2013 Point in Time Homeless Count was a definite success, and the results will serve the community well over the next few years. Thanks again to all who were involved in this momentous event; without a concerted group effort, this report would not have been possible.

Appendix A: Surveys

[Insert original surveys here]

Appendix B: Table of Responses

	Total	Female	Male	Families	Non-Families
Type of response					
N	80	31	29	8	72
NFA	7	1	3	0	7
Sheltered	64	28	21	8	56
Unsheltered	9	2	5	0	9
Could you please tell me where will you be sleeping tonight?					
N	78	31	27	8	70
Detox	3	0	0	0	3
Emergency shelter	65	28	22	8	57
Hospital	4	1	3	0	4
Not sure	4	2	2	0	4
Park/woods/ tent	1	0	0	0	1
Squatting/ abandoned building	1	0	0	0	1
How long has it been since you last had a permanent place to stay? (Days)					
N	45	28	17	8	38
Mean	291.7	262.3	340.1	58.9	291.7
Min	2	14	2	14	2
Max	1460	1260	1460	180	1460
Median	105	112.5	90	45	120
Is this your first time being homeless?					
N	46	28	18	8	38
No	25	12	13	3	22
Yes	21	16	5	5	16
[If no] How many times have you been homeless in the past?					
N	25	12	13	3	22
1	1	1	0	0	1
2	9	6	3	2	7
3	4	1	3	1	3
4	2	0	2	0	2
5	1	0	1	0	1
10	4	3	1	0	4
Unsure	4	1	3	0	4
Are other members of your family currently homeless?					
N	46	28	18	8	38
I have no family	1	0	1	0	1
No-one is homeless	35	20	15	3	32
Spouse	1	1	0	1	0
Parent(s)	1	0	1	0	1
Sibling(s)	5	3	2	0	5
Other relative	0	0	0	0	0
Children	8	8	0	8	0
What city or town did you live in one year ago?					
N	46	28	18	8	38
Another Country	2	2	0	1	1

	Total	Female	Male	Families	Non-Families
City of Kingston	25	15	10	3	22
County of Frontenac	2	1	1	1	1
Elsewhere in Canada	5	2	3	0	5
Elsewhere in Ontario	12	8	4	3	9

What's stopping you from having permanent housing right now?

N	46	28	18	8	38
Unemployment	7	4	3	1	6
Not enough income	31	19	12	6	25
Rents too high	34	22	12	7	27
Family breakdown/ abuse/conflict	19	12	7	6	13
Eviction	2	2			2
Health/disability problems	11	6	5	1	10
Substance abuse/ addiction	5	2	3	1	4
Mental illness	8	3	5	1	7
Criminal history	6	2	4	0	6
Housing options undesirable	20	14	6	3	17
Don't want housing	1	1	0	0	1
Other	4	4	0	1	3
Mean # of options selected	3.22	3.25	3.17	3.38	3.18

Do you have any of the following health-related problems?

N	46	28	18	8	38
Chronic health problem	22	15	7	2	20
Addiction	9	4	5	0	9
Mental illness	16	9	7	1	15
Physical disability	15	11	4	1	14
Other disability	7	3	4	0	7
Mean # of health problems	1.5	1.5	1.5	0.5	1.7

Which of the following emergency services have you used in the past year? Have you...

N	46	28	18	8	38
Been to the emergency room?	33	20	13	6	27
Ridden in an ambulance?	22	13	9	1	21
Stayed overnight in a hospital?	17	8	9	1	16
Called 911?	19	15	4	5	14
Been taken into police custody?	7	3	4	0	7
Been to detox?	9	2	7	0	9
Slept in an emergency shelter?	42	26	16	8	34
Used a crisis service or	11	9	2	3	8

	Total	Female	Male	Families	Non-Families
help line?					
Mean # of emergency services used	3.48	3.43	3.56	3.00	3.56

Which of the following non-emergency services have you used in the past year? Have you...

N	46	28	18	8	38
Been to a clinic or seen a doctor?	38	24	14	8	30
Received help for an addiction?	13	4	9	0	13
Accessed mental health services?	20	12	8	3	17
Received food from a food bank?	19	12	7	3	16
Had a meal at a soup kitchen?	24	12	12	1	23
Received help finding housing?	29	20	9	7	22
Received help finding a job?	12	9	3	3	9
Seen a parole officer?	4	3	1	0	4
Called 211?	1	1	0	0	1
Mean # of non-emergency services used	3.48	3.47	3.50	3.13	3.55

Who do you turn to for assistance?

N	46	28	18	8	38
Friends	17	13	4	4	13
Family	11	9	2	3	8
Support/case worker	15	14	1	4	11
No one	12	3	9	1	11
Faith-Based Community	3	3	0	1	2
Social Services	8	4	4	0	8

Where do you get your money from?

N	46	28	18	8	38
Employment	5	3	2	2	3
Money from family/friends	5	1	4		5
Ontario Works/ODSP	37	21	16	5	32
CPP/Old Age Security/Guaranteed income supplement	2	2	0	0	2
Employment insurance	0	0	0	0	0
From strangers/panhandling/busking	2	0	2	0	2
Bottle collecting/treasure hunting	1	0	1	0	1

	Total	Female	Male	Families	Non-Families
No income	2	1	1	0	2
Other	6	5	1	4	2
Mean # of sources of income	1.26	1.14	1.44	1.38	1.24

Do you mind telling me how old you are?

N	65	30	26	8	57
15-24	13	2	2	1	12
25-34	15	12	3	5	10
35-44	16	6	10	1	15
45-54	9	5	4	1	8
55-64	10	3	7	0	10
65-74	2	2	0	0	2

Please indicate the person's gender.

N	80			8	72
Female	31			8	23
Male	29			0	29
Unknown	20			0	20

Are you a First Nations, Inuit, or Metis person?

N	46	28	18	8	38
No	42	26	16	8	34
Yes	4	2	2	0	4

Have you ever served in the Canadian Forces?

N	46	28	18	8	38
No	44	27	17	8	36
Yes	2	1	1	0	2

What one thing could help you end your homelessness?

N	42	27	15	8	38
Housing	28	20	8	8	20
Job	4	2	2	0	4
Medication	2	1	1	0	2
Money	3	2	1	0	3
Services	5	3	2	0	5
Other	3	1	2	0	3

	First Quintile	Second Quintile	Third Quintile	Fourth Quintile	Fifth Quintile
Type of response					
N	9	9	10	9	9
NFA	0	0	0	0	0
Sheltered	7	9	9	7	8
Unsheltered	2	0	1	2	1
Could you please tell me where will you be sleeping tonight?					
N	9	9	10	8	9
Detox	0	0	0	0	0
Emergency shelter	7	9	10	7	8
Hospital	0	0	0	0	0
Not sure	2	0	0	1	1
Park/woods/ tent	0	0	0	0	0
Squatting/ abandoned building	0	0	0	0	0
How long has it been since you last had a permanent place to stay? (Days)					
N	9	9	10	9	8
Mean	12.78	59.56	120	460	891.88
Min	2	45	30	90	365
Max	20	90	180	1095	1460
Median	14	56	120	330	815
Is this your first time being homeless?					
N	9	9	10	9	9
No	3	3	4	7	8
Yes	6	6	6	2	1
[If no] How many times have you been homeless in the past?					
N	3	3	4	7	8
1	0	0	1	0	0
2	3	3	1	1	1
3	0	0	1	1	2
4	0	0	0	1	1
5	0	0	1	0	0
10	0	0	0	1	3
Unsure	0	0	0	3	1
Are other members of your family currently homeless?					
N	9	9	10	9	9
I have no family	0	0	0	0	1
No-one is homeless	6	7	6	8	8
Spouse	1	0	0	0	0
Parent(s)	0	0	0	1	0
Sibling(s)	2	0	2	1	0
Other relative	0	0	0	0	0
Children	3	3	2	0	0
What city or town did you live in one year ago?					
N	46	28	18	8	38
Another Country	0	1	1	0	0
City of Kingston	7	2	6	4	6

	First Quintile	Second Quintile	Third Quintile	Fourth Quintile	Fifth Quintile
County of Frontenac	1	1	0	0	0
Elsewhere in Canada	0	1	1	1	2
Elsewhere in Ontario	1	4	2	4	1

What's stopping you from having permanent housing right now?

N	9	9	10	9	9
Unemployment	0	2	1	2	2
Not enough income	3	8	8	5	7
Rents too high	5	8	9	5	7
Family breakdown/abuse/conflict	7	3	4	3	2
Eviction		1	1		
Health/disability problems	2	3	3	2	1
Substance abuse/addiction	1	1	0	1	2
Mental illness	1	2	1	2	2
Criminal history	0	1	0	3	2
Housing options undesirable	1	3	5	6	5
Don't want housing	1	0	0	0	0
Other	2	0	2	0	0
Mean # of options selected	2.56	3.56	3.40	3.22	3.33

Do you have any of the following health-related problems?

N	9	9	10	9	9
Chronic health problem	4	5	6	4	3
Addiction	1	0	2	3	3
Mental illness	3	3	3	2	5
Physical disability	3	3	2	4	3
Other disability	0	1	2	2	2
Mean # of health problems	1.22	1.33	1.5	1.67	1.78

Which of the following emergency services have you used in the past year? Have you...

N	9	9	10	9	9
Been to the emergency room?	7	6	8	7	5
Ridden in an ambulance?	4	4	8	3	3
Stayed overnight in a hospital?	1	4	4	5	3
Called 911?	5	4	6	2	2
Been taken into police custody?	1	0	2	2	2
Been to detox?	0	1	2	3	3
Slept in an emergency shelter?	8	9	10	7	8

	First Quintile	Second Quintile	Third Quintile	Fourth Quintile	Fifth Quintile
Used a crisis service or help line?	1	2	4	3	1
Mean # of emergency services used	3.00	3.33	4.40	3.56	3.00

Which of the following non-emergency services have you used in the past year? Have you...

N	9	9	10	9	9
Been to a clinic or seen a doctor?	6	8	9	8	7
Received help for an addiction?		1	3	3	6
Accessed mental health services?	2	3	6	3	6
Received food from a food bank?	2	4	3	5	5
Had a meal at a soup kitchen?	2	4	8	4	6
Received help finding housing?	4	7	7	6	5
Received help finding a job?	4	1	2	3	2
Seen a parole officer?	0	0	1	2	1
Called 211?	0	0	1	0	0
Mean # of non-emergency services used	2.22	3.11	4.00	3.78	4.22

Who do you turn to for assistance?

N	9	9	10	9	9
Friends	5	2	4	2	4
Family	5	1	5		
Support/case worker	3	3	3	4	2
No one	1	4	1	3	3
Faith-Based Community	1	0	1	1	0
Social Services	0	2	0	3	3

Where do you get your money from?

N	9	9	10	9	9
Employment	2	0	2	0	1
Money from family/friends	2	0	1	2	0
Ontario Works/ODSP	6	8	8	6	9
CPP/Old Age Security/Guaranteed income supplement	1	0	0	1	0
Employment insurance	0	0	0	0	0
From strangers/panhandling/busking	0	1	0	1	0
Bottle	0	0	0	1	0

	First Quintile	Second Quintile	Third Quintile	Fourth Quintile	Fifth Quintile
collecting/treasure hunting					
No income	0	0	0	1	1
Other	0	3	2	1	0
Mean # of sources of income	1.22	1.33	1.30	1.33	1.11

Do you mind telling me how old you are?

N	8	9	10	9	9
15-24	2	0	1	1	0
25-34	1	4	6	2	2
35-44	0	2	2	3	5
45-54	2	2	0	1	0
55-64	2	1	1	1	2
65-74	1	0	0	1	0

Please indicate the person's gender.

N	9	9	10	9	9
Female	6	6	7	5	4
Male	3	3	3	4	5
Unknown	0	0	0	0	0

Are you a First Nations, Inuit, or Metis person?

N	9	9	10	9	9
No	9	8	9	7	9
Yes	0	1	1	2	0

Have you ever served in the Canadian Forces?

N	9	9	10	9	9
No	9	9	10	7	9
Yes	0	0	0	2	0

What one thing could help you end your homelessness?

N	9	8	10	7	8
Housing	9	8	10	7	8
Job	6	6	7	4	5
Medication	1	0	2	0	1
Money	0	0	1	0	1
Services	1	2	0	0	0
Other	0	0	0	3	2

Appendix C: Map

[Insert maps here]