

# **NOT TO BE FORGOTTEN: HOMELESS WOMEN IN HAMILTON**

May 2011

Prepared for:  
Carol Cowan, Associate Executive Director of Programs  
Mission Services of Hamilton



Prepared by:  
Sara Mayo, Social Planner (Geographic Information Systems)



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162 King William Street, Suite 103, Hamilton, ON L8R 3N9  
Phone: 905.522.1148 Fax: 905.522.9124 E-mail: [sprc@sprc.hamilton.on.ca](mailto:sprc@sprc.hamilton.on.ca)  
Website: [sprc.hamilton.on.ca](http://sprc.hamilton.on.ca)

Additional funding made possible by:



**United Way**  
of Burlington  
& Greater Hamilton

Additional support provided by:



Maps in this document were been made possible by grant from:



## **ACKNOWLEDGEMENTS**

Carol Cowan, Associate Executive Director of Programs at Mission Services of Hamilton saw the need for a report on homeless women in Hamilton for her organization. I thank her commissioning this report and for the opportunity to deepen my knowledge about this population as well as for her role in making this report a resource to the entire community.

I also thank the service managers and formerly homeless women who I spoke with in the preparation of this report. If this report manages to capture at least some of the realities faced by homeless women it is due to them.

My colleagues at the Social Planning and Research Council were also a huge source of help for this report. I would like to especially thank Don Jaffray, Renee Wetselaar and Patti McNaney.

The United Way of Burlington and Greater Hamilton's support for the SPRC is gratefully acknowledged as it allowed this report to be more broadly disseminated. Funding from the Ontario Trillium Foundation for the SPRC's GIS services made possible the creation of the maps in this document.

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## 1.0 INTRODUCTION

**“Women’s homelessness is not an extraordinary phenomenon but one closely intertwined with women’s vulnerabilities in the labour market and at home.”**

- Fran Klodawsky (2006)

**“Homeless women comprise a large and diverse population, encompassing many sub-groups, including teenagers, lone parents, single women, abused women, aboriginal women, immigrant and refugee women and senior women. Among the population of homeless women are also those with severe and persistent mental illness as well as those with chronic and infectious diseases.**

**Homeless women, however, do share a number of common features of which poverty and social isolation are central.”**

- Health Status of Homeless Women. An Inventory of Issues, Consulting Matrix, Inc. (2002)

Women who are homeless or at risk of homelessness are a very diverse group. They are also a group for which not enough is known to be able to precisely and efficiently plan services.

Since the late 1980s, homelessness in Canada among women has been rising, both in absolute numbers and in the complexity of the issues facing homeless women (Neal 2004). Among Hamilton’s homeless youth population, there are almost as many women as men (Vengris 2005).

This report was commissioned by Mission Services of Hamilton and attempts to give at least a partial picture of the challenges and conditions faced by homeless women in Hamilton with the aim of aiding Mission Services to better understand this population and plan for potential additional services.

The report has four distinct parts:

- This first **“Homeless women in Hamilton and beyond: pathways and barriers”** will outline four major issues facing homeless women: violence, poverty, children and health. The narrative will give an overview of these challenges, drawn from both national sources and local knowledge. Alongside, there will be quotes from some sources to give a more vivid picture of homeless women’s realities.
- The second part **“Partial portrait of homeless women in Hamilton”** will give an overview of women who use the shelter system in Hamilton, followed by a portrait of some of the women at economic risk of homelessness in Hamilton using customized census data.
- A concluding section **“Towards solutions for women’s homelessness”** will discuss of models of service for homeless women in Hamilton and provide a partial inventory of relevant services. Finally, recommendations are provided as a guide for possible future steps.
- An **appendix** that provides an inventory of Hamilton’s non-residential services that are specifically for women. (Tables 1 and 2 in section 4.0 on pages 31 and 32 give information about women-specific housing and residential-based programs)

## 2.0 HOMELESS WOMEN IN HAMILTON AND BEYOND: PATHWAYS AND BARRIERS

“Violence is the constant and universal theme of the stories.” (Scott 2007)

“Although safety was not specifically asked about in the focus groups [of Hamilton’s shelter users], people referred to safety in a number of ways. Not surprisingly, women were more likely to raise the issue of safety.”  
(Swanton and Clinton 2010)

“[Violence] is so pervasive that it becomes part of the order of things, and therefore, unremarkable, so that many in the helping professions cease to think about the implications and merely pay lip service to the havoc it wreaks.” (Scott 2007)

On sexual harassment:  
“It happens almost every day.”  
-young woman,  
interviewed in a shelter  
(Ambrosio et al. 1992)

**The needs of homeless women [...] tend to be even more complex than men. Women tend to access shelter only after exhausting all other social and community resources making it that much harder to assist them in rebuilding their lives.**

- City of Hamilton (2011)

### 2.1 Violence

In any report about women’s homelessness, violence cannot be glossed over as simply “one of many” factors that cause women to be homeless. Violence is a relentless part of homeless women’s lives.

#### ***Violence causes homelessness***

Violence is often the cause, directly or indirectly of their loss of shelter. 90% of women’s shelter beds in Hamilton are specifically designated for women fleeing violence. Among homeless women in Hamilton outside of the VAW shelter system, violence is acknowledged by about 50% women themselves at time of intake. After women have found safety and stability and are able to more fully process and disclose the obstacles in their life, at least 90% of these women reveal that violence has been a part of their pathway to homelessness (key informant interview).

#### ***Violence targets homeless women***

Violence is a reality in the day-to-day lives of women struggling with homelessness. Homeless women are at high risk for violence on the streets (Neal 2004). A Toronto study reported that 37% of homeless women surveyed were physically assaulted in one year alone (*Street Health 2008*). Homeless transwomen face gender-based violence both for being women and for disrupting gender norms. Mixed shelters, mixed soup kitchens, and mixed health centres may be relatively safe places for women while in a staff supervised environment. But upon leaving, women can become the targets for harassment and violence from men who may have seen them at these services (Scott 2007). The first Toronto Street Health report found that 43% of homeless women experienced sexual harassment or unwelcome sexual advances (Ambrosio et al. 1992). Other nominally mixed-gender, non-supervised spaces for those living on the margins, such as rooming houses, are avoided almost entirely by Hamilton women due to safety concerns (key informant interview).

#### ***Surviving violence***

Other major causes of women’s homelessness, such as addictions, mental health and conflict with the law, are sometimes perceived to be separate and distinct from violence as pathways to becoming homeless. But service providers and the voices of homeless women attest to the fact that all too often these “other causes” are in fact women’s coping mechanisms against the violence in their lives or the direct consequences of violence. Susan Scott

(2007), Fran Klodawsky (2010) and key informants interviewed give examples of specific effects of violence:

- Substance abuse may be the only way a girl or woman can escape, at least mentally, from the violence in her life;
- A woman may react physically to violence against her and may suffer legal consequences herself and become criminalized;
- Depression and other mental health challenges can be the fallout from experiencing violence. These mental health issues can then add additional challenges for finding employment, putting women at economic risk of homelessness;
- Physical violence can also have impacts on women's physical appearance, which again may leave her vulnerable to discrimination in the labour market, endangering her economic health;
- Women's self esteem is often eroded by abuse and results in a lack of self worth that causes women to not prioritize their health (or place less value on their own health);
- Many homeless women have symptoms of post-traumatic stress disorder as a result of violence they experienced in childhood or adulthood, but in most cases it goes unrecognized by health professionals;
- Inability to concentrate can become pose serious barriers for learning and further education.

### ***Hierarchy of violence?***

Service providers are very knowledgeable about the endemic way that violence is part of homeless women's lives. This realization has not yet been fully acted upon by government funders of violence against women shelters. Some funders are still focused on the traditional domestic violence model that sees money primarily earmarked for providers to shelter women fleeing spousal abuse. While provincial funding for VAW shelters is limited, it does allow these service providers to offer a range of services, such as counseling, life skills training and legal advocacy. No such "wrap around" or holistic care is funded for women who don't fit the criteria for a VAW shelter.

Yet experience and research is clearly demonstrating that violence is a root cause of homelessness for almost all homeless women. One key informant explained the frustration she felt when she met some but not all criteria for different VAW shelters. While the mandate of all Hamilton VAW shelters, except Interval House, allows them to accept homeless women who don't fit the stricter domestic violence criteria, the full capacity situation that Hamilton's VAW shelters often face means that these women's needs for shelter are not met. Even among women who fit the all criteria for a VAW shelter, many are not

"Unbelievable violence occurs against children both in their birth homes and in foster and adoptive homes; it often continues throughout their lives at the hands of partners both male and female, landlords, police, johns, family, and occasionally shelter staff. The violence – rape, name-calling, beatings and so on – leaves its legacy: self-esteem so low that women cannot look in the mirror for the horror of seeing themselves, crooked noses, burn scars, and/or a permanent limp. Some have contracted AIDS, and many have undiagnosed cases of post-traumatic stress disorder." (Scott 2007)

"Violence has deep-seated consequences for the person on the receiving end. It affects body, mind, spirit. This translates into a number of behaviours, which vary from person to person, including depression, poor self esteem, being easily distracted, lack of concentration, fear of risk, unkempt appearance, short fuse, bullying or being bullied, sullenness, manipulateness, anxiety around loud noises and shouting, attention seeking, fatigue, physical problems, and bizarre actions." (Scott 2007)

"Ignoring the consequences of violence is in effect accepting it". (Scott 2007)

housed in that system due to capacity issues. The emergency shelter system, which doesn't have the supports available in the VAW system, then becomes the stop gap measure for many of these women (key informant interview).

This situation risks creating a type of "hierarchy of violence" with current spousal abuse at the top. This can be a further message to women that the other kinds violence they experience is not important, and not worth seeking shelter from, nor worth seeking healing from.



## 2.2 Poverty

### ***Labour market obstacles for homeless women***

One of the consequence of women's continued inequality in Canada, is the segregation of paid work along gender lines, which results in women facing much higher poverty rates than men both nationally and in Hamilton (Mayo 2010). In Hamilton, 20% of women live on incomes below the poverty line, while the rate for men is 16%. For unattached women, often women living alone or with roommates, the poverty rate rises to 46%, compared to 37% for men.

Both women and men living on the margins often seek employment to be able to overcome the economic challenges they face. But as Scott (2007) writes: "the fact that although men can often pick up labouring jobs, temporary work for women is more difficult to come by because most unskilled jobs, like waiting table, for women require a neat, clean appearance and a certain standard of wardrobe, not always available on the street".

A study of homeless youth in Toronto found that the informal labour market is also gendered, with men reporting \$310 per week in income compared to \$201 for women, and that women were more likely to be paid cash in hand, and therefore less likely to be paid less than minimum wage and vulnerable to employer abuse (O'Grady and Gaetz 2009). Among those not employed and earning income through panhandling, squeegeeing, sex work and criminal activities, the study found significant gender differences (ibid).

### ***Income security***

For singles in Ontario, both men and women, remaining stability housed while living solely on social assistance is impossible, unless they are fortunate enough to have secured subsidized housing. The monthly Ontario Works rate for a single person is \$592 , plus \$32 in HST credits for a total annual income of \$7,485 per year. In Hamilton, renting a typical bachelor apartment costs 80% of a single person's total social assistance and tax benefit income (Mayo and Fraser, 2009). There have been recent increases to incomes for families on social assistance, but singles have been largely ignored in poverty reduction initiatives.

Many homeless women do not even access these basic entitlements: 42% of Toronto homeless women interviewed reported their income to be less than \$2,500 per year (Street Health 2008). Barriers include not having proper identification, negative experiences with previous case workers and a lack of knowledge of how to navigate the system.

### ***Sex work and sex bartering***

For many women the challenges of the traditional labour market are insurmountable, and sex work becomes the only option for income

"All of our lives are vulnerable to external events. Strong well-educated women may have their self-sufficiency eroded by events such as spousal abandonment or job loss. Substance abuse or debt accumulation can destabilize a solid income earner. Yet in poverty, this vulnerability to external shocks and stresses increases dramatically, while the delicate process of juggling competing needs and pressures becomes a far greater challenge. The range of forces against which poor and marginalized women must struggle is formidable: low self-esteem, complex family relationships, hostile or indifferent communities, systemic gender discrimination and harassment, unemployment or underemployment, lack of education, ageism, racism and a daily grind that leaves women with scant energy to contemplate the possibility of transforming their conditions." (Murray and Ferguson 2001)

“Women’s homelessness is often ‘invisible’ as women rely on their domestic role as a strategy to avoid shelters, such as taking up residences in short-term sexual relationships.”  
(Lenon 2000)

(Gaetz and O’Grady 2002). Other women may barter sex for shelter or other support from men including as landlords and roommates (Neal 2004 and Scott 2007). Survival sex is one of the main reasons that homeless women have not been as visible in the homeless population (O’Grady and Gaetz 2009).

### ***Criminalization of women and poverty***

Pervasive poverty for women leads many to criminalized behaviour. More than 4 out of 5 women jailed in Canada are for offences related to poverty — most often fraud, shoplifting or other theft and sex work (Ontario Women’s Justice Network 2008). Women’s inability to pay fines related to these or other offences can also be part of their journey to a Canadian prison (ibid).

York University’s Associate Dean of Research in the Faculty of Education and youth homelessness expert, Stephen Gaetz notes that in Canada “we use the justice system as a central strategy to deal with homelessness and extreme poverty. need to ask, ‘why are we putting so many homeless people in jail?’ is a pretty expensive way to deal with the problem” (Gaetz 2010).

Incarceration itself also causes homelessness. A recent study found that 16% of prisoners in Canada who were not homeless before jail, did anticipate becoming homeless after release (Kellen et al. 2010). As women are a growing group within the justice system — between 1997 and 2006 there was a 22% increase in women offenders (Correctional Service Canada 2006)— this means that criminalization will become an even greater cause of homelessness.

## 2.3 Children

Part of the reason why gender inequalities persist in Canada, is the fact that child rearing responsibilities remain largely on women's shoulders. As reported in a recent SPRC report, Hamilton women are almost twice as likely to be doing more than 15 hours of both childcare and housework per week than men (Mayo 2010).

The Women in Transition out of Poverty report (Murray and Ferguson 2001) lays out the complex web of a woman's role in a family:

"The single most-common factor that increased women's vulnerability in the case studies is their reproductive role. The emotional and physical demands of pregnancy and motherhood, often combined with destructive relationship patterns with partners, have a profound and frequently negative influence on women's security.

A woman is particularly vulnerable when she has young children. This is especially true of single parents. The growth and care of a family takes an inordinate amount of time, reducing availability of time for earning income. When women stay at home to raise children, they lose employability and earning power. They become out of touch with the skills required to compete in the marketplace or their previously acquired skills become outdated, while others may not have had any previous connection to the job market. Self-confidence and self-esteem are also undermined. Women undergo profound physiological and psychological stress during the child-rearing years. They are no longer responsible for just themselves. The case studies confirmed this pattern, revealing that women put the needs of their children, and often their partners, before their own. They found it difficult to see that they needed to spend time on themselves in order to build a positive future for themselves and their families."

By some estimates, at least a third of homeless women outside the VAW shelter system are homeless mothers of minor children (Neal 2004 and Barrow & Laborde 2008). Some may be seeking shelter with their children, while others may be trying to reestablish stability in their lives so that they can regain custody of their children.

"When they did decide to tell their story there was usually no holding back, except for those who had had their children apprehended. It was exceedingly difficult for these women to put their enormous sorrow into words. Even if the seizure had occurred years ago, the experience was frequently too raw for them to handle. In some deep way, their lives had ended at that point." (Scott 2007)

"Child custody issues inevitably complicate the situation for a battered woman who has left her home. If she takes the child with her, she can be challenged in court for placing them in an "unstable environment," that is, a shelter. If, for safety reasons, she decides to leave the children with her parents or a friend, she could be attacked in court for abandoning them. If she leaves them with the abuser, she could jeopardize their safety — and be charged with abandonment as well."

(Zappardino and DeBare 1992) quoted in Casavant (1999)

“Some mother’s biggest fear is that her kids will be taken away because she cannot find a decent place to live or feed them properly [...] If they take kids to the doctor or hospital with normal illnesses Children’s Aid will be called on them [...] If a woman has an addiction, she is not going to seek treatment because she could lose her kids. You could lose your housing because if you go to treatment then you lose your source of income while you’re in treatment.” (Thomas and Semogas 2004)

Seeking shelter as a family is challenging, and has the potential to be a traumatic experience for the children. In Hamilton, the opening of the Good Shepherd Family Centre in 2005 new option to women with children if they didn’t meet the criteria for a VAW shelter.

Some low income women living with their children are finally seeing some increases to their incomes, with the new Ontario Child Benefit and the province no longer clawing back the National Child Benefit from Ontario Works recipients. A single mom’s monthly income, if living with one child, is \$1,014 per month from Ontario Works and the Ontario Child Benefit, \$287 in federal child benefits and \$64 in HST credits for a total annual income of \$16,380.

While these figures are slightly higher than in recent years, this total income is still over \$10,000 less than Statistics Canada’s Low Income Cut Off (LICO) for a family of two<sup>†</sup>. Unless a mother has secured a Rent Geared to Income (RGI) unit in social housing, this means that women with children living on social assistance are paying at least 50% of their income on rent, putting them at economic risk of homelessness.

Accessing the full range of child benefits can be challenging for many homeless mothers who do not have custody of their children. The government does not send the money to a mother who does not live with her child, yet without the extra income it is impossible to move to an adequate apartment that would be acceptable by children’s aid societies in order to regain custody of a child. This Catch-22 leads to extra costs in the child welfare system and of course immense hardship for the mother who is separated from her child.

<sup>†</sup>The LICO is Canada’s most commonly used poverty line. For more information on how it is calculated please see Mayo and Fraser (2009). For up to date LICO thresholds, please see:

<http://www.statcan.gc.ca/pub/75f0002m/2010005/tbl/tbl02-eng.htm>

## 2.4 Health

A Toronto study of almost 2,000 homeless women found that young homeless women had 10 times the mortality rate of other young women (Cheung and Hwang 2004). Most of the women died from AIDS, drugs, alcohol abuse or suicide. In Ottawa, researchers found that homeless women died at an average of 39 years and homeless men died at an average age of 52 years (Guirguis-Younger et al. 2004). For women this is less than half of the general female population's life expectancy of 81 years.

Mental health challenges are highly prevalent among homeless women. A Toronto Study of homeless women found that depression and anxiety were the most common mental health conditions reported and that they were twice as likely to receive a mental health diagnosis as homeless men (Street Health 2008).

Addiction is one of the difficult health issues that many homeless women deal with. Along with violence it is a leading cause of women's homelessness in Hamilton (key informant interview). St. Joseph's Healthcare Hamilton operates Womankind Addiction Service; Hamilton's only such program with 24 beds and several outpatient programs for women and their families at different stages of withdrawal, treatment and aftercare. Womankind regularly operates at full capacity and tries to accommodate all women who seek their services, for example in the outpatient Taking Steps programs for women beginning to look at their addiction and not yet ready for treatment. In 2010, 978 individual women were served by Womankind. While 60% of Womankind's clients are diagnosed with a concurrent disorder, only recently has the organization had funding to provide some psychiatric services. This new funding will be available soon, and will provide psychiatric consultations four times a month for Womankind's clients.

About 30% of Womankind's clients are homeless. Even for clients who are not homeless, housing is an important factor for successful recovery from addiction (key informant interview). If a woman returns to housing where others may continue their substance use, the risk of relapse is much higher. If a woman does not have stable housing to return to, the difficulty in finding and maintaining affordable housing could be another factor that may impede her successful recovery. After years of lobbying by advocates, the provincial Ministry of Health and Long Term Care has recently started to take steps to help women who need better housing to increase their success in recovery. Womankind has received funding for a program that includes 16 scattered housing unit subsidies to support women with affordability and case management support. The program is

"Conditions are so bad on the street that at least one social housing complex on Vancouver's Downtown Eastside has lower the qualifying age for a senior to 45 because homeless women at that age are in the same kind of physical shape as their middle-class sisters at 65." (Scott 2007)

"Younger homeless women are at extremely high risk of death, and secondly, the things that they're dying from are potentially treatable"

Dr. Stephen Hwang quoted in CBC News (2004)

"Sexual victimization, engaging in prostitution as a means of economic survival, unavailability of contraception, uncertain fertility, and the desire for intimacy may all result in unplanned pregnancy" (Miles 2006)

"The lack of adequate shelter or a reasonably safe and secure place to live takes a mighty toll on one's health, making homelessness an important health issue. In fact, according to Daly (1991: 39) there is little point in distinguishing these aspects of homelessness, especially in terms of solutions." (Novac, Brown and Bourbonnais 1996)

specifically for women who are in recovery, eligible for financial assistance and inadequately housed. This is an important turning point that the MOHLTC has adapted their funding to recognize that housing is a key to good health and to reducing costs to the health care system. But 16 housing allowances will only fill a small portion of the need (key informant interview).

Family planning and sexual health are big challenges for women who are homeless. The first Street Health Report in Toronto found that 13% of surveyed homeless women were pregnant (Khandor and Mason 2007).

A common medical procedure for women by a doctor is a pap smear to test for cervical cancer (the risk of which increases with multiple sexual partners). Sexual abuse and assault is much more common among homeless women which makes this test traumatic for many women. In British Columbia, outreach workers have developed a program called “Pappalosa” to encourage homeless women to get tested regularly (Scott 2007), and midwives offer drop-in pap smears in a women-centered environment.

A comprehensive Ontario study of homeless women's health (Consulting Matrix Inc. 2002) explained that there are even more barriers for accessing services than for homeless men:

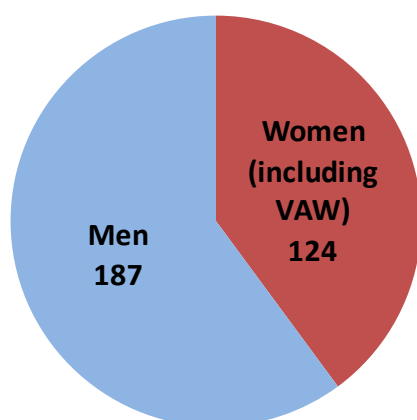
The relationship between homelessness and women's health is complex. For some women, pre-existing health problems contribute to their homelessness. For almost all, illness will occur and often become aggravated by homelessness (Raising the Roof, 1999). Homeless women are also confronted with a number of barriers when it comes to accessing health care services. Narrowly conceived services and interventions, most of which have evolved to serve homeless men, are inappropriate for homeless women and their children.

### 3.0 PARTIAL PORTRAIT OF HOMELESS WOMEN IN HAMILTON

#### 3.1 Women in Hamilton's Shelters

In the City of Hamilton, there are currently 134 violence against women shelter beds, and 20 beds for women who are homeless for other reasons. In addition Notre-Dame House has 11 beds for women and teen girls in a mixed youth shelter.

**CHART 1: SHELTER USERS BY SEX, CITY OF HAMILTON, SNAPSHOT NIGHT NOVEMBER 2008**

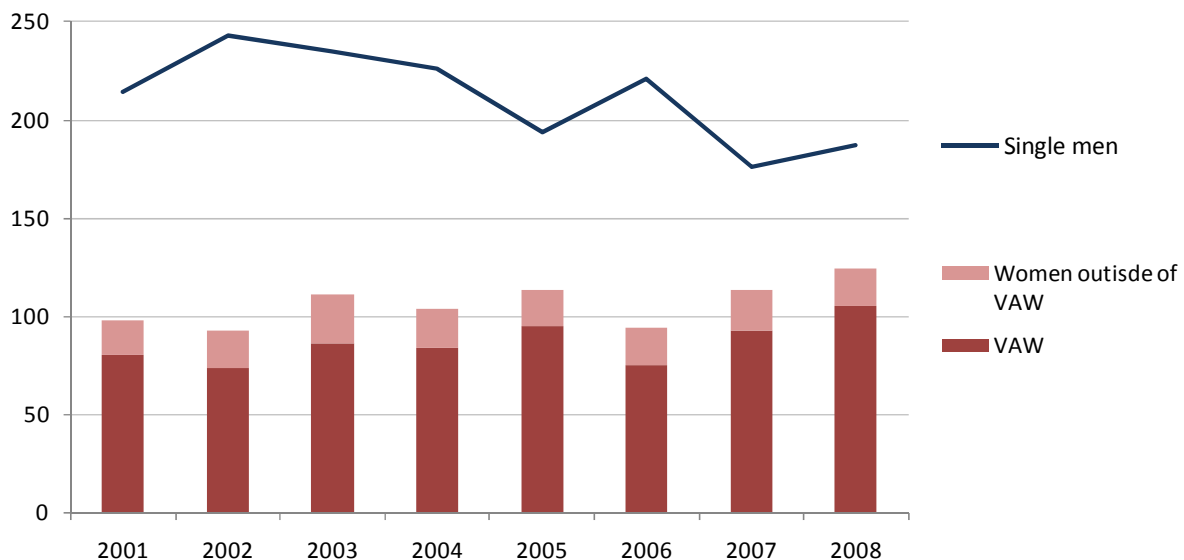


#### Chart 1: Analysis

Women are almost half of shelter users in Hamilton. Shelter usage is driven in large part by supply, especially on the women's side as there has been chronic under capacity for women seeking shelter in Hamilton:

- The VAW shelters in Hamilton had an average occupancy rate of 98% in 2008/09.
- "Women who need emergency shelter for reasons other than partner abuse aren't always able to access a shelter due to lack of capacity. Good Shepherd Mary's Place provides nine beds and Wesley Drop-In Centre provides 15 mats for women experiencing homelessness. In 2009, there were 1,609 times women were turned away from Mary's Place because the shelter was full; however, it is not known how many distinct individuals this represents. Although the Wesley Centre overnight program will close July 31, 2010, future expansion is planned within the women's emergency shelter sector. This will include 15 apartment style shelter units with capacity to accommodate 40 women and children at Martha House and 20 private units at Mary's Place. Each shelter will close at their current location and move to new and expanded facilities later in 2010. This expansion of women's shelter services should ease some of the existing pressure on women's shelters and improve access to emergency shelter services for women" (City of Hamilton, 2010)

**CHART 2: NUMBER OF SHELTER USERS, CITY OF HAMILTON, SNAPSHOT NIGHT NOVEMBER 2001-2008**

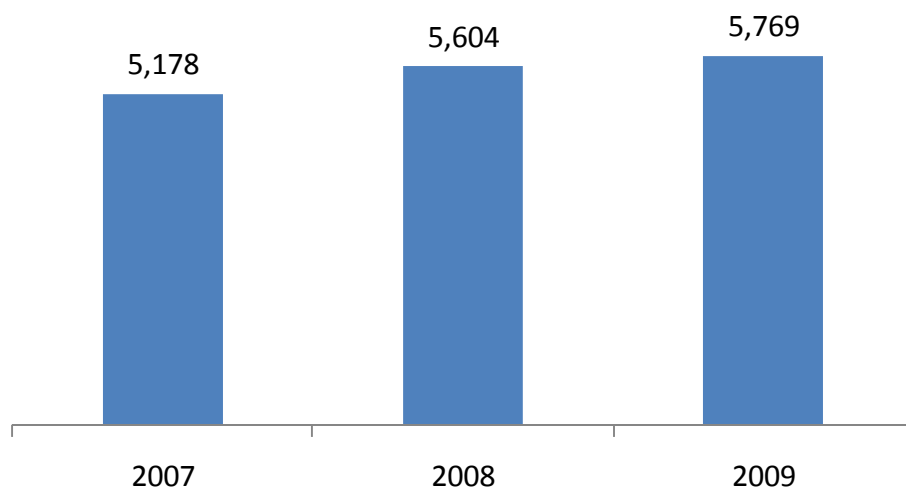


### Chart 2: Analysis

Rates of shelter usage by women in Hamilton has been increasing, while shelter usage by men has been decreasing. The additional beds available since the opening of Mary's Place and Martha House at Good Shepherd Square will allow more homeless women to be served. But continuous cycling between shelters by homeless women and very little aid in accessing permanent housing means that there will continue to be high demand for shelters (key informant interview).



**CHART 3: NUMBER OF CALLS TO POLICE RELATED TO DOMESTIC VIOLENCE, CITY OF HAMILTON, 2007-2009**



**Chart 3: Data note**

While the majority of calls involve women as victims, this data also includes children and men as victims.

**Chart 3: Analysis**

Domestic violence is a leading cause of women seeking shelter. While the overall crime rates, including violent crime rates are declining in Hamilton, the number of calls to police regarding domestic violence have increased in the last few years.

The most recent *Families Count* report from the Vanier Institute of the Family (2010) cited research that revealed that physical and emotional abuse was the second most common reason for separation and divorce. Data from police services across the country in this same report showed that women were five times more likely to be victimized by an ex-spouse than men.

These trends partly explain the rise in women's shelter usage in Hamilton, and shows the need for increased beds to serve women fleeing violent homes.

### 3.2 Women at Economic Risk of Homelessness

Poverty and housing affordability are major causes of homelessness. The threshold for affordable housing is spending more than 30% of a household's income on shelter. In Hamilton, 33,340 renter households live in unaffordable housing (Wetselaar and Mayo 2010). With this group, almost half are spending 50% of their income on rent (15,020). Housing that costs half or more of a household's income puts that household at serious risk of homelessness (City of Hamilton 2007).

To gain further insight into the demographics and size of Hamilton's population of women at risk of homelessness, a custom table was ordered from Statistics Canada, which focuses on this population. This data gives a profile of households with a female primary household maintainer, where more than 50% of the household's gross income is spent on rent and utilities.

This data by definition only gives insight into women who are at *economic* risk of homelessness. It excludes a large but unknown number of women in Hamilton who are at risk of homelessness due to violence, family breakup or other reasons.

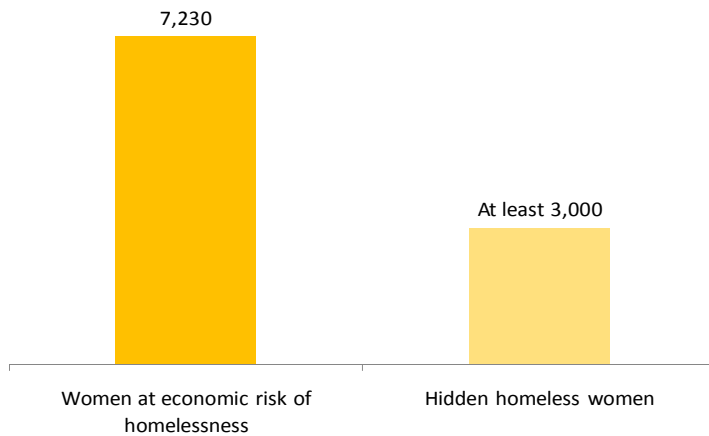
#### **Data notes**

Household maintainers, sometimes called "head of household", are those that are identified on the census questionnaire as those who pay the rent or mortgage, or the taxes, or the electricity bills, and so on for the dwelling. If more than one household maintainer is identified, the primary maintainer is the first person listed as a maintainer.

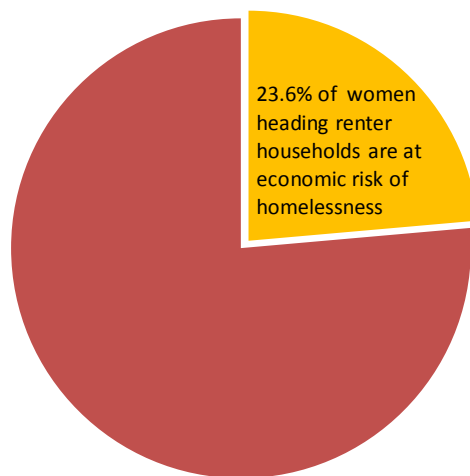
It is important to note that this detailed census data (from the "long form") excludes anyone living in a "collective dwelling", for example those living in rooming houses or shelters. So the following data only includes women living in private apartments or homes.

Finally, this data focuses solely on renter households. Owner households were excluded since the generally larger asset base that owners have as compared to renters protects them somewhat more from homelessness.

**CHART 4. ESTIMATES OF WOMEN AT ECONOMIC RISK OF HOMELESSNESS AND HIDDEN HOMELESS WOMEN, CITY OF HAMILTON**



**CHART 5. PROPORTION OF FEMALE RENTER PRIMARY HOUSEHOLD MAINTAINERS WHO ARE AT ECONOMIC RISK OF HOMELESSNESS**

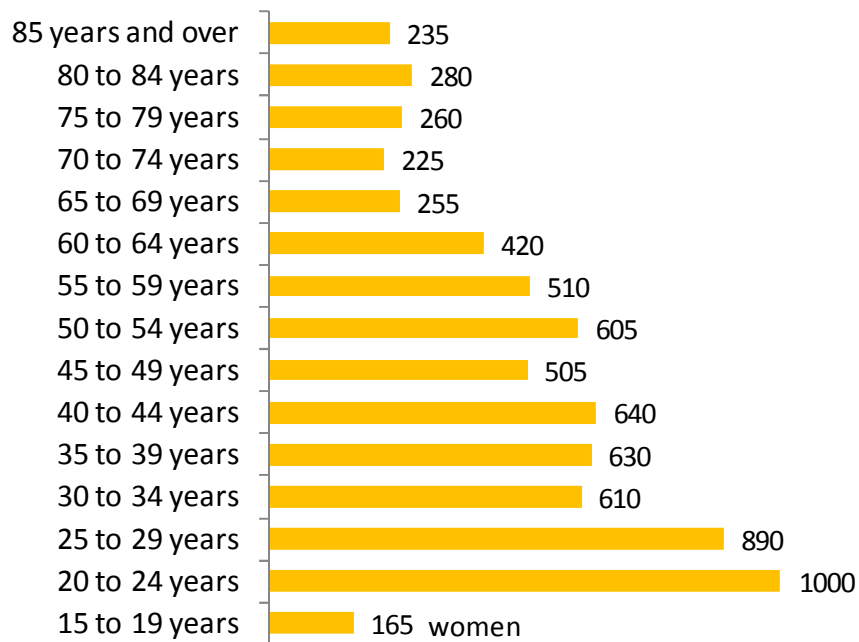


#### **Charts 4 and 5: Analysis**

According to the 2006 census, 15,020 renter households in Hamilton spend 50% or more of the household's income on shelter costs. Within this group, 7,230 of these households were headed by female primary household maintainers. These 7,230 women represent 23.6% of all of Hamilton's women heading renter households. This is slightly higher than the Ontario average of 22.3%. The characteristics of this population will be further described in the charts on the following pages.

The population of women at economic risk of homelessness characterized in this report does not include the "hidden homeless", people who stay with friends or family indefinitely. The Wellesley Institute considers those living in unaffordable housing, the hidden homeless, and those living in overcrowded and substandard housing to be the submerged part of Canada's precarious housing "Iceberg", with the visible homeless to be just the tip of the crisis (Wellesley Institute 2010). Applying their estimate of the size of Canada's hidden homeless population to Hamilton, there are in the range of 3,000-6,500 women in Hamilton that are part of the hidden

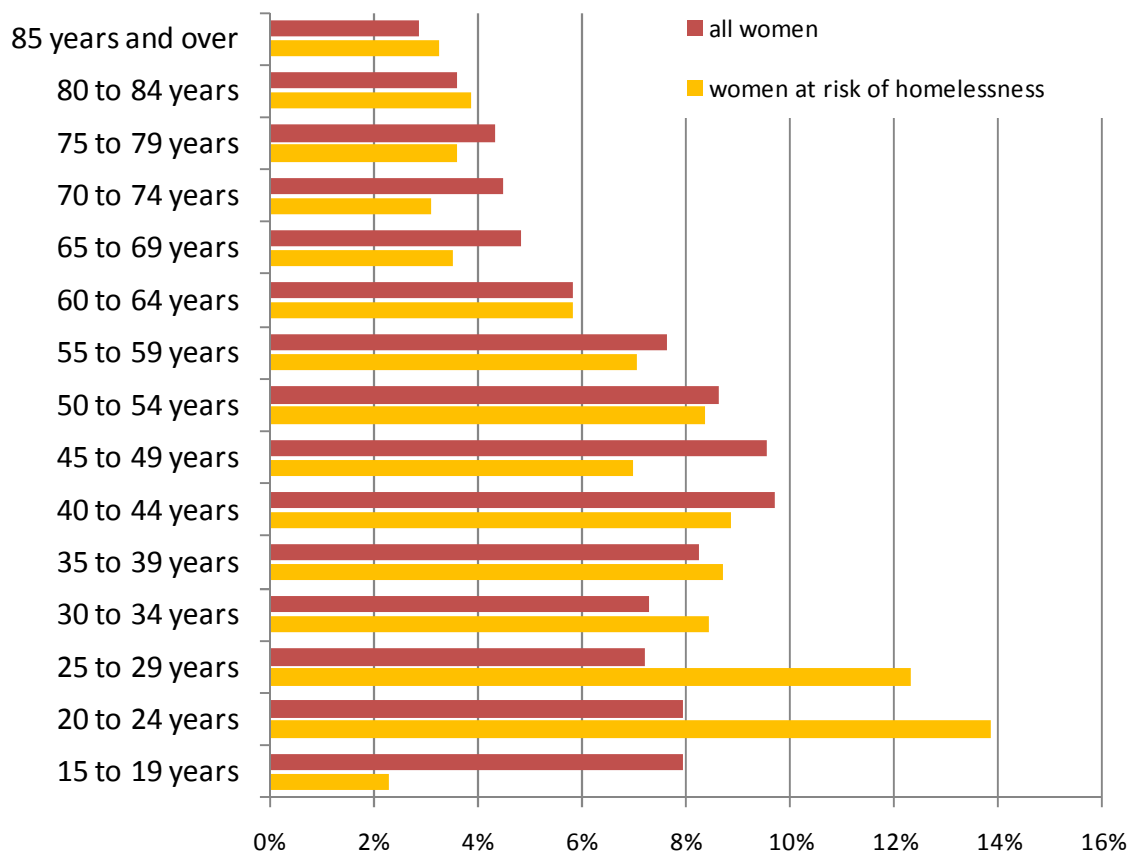
**CHART 6: AGE PROFILE OF WOMEN AT RISK OF HOMELESSNESS,  
CITY OF HAMILTON , 2006**



**Chart 6: Analysis**

The largest group of women at risk of homelessness is aged 20-29 years old, with 1890 women in this group, over one quarter of this group's total (7,230 women). Seniors have the smallest combined population, but still represent a substantial group: 1255 senior women (65+) are at risk of homelessness in Hamilton.

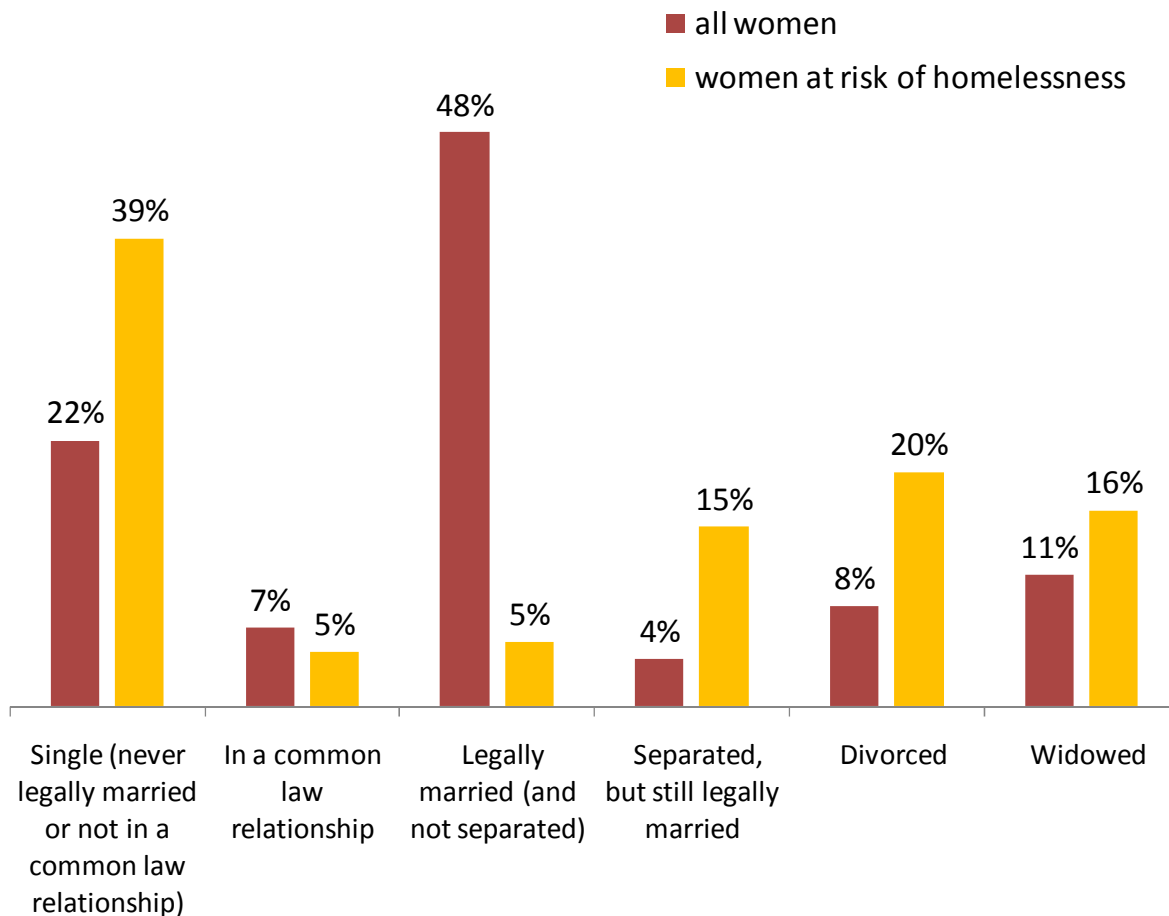
**CHART 7: AGE PROFILE OF WOMEN AT RISK OF HOMELESSNESS COMPARED TO ALL WOMEN, CITY OF HAMILTON, 2006**



### Chart 7: Analysis

Within women at risk of homelessness, the 20-29 year age group makes up almost twice the proportion of the same age group within all women in the city (26% of women at risk of homelessness are in this age group, compared to 15% of the general population of women). Within the 30-39 age group, women at risk of homelessness are slightly over represented. Older working age women and younger seniors are slightly under represented as compared to the general population of women. There is a slightly higher proportion of women aged 80 and over in the at risk group than the general population.

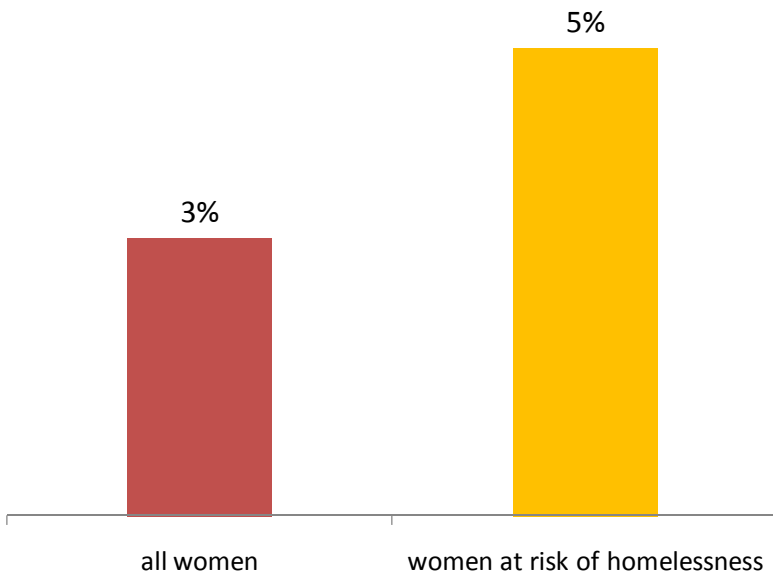
**CHART 8: MARITAL STATUS OF WOMEN AT RISK OF HOMELESSNESS,  
CITY OF HAMILTON, 2006**



#### **Chart 8: Analysis**

Women at risk of homelessness are much less likely to be married (common law or legally) than the general population of women in Hamilton. The most common marital status of women at risk of homelessness is single with almost 40% in this category (2,825 women). Separated, divorced and widowed women represent each over 15% of women at risk of homelessness, with over 1,000 women in each of these categories.

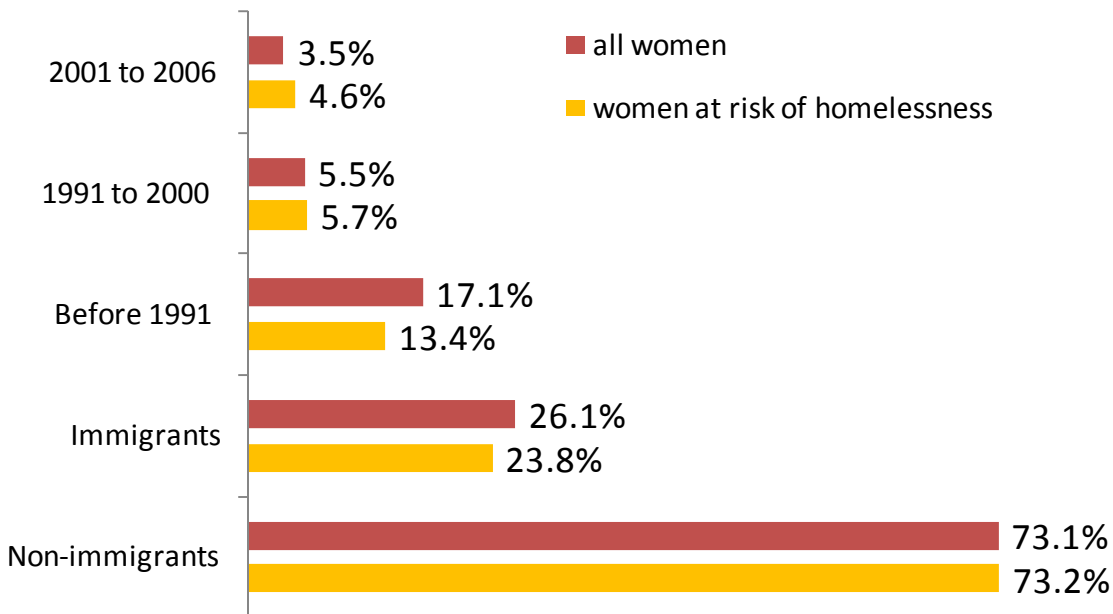
**CHART 9: ABORIGINAL ANCESTRY OF WOMEN AT RISK OF HOMELESSNESS,  
CITY OF HAMILTON, 2006**



**Chart 9: Analysis**

Aboriginal data from the census has not proven to be reliable, so must be used with caution (Mayo 2011). Census data has undercounted this population in Canada, including in Hamilton. Keeping that in mind, it is still informative to see that almost twice as many women at risk of homelessness have Aboriginal ancestry than the general population of women in Hamilton.

**CHART 10: IMMIGRATION STATUS OF WOMEN AT RISK OF HOMELESSNESS, CITY OF HAMILTON, 2006**

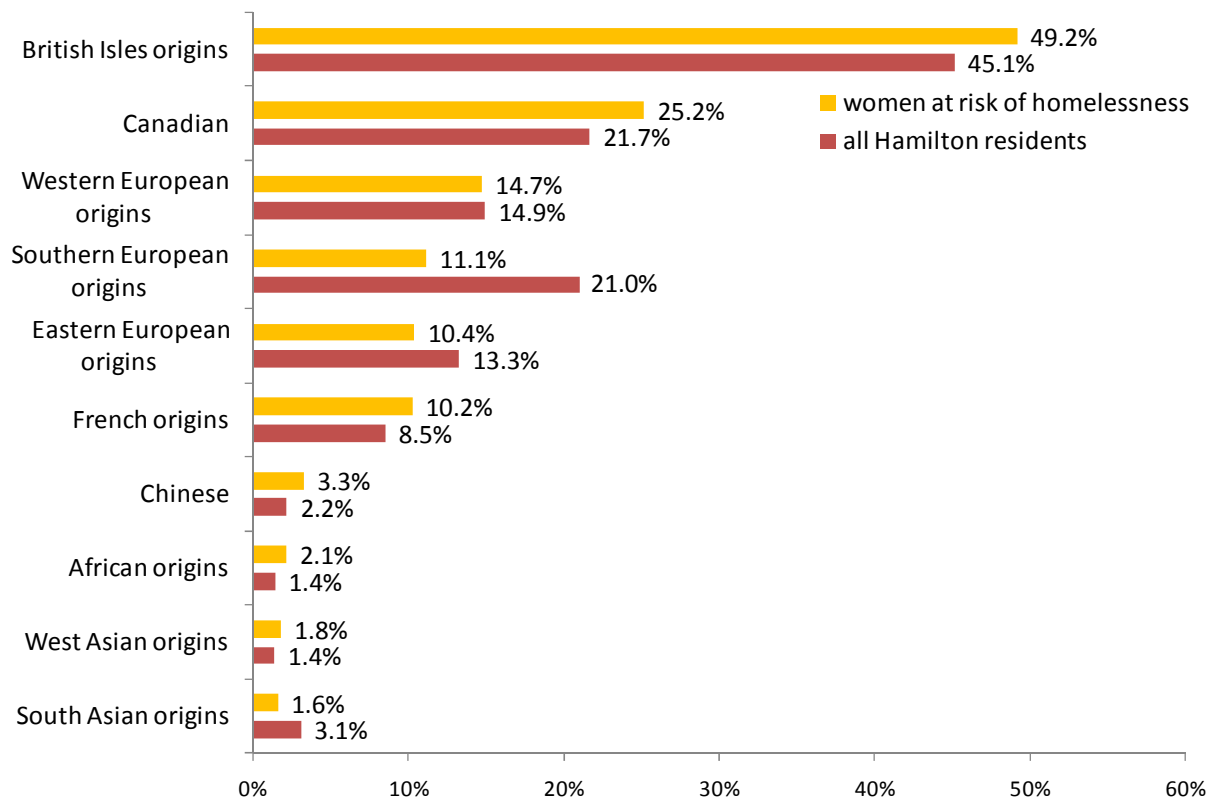


**Chart 10: Analysis**

Women at risk of homelessness have the same proportion of population born in Canada than all women in Hamilton (73%). But within the immigrant population, newcomer women are slightly over represented in the women at risk of homelessness population. 4.6% of women at risk of homelessness immigrated to Hamilton between 2001 and 2006, compared to 3.5% of the general population of Hamilton's women.



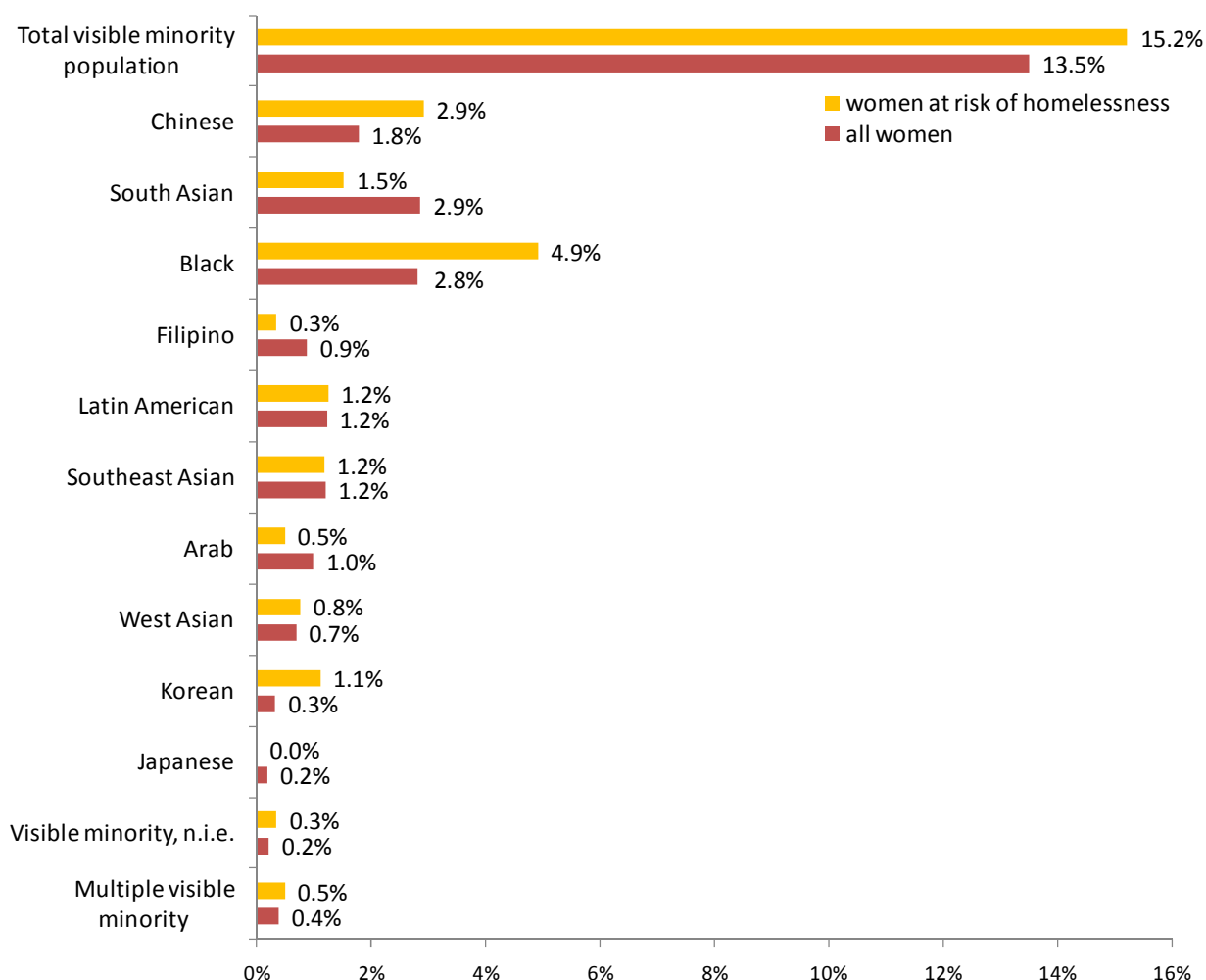
**CHART 11: SELECTED ETHNIC ORIGINS, WOMEN AT RISK OF HOMELESSNESS, CITY OF HAMILTON, 2006**



### Chart 11: Analysis

The most common ethnic origin that women at risk of homelessness describes themselves as are British Isles and Canadian. For both of these self-described origins, women at risk of homelessness have higher proportions than the general Hamilton population. Women at risk of homelessness are also more likely to be of French, Chinese, African or West Asian origins.

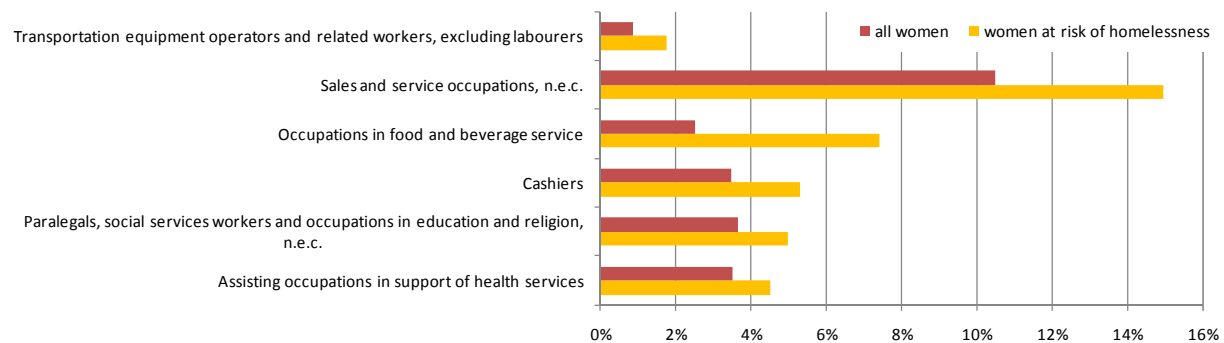
**CHART 12: VISIBLE MINORITY STATUS OF WOMEN AT RISK OF HOMELESSNESS, CITY OF HAMILTON, 2006**



### Chart 12: Analysis

Women at risk of homelessness are more likely to be visible minorities than the general population of women in Hamilton (15.2% vs 13.5%). Women at risk of homelessness are especially over represented in the Black, Chinese and Korean groups and under represented in the South Asian, Arab and Filipino groups.

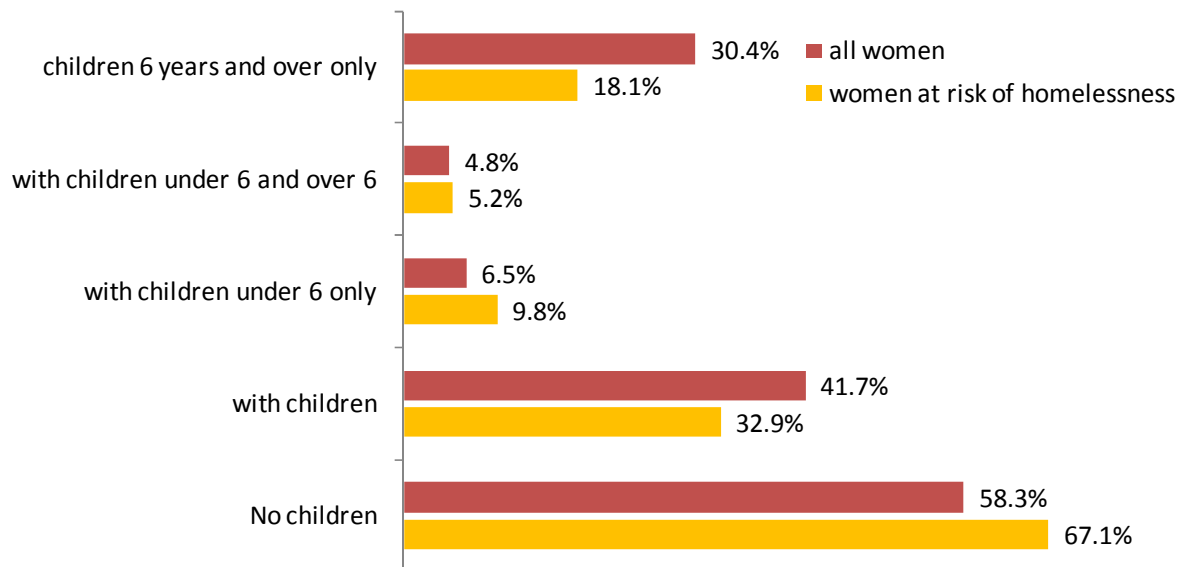
**CHART 13: OCCUPATIONS WITH AN OVER REPRESENTATION OF WOMEN AT RISK OF HOMELESSNESS, CITY OF HAMILTON, 2006**



### Chart 13: Analysis

Women at risk of homelessness are almost three times as likely to be working in the food and beverage industry (such as waitresses) than other women in Hamilton (7.3% vs. 2.5%). The most common occupation for women at risk of homelessness is sales and service not elsewhere classified which represents 15% of the women at risk of homelessness who are employed. Cashiers and assisting occupations in support of health services (which include job titles such as nurses' aides and personal support workers) are also over represented in the population of women at risk of homelessness. Among Hamilton's cashiers, 5.2% are at risk of homelessness, and 4.5% of all women in assisting occupations in support of health services are at risk of homelessness.

**CHART 14: AGE OF CHILDREN LIVING WITH WOMEN AT RISK OF HOMELESSNESS, CITY OF HAMILTON, 2006**



#### **Chart 14: Analysis**

Women at risk of homelessness are less likely to be living with children than the general population of women in Hamilton (67% vs 58%). But for the women at risk of homelessness who are living with children, they are much more likely to be living with children under age 6 only (10% vs 7%). Due to the lack of an affordable universal child care system in Ontario, younger children are a much greater financial burden on women than older children who can go to school for free and allow their mothers to more easily join the paid labour force. The bias towards younger children in the women at risk of homelessness may also be due to this group being much younger than the general population of women.

It is important to note that women who are not living with children may include mothers whose children are not living with them. In the US, statistics shows that 31% of homeless mothers of minor children were living apart from them (Barrow and Laborde, 2008). The proportion would no doubt be lower for women at risk of homelessness, but it may still be a reality for some women within this group that economic or other circumstances force them to live apart from their children.

### ***3.2.1 Women at Economic Risk of Homelessness: Maps***

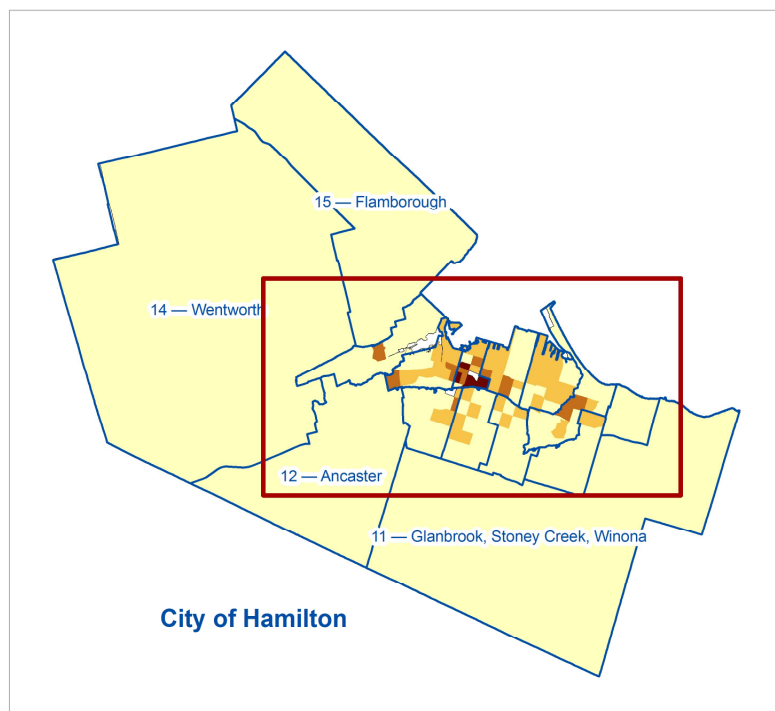
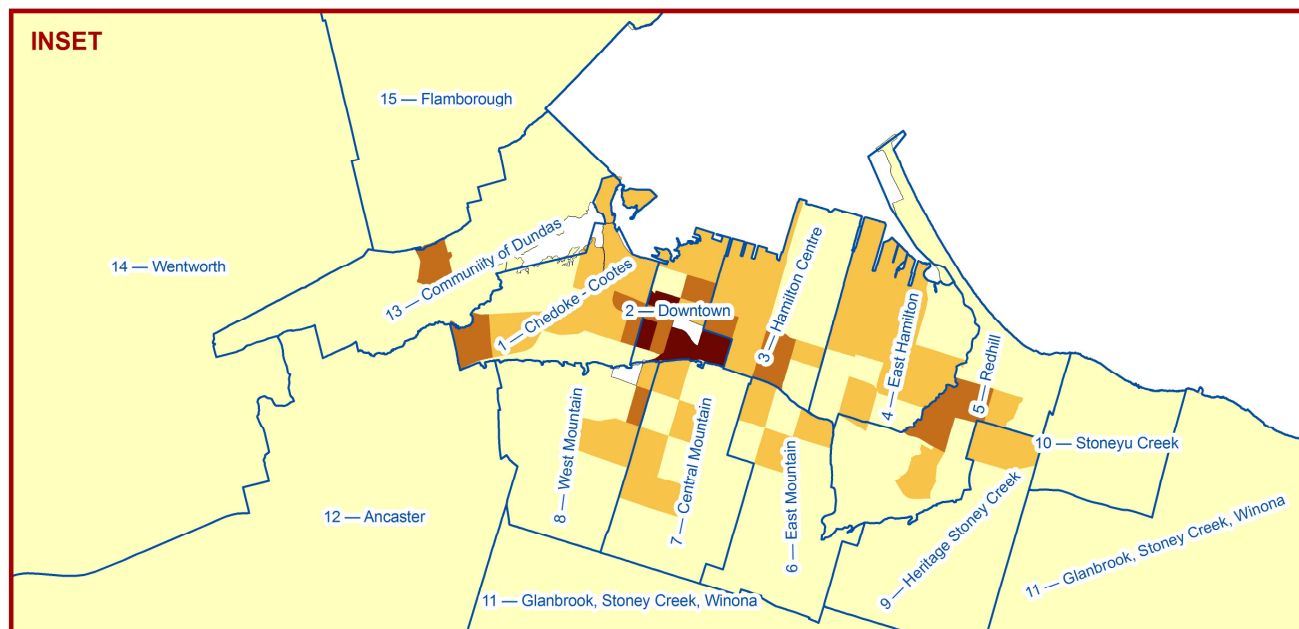
In the following pages, four maps are included which show the geographical distribution of women at economic risk of homelessness in Hamilton. Map 1 shows that the overall geographic distribution of this population is concentrated in the former municipality of Hamilton (now called the “Community of Hamilton”), with a node in downtown Dundas as well. The highest concentrations are in Hamilton’s downtown, especially in neighbourhoods such as Central, Corktown, Durand and Stinson. But there are above average rates of women at economic risk of homelessness in many other lower city and mountain neighbourhoods as well.

Map 2, women aged 20-24 at economic risk of homelessness, shows a similar distribution, which is not surprising given that this age groups is such a large part of the overall population. Map 3 illustrates that the geographic distribution of women who are divorced and at economic risk of homelessness is shifted in part to the east, with the highest rate in the Kentley neighbourhood. The distribution of aboriginal women at risk of homelessness (Map 4) shows that this population has several geographic nodes, including downtown, parts of East Hamilton and Stoney Creek and on the mountain. The highest concentrations are in the Strathcona near Hamilton’s downtown and Lakeshore and Industrial neighbourhoods in Stoney Creek.

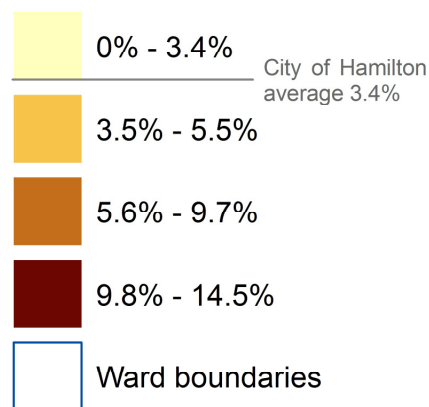


# Not to be forgotten: Homeless women in Hamilton

Women at economic risk of homelessness: Map 1. All women



Females heads of renter households spending 50% or more of income on shelter, as a percentage of all women, by census tracts, with ward boundaries identified, City of Hamilton, 2006 Census

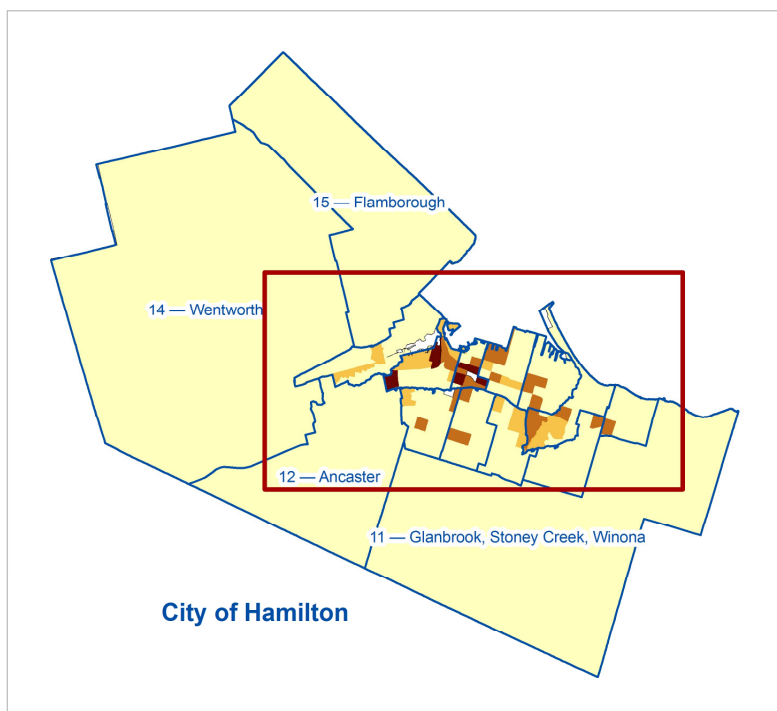
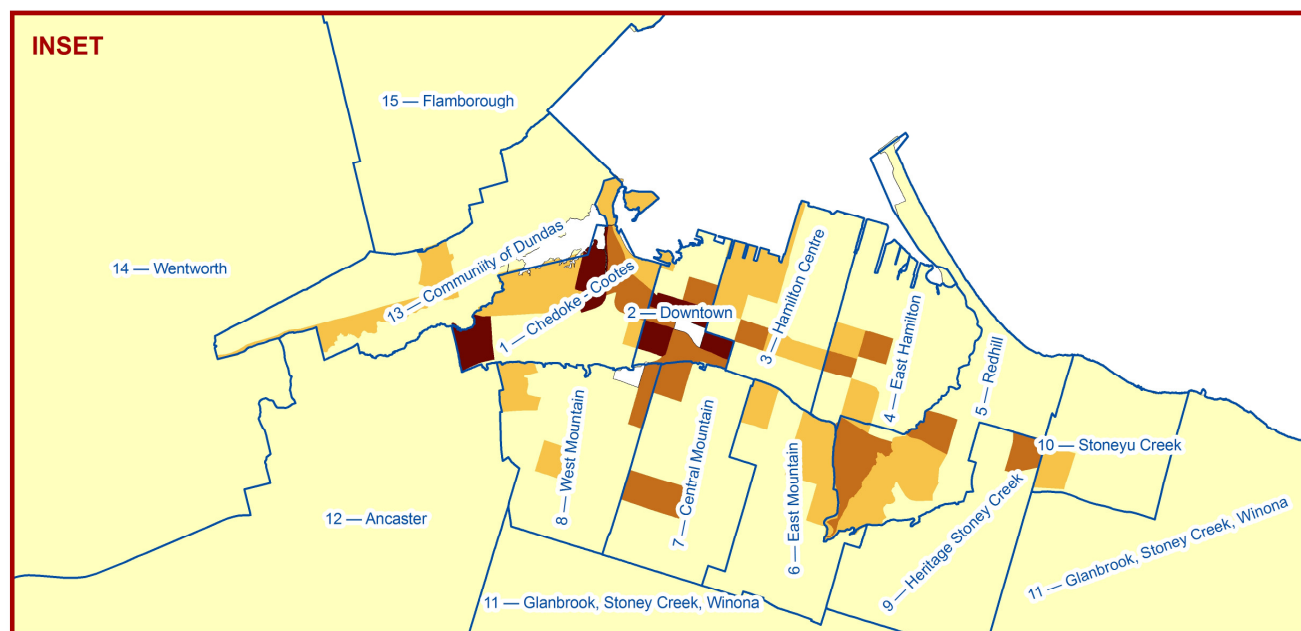


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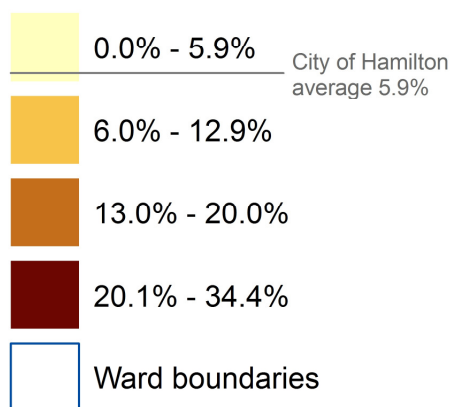
Social Planning and Research Council of Hamilton, 162 King William Street, Hamilton, Ontario L8R 3N9  
[www.sprc.hamilton.on.ca](http://www.sprc.hamilton.on.ca)  
 To contact the SPRC's Community Mapping Service:  
 Sara Mayo, Social Planner (GIS)  
 905-522-1128 ext. 310 [smayo@sprc.hamilton.on.ca](mailto:smayo@sprc.hamilton.on.ca)

# Not to be forgotten: Homeless women in Hamilton

Women at economic risk of homelessness: Map 2. Women aged 20-24



Females aged 20-24, heads of renter households spending 50% or more of income on shelter, as a percentage of all women aged 20-24, by census tracts, with ward boundaries identified, City of Hamilton, 2006 Census



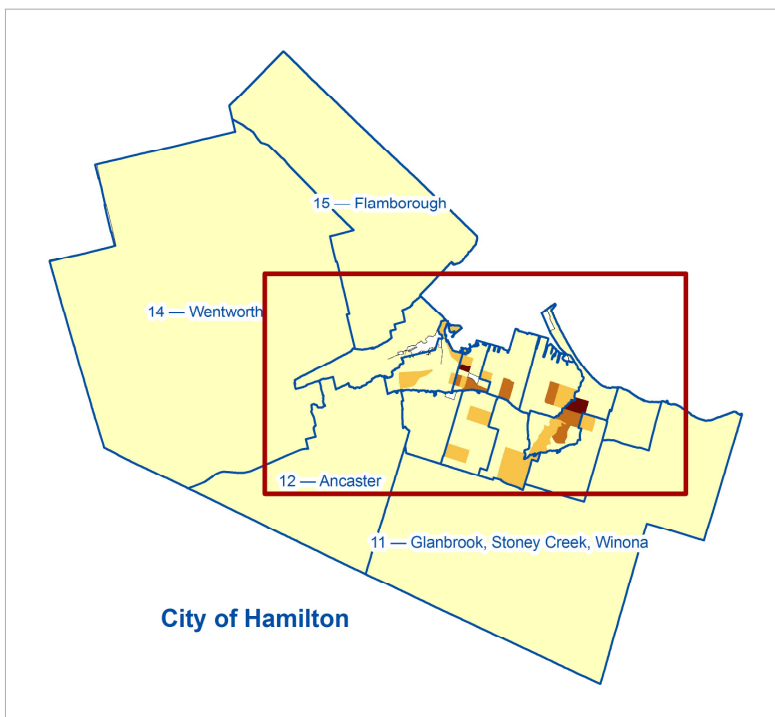
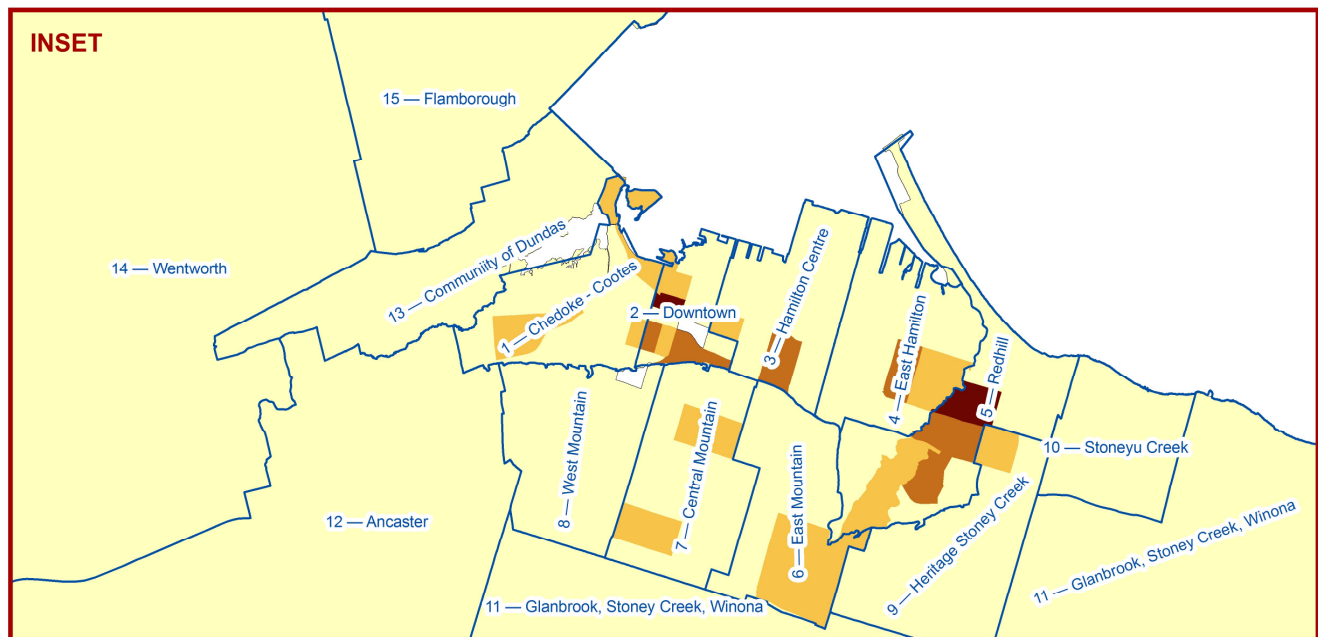
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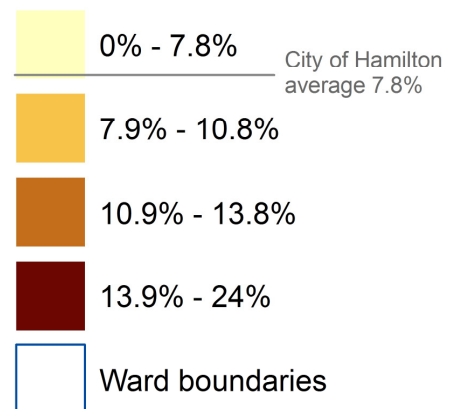


# Not to be forgotten: Homeless women in Hamilton

Women at economic risk of homelessness: Map 3. Women who are divorced



Females who are divorced, heads of renter households spending 50% or more of income on shelter, as a percentage of all women who are divorced, by census tracts, with ward boundaries identified, City of Hamilton, 2006 Census

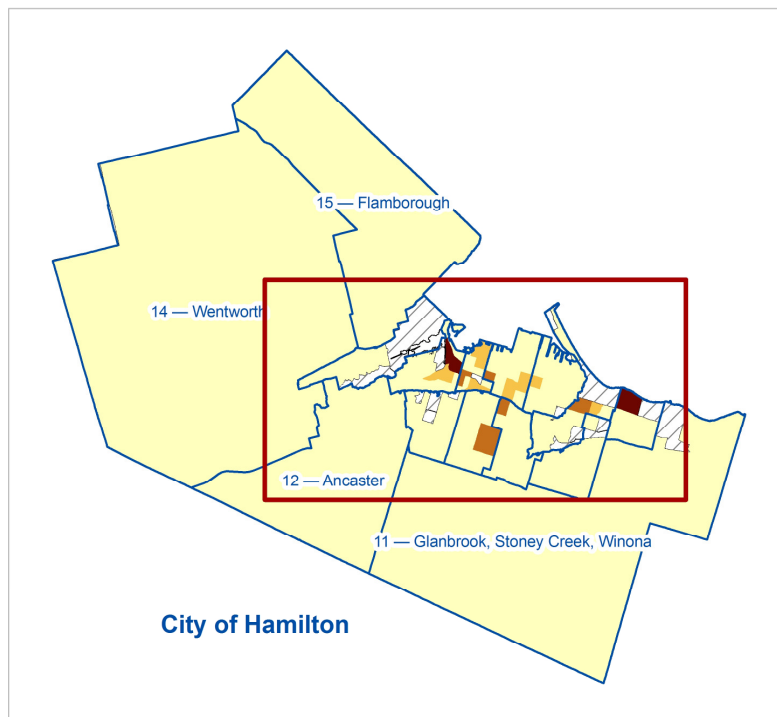
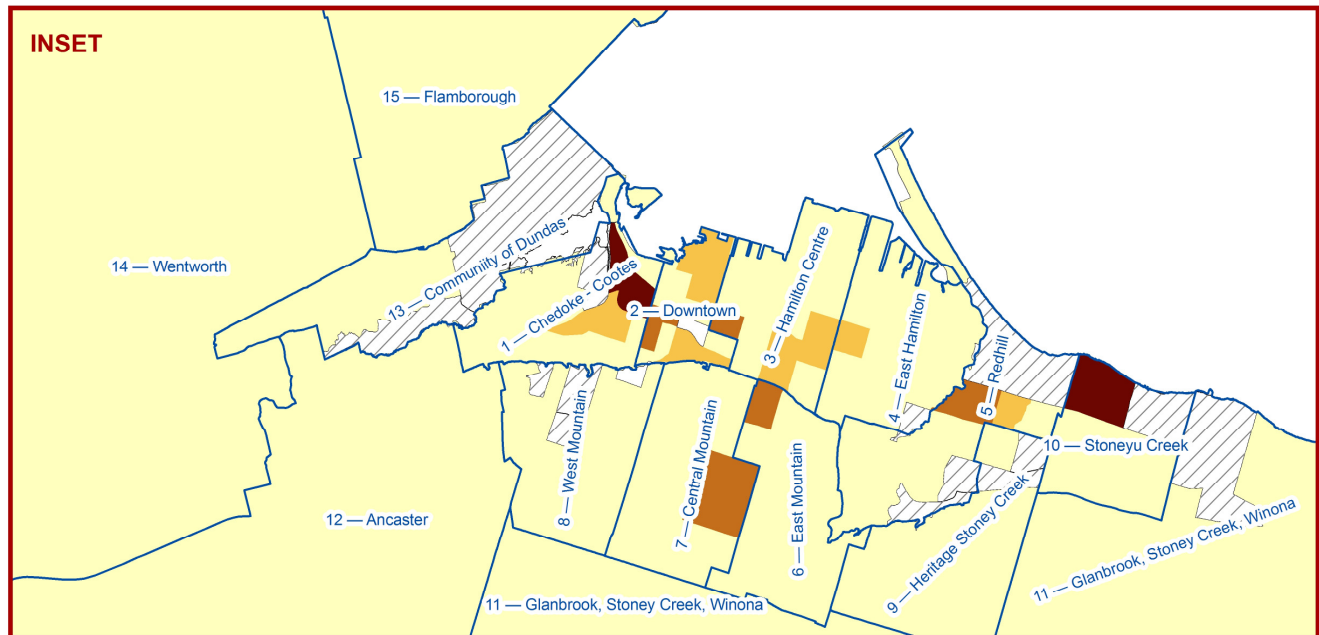


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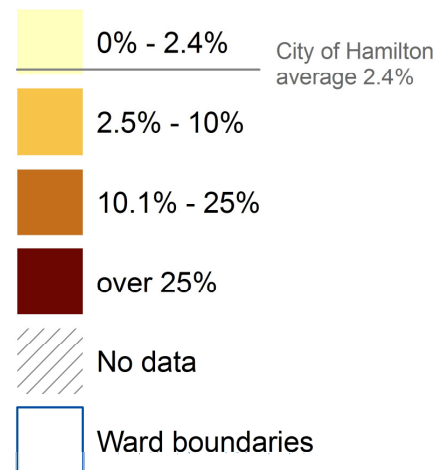
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# Not to be forgotten: Homeless women in Hamilton

## Women at economic risk of homelessness: Map 4. Aboriginal Women



Females who identify as Aboriginal, who are heads of renter households spending 50% or more of income, as a percentage of all women who identify as Aboriginal, by census tracts, with ward boundaries identified, City of Hamilton, 2006 Census



Social Planning and Research Council of Hamilton, 162 King William Street, Hamilton, Ontario L8R 3N9  
[www.sprc.hamilton.on.ca](http://www.sprc.hamilton.on.ca)  
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 Sara Mayo, Social Planner (GIS)  
 905-522-1128 ext. 310 [smayo@sprc.hamilton.on.ca](mailto:smayo@sprc.hamilton.on.ca)

### ***3.2.2 Women at Economic Risk of Homelessness: Summary***

In Hamilton, there are over 7,000 women and their families at economic risk of homelessness. From the data presented in this report we can conclude that women are at greater economic risk of homelessness if they are in any of the following groups:

- Young adults
- Recent immigrants
- Aboriginal
- Have young children
- Have no children
- Visible minority
- Black, Chinese, Korean
- British Isles, Canadian, French, Chinese or African ethnic origins
- Aboriginal
- Single
- Separated, divorced or widowed
- Work in occupations such as: waitressing, bar tenders, cashiers, personal support workers, and saleswomen

For women who may belong to multiple groups, their risk of homelessness is compounded.

The geographical distribution of women at risk of economic homelessness in Hamilton is concentrated primarily in the areas of the city with the lowest rents, mostly in the lower city.

## 4.0 TOWARDS SOLUTIONS FOR WOMEN'S HOMELESSNESS

### 4.1 Service models and inventories

#### ***Housing First or Continuity of Care? Or Both?***

Housing First is gaining recognition in many of Canada's metropolitan cities as a key strategy to reduce shelter usage. Here in Hamilton, the Housing First model was first piloted as Hostels to Homes (H2H) in 2007 and had success in helping over 145 participants who relied primarily on the shelter system into regular housing with 109 of these persons remained housed. H2H has now become the Transitions to Home program and has over 250 participants in its caseload and exceeds its monthly target of housing eight persons per month. This has to over-capacity in the men's shelter system and Wesley Urban Ministries volunteering to close its 55-bed overnight shelter, the Wesley Centre in mid-2010 (although drop-in services continue).

Housing First, is a "supported housing" model, in which clients are offered assistance to move to independent apartments (usually in the private market), given choice of housing, without time limits on their stay and then offered support services, but there is no obligation for clients to participate in addictions treatment, counseling or employment services. Housing First is based on the principle that everyone has the right to a home, and once housed, clients will come to their own decision about improving other aspects of their lives. Feedback from many homeless persons is "that they preferred to live in housing and get treatment rather than living in treatment" in part "because they did not want to live with others who also had mental illnesses and they wanted their own apartments" (Klaus et al. 2005). "Proponents of this model emphasize that it facilitates normal community roles, social integration, and increased independence and control for the client." (Ibid)

For all its success, Housing First in Hamilton has not yet met all the needs of homelessness women in Hamilton. In the first stages of H2H, nine women were included as participants, but soon after it was decided to focus on homeless men. The service providers realized that homeless women had very different challenges and needs than homeless men and they didn't have the expertise to deal with this population. One of the biggest challenges was that many of the homeless women were actively involved in the sex trade. Service providers were able to "coach" men to perform any illegal activities, such as drug use, away from their homes. This strategy was not compatible with female sex workers, in part because sex work is generally safer in a home than on the streets. This had the potential to create conflicts with neighbours, putting the entire program at risk (key informant interview). Transitions to Homes has been more successful in reaching out to homeless women and 20% of its new participants are women (key informant interview)

Housing First has developed in some ways as a reaction to the Continuity of Care or "supportive housing" model. Some Housing First advocates have criticized some practitioners of Continuity of Care for creating quasi-institutional congregate living residences where there is no autonomy, privacy or empowerment for clients. There have also been criticisms that not enough Continuity of Care providers work within a harm reduction model, and therefore exclude many homeless people because of rules forbidding substance abuse. Yet another problem with Continuity of Care is that congregate living can cause stress and having to move to a new residence once their need for service lessens can be traumatic (Klaus et al. 2005)

Countering these criticisms about Continuity of Care, is the argument that one of the government's main objectives for Housing First is to save money within a system that is already severely underfunded (Klodawsky 2010). In funding cities such as Hamilton in 2006, the Ontario

“Women/transwomen stressed that housing is appropriate and sustainable only when it is safe and free of violence.[...] Unsafe housing, where women experience violence and discrimination, is unsustainable and traumatizing. [...] Bare-bones, subsidized housing...that functions without transitional or supportive services is not only unsustainable, but also isolates and undermines women/transwomen’s networks.”

Sakamoto et al. (2007)

government specifically stipulated in the contractual agreement that the program should “show savings to both the municipality and the province by transitioning people out of emergency hostels and moving them into sustainable affordable accommodation” (Makhoul, Purdon and Johnson 2010). Housing First is also based on the questionable notion that it is possible to find affordable safe accommodation for those with the lowest incomes in our society.

Also, there may be strengths, especially for women, to the Continuity of Care model that may be ignored in the rush to move to the Housing First model. Research focusing on the experience of women with Housing First showed that women’s outcomes were more complex and contradictory than was the case for men (Rich and Clark 2005). For some homeless women, especially traumatized women, congregate, gender segregate living can offer benefits including the mutual support of being part of a caring community (Klodawsky 2010). The increased safety from living in a staff supervised environment is another benefit.

Some service providers have tried to combine the best of both models. One example is Savard’s Place in Toronto, a no-eviction, low intervention shelter, focuses on serving homeless women who have avoided using traditional shelters or have been kicked out of these shelters (Bridgeman 2003, cited in Janovicek 2004).

### ***Women-specific services for homeless women in Hamilton***

Research on gender-specific services for homeless women shows that there can be benefits to this type of service model for some women, although mixed gender services can also have success in many situations. In Canada, experience has shown that women-focused programs are more effective for more vulnerable women (Murray and Ferguson 2001). One major reason homeless women may prefer women only programs is the increased safety given their past experience of violence, mostly perpetrated by men in their lives.

In particular, applying holistic principles within women-specific’s services is recommended by some authors, as many women can’t compartmentalize their lives or give full attention to working on one issue, if others, especially family obligations are not resolved. Service providers, however, are cautioned not to conflate “holistic” with “comprehensive”:

“Although a holistic approach to supporting women is necessary, a comprehensive approach can become over-ambitious. It is impossible for one program to meet all of the challenges that

face marginalized women. Organizations need to be very clear about their role and the scope of their work. They need to work from their core of expertise and not over-commit themselves. It is important for organizations to collaborate with other complementary organizations, building referral networks and alliances to ensure that their participants are getting the support they require to progress through all of the pieces of the puzzle of personal transformation.” (Murray and Ferguson 2001)

To support this approach, an inventory of women-specific services in Hamilton has been provided in both Table 2 and Appendix 1.

Within gender-segregated housing services in Hamilton, a (partial) inventory shows that there are more male-designated beds than those for women (Table 1). Historically, men’s homelessness was much more visible than women’s, so services and funding was first developed for that population. In addition, many service providers prefer to work with just men, as compared to mixed genders, to minimize sexual relationships, violence and harassment between clients (key informant interview). A third reason is that women may avoid some nominally mixed gender services because of safety concerns. This has been the case with Claremont House, Hamilton’s only managed alcohol treatment centre (key informant interview).

**Table 1**  
**Examples of disparities between gender segregated shelters, supported and regular housing**  
**City of Hamilton, 2010**

City of Hamilton, 2010		Beds
<b>Emergency shelters</b>		
Men only	195	
Women only (including VAW)	127	
<b>Hospital Discharge Beds</b>		
Men only	10	(Salvation Army)
Women only	0	
<b>Residential Care Facilities</b>		
Men only	88	
Women only	21	
<b>Market single room occupancy units</b>		
Men only	172	(YMCA)
Women only	0	

Within women-specific housing (Table 2), second stage, or transitional housing for women is especially limited in Hamilton and recently became even more limited with the closing of Somerville House. Women in a VAW shelter are limited to a six week stay and transitional housing and supports for women are not adequately funded to prevent some women to return to abusers (City of Hamilton, 2008). This leaves many women cycling through the shelter system.

Health advocates also point to the gaps for Hamilton’s homeless women due to the lack of hospital discharge beds for women and an absence of women-focused managed alcohol treatment centre. Part of the reason that these services exist in Hamilton for men but not women is the larger population of men requiring these services allows for cost-efficiencies that would not be possible with stand alone services for women (key informant interview). While this may be justifiable from a budgetary perspective, it is tremendously unfair to individual homeless women in Hamilton who need these services. This situation requires innovative programming

**Table 2. Women-specific housing in Hamilton, 2011**

Name / Operator	Beds	Housing Type				Primary Eligibility							
	2011	Emergency and Crisis	Residential Care	Transitional	Cooperative	Addictions	Conflict with the law	Pregnant & Parenting	Severe Mental Illness	Violence against Women	Homeless	Aged 40-59	Developmental disabilities
Angela's Place / Good Shepherd	15			x				x					
Baldwin House (Hess N.) / Canadian Mental Health Association	3		x						x				
Community Resident Care Home /	11		x										x
Drummond House /	4			x									
Ellen Osler Home / Salvation Army	12			x			x						
Grace Haven / Salvation Army	14			x				x					
Inasmuch House / Mission Services	57	x								x			
Interval House / Interval House of Hamilton	20	x								x			
Martha House / Good Shepherd	40	x								x			
Mary's Place / Good Shepherd	20	x									x		
Native Women's Centre / Hamilton Wentworth Chapter	16	x								x			
Second Stage Services / Good Shepherd	80			x						x			
St. Clair Lodge /	10		x										x
St Martin's Manor / Catholic Family Services	12			x				x					
Phoenix Place Stage Two / Phoenix Place	5			x						x			
Womankind Addiction Services / St. Joseph's Healthcare Hamilton	24	x				x							
YWCA Women's Transitional Living Program / YWCA	32			x									
Women's Community Copperative Inc /	40				x							x	

**In addition, community-based transitional support workers for women eligible for VAW services are available through:**

Good Shepherd  
Interval House  
Mission Services  
Phoenix Place

models that combine multiple services in one building but segregated by wing or floor to meet the particular needs of smaller populations while achieving cost effectiveness targets (key informant interview). As the gap in services stand now, it means that the city will just watch the population of high needs homeless women population grow until it is economically justifiable to serve them.

### ***Transwomen***

When services for homeless women focus on gender specific programming and environments it is important that they make efforts to include transwomen along with genetic/biological women. The experience of homeless transwomen is greatly compounded when they are not made welcome to join women's services, yet cannot go to men-specific services due the violence and harassment they would suffer there. Some shelters for women in Hamilton have in recent years taken steps to become more openly welcome to transwomen, and efforts must continue on this front. For example, the new Good Shepherd Square building which houses Mary's Place and Martha House has a transwomen awareness poster at one of the entrances. Recently, some service providers have accessed training that is specific to the experience of transwomen. Training must be continuous to make sure that new staff receive training soon after hiring (key informant interview).

### ***Collaboration and partnership***

Hamilton is becoming recognized nationally for its propensity to be a leader in collaboration among its social services agencies and providers. High profile examples include the Hamilton Roundtable for Poverty Reduction, the Jobs Prosperity Collaborative and the Best Start Network. Within the housing and homelessness sector alone, there are multiple planning and coordinating groups each having their own impacts and successes, such as:

- Woman Abuse Working Group (WAWG)
- Street Involved Youth Planning Collaborative (SYPC)
- Hospital Shelter Working Group (HSWG)
- Hamilton Emergency Shelter Integration and Coordination Committee (HESICC)
- Affordable Housing Flagship (AHF)
- Hamilton Executive Directors' Aboriginal Coalition (HEDAC)

HESICC has been focused on implementing the City of Hamilton's Blueprint for Emergency Services. HESICC's strategic directions for 2011 include focusing on shelter services for women (key informant interview).

In recent months, the City of Hamilton has taken the initiative to convene women's shelter and housing providers to explore ways to better work together as a system instead of independent silos, as directed by the City of Hamilton's new Human Services Plan.

There is another fledgling body, the Hamilton's Women's Coalition that also has the potential to be helpful for system planning of women's housing services in Hamilton. Some of the tensions that exist among Hamilton's organizations serving women have been noticeable even to clients (key informant interview). Unity is difficult among women's organization for a variety of reasons including:

- Agencies competing for the same funds, funds which are getting ever smaller, as funders decreasingly recognize the uniqueness of women's experiences
- Each agency having a different perspective when it comes to the extent of broader feminist philosophies on their work

The Women's Coalition, spearheaded by the Immigrant Women's Centre and the YWCA, hopes to bridge these gaps and create better working relationships among women-serving organizations despite these challenges.



## 4.2 Recommendations

This report has given only a partial picture of women's homelessness in Hamilton. But the information presented does show that there are a number of major areas that need to be changed to improve the lives of women experiencing homelessness or at risk of homelessness.

There are three levels at which women's homelessness can be reduced and eventually eliminated:

### **Society:**

1. Improve the way women are treated in personal relationships, and in employment, and how they are portrayed in the media,
2. Reduce the glorification and condoning of violence in Canada's culture (and cultures around the world).

These steps would reduce both the economic and violence factors that lead to homelessness among women.

"The problem of women's homelessness cannot be individualized, it is systemic forces that create it, and it is only through a systemic approach that it will be eradicated."

- key informant

### **Governments:**

3. Increase the rates for social assistance, or replace the social assistance system with a Guaranteed Annual income to match the price of rental units available to the homeless to allow women and men to live, eat and be sheltered and avoid homelessness.
4. Expand the subsidized housing system (either through rent supplements or funding new rent -geared-to income units) and continue steps to recognize through funding that housing is a key determinant of health.
5. Recognize that violence has been a part of almost all homeless women's lives and extend the provincial funding for violence against women programs including trauma counseling and support services to all agencies serving homeless women and women at risk of homelessness.
6. Adequately fund on-site and mobile housing supports and require that these services are better adapted to women's needs and are culturally appropriate.
7. Increase funding for mental health and addiction counselling and treatment.
8. Create policy instruments to give non-custodial mothers additional income benefits when they are in the process of regaining custody of their children, so that they can secure safe and appropriate housing in order to satisfy the needs of child welfare agencies and/or the courts.

These steps would create realistic options for women to find stable housing after seeking shelter.

"The issue of solving homelessness is not just getting people housed or closing emergency shelter beds. Without a new funding formula, flexibility within funding streams and an infusion of dollars that represents the 'true' costs of emergency services and supports to help people sustain their housing, the success of our work will be tenuous over time."

- Betty Lou Purdon, quoted in Makhoul, Purdon and Johnson (2010)

“Good work is being done in this community and it needs to be better recognized by funders.” - key informant

**Organizations:**

8. Coordinate services among providers to better collaborate and share strategies and expertise, using the principles of *The Playbook*, the City of Hamilton's Human Services Plan: <http://hamilton.ca/HealthandSocialServices/SocialServices/humanservicesplan>
9. Women's shelter and housing service providers attend and take leadership in the City of Hamilton's Women's Sector Homelessness System Planning Meetings
10. Provide more services tailored to homeless women's specific needs for gender-segregated environments and gender-specific approaches. Women-focused services must be welcoming to transwomen as their needs cannot be met in the men's system.
11. Work collaboratively with other organizations to help more Hamilton homeless women receive rapid re-housing services alongside homeless men, including meeting the unique needs of homeless women involved in sex work.
12. Involve women with past or present experience of homelessness in the planning and evaluation of services, so that their voices and insights help to improve present and future programs and policies.

These steps would help organizations address the issues of the cyclical and/or chronic nature of many women's shelter usage and provide more support to women so they can move along the housing continuum into more stable and permanent housing.

“Existing social services need to be grounded in the strengths and networks of the women/transwomen they serve. Many of the homeless or marginally housed women/transwomen felt that agencies are more accountable to funders than to the women they serve and that this should change.” (Sakamoto et al. 2007)

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## APPENDIX 1: SELECTED NON-RESIDENTIAL WOMEN-FOCUSED SERVICES IN HAMILTON

This list highlights services that are free and address some needs of homeless women (along with other women) in Hamilton. **This list *only* includes programs that are gender specific (i.e. solely for women, including transwomen). This list does *not* include shelters or housing options (a summary of these programs can be found in Table 2).** This list is not exhaustive and some service providers and programs may have been omitted. Please contact the SPRC for corrections so that this list can be improved.

Description of most programs is from Community Information Hamilton's Inform Hamilton database. **For up-to-date contact information please search programs at:**  
**[www.inform.hamilton.ca](http://www.inform.hamilton.ca)**

### Catholic Family Services of Hamilton

*Women-specific services include:*

#### **Learning Effective Anti Violence in Families**

The Learning Effective Anti-Violence for Families (LEAF) program is for children ages 4-16 yrs who witness domestic violence/woman abuse \* The program provides women and children with a safe place to discuss the impact of abuse on their lives \* The LEAF program offers a flexible schedule of group programs for children \* Professional facilitators explore issues such as:

- What is abuse?
- Creating a Safety Plan
- Identifying Feelings
- Abuse Prevention
- Building Self-Esteem
- Family Changes
- Conflict Resolutions

Dating Violence (where age appropriate)

Children are exposed to a range of activities and mediums through which they can explore the impact that the abuse has had on their lives. LEAF groups aim to break the cycle of abuse.

There are no fees attached to participation in the LEAF program. Child care is available and the groups are conducted in accessible environments. Cultural interpretation is available, as required.

**\*\*LEAF is also offered at Good Shepherd and Mission Services**

#### **Woman Abuse Program**

The Woman Abuse Educational Support Program - Approximately 60% of the clients who use the counselling service are women who are struggling with the impact of a violent/abusive relationship and/or the after-effects of having survived childhood sexual abuse. The counselling gives women a framework within which to understand that they are not responsible for or deserving of abuse which is defined as a societal problem. The devastating personal effects of violence and abuse include loss of self-esteem, dissociative states, difficulties in parenting and in all other relationships, addictions, sleep disorders, and debilitating fears and anxieties. Individual and group counselling is offered to address these difficulties where appropriate.

For women dealing with the effects of an abusive relationship, a comprehensive range of coun-

selling, support and case management services are provided in partnership with a local women's shelter, Martha House. The counselling helps women to rebuild and strengthen their self-esteem and confidence in themselves so that they can make informed choices and decisions about their lives. The service provides information to women about legal rights and about available community resources. The service helps women to identify safety issues and to develop a safety plan so that they can avoid dangerous and abusive situations. A range of support groups as well as individual counselling is offered.

### **Young Parent Program**

Young parents are provided with information to assist them in connecting to services in the community. The program offers support to over 200 mothers and children a year. The teens/Young women may access the following services at St. Martin's Manor:

- On-site School program to work towards high school diploma with free qualified child care and connection to the Learning Earning and Parenting program (LEAP)
- Weekly Groups for young parents and their children include; RAP (Resources for Adolescent Parents), Life Skills, Girl Talk, Prenatal Classes and Crafts.
- Teen Parenting Group for Young Moms and Dads focuses on parenting styles, punishment versus discipline, growth & development and coping strategies.
- Parent Link with a Public Health Nurse every Tuesday at 12:15 to discuss parenting issues such as nutrition for parents and children, safety, and child development. The Public Health Nurse will also answer questions and weigh the babies weekly.
- Connection to Healthy Babies, Healthy Children Program (including Family Home Visiting)
- Time for Mom Program (respite program) Saturdays 3-8 p.m. Free childcare service so you can take time for yourself.
- Free bus tickets to attend the program and school
- Breakfast and Lunch program offered daily

## **Centre de santé communautaire Hamilton / Niagara**

*Women-specific services include:*

### **Espace Entre-elles**

Espace Entre-elles is a collection of programs of the "Centre de santé communautaire Hamilton/Niagara" (Francophone community health centre Hamilton/Niagara) \* The program is directed to French-speaking women with services on issues related to domestic violence, sexual assault, discrimination, support and well-being, etc. All services are free and confidential and include:

- Transition support program for women victims of violence
- Support services for victims of sexual assault
- 24 hr/7 days phone line "fem-aide" (in collaboration with regional Francophone agencies)
- Individual counselling
- Support groups for women
- Public education on different issues related to violence
- Self-defence course INSTINCTS for girls and women
- Screening of abuse
- Legal clinic (provided by Legal Aid Ontario)
- Referrals to external resources
- Women's Advisory Committee



# Elizabeth Fry Society Hamilton Branch

*Women-specific services include:*

## **Opportunities for Women Group**

The Community Program / Opportunities for Women Group helps women learn to deal with issues such as self-esteem, self awareness, anger management, stress management, conflict resolution self image, and sexuality. Groups are facilitator lead and group driven with the goal for each participant to identify those areas of her life where she might need additional assistance.

to the group come from custodial facilities (when women are released to the community), probation and parole officers, psychiatric departments in hospitals, Children's Aid, family physicians as well as women who self refer.

## **Shoppers' Alternatives Rehabilitation and Education**

An 8 week facilitator lead self-help group for women in conflict with the law due to shoplifting or other theft or fraud related offences, or at risk of coming into conflict with the law \* helps women look at the motivation behind the shoplifting/theft behaviours, the impact on society and the impact on themselves and their families \* Participants learn how to cope with stress, depression, anger and low self-esteem, which often precipitate shoplifting behaviours

## **Violence Against Women Counselling**

The Community Programs / Violence Against Women Counselling service provides counselling support, resources and options for women who are or have faced violence, particularly focusing on the needs of women in conflict with the law, or at risk of becoming in conflict with the law. Services provide individual counselling. Sessions focus on issues of abuse.

## **Women's Resource Centre**

The Women's Resource Centre is a safe place for women in or at risk of being in conflict with the law. Women can drop in to receive assistance with housing, employment and much more.

## **Sex Trade Alternatives and Resource Services**

The Sex Trade Alternatives and Resource Services is a diversion, case management program and drop-in centre for sex trade workers. The diversion component allows first time offenders to attend eight hours of education and counselling after which a letter is sent to the Crown Attorney and their charge is withdrawn. The case management component is offered to women in the sex trade who are looking for support, information, counselling and a variety of other services. A bi-weekly drop-in centre is also available with a variety of services offered under one roof. The drop-in centre is offered at St Giles church on Monday afternoons from 1 pm-4pm and Tuesday evenings from 6 pm-9 pm. All women who are or have been involved in sex work are welcome. Women may be referred to the case management component by: self-referral, a judge as part of a sentence, probation, police, social workers, medical personnel, etc. The case manager with the client assess client needs based on her own specific situation and referrals are made to community resources accordingly.

## **Corrections Program, Court Services**

Staff and volunteers attend at Hamilton criminal courts most weekday mornings to assist women in conflict with the law. The worker offers advocacy, support, information and referral to appropriate community services, to women involved in the criminal justice system.

## Good Shepherd

Women-specific services include:

### Good Shepherd Women's Services

Dedicated to providing a continuum of support to women and their children to help them overcome the barriers faced in achieving healthy and abuse-free lives. Programs and services offered:

- The **SAGE Family Camp** Program provides a therapeutic camp experience to single women and women with children who have experienced abuse.
- The **Woman Abuse Education and Support Program (WAESP)**. In partnership with Catholic Family Services, provides one to one as well as group counselling to women who have or are experiencing abuse.
- The **Transitional Housing and Support Program**: Transitional and Housing Support Workers provide women who have experienced abuse, referrals, safety planning and practical supports related to housing, legal issues and resources.
- The **Legal Advocate** Program provides service, support and advocacy to women who are dealing with legal issues related to family or criminal law and their experience of abuse.
- **Learning Effective Anti-Violence for Families (LEAF)** is an early intervention program for children aged 4-16 who have witnessed the abuse of their mothers. Counselling for mothers as well as child-care for siblings is also provided.
- **Second Stage Housing** offers women and children who have left abusive situations the chance to re-establish their lives. Available to both single women and those with children, Second Stage is geared to create greater physical, emotional and financial stability in the aftermath of violence and abuse. A range of programs and supports are available including furnished, affordable housing for up to one year.
- **Second Stage Works** offers immediate employment opportunities for women who have experienced violence or who have been criminalized. Women are supported in achieving employment goals through individual counselling and group formats.
- **Violence against Women Community Counselling Program** strives to reduce barriers by offering women and children access to specialized counselling services. Both one to one and group counselling are available and accessible to all women. Children who have been impacted by woman abuse can also meet one to one with a counselor or consider groups with other children their age.
- The **Wellness Program** assists women in the purposeful, conscious, and holistic pursuit of mind, body and spiritual balance.

## Hamilton Urban Core Community Health Centre

*Women-specific services include:*

### Serenity 'n' Motion

Serenity 'n' Motion is a group for women living on a low income and who are socially isolated. The group engages in self-esteem workshops, relaxation, crafts and community service activities at various times throughout the year.

### Women's Approach to Anger Management

Women's Approach to Anger Management is a series of eight interactive two-hour sessions provided once a week. The program is repeated three times per year. In a group setting, women

learn how to recognize and implement effective steps for appropriate decision-making, to identify and select short-term coping strategies, and to develop a long-term plan for managing anger throughout their lifespan.

## **Interval House of Hamilton**

*Women-specific services include:*

### **Community Transitional Support Worker Program**

The Community Transitional Support Program is a service designed to provide support to women (with or without children) that have experienced violence and/or abuse \* Community Transitional Support Workers will assist women in identifying and connecting with the kinds of supports and services required to establish violence and abuse-free lives in the community \* The Community Transitional Support Program endeavours to use a holistic approach in assisting women (with or without children) to strive to live safe, meaningful lives in the community \*

Services provided include:

- Individual counselling
- Safety planning
- Developing short and long-term goals
- Referrals to community services e.g. parenting, job training, legal aid
- Cultural interpretation is available

The Community Transitional Support Worker is available to meet with you, at a safe location in the community, to discuss any questions, concerns, plans, or support you may need.

### **Flamborough Women's Resource Centre**

Provides support services for women in the Flamborough community including information and referrals, individual counselling, legal advocacy and support, women's groups, transitional support for abuse, employment counseling, and peer support.

### **Women's Centre of Hamilton**

The Women's Centre of Hamilton is a program of Interval House of Hamilton and offers services to all women and works from the principles of human rights and equity for women and their communities. Programs and services offered include:

- Information and Referrals
- Advocacy and Support
- Individual Counselling
- Women's Groups
- Jared's Place - Legal Advocacy & Resource Centre for Women
- Individual Peer Support
- Peer Support Training Program
- Volunteer Opportunities
- Opportunities for Community Involvement and Activism

## Mission Services

*Women-specific services include:*

### **Mission Services Women's Services**

A positive, healing environment for our clients, whether they reside in the shelter or in the community, in which each individual, regardless of ability, age, religion, race or culture will have the opportunity to realize their potential, rights and available resources. Programs and services offered:

#### **Transitional Housing and Support Program**

Provides support to women and their children who have experienced violence and abuse. Transitional Support Workers will assist women in identifying and connecting with the kinds of supports and services required to establish violence and abuse-free lives in the community. The Transitional Support Program endeavours to use a holistic approach in assisting women and children striving to live safe, meaningful lives in our community.

#### **The Legal Advocate**

A free service designed to provide support to women who have experienced violence and abuse. The Legal Advocate will assist victims in identifying, connecting and advocating through various legal services within the community.

#### **Learning Effective Anti-Violence for Families (LEAF)**

Early intervention program for children aged 4-16 who have witnessed the abuse of their mothers. The purpose of this program is to provide women and children with a safe place to discuss the abuse they have been exposed to. Each group will run 10 weeks with each session running 1 1/2 hours. All services are free, confidential and include childcare, transportation assistance, snacks and wheelchair accessibility.

## Native Women's Centre

*Women-specific services include:*

### **Transitional Support Program**

Works to support women and their children who have experienced violence or abuse by connecting them with individualized services and supports within their communities. This initiative uses a wholistic approach to assist women and children to live violence/abuse free and lead safe and meaningful lives.

### **Aboriginal Community Counselling**

This program is designed to provide Aboriginal specific community counselling, support, information, education, referral services for Aboriginal women who have experienced abuse. Services offered:

- Supportive counselling
- Individualized support
- Information
- Education
- Referral
- Safety planning
- Goal setting
- Planning and organizing community programs and Services
- Provides access to Traditional Healing and Elders

# North Hamilton Community Health Centre

*Women-specific services include:*

## **A Mi Salud**

Open to Latin American women. This program is beneficial for social interaction, health and language education and learning about Canadian culture.

## **Albanian Women's Exercise Group**

Open to Albanian and Kosovar women. This program is beneficial for social interaction, health and language education, and learning about Canadian culture.

## **Healthy Moms Healthy Babies**

Open to all pregnant women and new mothers. Program is beneficial for social interaction, nutrition education, and pre- and post-natal education.

- Supportive and culturally-sensitive services are provided in a weekly informal drop-in.
- Promotion of healthy eating during pregnancy and lactation is facilitated through hands-on food preparation.
- A public health nurse and a dietitian provide pre-natal and post-natal education as needed.
- Participants receive a \$10.00 food voucher each week. Bus tickets are available. Childcare is available for children 1-5 years, by a qualified Early Childhood Educator.
- There is a maternity and infant clothes exchange.
- Graduates are given the opportunity to train as parent facilitators.

## **Mother and Child Clinic**

The Mother and Child Clinic is for expectant mothers and mothers with children under the age of 6 years. The centre is staffed by nurse practitioners, and supervised by family physicians. In addition to primary health services, the clinic also offers the following services:

- Prenatal health care/health care services
- Social Work, counselling
- Health promotion programs; including parenting
- Nutrition counseling

Special community interest programs are planned which relate to various health and lifestyle topics. When appropriate, clients are referred to social service agencies and other professional services

# Phoenix Place Stage Two

*Women-specific services include:*

## **Transitional Support Program**

The Transitional Support Program is a service designed to provide support to women (with or without children) that have experienced violence and abuse. Transitional Support Workers will assist women in identifying and connecting with the kinds of supports and services required to establish violence and abuse-free lives in the community. The Transitional Support Program endeavours to use a holistic approach in assisting women (with or without children) to strive to live safe, meaningful lives in the community \* Services provided include:

- Individual counselling
- Safety planning

- Developing short and long-term goals
- Referrals to community services e.g. parenting, job training, legal aid
- Cultural interpretation is available

### **Court Advocacy**

Provides advocacy, information, support, and referrals to women leaving or who are in an abusive relationship (Advocate is not a lawyer and cannot give legal advice). The program offers but is not limited to:

- Custody and access
- Child and spousal support
- Divorce and separation
- Criminal charges
- Information
- Restraining orders
- Peace Bonds
- Safety Planning
- Accompaniment to Court and Lawyer's appointments

### **Police Liaison Program**

This program is available to women in the community and in shelters and offers them an opportunity to speak with the police to gain information on "what will happen when I call the police", information on laying charges in domestic abuse situations and general information on police procedures in domestic violence issues. Women can meet with the police at a neutral location without giving their name or address. Call Adrienne for more information.

## **Public Health Services, City of Hamilton**

*Women-specific services include:*

### **Breastfeeding Clinic**

The City of Hamilton Family Health Division, Parent Child Branch supports two Breastfeeding Clinics each staffed by a Board Certified Registered Lactation Consultant (IBCLC).

### **Postpartum / Prenatal Program**

Moms experiencing any symptoms of postpartum depression / anxiety are encouraged to call Health Connections, their family physician or any of the other services listed on this page. Public Health Nurses will provide mothers with information about postpartum depression/anxiety including facts, how to recognize the symptoms, and sources of help.

### **Prenatal Drop-in Groups**

Attend prenatal drop-in groups to teen moms. Drop in groups run on a weekly basis. Classes are interactive, fun and free of charge. Bus tickets and grocery gift cards/certificates are available, and a healthy snack is provided.

### **Woman Alive**

The Woman Alive program is a free 10 week physical activity/health education program for women on a limited income. The program is offered during the Winter, Spring and Fall and is held at 5 different locations. The program provides the following:

- Aqua fit and aerobics twice/week

- Child minding (limited spaces)
- Bus tickets
- Health talks with healthy snacks
- Prizes
- Pedometer loans
- Gently used running shoes if needed

Registration required: <http://doitwell.ca/pages/Projects/Woman+Alive>

## Salvation Army

*Women-specific services include:*

### **Grace Haven New Choices**

New Choices offers a one-stop setting for pregnant and parenting women/teens with substance use concerns, and their children ages 0-6.

Services for women include assessment, treatment and referral and both individual and group counselling concerning substance use. Services for women also include prenatal and postnatal education, and general wellness. Parenting education and support is provided both individually and in group format as well as through interactive play between mother and child.

Services for children include individualized therapeutic play programs that promote physical, social, and emotional development, developmental screening and assessment, and speech and language services. By locating a team of staff from a range of services at one site, a woman/teen can receive assessment of the needs of her own needs and those of her children and support in her parenting efforts. Bus tickets and food vouchers are available.

## Sexual Assault Centre Hamilton and Area

*Women-specific services include:*

For women 16 years old and over, who have experienced sexual violence at any point in their lives, provides the following services:

- Provision of a 24-hour telephone support line, seven days a week. The crisis line is staffed by trained volunteers. Male and female adult survivors (16 years of age and older) and family/friends of survivors are able to access the support line
- Accompaniment to the hospital or police station for women
- Individual counselling and support groups for women who are survivors of rape, sexual assault, incest, childhood sexual assault and/or sexual/workplace harassment
- Community outreach to women from diverse racial and cultural communities
- Language-specific support groups for women whose first language is not English or French
- Public Education sessions on topics related to sexual violence and woman abuse. Education sessions presented to high school, college and university students, community groups/agencies and professionals

Referrals to other services as required

## Somali Women's Network

*Women-specific services include:*

The Somali Women's Network is a non-profit volunteer organization run by women for women to help refugee/newcomer women and their children/families access to existing services and other resources. Volunteers provide these services for free. The program provides:

- Free interpretation and translation
- Free settlement services
- Advocacy for Refugee Women and Youth
- Mediation and conflict resolution

## St Joseph's Healthcare Hamilton

*Women-specific services include:*

### **Women's Health Concerns Clinic**

The clinic provides assessment, consultation and treatment by a team of psychiatrists, obstetricians/gynecologists, nurses, social workers, research assistants and laboratory specialists \* A telephone screen is done to determine the type of evaluation required.

The Women's Health Concerns Clinic focuses on clinical and biological treatment and research in women who are experiencing mood problems related to the menstrual cycle, childbearing or menopause.

Referrals may be made by physicians, other health professionals, or as self-referrals.

### **Womankind Addiction Service - Taking Steps**

An outpatient program for women looking to learn more about addiction and ways to take control over substance use. There are 14 continuous sessions which promote self awareness of substance use and offer support for individual goals. Women can start at any point and weekly topics include grounding techniques, stages of change, relapse prevention, safety, self esteem, assertiveness, coping, physical and mental health, self-nurturing, spirituality and barriers.

## St Joseph Immigrant Women's Centre

*Women-specific services include:*

- Language Instruction for Newcomers to Canada (LINC), Pre-literacy and levels 1 through 7 - English as a second language instruction to landed immigrants and convention refugees; on-site no-cost childcare; bus tickets available for participants
- LINC Enhanced Telephone and workplace communication skills program
- Employment Supports - individualized services include resume and cover letter writing, interview counselling and personal support/encouragement
- 6-week I-Work! Program - provides an intimate venue for immigrant and refugee women to explore Canadian job search strategies. Workshop topics include: skills and personality assessments, goal setting, resumes, cover letters, intensive interview training and more
- Facilitating Inclusion Leadership Enhancement Program
- Personal Support Worker Certificate Program - This 18-week program, delivered by an accredited health institute, provides both theory and hands-on learning thus responding to a growing demand for qualified Personal Support Workers



- Computer Classes - monthly computer classes available to program participants
- Driving Club - provides immigrant and refugee women with in-class instruction to facilitate G1 licensing which leads to G2 This program bolsters autonomy and extends employment possibilities for immigrant women
- Immigrant Settlement and Adaptation Program - Orientation to the community, support with housing, health care, immigration and other settlement needs; information, legal orientation and referral relating to Immigration and Refugee Law, Consumer Protection, Family Law, Landlord and Tenant Act, Pensions and Benefits, and social assistance programs
- Personal and Family Financial Management "Your Money, Your Future" Financial Literacy program
- Free child minding services for participants of LINC and I-WORK! Orientation to the Labour Market Workshop

## The Well

*Women-specific services include:*

### **Lesbian & Bi Women Peer Support Group**

The Well provides facilitation for a drop-in night for lesbians, bisexual women or any woman who is in the process of defining or redefining her sexuality. The purpose of the group is to provide peer support and a social space.

- Facilitated peer support through discussions on topics relevant to lesbian and bisexual women
- Educational forums and workshops designed to enhance awareness and interest in diverse lesbian and bisexual women communities in Hamilton
- Access to a safe space for lesbian and bisexual women to meet, talk, and socialize together

### **Trans Peer Support Group**

The Well provides a twice-monthly, drop-in, facilitated trans peer support group. The purpose of this group is to provide formal peer-support, interesting discussion topics, movies, and more.

## Women for Sobriety

*Women-specific services include:*

Women For Sobriety is a self-help program for women with alcohol and substance abuse problems. It is the first and only self-help program for women only, and its precepts take into account the very special issues women have in recovery. The program is based on positive thinking, meditation, group dynamics, and the pursuit of health through nutrition. The group is peer led by a certified moderator.

# YWCA Hamilton

*Women-specific services include:*

## **Employment Resource Centre**

Employment Resource Centre provides a fully internet accessible computer lab for job searching. The centre can assist with resumes, cover letters, job searching, using technology, interview preparation, and computer skills.

## **Women in Skilled Trades - General Carpentry Program**

The Women in Skilled Trades - General Carpentry Program will assist 20-25 low income women in the Hamilton area to overcome barriers to employment by providing the opportunity to develop life and employability skills along with educational components that will see them complete their Level One Pre-Apprenticeship in "General Carpentry" with Mohawk College while gaining work experience with Habitat for Humanity Hamilton.

Upon completion of the program, these women will be qualified and experienced to successfully obtain employment and/or apprenticeships within the construction trades. Project participants will be provided with workshops on employability skills and the opportunity to explore a broad range of experience in the construction trades through working hands on with Habitat for Humanity Hamilton with their build of 2 – 4 unit town house complexes in Hamilton's north end.

This project will include the following components:

- Group based employability skills
- Work Experience through hands-on practical applications
- Academic up-grading
- Level One Pre-Apprenticeship Certification
- Work Experience – through full time job placements that may lead to hiring

## **Friends for Success**

Friends for Success is a YWCA Hamilton Turning Points Program for Women, designed to help women enter or return to the workplace \* The program provides free business/interview appropriate clothing to those who qualify \* All clients come to YWCA Hamilton's Friends for Success by referral from an employment agency or other approved referral sources \* Those wishing to donate new and gently used business attire - Please call to arrange an appropriate time to drop off your donations.