



**FROM STREET TO STABILITY:**

**A COMPILATION OF FINDINGS ON THE PATHS TO HOMELESSNESS & ITS  
PREVENTION**

THE FINAL REPORT OF RAISING THE ROOF'S 1999-2001  
NATIONAL STRATEGY ON HOMELESSNESS PREVENTION

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## **INTRODUCTION**

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### **FOREWORD**

Across Canada, community agencies, service providers and individuals are working to address the growing problem of homelessness with scarce resource and, often, in relative isolation. This has resulted in a wealth of local solutions, but many are unknown or undocumented outside of their communities. There has been little opportunity to look at what works, put existing programs in line with best practices, and share learnings with peers and other providers across the country.

The National Strategy on Homelessness Prevention was launched in 1999 by Raising the Roof, Canada's national homelessness charity, to rise to this challenge by identifying and documenting this range of successful practices, and working to foster the development of new programs that are responsive to local needs and contexts.

The project was made possible with the financial support of donors including the Trillium Foundation, Human Resources Development Canada, Nancy's Very Own Foundation and the Imperial Oil Charitable Foundation.

### **ABOUT THIS REPORT**

This report was developed with information and insights gained from the project's research, focus groups and stakeholder consultations. Particular attention was paid to the factors that create a situation of homelessness and recommended measures -- whether policy or practice, general or specific to sectors such as housing, child welfare, legal/criminal justice, employment, financial, education and health -- that may assist in its prevention and reduction.

The focus extends from individual experiences to broader recommendations, thereby giving homelessness a human face while beginning to address the necessary systemic changes that must take place to enable people to escape the streets or reduce their risk of becoming homeless.

This report is intended as a starting point. It is a compilation of new research which we hope will prompt further discussion, strategic thinking and coalition-building among groups and individuals currently involved in homelessness issues and among people who may have not traditionally had opportunities to become engaged in homelessness prevention and reduction.

### **ABOUT RAISING THE ROOF**

Raising the Roof was created as a result of a national consultation on homelessness conducted in 1996. Experts from across the country expressed a need for an organization that would play a key role in facilitating shared strategies to end homelessness -- strategies that would show people in tangible, practical terms what they can do in their own communities to prevent and address problems of homelessness.

Raising the Roof's mission is to ensure that all people in Canada have a home and the opportunity to participate in their communities as a means to overcoming poverty. We provide opportunities for corporations, organizations, governments and individuals to invest in local solutions for men, women and children who are homeless or at risk of being homeless. We achieve this through our support of community-based charities, by educating the general public about the issue of homelessness, and by developing national strategies to help alleviate the problem.

## BACKGROUND

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The National Strategy on Homelessness Prevention was a two-year project (1999-2001) undertaken by Raising the Roof, the national charitable organization dedicated to finding solutions for Canada's homeless. The project's focus was to look at the prevention of homelessness, with a particular emphasis on practice. The project galvanized the efforts of more than 100 professional associations, decision-makers and frontline practitioners in working together to develop strategies to change and enhance practices within several sectors which are often on a person's route to homelessness -- the employment; education; housing; banking and finance; legal, criminal justice and policy; health; and child welfare sectors. What can people in these occupational sectors do to address homelessness and prevent people from becoming homeless?

Several research projects were undertaken.

First, a review of literature -- popular, scholarly, print and Internet -- was undertaken to determine what both practitioners and theorists had to say on the subject. The best of these materials are listed and linked in libraries on the Raising the Roof Web site.

Second, research of existing programs and practices aimed at preventing initial homelessness or repeated homelessness was carried out and the results, compiled in a searchable database. This database of close to 500 records can be searched on line on Raising the Roof's Web site, under Innovative Practices. Of the programs and initiatives in this database, about one in ten were selected for further study. Program staff and/or volunteers were asked more about the selected programs, their goals and operations, outcomes and lessons learned. Fifty case studies were produced and made accessible on the Web site.

Third, ten focus groups were held in cities across Canada (Vancouver, Calgary, Edmonton, Winnipeg, Toronto, Ottawa, Halifax and St. John's) of 100 people who were homeless or had recently been homeless. Some groups were cross-sectoral, while others focused on particular groups (e.g., youth, women, children). Focus group participants were asked to tell their stories and to answer two questions:

- What might have prevented their own homelessness?
- What might people do differently to prevent homelessness?

The individuals in the focus groups were generous with their experiences and their wisdom -- when it was often difficult to recall their routes to homelessness and discouraging to talk about what might have prevented their time on the streets and in the shelters of cities across Canada. Their stories and answers have guided our work and are interspersed with the text of this report.

To further ground this research in practice, the project included additional components.

Government and non-profit agencies were briefed on the project in each city in which focus groups were held, and invited to stay informed and involved. In all, more than 100 involved frontline practitioners, decision-makers and a broad range of community stakeholders volunteered and were included in seven peer groups for the National Strategy project.

The seven peer groups -- representing the child welfare, education, employment, financial, health, housing and legal/criminal justice sectors -- assisted with the development of the strategy and resulting project materials by sharing their expertise and experiences through electronic workspaces set up on the Web. Research and interesting resources were posted to these Web spaces, and peer groups were asked to comment on the programs and practices identified for inclusion in Raising the Roof's database as well as on preliminary research reports.

Finally, the National Working Group was formed to oversee the project, with representatives from twenty-three national organizations whose work intersects with the interests of one or more of our occupational sectors. Organizations represented on the National Working Group include: the Canadian Bar Association, the Canadian Association of Social Workers, the Canadian Religious Conference, the Federation of Canadian Municipalities, the Canadian Association for Community Living, the Canadian Nurses' Association, the Child Welfare League of Canada, the Canadian Association of Food Banks, the National Youth in Care Network, the National Association of Friendship Centres, the Royal Bank of Canada, the Canadian Teachers' Federation, the Metro United Way (Halifax-Dartmouth), the Canadian Council for Refugees, Family Services Canada, the Canadian Association of Chiefs of Police, the Canadian Mental Health Association and the Canadian Public Health Association. (*See Appendix for a full list of members.*)

## THE SCOPE AND NATURE OF HOMELESSNESS

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It is clear "homelessness" has different meanings to different people and within different institutions.

The United Nations General Assembly for the International Year of Shelter for Homeless (1987) established a distinction between *absolute* homelessness -- those people living on the streets and victims of disaster without homes at all -- and *relative* homelessness -- those people housed in dwellings that fail to meet basic standards including adequate protection from the elements, access to safe water or sanitation, secure tenure and personal safety, access to employment, education and health care, and affordable prices.

This is the broadest definition in use. It includes those who are without housing -- a phenomenon which occurs more frequently in major urban centres. It also includes two broad groups that can be categorized as *invisibly homeless* and *visibly homeless*.

Invisible homelessness is the most common form of homelessness in Canada. The invisible homeless are people in unsafe housing which does not meet health and safety requirements; people doubled up with friends and family members, sometimes illegally; or individuals doubled up with strangers or casual acquaintances to escape the street -- sometimes into worse situations. Others pay such a large proportion of their income on housing that they are economically incapable of sustaining the shelter and other necessities of life.

The visibly homeless -- in addition to those sleeping on the streets and tenting in secluded urban areas -- include people who are sleeping in shelters, and spending most of their daytime hours in drop-in centers, soup kitchens and other public places. Some people have chronic physical, emotional or mental health problems. These are exacerbated by the unstable living situation and victimization that occurs on the street. Some people seek or dive further into a refuge of alcohol or drugs. It is difficult to pursue or secure decent work without an address, a phone, or any family, health or economic support network. Some turn to panhandling or, in desperation, to dealing or to the sex trade. Almost all are at financial rock-bottom.

*Chris became homeless shortly after his parents died. He found himself alone in the world, with nowhere to live and no one to turn to. He moved in with a friend for a couple of months, but soon had to find other accommodations. With no skills and very little education, he did not know where else to turn but to the yellow pages, where he looked up the phone number of a shelter. He was told he could stay at the shelter for just one week, but ended up staying there for several. A few years after his parents' death, he finally got settled. He believes young people need more programs to help them find housing and food, ID and anything else they need.*

Both these groups are homeless by the United Nations definition and by any definition that recognizes precariousness of shelter as homelessness.

Homelessness can be seen as taking the shape of a spiral. At the top is the economic or personal crisis that might push an otherwise middle-class person or family into homelessness -- whether through job loss, eviction due to gentrification, assault by a partner, or loss of the primary income-earner through illness, accident, death or family breakdown. Generally speaking, the person entering at this point is invisibly homeless -- staying with a family member or friends, facing a temporary problem and soon on their feet again.

Somewhere near the middle of the spiral, also a possible entry point to homelessness, is the discharge from a mental health, rehabilitation or criminal justice facility, or "graduation" from the child welfare system. If a person is on a low income to begin with, this might also be his or her entry point due to any of the traumas described above along with insecure, low-paid employment and eviction due to inability to pay rent. Again, one might be invisibly homeless at first, crashing with a friend or former "inmate" - - hopefully temporarily, but without as much probability of a rapid rise to economic security or even stability.

*Andre had a successful career. Then at age 40, Andre found himself on a slow, angry slide to the street, following the arbitrary loss of his government job. Andre felt enraged, betrayed and helpless. Alcohol became a way of "numbing out." Two years after the loss of his job, Andre's wife packed and left. Andre continued living alone in his home. With high overhead and no income, his once carefully managed assets began to evaporate. The last straw came when Andre was jailed on assault charges. He stayed on the street for nearly two years, avoiding shelters because of their restrictions on drinking.*

*Today, a chance encounter at a medical clinic has given Andre an opportunity to begin addressing his anger in a recovery program for alcoholics. He feels he's making progress, but he is deeply afraid of what will happen if he ends up on the streets again.*

Nearer the bottom of the spiral -- perhaps a first entry point but more likely a re-entry point -- are those who are ill, who have an addiction problem, who have a long history of sexual and/or emotional abuse, perhaps combined with some other of the trigger points described above. Exacerbating the situation is often an absence of support networks among family and friends, inadequacies in services and income security systems, and discrimination as a result of the history that has led an individual or family to this point on the spiral.

Both scholarly research and the National Strategy project's focus group discussions indicate that homelessness can be triggered by a sudden trauma or an accumulation of disadvantages. The traumas include domestic violence, sexual assault, job loss, bankruptcy, eviction, illness, accident or disease, the death of a partner or caregiver, discharge from a mental hospital or prison, and being "thrown out" by a partner or parent.

The accumulation of disadvantages can include one or more of the traumas noted above, but also might be characterized by persistent poverty, lack of skills and education, illiteracy, chronic illness or disability, discrimination, a history of sexual or emotional abuse, a history in the child welfare, mental health or criminal justice systems, and being born into a family with addiction or other dysfunctions.

Depending on where one enters the spiral, the solution may be simple or complex. For some, homelessness is triggered by something as small as a delayed income assistance cheque -- perhaps three or four times over a one-year period. Administrative and computer delays are not unheard of, particularly when new programs are being implemented. For such individuals, something as simple as a rent bank or emergency welfare assistance would prevent homelessness. For others who have

mental illness with intermittent symptoms, the solution may be as simple as a flexible and sympathetic employer, or as complex as outreach programs and supportive housing, depending on the severity of the symptoms and their predictability.

In some cases, an individual's determination coupled with some family or simple supports is all it takes. For others, such a change may be virtually impossible without investments of a greater range of services and human attention. In other cases, abuse, addiction, mental illness and extreme poverty challenge prevention efforts and call for multi-level solutions. Access to safe, secure, affordable housing is part of the solution for many.

In almost all cases, the individuals in the focus groups understood their route to homelessness to be a combination of personal experiences and issues, coupled with social and economic issues including the lack of affordable housing. In some cases, they saw homelessness as the result of particular family situations, in others, as part of a broader economic and social context. In almost all cases, they saw the responsibility for both prevention and "cure" (ending their homelessness) as requiring personal commitment to change, adequate social and economic supports, and hope.

*Jasmine ran away from home at an early age to escape her father's abuse. She bounced from one foster home after the other until the age of 18. As a teenager, her child was taken away and she experienced severe depression. She was taken to a psychiatric ward against her will. While hospitalized, she attempted suicide several times. Later, she moved from Nova Scotia to Toronto in search of a better life. She hoped to get established with help from social assistance, but was deemed ineligible. With no money, she turned to a life of drugs, theft and prostitution. She has stayed in several shelters, but she finds it "hard to maintain emotional stability because you know you're not getting anywhere." She wants to be able to piece back her life, starting with a place to live.*

## PRINCIPLES OF HOMELESSNESS PREVENTION AND REMEDY

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The following principles of homelessness prevention and remedy emerged from the National Strategy project's research. While these principles and their application must be taken further and adapted to the needs of particular individuals, families and communities, a broad sketch of an effective set of programs and initiatives can begin to take shape.

### **AFFORDABLE HOUSING IS A NECESSARY CONDITION FOR PREVENTING AND ELIMINATING HOMELESSNESS. SUPPORT SERVICES ARE ALSO REQUIRED FOR SOME PEOPLE.**

As suggested above in the spiral metaphor, for some homeless Canadians, the solution is affordable housing, which is in critical shortage in most Canadian cities and some smaller communities across the country. For others, affordable housing is necessary, but it alone will neither prevent nor remedy homelessness. The more complex the situation facing the person on the streets or at risk of homelessness, the more likely it is that other services will also be required. For all who are homeless or at risk of homelessness, however, affordable, secure and stable housing is a vital part of the solution.

*Kyle, the youngest of four siblings, feels he was driven away from home by his mother's chronic verbal abuse. For a short time, he tried living with relatives, but found that situation difficult too. He ran away from the reserve and ended up in several foster and group homes. At one point, he lived on the streets. Violence, drugs and crime were a daily experience. Kyle applied for welfare and settled into a routine. Once he found a place to live, welfare gave him a bit more money, which helped him search for full-time employment. According to Kyle, it makes a big difference when there is some sort of support for younger people. "You have to get started, somewhere. You've got to have a place of your own. And you have to be able to get it without having to worry about first and last rent. [You] try hanging on to that kind of money on the streets."*

### **HOMELESSNESS SOLUTIONS HAVE MULTIPLE SERVICE APPROACHES.**

A recent report on homelessness programs prepared for Canada Mortgage and Housing describes a variety of service approaches to assist homeless people. The three models described below --°step, harm reduction and continuum of care --°are part of a range of types of interventions developed by service providers, communities and governments.

With the step approach, it is implied that each homeless individual will have to take one or more "steps" toward his/her stability and independence. Each step can be an independent program, as long as the steps are followed sequentially and the individual "graduates" at each step. Of the programs explored as part of this National Strategy project, none saw themselves as operating on the "step" model.

A harm reduction model is just that: it seeks to reduce harm, both to the individual homeless person and to the community in which he or she resides. This approach is usually taken with people facing multiple and severe barriers to stability. Examples would include addiction combined with severe mental illness, or years on the street combined with low literacy and little job skills. In these cases and where other approaches have not been successful, a program will seek to minimize harm. For example, if a homeless youth can be prevented from prostituting himself tonight, that is reduced

harm. If an old woman who is extremely ill and on the streets can be persuaded to stay in a shelter, harm has been reduced. If a drug addict can exchange his or her paraphernalia for the ingestion of drugs, that is a reduction in harm. The goals are modest, but important, in this approach.

The continuum of care model, adopted by the National Secretariat on Homelessness as the model for its National Homelessness Initiative, seeks to ensure that all services required to move every homeless person from the street or shelter to a stable and secure life are provided, by a range of agencies. The emphasis is on the comprehensive nature of services available, rather than any particular sequence to be followed, and the goal is ambitious.

Each service model has its place in the planning and implementation of homelessness prevention and remedy. In the case of the step and the continuum of care models, planning, co-ordination and ongoing collaboration are important to minimize the number of people whose particular circumstances result in them "falling through the cracks" in the "system" that results.

**HOMELESSNESS IS NEITHER AN ENTIRELY INDIVIDUAL OCCURRENCE, NOR AN ENTIRELY SYSTEMIC ONE.**

Some combination of personal experiences and systemic issues creates the circumstances that put an individual at risk of homelessness, into the shelters or onto the streets.

*Ron was terminated from his job and denied EI. A few months later, he was evicted from his apartment because he couldn't pay his rent. He sold his furniture and moved into a rooming house, where he looked for work as his savings slowly ran out. Eventually, he went on social assistance, but it took him a while to save for first and last rent. He finally moved into an affordable apartment, but social assistance just covered the rent. Any extra expenses meant he would fall behind in his payments and have to play catch up. This usually meant blowing his next month's budget. He now lives on the streets, without an address to receive welfare. He will stay at a shelter eventually, but finds it hard to deal with the stringent rules regarding curfews and guests. In the meantime, he is unsure what he can do to get his welfare cheque. He's also uncertain if he can continue with his job re-training program because of his health problems. After a number of years on welfare, Ron says, "it's a trap that's very hard to break out of."*

Everyone who we talked to in our focus groups had a story. Virtually none of them were born on the streets. And, almost all faced problems that were both personal and social in nature.

Initiatives which do not recognize the need to address the problems of both the individual and of the "systems" and society in which s/he operates are unlikely to move a person to complete security and stability.

**MOST SUCCESSFUL PROGRAMS RESULT FROM COLLABORATION AMONG EXISTING NON-PROFIT AND GOVERNMENTAL AGENCIES SERVING THE HOMELESS AND AT-RISK POPULATION.**

Generally speaking, those who serve people who are homeless or at risk of homelessness are the people and organizations who know where the gaps are -- often because they hear about them directly from their clients. In more and more cases, agencies are collaborating to fill the gaps, identifying the specific needs and undertaking to find the resources to meet them. While in some cases new organizations are created, existing agencies are increasingly expanding their capacity to administer the new programs, thereby providing efficiencies. Communities are also seeing the results of close collaborations in service provision between agencies, governments, businesses and other community stakeholders.

**THE INVOLVEMENT OF FORMER OR CURRENT CLIENTS SEEMS TO HAVE POSITIVE RESULTS, PARTICULARLY IN PROGRAMS TARGETING YOUTH.**

Increasingly, programs targeting street kids or at-risk youth are hiring and training their own clients to work with their peers on the streets. The "I've been there" authenticity that only a "graduate" of the streets can offer increases the take-up of the program, and promises the greatest success in moving youth from the streets into a more stable and secure life. Similar benefits are achieved when other people who have been homeless -- people who have suffered from job losses, evictions, substance abuse, mental illness, family abuse, etc. -- are consulted and involved in the creation and delivery of programs.

**RESPECTING THE SKILLS, EXPERIENCES AND REALITY OF THE INDIVIDUAL WHO IS HOMELESS OR AT RISK IS CRITICAL TO ASSISTING IN THE TRANSITION FROM STREET TO STABILITY.**

A common theme in the National Strategy project focus groups, our case studies and the literature is the need to start where the individual is. If the immediate issue is addiction, detoxification may be required prior to any job training or even housing. From there, however, it is important that the individual move from detoxification to a stable living situation where s/he can begin to further stabilize other aspects of life.

**IGNORANCE IS THE GREATEST ENEMY.**

People at risk of homelessness are often unaware of the resources available to them. Policy and decision-makers are not always acquainted with the causes and solutions to homelessness. As well, people administering existing programs, particularly government-run financial assistance programs, are not aware of, nor often forthcoming about, all the resources that might assist an individual from becoming homeless. The net effect is that many in the focus groups answered the question "How could your homelessness have been prevented?" with a sentence that began, "If I had only known that I could."

Raising the Roof's National Strategy on Homelessness Prevention has produced a series of educational brochures aimed not at individuals at risk, but at people in the sectors likely to be on the route to homelessness (doctors, lawyers, nurses, teachers, bankers, housing providers and so on), to help them know where to look for answers. Individuals at risk and those working with them need complete, competent answers to questions about what help is available.

## MOVING FORWARD: RECOMMENDATIONS

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While systemic changes are required to enhance the likelihood of success of charitable, not-for-profit, governmental and private-sector initiatives, modest steps will produce tangible improvements.

The recommendations below take us further in our sketch of what makes for effective initiatives, practices and programs to address homelessness. These recommendations are drawn from programs and initiatives in the National Strategy project's Innovative Practices database, in the project's case studies, in scholarly and popular literature, and in focus group interviews. They are grounded in the reality facing those at risk of homelessness or already homeless, those who work with them, and those who have studied their lives and interactions.

Because this project has focused on practices rather than policy changes, the discussions and recommendations are organized by occupational sector. We target the institutions and the practices that often figure in a person's route from stability to homelessness -- and that can figure in the path from homelessness to stability.

In addition, two general themes emerged during the project and cut across all the recommendations:

- the need for more affordable, safe and secure housing, and
- the need for opportunities and support to build self-esteem, life and employment skills.

### THE CHILD WELFARE SECTOR

Many of those in the focus groups were "graduates" of the child welfare system. Some described the horrors of their birth families, while others were dealing with the consequence of their traumatic experience in foster families. A few described the important support their foster families provided. Some described being runaways and attributed it to normal "adolescent rebellion stuff." Others described being "throwaways" -- told to leave by their birth, adoptive or foster families. For a few, their homelessness was the result of the death of their foster, birth or adoptive parents. For others, the trigger for their being put in the custody of child welfare services was the homelessness of their parents; these youth argued that **shelters for families** would have prevented the breakup of an otherwise healthy and happy family.

An overriding concern mentioned by youth almost universally is how **regular counselling, starting from the time of their intake** into the child welfare system, could have made an enormous difference in how their lives unfolded. Many talked about feeling responsible for a parent's addiction to alcohol or other drugs, or the abuse and neglect they experienced at the hands of their birth or foster parents. Further comments on the services provided by child welfare agencies focused on **the need for special services for Aboriginal youth and the need for better screening of foster parents.**

Among focus group members were parents who had lost their children either temporarily or permanently to child welfare agencies. For these parents, interventions that could have prevented their homelessness included **shelters for families in crisis, more ongoing contact with their children, better and more child care services and other day programs for children and youth, and more counselling for children and youth.** Furthermore, parents reported the difficulty in keeping appointments with a child welfare worker and maintaining their position at work. Parents recommended **more sensitivity on the part of Children's Aid to people's employment situation.**

*Ray and his wife Susan were recently evicted from an apartment they had sublet, illegally as it turned out. They had four children and were both working full-time, with a carefully managed series of child care, school and after-school arrangements. When they became homeless, they went to a family shelter, their children were tested and found to be traumatized by their homelessness, and the youngsters were taken into care. Parents and children were to be in counselling, offered only during working hours, and each child had counselling with a parent on a different day. Both parents soon lost their jobs due to absenteeism caused by these appointments. To make matters worse, the family shelter had a 6 p.m. curfew which prevented the parents from apartment-hunting in the evenings. They felt trapped by a system they had hoped would help them.*

Programs documented in the Innovative Practices profiled on Raising the Roof's Web site include initiatives staffed by former street kids and "graduates" of the child welfare system, and a multi-service agency targeted specifically to this population. Such programs and places permit youth to find resources to become independent and to build the social networks they need to achieve stability.

## THE EDUCATION SECTOR

Parents and youth in the Raising the Roof focus groups emphasized how the education system might have helped prevent or shorten their homelessness.

The youth focused on how **schools need to be more aware that there are children who are being abused by one of their parents and to provide the necessary support to help those children.** In particular, **teachers could be trained to spot the signs and refer** the children and youth to appropriate counselling services offered by professional counsellors or by student peer counsellors. Some youth described a program in which older kids who have been through family violence or abuse could help younger kids deal with violence and abuse in their families. Such a program, they argued, would help both those in crisis and those who have been in crisis in the past.

Despite an extensive search for an initiative that had tried this approach, none was found during the project period.

Youth and parents suggested that **more education in the school system about homelessness** would help those who are homeless or at risk of homelessness, and would help reduce the stigma they feel among students who are not at the same risk. Also, **more emphasis in the school system on life skills** -- how to rent and keep an apartment, how to budget and shop for groceries, how to find and maintain relationships with health professionals, how to parent, and how to find and keep a job -- would serve all youth well, particularly young

*Joe was a young aboriginal man who had been on reserve, then in foster care off-reserve until last year, when he turned 18. He was receiving social assistance, but had no idea how to find an apartment, buy groceries or cook for himself, especially on such a limited income. He found himself eating his meals at drop-ins and sleeping in shelters. Even if he could find affordable housing, he wouldn't know how to keep it, he feared.*

people who are homeless, youth who will be homeless when their foster care ends at age 18, or those who do not have healthy role models or family support and are making the move from the parental home.

Youth and parents described the need for **more affordable and flexible secondary and post-secondary education programs** for youth who are homeless, either with their families or as independent "adults." Free adult basic education increases employability and confidence. They also suggested that **better communication between teachers and social workers** would help youth and their families from "falling through the cracks."

Examples of such programs are documented among the Innovative Practices in Raising the Roof's Web site, including an alternative high school at a multi-service downtown agency in Edmonton, Alberta. It was one of the first to be granted a charter when the Government of Alberta announced its intention to charter alternative schools. Other school systems have found ways to provide education on site in shelters, or to meet with children and parents prior to the children entering their classrooms. Both kinds of initiatives have been described as effective by the students in the schools.

Focus group participants revealed troubling accounts of discrimination from police, lawyers, landlords and health/social service workers based on the individual's income, age, marital status, family status, race and/or ethnicity. This widespread discrimination has made it difficult for the homeless to access services and housing. They suggested **anti-discrimination training** for those whose work brings them in close contact with people who are homeless. Some agencies offering services now put a focus on **teaching those who are homeless or at risk of homelessness what their own rights and obligations are**, so that they might better counter such discrimination when they encounter it. (See the section on the Legal Sector for more on this issue.)

#### **FINANCIAL SECTOR: PUBLIC AND PRIVATE**

Focus group comments on the financial sector and how it can help to prevent homelessness centred more on the social assistance programs administered by local and provincial governments, and less on private financial institutions. (This may be the result of the make-up of the focus groups, which were most representative of people at the bottom entry points of the homelessness spiral.)

#### **Social Assistance Systems**

**Changes in designs of the welfare systems, specifically to provide immediate (and perhaps temporary) assistance to women escaping violence and/or abuse, to provide ongoing support to parents who are also students, and to those facing a particular emergency, were seen as effective prevention strategies.**

*Annie was a single woman in her mid-forties who had become eligible for disability income assistance and was lucky enough to find a job. Once, though, her cheque was late. When she called her social assistance worker, she was told the department was working on a new computer system and the cheques would be along in a day or two. Her landlord was not pleased, but he was sympathetic and let the delay in rental payment go. Three months later came another delay, attributed to the same cause. This time, Annie's landlord was less sympathetic and successfully evicted her. Annie was now homeless and trying to find an accessible shelter.*

Such emergency assistance might cover rent, medical costs or extraordinary transportation costs for families who do not usually receive social assistance and are unlikely to require it if their emergency needs are met promptly. Others suggested a **"start-up" allowance for homeless people making the transition** from shelter to part-time or full-time work or from shelter to permanent housing. The start-up allowance would cover the expense of day care, transportation, moving and food.

Other features of the welfare system that contribute to the fall into homelessness, rather than helping to prevent it, are the complete **lack of funds during the "waiting period"** after applying for assistance (which can be the point at which an individual or family is evicted due a missed rent payment or after moving to a new province); the failure of some welfare systems to **cover first and last months' rent** deposits required by most landlords; the **deduction of small amounts** of earnings and of child tax benefits; and the **inadequacy of welfare rates** to cover basic needs and shelter.

Additionally, specific suggestions with regard to welfare systems were to **provide direct payment of rent to the landlord at the request of the welfare recipient, and compensation of rental payments and other deposits in the case of unfair evictions**. As well, many of the focus group participants stated they were discouraged to apply for welfare because of **the system's rigid appointments, long waits, red tape and required pieces of ID**. They also complained that welfare workers are unresponsive to client's needs and counter-productive because they are unwilling to bend the rules. According to participants, the welfare system needs to be **more accessible, responsive and flexible**. It also needs to be **more forthcoming about the package of resources that could be put together for an individual or family at risk**, rather than leaving it up to the applicant(s) to know what questions to ask.

### **Financial Services Sector**

With regard to private financial institutions, the main suggestion was to have **easier access to bank accounts, with less waiting times for withdrawal of at least some portion of deposits**. Most people on low incomes are unable to wait two weeks to get some of their deposit as a withdrawal. This also prevents them from getting a bank account in the first place. Not having a place to cash cheques results in the use of private cheque-cashing services (whose service fees are greater than those at banks) and in the insecurity and vulnerability to theft which results from having to carry cash. Some programs have described success with **micro-lending from private institutions**; however, in many cases, such funds would be deducted from welfare cheques, therefore prohibiting a needed immediate infusion of cash and the development of a sound credit rating.

The National Strategy project's search for financial institutions offering such services led to the discovery of two -- one in Vancouver and one in Ottawa. Each has taken different approaches to providing financial services to low-income, at-risk individuals and families.

## THE EMPLOYMENT SECTOR

Most of the people in the focus groups were unemployed, though most wished to work. Most of their suggestions, therefore, focused on getting employment. These included ideas for **more jobs in their own communities, stable and full-time employment opportunities, higher minimum wages, more information about employment programs in their communities, and public education -- targeted to local businesses -- about homelessness and the desire of those who are homeless to work.**

Particular supports to assist in seeking and finding employment were also suggested: **more job training programs** that meet people's needs and relate to job market opportunities; more training and upgrading programs; **self-esteem programs to assist job seekers** to prepare for interviews; **shelters that allow their addresses and phone numbers to be used** by shelter residents to provide to potential employers; **access to phones and voice mail services within shelters**; access to **subsidized daycare and to subsidized transportation for job-seekers**; strategies to **assist people who are homeless to create their own enterprises and/or to be employed within social service agencies**; and encouraging businesses to create **apprenticeship programs for the homeless.**

*Lesley and Richard moved from Vancouver to Winnipeg. Both are looking for jobs, but do not have a telephone number to give to potential employers. They have no money. Some days they panhandle to get a hotel room for a night, particularly in bad weather. Both have applied for social assistance but think it a waste of time since they have no address. "You can't get social assistance without an address and you can't get an address without money," they say.*

In communities across Canada, there is a wide range of existing programs which take a locally-developed approach to assisting individuals at risk of homelessness or already homeless to develop the skills needed for employment and for the job recruitment process. Some agencies have evolved to offer community economic development activities that provide employment for at-risk youth; others work to offer or facilitate flexible employment and on-the-job experience.

## THE LEGAL AND CRIMINAL JUSTICE SECTORS

Focus group members had not generally had much assistance from the legal sector, although many had experiences with the criminal justice system.

Within the legal sector, focus group participants were recommending more services and more sensitive services targeted to preventing their homelessness. The recommendation for **mediation services** was frequently made, often seen as a way to prevent the intervention of the criminal justice system. In particular, participants in the focus groups recommended **mediation to settle conflicts between parents and their children, and advocates in mediation between tenants and landlords** to resolve conflicts and to help with the protection of tenants' rights. In addition, focus group participants suggested that the legal sector **collaborate with the welfare system to produce information kits that outline the rights and benefits of homeless people.** Within the court system, participants recommended **more legal support to women at risk of homelessness or who are temporarily homeless to regain custody of their children**, and to get **restraining orders to protect them from violent ex-partners**; **more legal aid for tenants** who are being harassed, evicted or charged by their landlords to equalize the power imbalance between tenants and landlords; and **advocacy in the courts to protect the rights of those who are homeless.**

While civil legal aid continues to be in short supply in most Canadian provinces, many provinces have a network of **legal-aid clinics** that can take routine cases in addition to law reform

opportunities. Almost all are short-staffed and under-funded, making it impossible to provide the personalized services those in the focus groups were seeking. In Innovative Practices profiled on Raising the Roof's Web site, there are a number of special initiatives -- particularly ones aimed at diverting youth and others dealing with addiction issues from the criminal justice system and into appropriate support services.

With regard to the criminal justice system, focus group participants argued that **discharge planning for individuals leaving correctional services need to be improved, particularly with regard to housing issues**. Several focus group participants also recommended guided confrontation between criminals and victims, prior to discharge of criminals. With regard to police behaviour, participants argued that **more police surveillance and response in low-income and at-risk communities** would assist in making the housing they can afford safer in which to live.

*Steve has recently been released from prison. Inadequate discharge planning left him with no means of support on release. He is waiting to receive welfare and searching for a job. He is skilled, but he has found it difficult to find a job because he has no extra money to cover his travel costs and employers are not willing to hire someone with a criminal record. With no money and no place to live, he has ended up in a shelter.*

## THE HOUSING AND SHELTER SECTORS

### Housing

While affordable, secure housing alone may not be sufficient to prevent or remedy homelessness, it is clearly a necessary condition. Almost without exception, prevention of homelessness for members of the focus groups includes more affordable and secure housing. Specifically, supply issues include the very long **waiting period** for existing social housing; the **inadequate supply**; a particular **shortage of social and affordable privately-owned housing for families (including teen parents), women and their children, youth, and couples; housing for Aboriginal peoples** moving from the reserve to the inner city; **transitional and second-stage housing** for those leaving abusive situations and for those being discharged from prisons, mental health institutions, hospitals, and drug and alcohol treatment programs; and **housing that does not impose unrealistic rules on youth** who have spent years living on their own and/or on the street.

A wide range of housing initiatives has been undertaken across Canada to meet the needs of individuals and families at high risk of homelessness. Most were built when provincial and federal governments were both providing financial support to permit co-operative and not-for-profit housing groups to build and operate housing -- some portion of it available with subsidized rents. Only British Columbia and Quebec continue such funding today. While creative initiatives are being undertaken to try to meet the growing demand, not only in large cities but also in smaller communities, most housing providers despair of being able to catch up with the urgent need for such units. The Innovative Practices collected on Raising the Roof's Web site provide many examples of such initiatives.

Issues of addiction are particularly difficult, since those who are addicted still need and want secure housing, and often see it as part of the solution. Those who are not addicted or who have recently detoxified do not want to be surrounded by substance abuse. There is a good case to be made for having designated housing -- some strictly for people who are currently abusing alcohol or drugs, and the other for those who are do not have a substance abuse problem or who are in treatment.

Focus group participants also identified **management issues for the social housing and private rental housing owners**, including: **eviction of drug dealers**

to make housing safer for residents; upgrading for rooming houses in particular; **renovation** of existing aging public housing stock; **enforcement of building and health standards** in privately-owned affordable rental housing, especially rooming houses; the construction of social housing such that it does **not create ghettos**; elimination of the requirement for first and last months' rent as deposits; **training of landlords** with regard to discrimination on the basis of disability, class, family status, marital status and race; and reinstatement and/or enforcement of **rent controls**.

Finally, gaps in existing housing programs identified by focus group participants included the need for **more independent living programs for youth**, and **more supportive housing for those unable to live without supports**, providing or facilitating linkages to **a range of services** based on client-identified needs such as mental health problems and disabilities.

*Christine, 17, is an Aboriginal young woman born with Fetal Alcohol Syndrome and using drugs herself now. She has tried detoxification, but is always placed in a half-way house in the suburbs, where she knows no one except those who are in the same position she is. There are no services near the half-way house, so, inevitably, she heads back to the urban core, where she is surrounded by friends who are still abusing alcohol and other drugs. She begins again, too. She argues that more services near the detoxification centre, including some affordable housing, would make the shift to sobriety an easier one.*

*Jim says living on the streets is better than living in a rooming house. The rooming house he lived in was in terrible condition. It had holes in the walls, mice and cockroaches, and a terrible bed. He awoke many times with insect bites on his feet, neck and shoulders. He swatted the cockroaches with a broom, but they never went away. He says people in the building got ripped off and the building itself was unsafe. He was paying \$290.00 a month for a room he believes was not worth anything: "It was a closet with no fridge, no place to cook, no storage and shared washrooms." He would like to see more decent, affordable places for poor people to live.*

## Shelters

With regard to shelters which provide temporary housing in emergency situations, the focus group members recommended **more flexible maximum stays**, especially for women and their families escaping violence; **more shelters without curfews**; the **elimination of policies barring some individuals** from accessing a particular shelter; the improvement of **housing information and referral services within shelters**; better **co-ordination between shelters, housing organizations and service providers** for information and services; **more shelters for families and couples**; **more flexibility in the rules regarding alcohol and drug use** by shelter residents; a **greater supply of shelter beds** in general; and the **provision of references from shelters for residents seeking rental housing on their own**.

## THE HEALTH SECTOR

It is clear from the focus groups that health issues are a contributing factor to homelessness and health status declines as a result of homelessness. Exposure to the elements, inadequate nutrition, contagious diseases and exacerbation of existing illnesses were all factors in declining health cited by participants in the focus groups. For many, health issues contributed to the accumulation of events or to the crisis that resulted in their homelessness.

There were extensive suggestions made during the focus groups as to how changes in health care policy and delivery could help prevent homelessness from occurring and recurring. Specifically, participants emphasized the need for **more, better-targeted and more sensitive counselling services by health professionals for those at risk of homelessness**. Victims of abuse described a need for counselling to accompany their medical treatment and for counselling for entire families soon after abuse is revealed to assist in helping families to deal with the situation intact. Additionally, **counselling by people who have experienced homelessness** was seen as valuable for people who are homeless or seeking to avoid homelessness, and **counselling available within emergency shelters** was identified as an important prevention method.

Intervention by the health sector was also seen as particularly important in preventing homelessness for those with alcohol and/or drug addiction problems. **More treatment programs, more detoxification centres** especially for women and youth, and **more follow-up programs** to detoxification were seen as important steps. Detox programs that run longer than the current programs and more drug treatment programs were also seen as important elements in the safety net.

For those addicted to drugs and/or alcohol, particular hurdles include shelters that will not accept people who are drunk or high, the criminality of many drugs that are not harmful, and the general "medicalization" of the health system which exacerbates other drug use. Counselling for those currently using drugs was also seen as important. Related to these problems is the difficulty in many low-income communities of getting prescriptions for pain relief, even when it is demonstrably needed, because of a fear on the part of doctors that such drugs might be stolen or sold to buy other less benign drugs.

*Barbara was addicted to drugs. She was hanging out with people who were using heavy-duty drugs. She had always been a heavy drinker, but she was always able to maintain a job, a car and a house. But as soon as she started combining drugs and alcohol, she started losing control over her life. She ended up in jail several times -- first for shoplifting, then for more serious crimes. She was excluded from certain women's shelters because she was not "clean and sober," so sometimes she "slept rough," especially when she was on an alcohol and heroin binge. She lost custody of her child as soon as she was diagnosed positive for heroin. She eventually entered a treatment program. It has been five years since she slept outside, she is now living in an apartment with her child, receiving welfare and going to school full time. Although she is no longer homeless, she is still struggling to make ends meet with the little money she receives.*

Within the health care system itself, focus groups identified changes that could help prevent and remedy homelessness: **more health care workers experienced with working with people who are at risk of homelessness or already homeless; discharge planning for patients leaving hospitals who have no home to which to return;** a commitment by health care workers to **listen to people who are at risk of homelessness or already homeless**, rather than medicating them without listening; health care workers who can do **follow-up visits to people where they live, including in rooming houses and other short-term shelters;** and efforts by workers in health facilities who **encourage and facilitate the development of social networks for patients** to provide self-help support after medical discharge.

Counselling is rarely a provincially-insured health service, making it difficult for agencies to provide the counselling services needed for at-risk and homeless people who are in crisis.

There are numerous initiatives in place, including those described in the Innovative Practices section of Raising the Roof's Web site, that demonstrate alternative methods for meeting the health needs of people who are at risk of homelessness, in shelters and on the streets. Some existing health agencies have undertaken to ensure that those at risk of homelessness and people who are homeless can access community-based walk-in clinics, and get and keep health insurance cards, without which health facilities cannot be compensated for the services they provide.

## CONCLUSIONS

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Raising the Roof's National Strategy on Homelessness Prevention galvanized the efforts of teachers, lawyers, social workers, nuns, doctors, nurses, bankers and other members of the community who came together to consider how they could change what they do to help someone avoid the path to homelessness. Our work was informed by hearing from people who are or have been homeless -- a diversity of individuals and families with extraordinary insights and stories to tell.

The road from the street to stability can be a direct and short one for some, but in most cases, it is not so linear a process.

It is clear that reclaiming lives is a long and challenging process. What is also clear is that innovative and collaborative approaches can be successful in making extraordinary changes in the lives of people who are homeless or at risk of homelessness. Those who meet people on the route to homelessness can effect change, and make the difference between a hopeless situation and the beginning of stability and security.

The public policy framework, moreover, requires changes to move from a remedy to a prevention stance with regard to homelessness.

Changes are needed to assist people seeking employment to maintain welfare eligibility and partial welfare benefits, in order to ensure taking short-term or insecure employment is not the beginning of another spiral toward homelessness. Suggestions also include: changes to employment insurance to make more people eligible for benefits; a requirement that landlords of rooming houses register with the city and meet minimum requirements as to housing standards; changes in zoning by-laws to protect the existing supply of affordable housing from gentrification or redevelopment; and simplification and clarification of the tenant complaint process. Continuing reforms to income security programs and to employment insurance may address some of these issues, but the administration of these programs is critical to ensure that individuals at risk of homelessness are aware of their entitlements and their rights.

This report is by no means an end, but a beginning. It is a compilation of research which is intended as a starting point to continued discussion, strategic thinking, policy change, program development, and collaboration among a range of stakeholders across the country who are engaged in finding solutions to address homelessness.

## APPENDIX

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### NATIONAL WORKING GROUP MEMBERS (1999-2001)

- Derek Ballantyne, chair of the National Working Group, President of the Board of Raising the Roof, and Chief Executive Officer of the Toronto Housing Company
- Joan Bercovitch, Director of Government Affairs, Canadian Bar Association
- John Burrett, Senior Policy Analyst, Federation of Canadian Municipalities
- Joanne Calkins, Representative of Canadian Association for Community Living
- Janet Davies, Visiting Policy Advisor, Canadian Nurses' Association
- Peter Dudding, Executive Director, Child Welfare League of Canada
- Roxanne Felice, Executive Director of Project SHARE in Niagara, Ontario and representative of the Canadian Association of Food Banks
- Matt Geigen-Miller, Director of Youth and Network Development, National Youth in Care Network
- Marc Gryba, Senior Policy Analyst, National Association of Friendship Centres
- Fred Hayes, Community Banker with PEACH (Promoting Economic Action and Community Health), Jane-Finch, Toronto
- Beverley Lane, Primary Specialist Teacher and Representative of Canadian Teachers' Federation
- Joanne Linzey, Chief Executive Officer, Metro United Way (Halifax)
- Mary MacDougall, Executive Director of Catholic Family Services of Vancouver, representative of Family Services Canada
- Eugenia Repetur Moreno, Executive Director, Canadian Association of Social Workers
- Sister Margaret Myatt, General Superior, Sisters of St. Joseph's, Toronto,
- Ed Pennington, General Director, Canadian Mental Health Association
- Dr. Liz Roberts, Senior Program Officer, National Programs, Canadian Public Health Association
- Superintendent Lynda Smith, Ottawa-Carleton Regional Police Service
- Nancy Worsfold, Executive Director, Ottawa-Carleton Immigrant Services Organization, and member of the Canadian Council for Refugees

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