

# PHOENIX RESIDENTIAL SOCIETY

**DE22-95**

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“Strengthening Community by Supporting Recovery”

June 9, 2022

## Submission for Motion to fund the Plan to End Homelessness

Your Worship, Mayor Masters and Regina City Councillors

Please accept this submission on behalf of Phoenix Residential Society in support of the Motion:

***To Fund the Plan to End Homelessness in Regina.***

Phoenix Residential Society is a non-profit, community based organization providing psychosocial rehabilitation services to individuals in Regina with psychiatric disorders, concurrent disorders (individuals with both psychiatric issues and substance abuse), individuals with acquired brain injuries or other cognitive disabilities and individuals who are chronically homeless. Phoenix has been providing services and supports for over 40 years, and we serve 200 individuals in seven different programs. Our HOMES, Housing First program currently supports 40 individuals who were experiencing homelessness prior to coming into our program.

We are grateful for the support and collaboration with the City of Regina, provincial and federal governments, and many community based organizations and individuals. The City has shown great leadership in addressing the issue of homelessness; however, there is still significant work required to implement the Plan to End Homelessness, and it is for this reason that we support this motion before you today.

The Point in Time Count completed in September 2021 found that at least 488 individuals were experiencing some form of homelessness. Phoenix can speak to the numbers of people needing housing, as we operated the Centralized Housing Intake Process, also known as CHIP until the implementation of Coordinated Access in April of this year, and we maintained the list of individuals assessed and waiting to receive services and support. Since 2016, 1300 individuals were assessed and although many were able to receive services from the network of organizations forming the CHIP table, 63% of those assessed were not able to access services due to the long waiting lists. What is tragic is that 34 individuals - that we know of - passed away while waiting for services. These deaths may have been prevented, had the right supports been in place.

The Motion before you states: “housing and supporting homeless individuals is not only humane, but saves taxes on the aggregate.” One aspect of the cost savings and positive impact that a housing first, supportive housing model can have is the reduction in interactions and arrests by the Regina Police Service. Data from Regina Police Services looked at 29 individuals in the HOMES program, and compared statistics from 2 years prior to their being housed to 1 month to 2 years after they were housed and receiving services. The data indicates there was a 75% decrease in calls for service and an 88% decrease in arrests. We also know that there is a significant decrease in the utilization of EMS, ER and Detox.

Cost savings are an important factor to consider. We believe it is equally important to consider the impact on the individuals and ask them if having a place to live and receiving supports truly makes a difference. Quality of Life surveys conducted with the residents in our HOMES program highlight the positive changes they experience including a 76% improvement in the amount and quality of food, 70 % improvement in feeling safe and 73% said their level of happiness had improved.

Homelessness is a complex issue. The Final Report for the 2021 Point in Time Count states: “Despite clear and

compartmentalized definitions, people experiencing homelessness are not a homogeneous group, and their experiences of homelessness are not always easily categorized.” The individuals in Phoenix programs come from all walks of life and live in almost every ward of Regina. We believe that the majority of the residents we work with would be at risk of homelessness without the services and support they receive, including a place to call home. Having a continuum of safe, affordable, supportive housing available is the first step in addressing homelessness. **DE22-95**

This past year saw the City take action to address the increasing number of individuals experiencing homelessness by supporting Camp Hope. The City also recognized the need for ongoing housing and support and again has shown leadership in partnering with the Government of Saskatchewan and Regina Treaty/Status Indian Services to pilot the new low-barrier supportive housing program. These initiatives are excellent steps in addressing the needs of some of the most vulnerable in our city. Should the Motion To Fund the Plan to End Homelessness in Regina is included in the 2023 budget, it will enable the City to take a proactive approach and work collaboratively to put a coordinated plan in place to address the needs of anyone affected by homelessness.

Respectfully submitted,

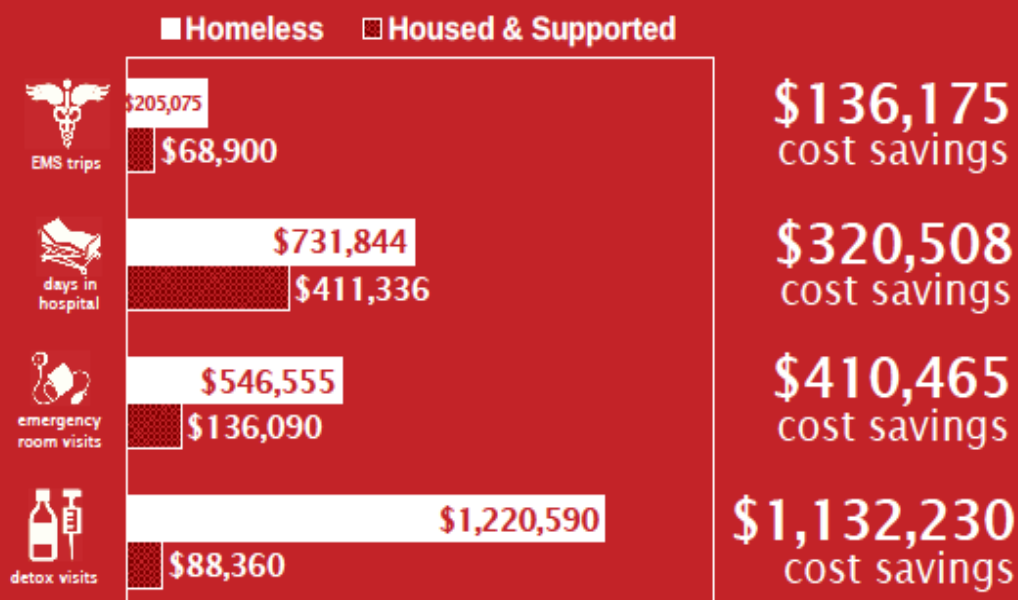
Sheila Wignes-Paton  
Executive Director  
Phoenix Residential Society

For reference and informational purposes:

- Attachments: Infographic by OrgCode Consulting Inc re: Housing First - Cost Savings Conclusion from the 2021 Homelessness Final Report
- Everyone is Home – A Five-Year Plan to End Chronic and Episodic Homelessness in Regina, (referenced in the Motion) <http://endhomelessnessregina.ca/wp-content/uploads/2019/06/P2EH-Full-Final-0610.pdf> (See Appendix A)
- 2021 Homelessness Count Final Report – Prepared by Adison Docherty, Executive Director Flow Community Projects <https://flowcommunityprojects.ca/projects/count-2021/> (See Appendix B)

# HOUSING FIRST SAVES MONEY AND REDUCES EMERGENCY CARE UTILIZATION

Exploring the journey of the 49 people housed from 2014-2018:



↓66%



EMS trips

↓40%



days in hospital

↓75%



emergency room visits

↓93%



detox visits

↓81%



police calls

↓89%



arrests

**\$1,999,378 estimated cost savings overall**

## **CONCLUSION**

This 2021 Point-in-Time Count was a collaborative effort undertaken by Flow Community Projects and community partners. This required considerable investments of time, research, discussion, and collaboration by the Regina community.

Overall, Regina observed a significant rise in the number of people experiencing homelessness, who were enumerated, from 232 in 2015, to 286 in 2018, to 488 in 2021. That is a staggering 110.34% increase in people found during the PiT Count. This increase was influenced by a wide range of factors, including attitudes (stereotypes), individual circumstances (e.g., addictions and low income) and systemic deficits (lack of low-income housing options) creating a multitude of barriers. Additional challenges are caused by current homelessness-serving sector mechanisms, with a lack of supportive housing options for clients, issues related to the pandemic, population and demographic considerations, and economic trends affecting employment, income, and the housing market.

This report states that individuals experiencing homelessness are not a homogeneous group and, once again, the 2021 PiT Count found that homelessness may affect anyone, regardless of race, age or gender identity. With that said, the data reconfirms that Indigenous Peoples are disproportionately represented among those experiencing homelessness. The data also illustrates the difficulty in securing housing due to financial constraints, or because of addictions, and mental and physical health challenges.

Flow would like to recognize all those who are experiencing housing instability throughout the province, especially in light of the difficulties presented by the COVID-19 pandemic.

We would also like to extend our sincere appreciation for all service delivery organizations in the community that participated in the PiT Count during these unprecedented times. The COVID-19 pandemic has greatly impacted the social services sector, and all those working toward improving social outcomes in the community, in spite of these challenges, should be applauded.





# EVERYONE IS HOME

A Five-Year Plan to End Chronic and Episodic  
Homelessness in Regina

Technical Report

# COMMUNITY LEADERSHIP COMMITTEE

**Robert Byers, Chair**

President & CEO Namerind Housing Corp

**Jo-Anne Dusel, Co-Chair**

Provincial Association of Transition Houses and Services of Saskatchewan

**Chief Evan Bray**

Regina City Police

**Dustin Browne**

Executive Director Street Culture Project

**Mo Bundon**

COO Harvard Development

**Jason Carlston**

VP Dream Developments

**Chief Cadmus Delorme**

Cowessess First Nation

**Dale Eisler**

Senior Advisor on Government Relations to University of Regina

**Mayor Michael Fougere**

City of Regina

**Sharon Garrett**

VP, Integrated Urban Health and Chief Nursing Officer

**John Hopkins**

CEO of Regina Chamber of Commerce

**Chief Nathan Pasap**

White Bear First Nation

**Andrew Stevens**

City Council

**Honourable Christine Tell**

Ministry of Justice Office of the Minister Responsible for Corrections and Policing

**Vianne Timmons**

President of University of Regina

**Susannah Walker**

Director of Programs North Central Family Centre

**Raynelle Wilson**

President & CEO Saskatchewan Housing Corp

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# ACKNOWLEDGEMENTS

## Letter from the Mayor

Dear Regina Residents:

On behalf of Regina City Council, I am pleased to receive the Regina Plan to End Homelessness. This plan marks an important milestone in our efforts to deal with a chronic issue that needs to be addressed in our community.

The findings and recommendations confirm what we already knew from our earlier point-in-time counts that the vast majority of Regina's homeless population is Indigenous. This report will help lead us to a place where we can deal comprehensively with complex societal issues that contribute to this overrepresentation through its recognition of and adherence to the Calls to Action put forth by the Truth and Reconciliation Commission.

Thank you to the Community Leadership Committee of the Homeless Partnering Strategy for their time and commitment to this process, as well as their valuable input. This document would not exist without the passionate and forceful support of this group, as well as the residents of our city who have a strong desire to create change for the most vulnerable among us. Thank you as well to the YMCA for its leadership and the other community-based organizations that have contributed to this report.

Sincerely,

A handwritten signature in dark ink, appearing to read 'M. Fougere', with a long, sweeping horizontal line extending to the right.

Michael Fougere

Mayor

# ACKNOWLEDGEMENTS

## Letter from the Chair of the Community Leadership Committee

### End Homelessness Regina: Our Community Plan

The first step in the journey to end homelessness began in February of 2018. In April 2018, the YMCA, Regina's designated Community Entity, completed a Point-in-Time count to determine the extent and depth of homelessness in our city. The study provided both the context and the complexity of the issue.

The following month, work began in earnest on Regina's five-year plan to end chronic and episodic homelessness. A wide and representative group of the community, including the non-profit, private and public sectors, came together. They came with diverse perspectives, but one goal: to end homelessness in Regina.

The Plan builds on what is already in place to assist people experiencing homelessness. It recognizes the hard work that has been done and is being done every day by government, non-profit organizations, and the private sector to relieve the suffering of people who are homeless. Whether it's support for shelters, the food bank, or addiction services, there is a great deal of good work being done. But, it also recognizes more needs to be done and the hard work that lies ahead to meet our objective to end homelessness in our community. So, coupled with the acknowledgement of the effort and commitment already happening, the Plan sets out the steps necessary to address the gaps that will make a real difference in the lives of people who experience homelessness.

The Point-in-Time count revealed that Indigenous people were significantly overrepresented in all categories of homelessness in Regina. Beyond the human toll, the statistics underscore the importance of the Truth and Reconciliation Commission Calls to Action.

Reconciliation grows out of shared commitment and collaborative leadership by both Indigenous and non-Indigenous people. It is an ongoing process and the Plan to End Homelessness is itself an expression of our city's commitment to reconciliation.

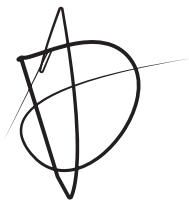
We are grateful to those people with lived and living experience of homelessness who were a part of our conversations. We learned from them the struggles they face, what works, what doesn't, and what needs to happen. We learned, they too, want to be full members of our community, but cannot without the kind of help that gives them hope.

To change the status-quo and the deeply rooted social and economic causes of homelessness, we knew we had to be innovative. We had to do things better, and we had to get it right. We believe the Plan sets out the path to success. But we also know it's not going to be easy. It's going to take dedication, and a coming together of the community in a way that fosters new relationships.

The Plan sets out what we believe is a comprehensive approach to eliminate the scourge of homelessness in our community. It's not an easy goal, but it's one that together, we can achieve.

On behalf of this committee, I want to thank all of you for your commitment to your community as set out in Regina's Plan to End Homelessness.

Respectfully,



Robert Byers





# PLAN AT A GLANCE:

## Everyone is Home.

### A 5-Year Strategy to End Chronic/Episodic Homelessness in Regina

REGINA FACES AN UNCOMFORTABLE REALITY. ON A PER CAPITA BASIS, THE NUMBER OF HOMELESS IN THE CITY IS LARGER THAN THE AVERAGE FOR MOST CANADIAN CITIES.

Over the course of a year, the number of people experiencing homelessness is conservatively estimated at approximately 2,000. Of these, about 260 are stuck – effectively homeless year-round.



Given those facts, a critical dimension of The Plan must be to end homelessness among Indigenous people, which is central to the findings of the Truth and Reconciliation Commission.

#### The challenge is what to do about it.

To meet and overcome the homeless challenge in our community, a partnership was formed between the City of Regina and the Regina Homelessness Community Advisory Board. Its objective: put in place a comprehensive five-year plan to end homelessness. The Plan to End Chronic and Episodic Homelessness in Regina is the product of seven months of research and consultation to tackle the issue in a comprehensive, co-ordinated and focused manner.

### ENGAGING REGINA ON HOMELESSNESS THROUGH MORE THAN 470+ CONTACT POINTS

COMMUNITY  
SUMMIT  
participants



20  
DESIGN  
LABS

had  
150  
participants

16

participants  
with Lived Experience  
participated in  
our focus groups



Public survey  
received 72  
responses



Follow up stakeholder groups had  
8 participants

### THE PLAN IS:

Grounded in local  
wisdom and responsive  
to our needs



Research and  
best practice  
evidence-informed



Strategic, focused,  
and achievable



\* These numbers are a range because multiple data sources have been used.



# VISION: A Regina where everyone is home.

## CORE CONCEPTS

Truth &amp; Reconciliation



Person-Centred Supports



Community Engagement

COMMUNITY STAKEHOLDERS FROM ACROSS REGINA IDENTIFIED THREE KEY SHARED OUTCOMES TO GUIDE OUR COLLECTIVE WORK:

- Everyone has access to service when they need it;
- People's experience of homelessness is rare, brief, and non-recurring;
- Services are increasingly coordinated.

IT IS AN AMBITIOUS TARGET. TO ACHIEVE IT, THE PLAN RECOGNIZES THE COMPLEXITY OF THE PROBLEM AND IS DESIGNED TO TACKLE IT IN A COMPREHENSIVE MANNER.

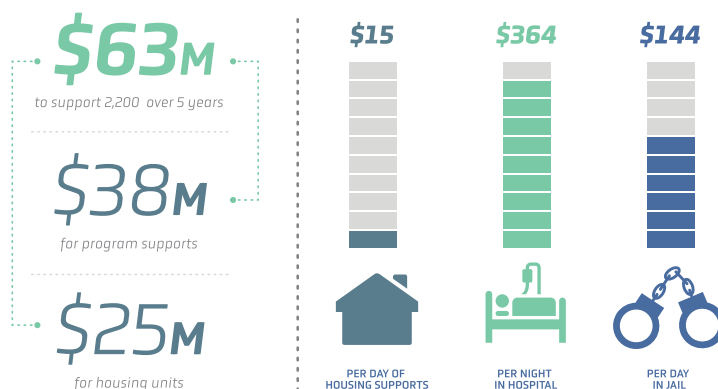
With that as context, the specific actions proposed in The Plan are based on four pillars that bring together the human, financial and physical infrastructure to effectively tackle the issue and reach the five-year objective.

### ACTION PILLARS

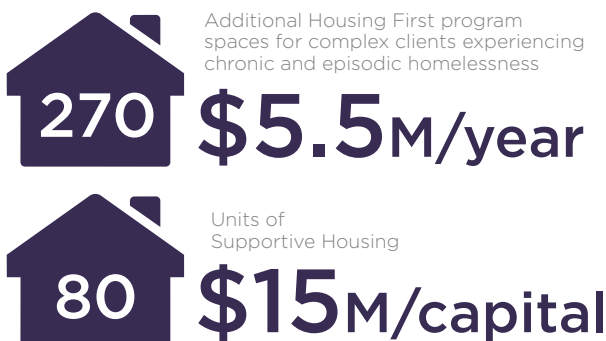


The projected cost of The Plan over five years is \$63 million, made up of \$38 million in program and \$25 million in capital costs. But the real cost, when the human, health and social benefits are considered, is far less.

These proposed measures total just \$15 a day per person helped. Compare this to the costs per night in hospital at \$363, or jail at \$144.



### PRIORITY INVESTMENTS



THE BOTTOM LINE IS IT IS LESS COSTLY TO HOUSE AND SUPPORT INDIVIDUALS AND FAMILIES WHO ARE HOMELESS, THAN NOT INVEST IN ADDRESSING A KEY ISSUE THAT FACES OUR COMMUNITY.

THE TIME TO ACT IS NOW.

**“I was a broken shell of what you see...  
They walked with me. They didn’t drag me.”**

- **Kenton Weisgerber**, Regina Housing First Client<sup>1</sup>

**“Now that I’m here it’s like  
I totally changed my ways.”**

- **Lindsay Bigsky**,  
Regina Housing First Client<sup>2</sup>

**“It’s rough out there...”**

- **Community Member at Regina’s  
Summit**, March 2018

## INTRODUCTION

The voices of people with lived experience of homelessness in Regina remind us of the urgency to find and implement solutions to homelessness and not accept the status quo. To that end, we find hope when effective programs like Housing First are made available. A community summit on homelessness held in March of 2018, marked the public start of a community-wide process led by service providers, stakeholders, and local leaders to develop a plan to end chronic and episodic homelessness in Regina. Over 200 people gathered to discuss how community members of Regina could collectively work towards ensuring that homelessness is a rare, brief, and non-recurring experience.

The City of Regina is located in the heart of Treaty 4 territory, which is the traditional territory of the Cree, Ojibwe, Saulteaux, Dakota, Nakota, Lakota, and on the homeland of the Métis. There are 35 First Nations within Treaty 4 territory, which includes some parts of Western Manitoba and Southern Alberta<sup>3</sup>. In Regina’s 2018 Point In Time Count of Homelessness, almost 80% of people experiencing homelessness identified as Indigenous, the majority of whom did not originally come from the city.

<sup>1</sup> <https://www.cbc.ca/news/canada/saskatchewan/housing-first-regina-homelessness-one-year-1.4210744>

<sup>2</sup> <https://www.cbc.ca/news/canada/saskatchewan/housing-first-regina-homelessness-one-year-1.4210744>

<sup>3</sup> Filice, M. (2016). Treaty 4. The Canadian Encyclopedia. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/treaty-4/>

It has been clear from the beginning of this community planning process that *ending chronic and episodic homelessness in Regina means ending Indigenous homelessness*. The Truth and Reconciliation Commission and its Calls to Action inform the design and implementation of Regina's Plan (see Appendix C). Indeed, ending chronic and episodic homelessness is itself a process of reconciliation because it requires the whole community to work at building and strengthening relationships between Indigenous peoples and non-Indigenous peoples<sup>4</sup>.

## A TRUTH AND RECONCILIATION LENS

The extreme over-representation of Indigenous people among the homeless population and co-occurring issues, such as high rates of health and addictions challenges, and experiences of violence and poverty, are rooted in past and ongoing impacts of intergenerational trauma and marginalization. *The Plan to End Chronic and Episodic Homelessness in Regina* requires a wholistic approach to addressing homelessness that includes promoting a deeper awareness and competency across sectors and services about the root causes of Indigenous homelessness, and the ways in which connection to community and culture, and interdependence are essential to healing and ending homelessness for Indigenous peoples. Honouring the resilience and wisdom of Indigenous communities is also paramount in addressing homelessness in Regina (see Appendix C for more).

Any action taken to address homelessness must be grounded in the principles of the Truth and Reconciliation Commission (TRC), and the United Nations Declaration on the Rights of Indigenous Peoples, which includes the following articles that address the need for Indigenous self-determination<sup>5</sup>:

*Article 21 Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retaining, housing, sanitation, health and social security.*

*Article 23 Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

The Truth and Reconciliation Commission of Canada<sup>6</sup> promotes a “dialogue that revitalizes the relationships between Indigenous peoples and all Canadians in order to build vibrant, resilient

<sup>4</sup> Truth and Reconciliation Commission (n.d.). Reconciliation...Towards a New Relationship. Retrieved from <http://www.trc.ca/websites/reconciliation/index.php?p=312>

<sup>5</sup> UN General Assembly, United Nations Declaration on the Rights of Indigenous peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: <http://www.refworld.org/docid/471355a82.html> [accessed 3 May 2017] [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)

<sup>6</sup> Truth and Reconciliation Commission of Canada. (2015). Honouring the Truth, Reconciling for the Future Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from [http://www.trc.ca/websites/trcinstitution/File/2015/Honouring\\_the\\_Truth\\_Reconciling\\_for\\_the\\_Future\\_July\\_23\\_2015.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf)

and sustainable communities.”<sup>7</sup> This shared journey toward ending chronic and episodic homelessness in Regina requires equal partnerships, ongoing conversations, and a commitment to reconciliation between Indigenous and non-Indigenous communities, organizations, and leaders. Committing to support Indigenous leadership and self-determination in the Plan’s governance and implementation aligns with the TRC Calls to Action. Indigenous peoples have the wisdom and knowledge to self-determine their future path and address the challenges they face, including homelessness. Systemic changes are needed across multiple systems, programs, and services to support healing among Indigenous peoples. The Plan calls for Indigenous leadership and partnerships, highlighting the value and strength in Indigenous health and healing practices, promoting Indigenous leadership, Elders, and healers.

This Plan is one part of Regina’s reconciliation journey, and is an important step toward meeting the needs of some of our most marginalized community members, with the TRC Calls to Action providing standards by which to measure the success of the Plans’ implementation and impact. The Plan outlines a variety of actions that can be taken to create a community culture in which acts that build trust and relationships between Indigenous and non-Indigenous peoples are embedded within the process of ending chronic and episodic homelessness in Regina.

## THE RIGHT MOMENT FOR CHANGE

Developing more safe, affordable housing options will be critical to ending chronic and episodic homelessness. Until recently, municipalities across Canada have lacked support from provincial/territorial and federal governments to meet their communities’ housing needs. A trend of austerity began in the 1970s, when the federal government began to withdraw from housing policy and the creation of social housing. Over 40 years later, the direct impacts of these and other policy decisions are reflected in the state of homelessness and housing affordability in Canada. In a given year, it is estimated that at least 235,000 people across the country experience homelessness.<sup>8</sup>

Rental and housing market prices have far outpaced inflation, making city centres, such as Regina, increasingly unaffordable. There is a ripple effect in which the increased demand for affordable housing in suburbs and smaller cities or towns surrounding major centres has caused the prices to rise.

In 2016, the federal government announced its intention to renew its role in the housing market by creating a National Housing Strategy. The negative externalities of minimal government intervention in the housing market were recognized as more economically and socially costly to society than prudent government policy and investment to promote the creation of affordable housing.

There is also growing recognition within the housing and homelessness sectors that ending homelessness involves addressing its structural and systemic factors that contribute to and perpetuate homelessness, in addition to responding to individual factors, such as mental health and

<sup>7</sup> Reconciliation Canada. (2016). Our Story. Retrieved from <http://reconciliationcanada.ca/about/history-and-background/our-story/>

<sup>8</sup> Stephen Gaetz, Erin Dej, Tim Richter, & Melanie Redman (2016). The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press.

addictions. Communities, such as Regina, are taking action through comprehensive, community-based systems planning processes to address policy and practice that either contribute to homelessness and housing insecurity or get in the way of meaningful solutions.



## WHAT DOES IT MEAN TO END HOMELESSNESS IN REGINA?

Community stakeholders from across Regina identified the following three key shared outcome measures to help indicate whether or not Regina is progressing toward ending chronic and episodic homelessness:

- **Everyone has access to service when they need it.<sup>9</sup>**
- **People's experience of homelessness is rare, brief, and non-recurring.<sup>10</sup>**
- **Services are increasingly coordinated.<sup>11</sup>**

Ongoing performance measurement is a critical piece of ensuring that the Plan is meeting its targets, and using data to make adjustments as necessary. Through consultation, a larger basket of Key Performance Indicators has been developed to assess both the homeless serving sector's capacity to meet people's needs and the increasing integration with the public systems that intersect with the homelessness-serving system.

<sup>9</sup> Key Performance Indicator: Number of turnaways from service decreasing towards zero.

<sup>10</sup> Key Performance Indicator: Length of time experiencing homelessness decreasing year over year.

<sup>11</sup> Key Performance Indicator: Number of agencies signing on and developing Coordinated Access protocols increasing year over year towards 100%

# REGINA'S FIVE-YEAR PLAN TO END CHRONIC AND EPISODIC HOMELESSNESS RECOMMENDATIONS

This Plan builds on the success of Regina's Housing First program and has been developed through months of consultation with both local and provincial leadership and numerous stakeholders with lived experience of homelessness or working in the field. The focus of this five-year implementation Plan is to see a measurable shift in the response to and outcomes for people that are experiencing chronic and episodic homelessness in Regina.

Over five years, a total of 2,227 intakes of people\* are projected to be impacted by the actions outlined in the Plan. These intakes include people that are chronically and episodically homeless, as well as some transitionally homeless and individuals/families at risk. While not within the direct scope of the Plan, positive spillover effects from increased availability of program and housing spaces are expected to affect some transitionally homeless and precariously housed individuals and families. The Plan's success is dependent on there being continued efforts to deepen collaboration and trust within and across Regina, surrounding communities and other levels of government.

**With these goals in mind, the Plan contains the following four pillars and recommended actions:**

## 1

### Leadership & Implementation

- Secure funds to cover Plan implementation positions over a five-year period through matching commitment from municipal, provincial, and federal governments.
- Recruit and confirm community leaders for Plan governance and implementation that incorporates Indigenous leadership, a procedure/structure for lived experience input, and formal outlets for ongoing community oversight and engagement.
- Confirm and hire Plan implementation positions, tasked with operationalizing the Plan under a systems-wide Housing First philosophy.
- Set up a funders table for Plan implementation, dedicated to wrapping funds around the Plan so it is fully financed for the five years of implementation.

\* This number accounts for turnover in the five-year period.

**2****Data-Driven Systems Integration & Coordinated Access**

- Complete a community-wide systems mapping exercise with service providers to ensure comprehensive understanding of existing services and program capacities, gaps, and leveraging strengths.
- Build out HIFIS 4 across Regina in order to have access to consistent, real-time data within the homeless-serving sector, leveraging federal support for homelessness data collection within the federal strategy, Reaching Home.
- Work with public systems to facilitate data-sharing and integration in order to identify the inflows and outflows of homelessness for more targeted policy change and funding needs.
- Utilize data to support a shift toward prevention and diversion to meet the needs of those at highest imminent risk for homelessness.
- With support from the federal government under the Reaching Home homelessness strategy, scale the existing Coordinated Housing Intake Process (CHIP) into systems-wide Coordinated Access model that matches people within the full continuum of services.
- Develop performance management framework including the development of systems-wide change to Key Performance Indicators (KPI).

**3****Housing & Supports**

- Strengthen formal links between the Plan and the Design Regina Comprehensive Housing Strategy and encourage the City to continue to evaluate mechanisms that could enhance housing affordability.
- Support provincial and federal investment for the addition of 80 units of long-term supportive housing in purpose-built buildings targeted to chronic & episodic homeless people with higher needs.
- Work with organizations dedicated to addressing interpersonal violence to ensure program and housing models appropriately serve those impacted by violence.

# 3

## **Housing & Supports (cont'd)**

- Work with provincial and federal partners to fill program gaps that support people experiencing chronic and episodic homelessness in the rental market through Housing First supports including:
  - o Intensive Case Management - 130 new spaces
  - o Assertive Community Treatment - 140 new spaces
- Support efforts to increase housing, programs, and treatment beds especially for young people in Regina, with a minimum 20% of treatment beds dedicated for youth ages 13-24 years
- Advocate for a person-centered approach to programs and housing for people experiencing addictions and mental health challenges that meets them where they are at on the recovery and sobriety continuum.
- Align housing models across the sector with best practices for supporting people who experience interpersonal violence.

# 4

## **Capacity Building & Awareness**

- Develop sector-wide capacity-building training agenda to increase staff effectiveness in supporting people with multiple and complex needs with an early emphasis on trauma informed care, cultural safety, recovery-oriented approaches, and shelter diversion approaches.
- Participate in regional, provincial and national learning communities and opportunities to share and learn about best practices, and champion preventing & ending homelessness.
- Integrate population-specific lens into program design and outcomes evaluations.
- Develop easy to access resource guides to ensure those at risk of or experiencing homelessness know where to go for the right help, fast. This includes building on existing resources such as the Regina Street Survival Guide and Map and creating new resources to offer support to the families or friends of those in need of help.
- Launch campaign with emphasis on meaningfully engaging the roles of specific groups, such as faith based groups, landlords, builders, and other private sector stakeholders.
- Host annual forum with Plan updates and sustain community energy around the Plan.



# A ROLE FOR EVERYONE

Ending chronic and episodic homelessness in Regina will require the energy, resources, and commitment of a whole community, and providing meaningful engagement opportunities will help sustain the Plan's priority status for each order of government and stakeholder involved. The following are areas where various stakeholders are needed:

## **Community Service Providers:**

- Support the development and implementation of Coordinated Access as an integrated system-response.
- Continue to build relationships between Indigenous and non-Indigenous organizations in order to better support Indigenous peoples accessing services.
- Integrate applicable Truth and Reconciliation Calls to Action into practice at board, management and direct service levels.
- Build capacity across the homelessness sector through ongoing information sharing, training and knowledge mobilization exchanges.

## **City of Regina:**

- Contribute resources to the Plan Coordination positions over Plan duration.
- Ensure alignment of City policy and procedures with Plan targets, both in program delivery and to support the increase of affordable housing options.
- Ensure the 2019 update of the Housing Incentives Policy aligns with the targets and needs of the Plan.

## **Provincial Government:**

- Contribute resources to the Plan Coordination positions over Plan duration.
- Allocate resources towards new housing supports including:
  - \$14M - 140 Assertive Community Treatment Spaces
  - \$14M - 130 Intensive Case Management Spaces

- \$12.5M in capital funds towards developing new Permanent Supportive Housing and Affordable Housing units, to be paired with National Housing Strategy funding
- Support Homelessness Data collection efforts, namely the provincial implementation of the Homeless Individual and Family Information System (HIFIS 4)

### **Federal Government:**

- Contribute resources to the Plan Coordination positions over Plan duration.
- In partnership with other levels of government, the private or non-profit sector, contribute capital towards \$25M of funding via National Housing Strategy for:
  - o 80 new Permanent Supportive Housing spaces
  - o 80 new Affordable Housing spaces
  - o Funding for 100 new Prevention/Diversion interventions
  - o Renew and expand Reaching Home funding to meet the needs of Plan
  - o Support local efforts to implement the Homeless Individual and Family Information System (HIFIS 4)

### **Private Sector:**

- Leverage National Housing Strategy funding opportunities for new housing options listed above.
- Align funding for services with Plan targets.
- Develop a funders table aimed at supporting Plan targets.

### **Community Members:**

- Contact one of Regina's many front-line service organizations to find out what they need to support the important work they do for our city.
- Contribute to goals of the Plan through initiatives such as Housing First Welcome Boxes, with a target of 50 boxes/year
- Make your support for the goals and objectives of this Plan public. Tell your friends and neighbours why support for this Plan will make Regina a better City.

**Everyone Involved:**

- Imagine Regina without chronic and episodic homelessness. With the proper investment, foresight, and collaboration, it is possible for our community to end the experience of chronic and episodic homelessness in our City.

It was clear from the planning process that community members in Regina are engaged and passionate about seeing an end to homelessness in their community. These individuals and groups can also be brought into various efforts that align with the Plan, such as positions on working groups or within the governance structure. It is important to note that opportunities offered to people with lived experience should adequately compensate them for their time and expertise.

Additionally, hosting an annual Community Forum to inform community members and stakeholders of the progress to date and next steps for Regina can be an opportunity to reaffirm the commitment to ending chronic and episodic homelessness and restate the roles of each individual involved.

This Plan is not meant to mark the end of the discussion on what is needed to end homelessness in Regina, but a prompt for further conversation and action. Limitations of this plan are largely centered on the lack of real-time data to accurately reflect the full magnitude of homelessness in Regina. Improving Regina's data collection methods and capacity is one of the first concrete steps outlined in this Plan that will help refine and reassess the level of need across the community over time.

This document unpacks the call for and development of Regina's Plan to End Chronic and Episodic Homelessness, including the community input and local data that have informed the Plan's priorities and activities. A breakdown of the investment required is also provided.

At the heart of this technical report are the dedicated and passionate community members of Regina who want to see action and solutions to homelessness. The Plan to End Chronic and Episodic Homelessness in Regina, including the engagement and consultation that have taken place along the way, has started the community on a path toward positive change for the most marginalized people in Regina. Continued leadership, hunger for change, and deeper community collaboration and integration will drive and sustain the work of ending homelessness in Regina.

# CONTEXTUALIZING THE CALL FOR 'EVERYONE IS HOME'

# HOUSING FIRST AND THE CALL FOR REGINA'S PLAN

The Federal Government has invested in supporting people experiencing homelessness through the Homelessness Partnering Strategy (HPS), an initiative that funds 61 designated communities across Canada. As a designated community, Regina has a Community Advisory Board (RHCAB), made of up key stakeholders who determine the allocation of funding locally.<sup>12</sup> In 2012, after a competitive application process, the YMCA was chosen as Regina's Community Entity (CE), which is the organization that flows funding to community organizations based on the RHCAB's decision. The purpose of the RHCAB and CE are to ensure that there is comprehensive planning for funding allocations, taking into consideration the broader local priorities and contextual factors around homelessness and service provision.

The RHCAB and YMCA Regina demonstrated community leadership by pursuing the implementation of a Housing First pilot program in Regina.<sup>13</sup> In 2016, the Phoenix Residential Society was chosen by the RHCAB as the lead service delivery organization for the pilot.<sup>14</sup>

**Housing First** is rooted in the philosophy that housing for a person experiencing homelessness is not dependent on readiness or 'compliance' (for example, sobriety). It is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery.

Using a Centralized Housing Intake Process (CHIP) Phoenix's Housing First program, called HOMES, matched people who were previously chronically homeless not only to long-term housing arrangements, but to supports that have helped them flourish when provided with the foundations of a safe, stable home. The first year of the HOMES program led to a reduction in expensive emergency responses for the 26 people enrolled in the program, with the second year sustaining similar positive impacts. The results of the pilot are clear - Housing First is both a compassionate and cost effective approach to supporting people with complex needs who experience chronic homelessness.

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<sup>12</sup> See Appendix A for a complete list of the Regina Homelessness Community Advisory Board (RHCAB).

<sup>13</sup> See Glossary under Housing First for description

<sup>14</sup> See Appendix B for a list of Community Programs.

The results in Regina are backed up by a growing body of research showing that traditional emergency response approaches to addressing homelessness are expensive and largely ineffective,<sup>15</sup> while Housing First reduces the demand on costly systems such as health and criminal justice.<sup>16</sup> A 2008 study in British Columbia<sup>17</sup> found that people who are homeless can cost taxpayers nearly 50% more than a person in supportive housing. On average, one person experiencing homelessness with serious addictions and mental health issues uses approximately \$55,000 per year in health care and corrections services alone. This is compared to the \$37,000 per year it would cost to place that same person in supportive housing that not only addresses their need for a place to stay, but offers wrap-around supports. Studies completed by Vancouver Coastal Health also concluded that supportive housing for individuals with a serious mental illness reduces their use of hospitals with psychiatric admissions by 54% and medical admissions by 58%.<sup>18</sup>

The strongest evidence we have for Housing First cost savings is the Mental Health Commission of Canada's At Home/Chez Soi (AHCS) study. Launched in 2008 with a \$110 million budget, AHCS aimed to test the efficacy and cost effectiveness of Housing First programs that provided housing with wrap-around supports in five cities. It compared the average shelter, health, and justice costs of those in Housing First to those in a control group for treatment as usual. Overall, the treatment as usual cost \$23,849 per person for one year, while Housing First cost \$14,599 per person per year.

When looking at the data for those that were the highest emergency service users, cost savings increased significantly. The annual costs for these individuals under treatment as usual was \$56,431 versus \$30,216 in Housing First. With costs of delivering Housing First included, the study found that for every dollar spent on Housing First, \$0.54 is avoided through reduction on service demand for this population.<sup>19</sup>

Under the Phoenix HOMES program to date, the individuals served would largely be classified as those highest emergency service users that are most costly to public systems and have the most complex needs that require long-term supports. Over the past two years, the HOMES program has shown significant reduction in public systems interaction for the 49 clients served. The yearly cost of serving this cohort pre-intervention is estimated to be \$31,000 per year, and \$13,000 post-Housing First intervention. This amounts to a 58% cost avoidance among the following public systems:

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<sup>15</sup> Gaetz, S. (2012). *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press.

<sup>16</sup> Gaetz, S., Scott, F. & Gulliver, T. (Eds.) (2013). *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press.

<sup>17</sup> Patterson, M., Somers, J.M., McKintosh, K., Sheill, A. & Charles James Frankish. (2008). *Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia*. Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University.

<sup>18</sup> Vancouver Coastal Health. (2008). *Outcome Evaluation Update— Hospital Utilization, Mental Health Supported Housing*. Retrieved from <http://www.streetohome.org/wp-content/uploads/2017/08/Streetohome-10-Year-Plan.pdf>

<sup>19</sup> Goering, P., Velhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E. & Ly, A. (2012). *At Home/Chez Soi Interim Report*. Calgary: Mental Health Commission of Canada.

Figure 1

Public System Interaction in Regina's Housing First program (n=49)	
Police Calls Reduction	81%
Arrests Reduction	89%
Days in Hospital Reduction	40%
ER Visits Reduction	75%
EMS Reduction	66%
Detox Visits Reduction	93%

The success of Regina's HOMES program has brought the community to an important decision point. Service providers and stakeholders recognize that the program has only been able to meet the needs of those with the highest acuity that need long-term supports and are unlikely to be able to live completely independently. The lack of Permanent Supportive Housing<sup>20</sup> in Regina has caused these high acuity individuals to remain in housing units that could see more turnover with lower acuity clients that would be able to eventually move into independent living with some supports.

In response to the growing backlog of clients waiting for Housing First intervention, the City of Regina and the RHCAB came together in the Spring of 2017 to pursue the development of a costed, community action plan to end chronic and episodic homelessness in Regina using a Housing First approach. The City of Regina matched a HPS contribution of \$60,000 to hire consultants to develop the Plan with the community. The YMCA hired Terin Kennedy as the Director of The Plan to End Homelessness Regina and brought on James O'Watch, Senator with the Federation of Sovereign Indigenous Nations, as an Elder and Special Advisor. After an extensive Call for Proposals, the Systems Planning Collective was hired, led by Dr. Alina Turner with Turner Strategies, supported by the national youth homelessness coalition: A Way Home Canada, and the national research institute the Canadian Observatory on Homelessness.

## INTEGRATING A HOUSING FIRST PHILOSOPHY INTO REGINA'S SYSTEM

Budget constraints and limited program spaces often require the homeless serving system and individual organizations to prioritize people for services. Typically, the approach to prioritization has been to serve the chronically homeless, largely because this population is the most costly to provide service for. However, denying individuals or families support due to lack of chronicity or acuity increases their exposure to violence, exploitation, and entrenchment in homelessness. This is particularly true for young people. A system that fails to intervene when individuals present with lower complexity/acuity increases the risk that they will go on to become the next generation

<sup>20</sup> See Glossary under Permanent Supportive Housing



of the chronically homeless. Individuals and families should not be required to become more complex or languish further in homelessness in order to receive assistance.

In order to take a rights-based approach and appropriately match services to individuals and families, and ultimately prevent and end chronic and episodic homelessness, there are a number of systems and sectors beyond housing and homelessness that need to be engaged and involved in service and program coordination.

Regina's Plan sets out to integrate the Housing First philosophy within and across systems. Beyond the practical Housing First *program*, taking up a Housing First *philosophy* across a community involves realizing and putting into practice the five principles of Housing First:

1. Immediate access to permanent housing with no readiness requirements.
2. Consumer choice and self-determination.
3. Recovery orientation.
4. Individualized and client-driven supports.
5. Social and community integration.<sup>21</sup>

Adopting a Housing First philosophy takes time as it requires whole systems, organizations, and community leaders to keep fidelity to these principles in order to ensure that there is a consistent approach to meeting the needs of people experiencing homelessness. Service providers should all strive to fulfill the Housing First principles, using them as standards to hold themselves accountable to.

## FUNCTIONAL ZERO: MEASURING AN END TO CHRONIC HOMELESSNESS IN REGINA

Community leaders and stakeholders in Regina have called for measurable targets to track progress toward reaching Functional Zero homelessness. Functional Zero refers to the state of a community in which anyone who experiences homelessness “does so only briefly, is rehoused successfully, and therefore unlikely to return to homelessness”.<sup>22</sup> In order to achieve Functional Zero, a community has the resources to rapidly meet the needs of people experiencing homelessness. There is currently no firm consensus of how to measure whether a community has achieved Functional Zero.

Medicine Hat, Alberta, is an example of a community that has reached Functional Zero by having adequate program and housing spaces to meet the needs of anyone who becomes or is homeless. They have a robust and agile system of care that can respond quickly to local trends in homelessness and can shift resources as new needs arise.

<sup>21</sup> Canadian Observatory on Homelessness. (2018). Housing First. Retrieved from <http://homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

<sup>22</sup> Turner, A. (2017). Canadian Definition of Ending Homelessness: Measuring Functional and Absolute Zero. Canada: University of Calgary School of Public Policy (SPP), Canadian Observatory on Homelessness (COH), Canadian Alliance to End Homelessness (CAEH).



Having achieved Functional Zero does not mean there is no homelessness or that no one ever becomes homeless again in Medicine Hat. Rather, there is a comprehensive systems approach in place with effective community programs and housing models. Key indicators used in Medicine Hat, such as numbers of people in shelters, length of time homeless, and rates of discharge from justice and health systems into homelessness, are monitored in real time to ensure the community stays on track using shared information systems and innovative technological platforms to connect people to services.

Part of the planning work in Regina has involved engaging community members on how to achieve Functional Zero. At the start of the process, the RHCAB and key community stakeholders stated that the Plan should lead homelessness in Regina to become “rare, brief, and non-recurring.” Building out from there, community members identified three overarching goals for Regina, which are reflected in the Plan’s KPI’s.<sup>23</sup> The high-level KPIs within the Plan should continue to be refined into ambitious, achievable and measurable community targets as Regina strengthens its data collection and integration.

***Everyone has access to service when they need it.<sup>24</sup>***

Service providers highlighted the challenge of a high number of turnaways from service that occur in Regina, due to limited capacity and ability to match individual and families’ needs to appropriate programs, housing, and services. Additionally, an integrated data system with all service providers contributing real-time data is needed to determine how many of those that were turned away from service in one location were able to access service from another provider.

Consultation participants indicated that a goal would be to drive down the number of people turned away from service due to a lack of capacity or resources. An important component to driving down the number of turnaways is increasing homeless-serving and public systems’ ability to prevent or divert people from becoming homeless and rapidly re-housing people. This will take some of the pressure off of emergency services and shelters, allowing them to be more responsive and attentive to people in crisis and/or with complex needs.

***People’s experience of homelessness is rare, brief, and non-recurring.<sup>25</sup>***

Service providers want to reduce the amount of time that people experience homelessness. For example, in Regina there are limits to the amount of time that a person receiving Social Assistance can stay in a shelter. As a result, a person’s shelter stay is not necessarily an indication of how long they have experienced homelessness. Therefore, community members have chosen to focus on the total time that a person experiences homelessness over the course of a year, whether in shelter or sleeping rough. A clearer target for the maximum length of time that a person experiences homelessness must still be set when Regina has established a more comprehensive data collection and integration approach. In the meantime, aligning Plan

<sup>23</sup> See Appendix D for a complete list of Functional Zero Key Performance Indicators.

<sup>24</sup> Key Performance Indicator: Number of turnaways from service decreasing towards zero.

<sup>25</sup> Key Performance Indicator: Length of time experiencing homelessness decreasing year over year.

implementation with the goal for homelessness to be “rare, brief, and non-recurring” helps to strengthen the focus for systems.

### Services are increasingly coordinated.<sup>26</sup>

Community members have called for better coordination of services as a central component to this Plan, with clear metrics to assess the progress of service coordination. Therefore, an action area within the Plan is to increase the number of services that are connected to and participate in a Coordinated Access model for homeless-serving programs and services. Regina’s Central Homeless Intake Process (CHIP) for the HOMES Housing First program is an excellent starting point to build upon to reach this community goal.

## THE NATIONAL HOUSING STRATEGY AND REACHING HOME

The call for a Plan to End Chronic and episodic Homelessness in Regina is ideally timed, coinciding with a number of new federal opportunities in housing and homelessness. The Government of Canada has taken significant steps to re-establish a federal role in the creation and renewal of affordable housing, and to further their impact on homelessness across the country through the National Housing Strategy.

More than housing alone will be necessary to bring about an end homelessness. In addition to a number of stackable affordable housing funding initiatives and programs, the federal government has announced its plan to renew its commitment to ending homelessness through its new strategy [Reaching Home](#). Reaching Home is intended to be more flexible than the current Homelessness Partnering Strategy in order to meet the varying needs of communities, while focusing on community-wide outcomes-driven performance management, as opposed to transactional program requirements. Reaching Home aims to implement coordinated access and support communities to address homelessness strategically through the integration of and communication across multiple systems and sectors that touch on homelessness. Indeed, Regina’s Community Plan to End Homelessness is a head start on a new federal requirement for designated communities to have community systems plans.

<sup>26</sup> Key Performance Indicator: Number of agencies signing on and developing Coordinated Access protocols increasing year over year towards 100%

# **UNDERSTANDING HOMELESSNESS: CAUSES & IMPACTS**

# UNDERSTANDING HOMELESSNESS: CAUSES & IMPACTS

## Defining Homelessness

The Canadian Observatory on Homelessness (COH) describes homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.”<sup>27</sup> Critical to this understanding of homelessness is that it does not represent only those staying in homeless shelters. It can take a variety of forms, and many people without a safe place to stay choose not to stay in shelters for a number of reasons. The following definitions capture some of the different ways in which people experience homelessness and housing precarity:

### **CHRONIC HOMELESSNESS:**

An individual experiences homelessness for six months or more in the past year (i.e. has spent more than 180 cumulative nights in a shelter or place not fit for human habitation) and/or has experienced homelessness three or more times in the past year. This also includes individuals leaving institutions (e.g. mental health facilities, hospitals, correctional institutions and children leaving care) who have a history of chronic homelessness and cannot identify a fixed address upon their release.

### **EPISODIC HOMELESSNESS:**

An individual’s experience of homelessness is under one year and has fewer than four episodes of homelessness in the past three years. Typically, those classified as episodically homeless have recurring episodes of homelessness as a result of complex issues such as addictions or family violence.

### **TRANSITIONAL HOMELESSNESS:**

Homeless for the first time (usually for less than three months) or has had less than two episodes in the past three years. The transitionally homeless tend to enter into homelessness as a result of economic or housing challenges and require minimal and one-time assistance.

### **EXTREME CORE HOUSING NEED:**

Refers to those at risk of homelessness as a result of having an income under \$20,000 per year and paying 50% or more of their income toward shelter costs. Unexpected expenses, job loss, or other unforeseeable circumstances can be enough to push those in extreme core housing need into homelessness.

<sup>27</sup> Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

While taking all of these experiences into account, Regina's Plan focuses predominantly on ending chronic and episodic homelessness.

Further, the work of Jesse Thistle, Métis scholar at York University, and the Indigenous Definition of Homelessness highlight the multidimensional ways in which homelessness is experienced by Indigenous peoples that goes beyond the lack of a physical permanent place to stay. Loss of connection to land, family and/or community, history and culture are aspects of Indigenous experiences of homelessness that must be rectified in Regina's proposed solutions.

## PATHWAYS INTO HOMELESSNESS: RISK AND RESILIENCE

A variety of factors increase the likelihood that someone will experience homelessness, particularly when those factors are experienced in combination and in absence of protective factors. The risk factors or causes of homelessness can be broken down into three categories:

1. **Structural Causes** refer to economic and social issues that affect opportunities and the broader social context of the individual. Economic factors can include economic downturns and recessions, rising costs of living, or low employment opportunities that make housing and food unaffordable. A growing number of households are paying more than 50% of their income on housing, well beyond the recommended 30% threshold for housing to be considered affordable. Not being able to access affordable housing strains household budgets, which can lead to both poverty and homelessness. Households living in extreme core housing need are often one significant expense, job loss, or financial emergency away from experiencing homelessness.

Societal factors refer to structurally ingrained and socially perpetuated discrimination, such as racism, sexism, homophobia, and transphobia that impede some groups from gaining access to their basic needs. These groups are at greater risk of losing their housing, having their rights violated, and experiencing victimization both on and off the streets.

2. **Systems Failures** refer to the ways in which mainstream systems of care fail to prevent or even contribute to experiences of homelessness. Child welfare, justice and health care systems can contribute to local flows into homelessness when people are not provided with the appropriate transition planning needed to obtain safe, permanent housing upon their exit from a system.
3. **Individual Causes** refer to the personal circumstances that result in a person becoming homeless. These can be related to a traumatic event such as a job loss, or medical emergency, relational factors such as a divorce, experience of abuse, trauma or family violence, and mental health and substance use.<sup>28</sup>

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<sup>28</sup> Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver, (2013). The State of Homelessness in Canada 2013. Toronto: Canadian Homelessness Research Network Press.

While it may be an individual cause that can be the tipping point for a person's experience of homelessness, the lack of affordable housing, adequate income opportunities, and the gaps in transitions between systems can prevent an individual from permanently exiting homelessness. However, in light of the many risk factors that cause homelessness, understanding resilience helps determine the ways in which protective factors against homelessness can be nurtured in individuals, families, and communities.

There are a number of assets that mitigate risk of homelessness for individuals and communities. Resilience is having the ability to recover from and cope with adversity. Genes, family dynamics, intelligence and other environmental factors all impact resilience.<sup>29</sup> Importantly, evidence shows that people can develop resilience and increase their ability to deal with adversity.<sup>30</sup> The following protective factors<sup>31</sup> help mitigate the risk of homelessness:

- 1. Healthy social relationships;**
- 2. Cultural supports;**
- 3. Education;**
- 4. Access to affordable housing, and;**
- 5. Adequate income.**

The more protective factors an individual or family has, the greater their resilience will be and the more likely it is that they will be able to find housing in a reasonable amount of time with little difficulty and requiring fewer community supports. More protective factors also increase the likelihood that an individual or family will be able to maintain housing stability over time. Increasing the protective factors for individuals and families in Regina was brought up within community consultations as central to the aims of the Plan.

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<sup>29</sup> Rutter M 2007 Resilience competence and coping Child Abuse Neglect 31 205

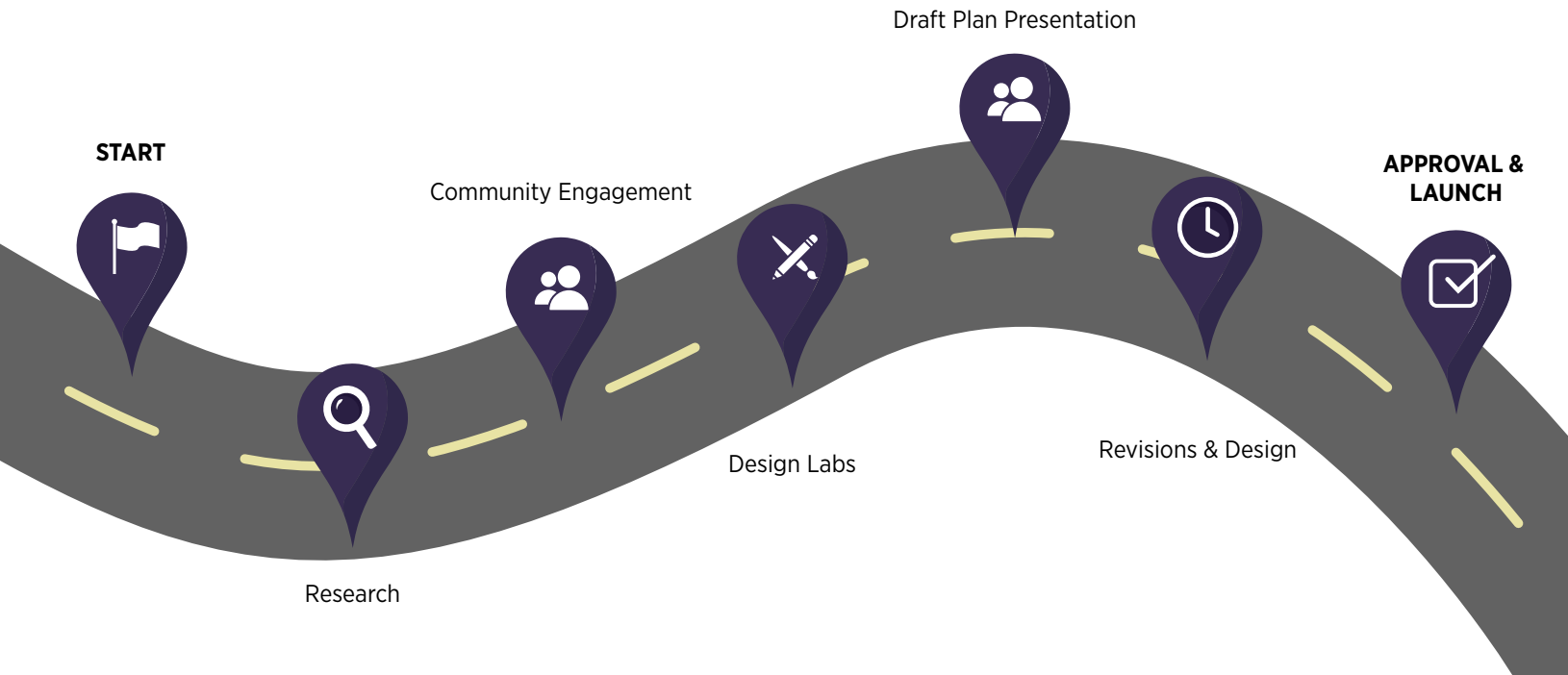
<sup>30</sup> Brian M. Hughes, Eimear M. Lee, Lorraine K. McDonagh, Éanna D. O'Leary & Niamh M. Higgins 2012. Handbook of adult resilience. The Journal of Positive Psychology Vol. 7 , Iss. 2, 2012

<sup>31</sup> Gaetz, S. et al. 2016. The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press. Retrieved from: [http://homelesshub.ca/sites/default/files/SOHC16\\_final\\_20Oct2016.pdf](http://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf)



# BUILDING 'EVERYONE IS HOME' - A COMMUNITY PROCESS

# PROJECT ROAD MAP 2018 - 2019



Regina's Plan was developed through months of background research, consultation, and engagement beginning in December 2017, engaging a wide range of community members, service providers, and individuals with lived experience. Consultation activities included the following:

## Background Research Phase

- A thorough literature review was completed to assess current local data and the context of homelessness in Regina, as well as the economic and social factors impacting the state of Regina's housing and homelessness.

## Community Engagement Summit

- A day-long community planning summit, featuring over 20 "Table Talks", consulting with over 200 community members about the priority areas for the Plan.

## Design Labs

- Based on the Community Summit themes, over 20 Design Labs were held. These two-hour workshop sessions allowed local experts and community members to come together to identify possible solutions and actions to tackle the varying needs of individuals and families that experience homelessness in Regina.<sup>32</sup>

<sup>32</sup> See Appendix E for a complete description of the Design Lab topics.



## **Online Surveys**

- In partnership with community partners, 72 online surveys were completed. The survey asked participants what they think is needed to see a reduction in homelessness in Regina.

## **Lived Experience Focus Groups**

- Focus groups were held to engage people with lived experience of homelessness in Regina and hear about what has been successful and where the gaps are in the local homelessness serving system.

## **Stakeholder Interviews**

- Individual follow up interviews were conducted with members on the Community Leadership Committee, as well as service providers to better understand community priorities for the Plan.

# CORE CONCEPTS

The following core concepts for *Everyone is Home* are intended to be grounding philosophies for how systems changes are made and monitored.

## PERSON-CENTERED SUPPORT

1. Ensure that people with lived experience are consulted and have meaningful roles of leadership throughout the process of the Plan implementation.
2. Secure funding to support the role of people with lived experience in Plan implementation to demonstrate that this is a priority.
3. Apply a population focus to process and programs including Indigenous peoples, women, youth, seniors, LGBTQ2S+, and newcomers to ensure a person-centered approach.
4. Prioritize flexibility within programs to ensure that systems responses address the unique needs of individuals.

The voices of people with lived experience of homelessness must be at the centre of Regina's systems design and service delivery efforts to end homelessness in meaningful and practical ways in order to account for the differing needs and circumstances of people on the street. In 2014, a Lived Experience Advisory Council identified a number of principles for engaging people with lived experience under the phrase: "Nothing for us without us".<sup>33</sup> Throughout the Plan development process, efforts have been made to create space for people with lived experience to contribute. Critical to the Plan's success will be continuing to find ways to engage and involve people with lived experience.

Providing person-centered support involves meeting people where they are at, and taking a strengths-based approach that recognizes the resilience of their clients. A key component of this strengths-based approach is ensuring that the individual is provided with the information and support needed to have self-determination in decisions affecting their lives.

As much as possible, flexibility should be designed into processes for accessing resources. Being person-centered also requires a "can-do" attitude to working with people experiencing homelessness, focusing on meeting the client's needs and overcoming technical and administrative challenges or barriers to access. Frontline workers in service provision should be empowered to advocate for the needs of the people they work with.

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<sup>33</sup> Lived Experience Advisory Council (2014). Nothing About Us Without Us. Retrieved from <http://www.homelesshub.ca/NothingAboutUsWithoutUs>

Part of person-centered support also means creating a context in which workers and service providers are supported to be able to give their clients the best care possible. Human services sector jobs often have high turnover rates, low wages, and significant burn-out from working within a crisis-driven context. Many frontline workers at the community summit and design labs expressed appreciation for having the opportunity to look up from the chaos and crisis they are close to everyday, and focus on solutions rooted in the bigger picture and common goal of ending homelessness with other people working to create positive change.

## COMMUNITY ENGAGEMENT

1. Ensure that the governance structure of the Plan leadership body has a strong community role embedded in the Terms of Reference.
2. Develop reporting and feedback mechanisms that ensure regular opportunities for community engagement into implementation process.
3. Harness community creativity and momentum through various outlets including working groups, public forums, throughout the implementation of the Plan.

There is interest extending beyond the homelessness sector in moving the Plan forward and participating in solutions to homelessness. In addition to service providers, funders, and government players, developers, builders, architects, and members of faith groups came together to be a part of the conversation around ending homelessness in Regina. The different lens, perspective, ideas, and resources that those outside the sector bring only strengthens the work and increases the shared sense of ownership of the Plan.

As the work of the Plan implementation moves forward, it will be critical for the leadership to harness the community momentum and energy through formalized opportunities for ongoing engagement. Early on, the Plan leadership should identify clear roles community members can play in the Plan's governance and/or implementation.

The lead agencies implementing the Plan can build on the engagement process to date. Plan leaders should consider ways to keep the community abreast of new developments, progress, and opportunities to contribute using engagement tools such as emailed newsletter updates and annual community forums. The more that community members are engaged in the solutions outlined in the Plan and in community work, the more momentum there will be for reducing and ending homelessness in Regina.

# RECONCILIATION

1. Recognize that ending homelessness is an act of reconciliation, and that the process of Regina's implementation must be accountable to the TRC Calls to Action.
2. Ensure Indigenous leadership is embedded in the Plan governance model.
3. Embed cultural lens with supports for Indigenous peoples experiencing homelessness by working with Elders, through ceremony, staff training, and housing design.
4. Remove barriers for participation & employment for Indigenous peoples.

Indigenous and non-Indigenous community members have expressed that reconciliation is at the heart of ending homelessness in Regina. Reconciliation is first and foremost based on relationships. Integrating reconciliation into the Plan implementation process means creating context and space to build and strengthen relationships and trust between Indigenous peoples and non-Indigenous peoples. Changes and structural shifts take time, and if these are not first rooted in relationships of trust, it is difficult to move forward.

**Relationships must be intentional by finding concrete mechanisms to foster trust and compassion, such as:**

- Ensure that Indigenous voices and leadership are required in the governance body;
- Ask Elders and knowledge keepers to open meetings;
- Ongoing engagement with Indigenous people with lived experience as advisors on the Plan;
- Collaborate with Indigenous leadership and agencies by facilitating more accessible opportunities for engagement (meeting onsite, etc.);
- Ensure that Plan leadership participate in cultural competency training;
- Ask all funded partners to reflect on their hiring cultures and promote the hiring of more Indigenous staff in the housing sector by removing barriers for employment, and;
- Ensure all positions associated with the Plan To End Homelessness have access to cultural training, trauma informed care training, along with access to information about residential schools and the Truth and Reconciliation Commission of Canada's 94 Calls To Action.

# PLAN PILLARS AND KEY OUTCOMES

# PILLAR ONE: LEADERSHIP & IMPLEMENTATION

## *Key Outcomes:*

1. Funding secured for Director Position for Plan implementation
2. Governance body for Plan established & Plan implementation positions hired

### **Key Outcome #1**

#### Funding secured for Director Position for Plan implementation

- Secure funds to cover Plan implementation positions over a five-year period through matching commitment from municipal, provincial, and federal governments.

The implementation positions for the Plan are critical to ensuring that the work is coordinated and completed. The organizational structure is described below. It is recommended that each order of government go in on a joint contribution of \$20,000/year, totaling \$100,000 over five-years to signal partnership and commitment to the Plan. This also ensures that the Director can be fully focused on implementing the Plan rather than fundraising to cover their position.

### **Key Outcome #2**

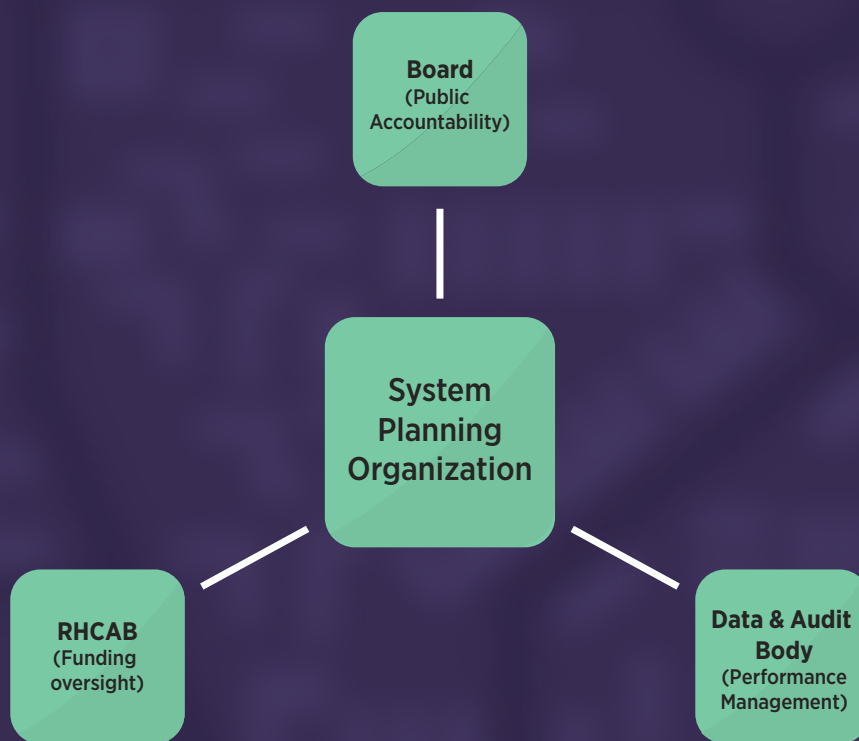
#### Governance body for Plan established & Plan implementation positions hired

- Recruit and confirm community leaders for Plan governance and implementation that incorporates Indigenous leadership, a procedure/structure for lived experience input, and formal outlets for ongoing community oversight and engagement.
- Confirm and hire Plan implementation positions, tasked with operationalizing the Plan under a systems-wide Housing First philosophy.
- Set up a funders table for Plan implementation, dedicated to wrapping funds around the Plan so it is fully financed for the five-years of implementation.



Governance and implementation models for community plans to end homelessness vary across the country, and include everything from the development of new non-profits mandated to implement homelessness plans, to Ontario's unique model in which the Province has mandated municipal Service Managers<sup>34</sup> to lead efforts in each community. Ultimately, leadership and implementation of the plan requires significant systems planning expertise, the capacity to oversee public funding, and an accountability body to ensure the Plan reaches its intended goals.

Regina is off to a strong start in ensuring that this Plan is implemented with key stakeholders already at the table as part of the Community Leadership Committee to oversee the development of the Plan. This Committee has representatives from all three orders of government, Chiefs from surrounding First Nations communities, and private sector and non-profit leaders. It is a subcommittee of the Regina Homelessness Community Advisory Board.



Moving forward, the current CLC will dissolve and a new Board, possibly with many of the same stakeholders, will take on the task of overseeing the Plan's implementation. The RHCAB will have a seat on this Board of Directors to ensure flow of communication between groups. The System Planning Organization (SPO) will initially be housed within a larger, existing organization to ensure resources are used most effectively for implementation. The SPO is effectively a separate initiative or coalition named End Homelessness Regina that is supported by the already-established bureaucracy of a larger agency.

<sup>34</sup> Ontario is divided into 47 Consolidated Municipal Service Managers and District Social Service Administration Boards, which are closely connected to, but at arms-length from municipalities and are tasked with implementing provincial social policy programs and meeting provincial mandates on issue areas, such as housing and Ontario's social assistance programs.

Finally, in order to monitor the progress of the Plan and whether the targets are being met, an auditing body will be established as a third arm of Regina's governance structure. In order to ensure objectivity, the Data and Auditing body will be at arm's-length from the SPO. Stakeholders in this group will include community-based agencies, as well as people with lived experience. The auditing process must be fair, transparent and accessible to the community. This group will also serve as governance for HIFIS 4.

### *Key Roles:*

#### **Community Champions / Board**

- Public oversight and accountability of Plan.

#### **Regina Homelessness Community Advisory Board**

- Determines which agencies deliver funded programming through a competitive process in alignment with Plan targets.

#### **System Planning Organization**

- Plan coordination and implementation by convening stakeholders to achieve Plan targets.

#### **Data and Audit Working Group**

- Performance monitoring of Plan. Group members to include people with lived experience and community agency representatives.

The entire governance structure will be overseen by the full-time Director of the Plan to End Homelessness. This position would ideally have funding secured for the full duration of the Plan, with costs covered by federal, provincial, and municipal levels of government to demonstrate a joint commitment to this work. This position is critical to the success of the Plan and will be 'housed' within the larger agency chosen to be the Systems Planning Organization.

## **PILLAR TWO: DATA-DRIVEN SYSTEMS INTEGRATION & COORDINATED ACCESS**

1. Community-wide systems mapping exercise with service providers
2. Integration of a single real-time data platform for the homeless serving sector
3. Comprehensive Coordinated Access model

### **Key Outcome #1**

#### Community-wide systems mapping exercise with service providers

- Complete a community-wide systems mapping exercise with service providers to ensure comprehensive understanding of existing services and program capacities, gaps, and leveraging strengths.

Community Systems Mapping is an opportunity to begin to see the impact and effectiveness of the system as a whole, rather than on an agency-by-agency basis. The language of “system mapping” can often be interpreted to mean developing an exhaustive list of all of the resources within the current system. A comprehensive systems map can also look at variables such as the number and types of different programs that each agency runs and the funding streams accessed by each, the mandates for the individual programs, the optimum capacity of each program, and the numbers showing whether the actual program use is at, over, or under capacity. This kind of information provides the Systems Planning Organization with an understanding of where needs are the greatest, and what resources could be re-allocated or shifted around. Tools like HelpSeeker or 211 can be used by communities to map their systems and update them in real time.

#### **Community Systems Mapping will produce the following outcomes:**

- An up-to-date resource directory for all services available to people at risk of or experiencing homelessness in a community;
- Mapping of the locations of the various community resources to discern location patterns;
- Categorization of all programs by target population, eligibility criteria, geographical scope, service model and focus;

- Real-time occupancy report to show what spaces are available in services;
- Clear eligibility, referral and access for people seeking support;
- A feedback loop from clients/users of services to each of the resources, and;
- Performance indicators to track community demand and feedback on services.

It is important that this process takes place as soon as the Plan launches. Plan Coordinators will take this on as part of the early work on the Plan. This information will help to inform decisions about refining performance metrics, and demonstrate where capacity exists within the system.

## Key Outcome #2

### Integration of a single real-time data platform for the homeless serving sector

- Build out HIFIS 4 across Regina in order to have access to consistent, real-time data within the homeless-serving sector, leveraging federal support for homelessness data collection within the federal strategy, Reaching Home.

When HIFIS 4 is used to its fullest capacity, service providers are able to exchange relevant pieces of information to assist clients moving to different providers within the system, rather than requiring the client to retell key details about their service and support needs. Oftentimes, the presence of multiple service providers in a person's life, as they move from service to service, can lead to both duplication as well as missing key pieces of information. The lack of consistent follow-up can make it incredibly challenging to support people effectively. It is also often common, as stated throughout the consultations, for several staff at different agencies to either seek the same follow-up piece, or to not connect with the client's previous service provider for information at all. Therefore, leveraging HIFIS 4 will help ensure that service providers have access to real-time data, can share information more effectively between services, and ultimately better serve their clients.

## Key Outcome #3

### Comprehensive Coordinated Access Model

- Work with public systems to facilitate data-sharing and integration in order to identify the inflows and outflows of homelessness for more targeted policy change and funding needs.
- Utilize data to support a shift toward prevention and diversion to meet the needs of those at highest imminent risk for homelessness.

- With support from the federal government under the Reaching Home homelessness strategy, scale the existing Coordinated Housing Intake Process (CHIP) into a systems-wide Coordinated Access model that matches people within the full continuum of services.
- Develop performance management framework including the development of systems-wide KPI's.

Building on an expanded Coordinated Access system and improved data collection, Regina can strengthen the existing partnerships with public systems engaged directly or indirectly in housing and homelessness. These partnerships are already established in Regina with the presence of the provincial Ministries of Justice, Social Services, the Saskatchewan Housing Corporation, and Saskatchewan Health Authority already being a part of the Community Leadership Committee for the Plan to End Homelessness in Regina. As the data begins to show patterns of pathways into, out of, and returning to homelessness, service providers can get ahead of these challenges by developing local solutions with policymakers and practitioners in these public systems.

Similarly, data can also be used to support the shift towards prevention and diversion both from other systems of care, and for general inflow of program participants. Other communities have found that the use of data can be a powerful motivator, because service providers can see real-time updates of trends and patterns, and can recognize when an intervention in the system makes a difference. Service providers can also be adaptable and nimble in responding to new challenges or needs for changes in approach. This responsive, dynamic systems approach will ensure that clients will be more appropriately matched to interventions, and are able to receive the supports they require faster.

As the data collection improves, the System Planning Organization will need to bring together stakeholders to develop systems-wide targets to align with the Plan. Regina has chosen a number of KPI's based on three broad dimensions of the working Functional Zero definition developed by Dr. Turner<sup>35</sup>. These dimensions include Lived Experience, Homeless Serving System, and Public Systems. Convening stakeholders to create shared targets, measures, and outcomes for service delivery and funding will facilitate better systems integration.

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<sup>35</sup>[1] Turner, A. (2017). Canadian Definition of Ending Homelessness: Measuring Functional and Absolute Zero. Canada: University of Calgary School of Public Policy (SPP), Canadian Observatory on Homelessness (COH), Canadian Alliance to End Homelessness (CAEH).

## PILLAR THREE: HOUSING & SUPPORTS

### *Key Outcomes:*

# 2227\*

**Intakes of people through :**

- 80 new Permanent Supportive Housing spaces
- 80 new affordable housing spaces
- 80 new rent supports
- 100 prevention interventions
- 140 new Assertive Community Treatment spaces
- 130 new Intensive Case Management spaces

\* This number accounts for turnover in the five-year period

**Align housing models across the sector with best practices for supporting people who experience interpersonal violence**

### **Key Outcome #1**

#### **People housed through:**

- 80 new Permanent Supportive Housing spaces
- 80 new affordable housing space
- 80 new rent supports
- 100 prevention interventions

Housing and Supports are achieved by:

- Strengthen formal links between the Plan and the Design Regina Comprehensive Housing Strategy and encourage the City to continue to evaluate municipal levers and options that could enhance housing affordability.
- Support provincial and federal investment for the addition of 80 units of long-term supportive housing in purpose-built buildings targeted to chronic & episodic homeless people with higher needs.
- Work with organizations dedicated to addressing interpersonal violence to ensure program and housing models appropriately serve those impacted by violence.

While Regina's vacancy rate is high, the cost of housing is inaccessible for a number of community members, particularly those looking to get off of the streets. Increasing the availability and accessibility of affordable housing units generally, and permanent supportive housing in particular is necessary to relieve backlog of individuals trying to access Housing First interventions.

The City of Regina has done extensive work to find ways to increase housing stock through the Housing Incentives Policy (HIP), which leverages tax incentives and capital grants to stimulate the development of more affordable housing. The HIP was amended in both 2015 and 2017 to shift funds towards the development of affordable rental units instead of affordable ownership units, which directly impacts people on low incomes who are at risk of homelessness. Innovative solutions have also been tested, such as exploring the option of Laneway Housing. The 2013 Design Regina Comprehensive Housing Strategy, which was developed through significant community consultation, captures many of these solutions.

The National Housing Strategy will come out with funding streams that require partnership with other levels of government. Given this, Regina has an opportunity to further leverage the existing mechanisms to increase the number of affordable rental options for people experiencing homelessness and risk of homelessness. To this end, such efforts would greatly support the long-term vision of ending homelessness by creating more options to keep people out of emergency shelters in the first place.

The Plan leadership should support efforts that take full advantage of the National Housing Strategy initiatives, and should support City Council and the Mayor's Housing Commission to support the Plan by renewing the Housing Incentives Policy.

In addition to the creation of new units, it will be critical to effectively prioritize and match affordable, appropriate housing options to those experiencing homelessness. Program measures called for in the Plan, particularly Assertive Community Treatment (ACT) and Intensive Case Management (ICM), would leverage existing non-profit and private units, increasing access to units for higher needs individuals who receive supports to maintain housing. The approach would allow the Saskatchewan Housing Corporation to put money toward retrofits of social housing in need of repair, as opposed to more costly new builds.



Other mechanisms to increase access to affordable housing include increasing rent supplements and rent supports. Rent supplements are an effective way to house people with limited incomes in existing units in the private rental market by supplementing their rental costs. People on social assistance and even on a full-time minimum wage receive well below what is required to pay for the average market rental unit. A rental supplement would top up what they currently receive to bring the cost of rent into an acceptable range of affordability. The Ministry of Social Services has made a decision to suspend the intake of new clients for the current Saskatchewan Rental Housing Supplement, though there is \$40 million budgeted in 2018-19 for SRHS. This is not a substantial amount when spread across the province, and it is unclear what the impacts of the change will be. There is hope that the National Housing Benefit will come online in 2020, mitigating negative effects of the provincial policy change, but the real impacts must be monitored.

Rent supports refer to additional money that an individual can choose how to spend in order to maintain their housing. This largely includes mandatory costs of living, such as buying groceries or paying heat and power bills, that if not paid for may threaten a person's ability to remain housed. Rent supports are often used as a prevention tool focused onto keeping people housed and not allowing them to fall into homelessness by offering a safety net when finances are tight.

Housing units are not one-size fits all. Working with various population experts will be critical to ensuring that both the development of new units, and leveraging of existing units meet the needs of key populations that experience increased levels of risk of homeless, such as women escaping violence, young people, Indigenous peoples, veterans, families, seniors, and LGBTQ2S+ individuals.

In particular, supporting young people through a Housing First for Youth approach will require housing that is age and developmentally appropriate, with a focus on the development of life skills for living independently provided where applicable. For many young people who experience homelessness, few opportunities have been offered to learn essential life skills for independence such as budgeting, negotiating with landlords, cooperating with neighbours, and taking care of a home. For young people, ending homelessness is not only a matter of providing a home, but supporting a young person's transition to adulthood and connections with lasting community and relational supports. Investing in young people who experience homelessness is preventing a new generation of people from becoming chronically homeless.

## KEY OUTCOME #2

### People supported through:

- 140 new Assertive Community Treatment spaces
- 130 new Intensive Case Management spaces
- **Work with provincial and federal partners to fill program gaps that support people experiencing chronic and episodic homelessness in the rental market through Housing First supports including:**
  - » Assertive Community Treatment
    - › 140 new spaces needed
  - » Intensive Case Management
    - › 130 new spaces needed
- **Support efforts to increase housing, programs, and treatment beds especially for young people in Regina, with a minimum 20% of treatment beds dedicated for youth ages 13-24 years.**
- **Advocate for a person-centered approach to programs and housing for people experiencing addictions and mental health challenges that meets them where they are at on the recovery and sobriety continuum.**

Advocates point to the need for a more comprehensive approach to ending chronic and episodic homelessness than merely offering housing. Strengths-based, person-centered supports that meet people where they are at are critical to supporting people to maintain their housing. In particular, we highlight the need for more Intensive Case Management and Assertive Community Treatment Spaces. Intensive Case Management is a form of support in which a case manager or worker is able to support a person one-on-one and connect them to resources in the community. Given the high rates of youth homelessness and ensuing long-term implications of this, ensuring that there are treatment beds dedicated to this group is critical to preventing future chronic homelessness.

For individuals with more complex needs, a wrap-around support approach called an Assertive Community Treatment team is used. Under this model, a multidisciplinary team including a psychiatrist, social worker, and often a nurse are able to provide support for an individual so that they can live independently. By providing increased supports to people, existing units of housing can be better utilized by individuals whom may not need to live in a fully staffed, permanent supportive building, but with ongoing support can maintain housing in a market rental unit.

It is important to ensure that people struggling with substance use and homelessness are provided support founded on evidence-based recovery orientation practices. Recovery-oriented approaches are in alignment with the Housing First principles of offering support and housing regardless of a person's substance use.<sup>36</sup>

## KEY OUTCOME #3

Align housing models across the sector with best practices for supporting people who experience interpersonal violence

In Regina, it is critical that housing models are aligned with best practice for supporting people who are escaping or dealing with the experience of interpersonal violence. This requires a trauma-informed approach from service providers, which is part of the general capacity-building work as part of the Plan. Part of this will mean taking into consideration issues such as safety and confidentiality in accessing housing and supports.

Stakeholders will need to work together to ensure that there is consistency across the sector, for all service providers supporting people experiencing violence.

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<sup>36</sup> Pauly, Reist, Belle-Isle, & Schactman, 2013. Housing and harm reduction: what is the role of harm reduction in addressing homelessness? International Journal Drug Policy, 24(4). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23623720>

## **PILLAR FOUR: CAPACITY BUILDING & PUBLIC AWARENESS**

### ***Key Outcomes:***

1. Increased training for service providers in priority areas, such as cultural competency, trauma-informed care, and recovery-oriented approaches
2. Population-specific lens applied to program design, implementation and outcomes evaluations
3. Regina Street Survival Guide and Map to ensure those at risk of or experiencing homelessness know where to go to quickly access the right help
4. Annual Community Forum on the Plan to End Chronic and episodic Homelessness

### **KEY OUTCOME #1**

Increased training for service providers in priority areas, such as cultural competency, trauma-informed care, and recovery-oriented approaches.

- Develop sector-wide capacity-building training agenda to increase staff effectiveness in supporting people with multiple and complex needs with an early emphasis on trauma informed care, cultural safety, recovery-oriented approaches, and shelter diversion approaches.
- Participate in regional, provincial and national learning communities and opportunities to share and learn about best practices, and champion preventing & ending homelessness.

Building upon and strengthening the capacity of the social service sector is critical to offering consistent services and standards across the system. Significant emphasis on the need for trauma-informed care came out in consultations, particularly given the high rates of women fleeing violence that experience homelessness, many of whom are Indigenous. Beyond experiences prior to homelessness, when living on the streets or precariously housed, individuals are significantly more likely to experience further trauma. The intersection of trauma with severe mental health

issues and/or substance use challenges also requires expertise to respond in the most effective, compassionate manner. As a baseline, it is recommended that training resources for trauma-informed care, cultural competency, recovery-oriented approaches, and shelter prevention/diversion strategies, be tied to all allocations of program funding related to the Plan. All of these topic areas have established best and/or promising practices and are person-centered.

An important step in expanding the capacity of frontline workers is to develop a training agenda and set of training requirements across the sector, rather than on an agency by agency basis. Setting training targets can be captured in the performance management of the Plan, and is reflected in the Plan's KPIs. Assessing participants' interactions with staff can show the impact of training. Developing a training agenda can also be a way to get creative with existing resources and knowledge. Some possible strategies could include agencies with different areas of expertise "trade" training opportunities, or agencies that have more significant resources save spots for additional members from lesser-resourced agencies, perhaps in exchange for in-kind resources (space, partnership opportunities, etc.).

## KEY OUTCOME #2

### Population-specific lens applied to program design and outcomes evaluations

- Integrate population-specific lens into program design and outcomes evaluations.

Population-specific analyses of processes and protocols within the system are necessary for reducing barriers to service and address the complex histories and identities of people who experience homelessness. The Design Labs brought a number of recommendations from the community to have an intersectional, gender-based analysis of existing policies that takes into account the ways in which policies impact women and LGBTQ2S+ individuals who experience homelessness. As knowledge and capacity are increased and community members offer recommendations, Regina can integrate more population-specific approaches to serving people most effectively.

## KEY OUTCOME #3

Regina Street Survival Guide and Map to ensure those at risk of or experiencing homelessness know where to go for the right help, fast

- Develop easy to access resource guides to ensure those at risk of or experiencing homelessness know where to go for the right help, fast. This includes building on existing resources such as the Regina Street Survival Guide and Map and creating new resources to offer support to the families or friends of those in need of help.

Refining a robust resource guide that is easy to access, both online and in print, will be a task over the next few years of Regina's Plan implementation. Much of the information from the systems mapping exercise in the first year of the Plan can be used to inform resource guides. As the sector scales up Coordinated Access, these processes for accessing multiple systems' resources can be clearly outlined in this resource guide, providing consistent information for people in need of support. This will benefit not only individuals directly impacted by homelessness and risk of homelessness, but would also be useful for families and friends of individuals who are experiencing housing and related crises.

## KEY OUTCOME #4

Annual Community Forum on Plan to End Chronic and Episodic Homelessness

- Launch campaign with emphasis on meaningfully engaging the roles of specific groups, such as faith based groups, landlords, builders, and other private sector stakeholders.
- Host annual forum with Plan updates and sustain community energy around the Plan.

Harnessing the momentum and creativity of community members will further bolster the Plan, and maintain its priority status for various levels of government and stakeholders. Developing a public awareness campaign and providing ongoing opportunities for engagement for members of the community are both required to sustain the Plan's momentum.

# PLAN COSTS & EXPECTED IMPACTS



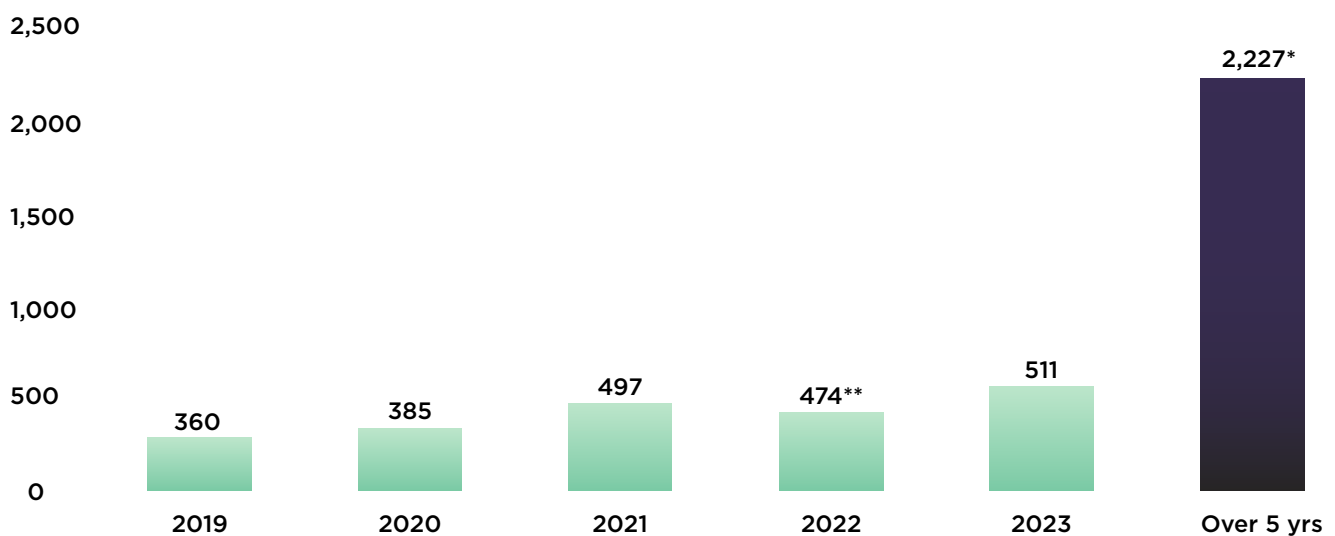
Housing First has proven to be a more effective and efficient response to homelessness than relying on emergency shelters, jails, and hospitals for temporary accommodation. Taking a Housing First approach results in significant cost avoidance for public systems. Regina's Housing First program found that housing chronically homeless individuals resulted in a 58% cost avoidance for costly public services (detox facilities, hospitals, jails, etc.).

Every dollar invested in housing and supporting people through Regina's Plan is anticipated to result in 50 cents that can be recuperated by public systems. (These estimates are based on Regina-specific data and population needs. The costs-saving are slightly more significant in the previously mentioned Housing First studies, because they focused on the highest acuity individuals). In other words, if the status quo in Regina remains, it would cost public systems \$75M over the next five-years to serve the people that would have been supported by this Plan. However, if this Plan is fully implemented, providing housing and supports those same individuals will avoid about \$37M in costs to major public systems in the same timeframe.

Ultimately, it is cheaper to house and support individuals and families than it is to allow them to remain homeless.

The measures proposed within this Plan will **support over 2,227 intakes of people\* over the next five-years, including the entirety of the chronic and episodic homeless population in Regina**, through existing and new programs and housing aligned to Housing First principles. Regina's Plan includes \$38 million in program costs and \$25 million in capital costs for a total of **\$63 million over five-years in order to end chronic and episodic homelessness**, and lay the groundwork for prevention and early intervention.

### Projected # of New Intakes Yearly



\* This number accounts for turnover in the five-year period.

\*\* As Regina invests more in prevention efforts, the number of individuals served yearly will decrease

While new resources (financial, personnel, capital, etc.) will be required to make a notable shift in chronic and episodic homelessness in Regina, mapping, aligning, and coordinating existing resources are integral components of Regina's Plan implementation. Government, philanthropic, and private sector funders will be engaged to meet the needs that exceed Regina's current housing and program capacity.

**The following is an overview of the Plan's proposed areas of investment:**

### Assertive Community Treatment and Intensive Case Management

Based on an initial assessment of immediate **needs, there is an estimated need for 270 additional program spaces** for high acuity, complex clients experiencing chronic and episodic homelessness. (Note that are 30 existing program spaces).

We estimate \$10.8M needed for ICM over 5 years and \$11.6M needed for ACT for 5 years to operate all 270 spaces, of which 30 exist currently (*See chart on page 108*).

### Supportive Housing

\$15 million is required to create new supportive housing for complex, chronically homeless individuals. This capital investment is well-positioned to access federal funding under the National Housing Co-Investment Fund if the development(s) are proposed as a partnership with any of the following groups: private or not-for-profit developers, Indigenous-led groups, provincial ministries or corporations (such as the Saskatchewan Housing Corporation or the Ministry of Social Services) or the municipal government. Co-investment can include both financial contributions or in-kind contributions, such as land.

### Support Programs

To rehouse and support clients of varying levels of need, we will work with the federal Reaching Home Strategy, the Saskatchewan Ministry of Health, Saskatchewan Health Authority, Ministry of Justice, Saskatchewan Housing Corporation and Ministry of Social Services. The National Housing Benefit will go a long way as rent support complemented with prevention supports offered by Regina's many social service providers and income/rent assistance via the Ministry of Social Services.

## Housing Affordability & Homelessness Prevention

In light of anticipated investment through the National Housing Strategy and in partnership with the Saskatchewan Housing Corporation and Ministry of Social Services, it is estimated that if 80 new affordable housing spaces, 80 permanent support housing units, 80 rent supports and 100 prevention spaces come online, Regina would support an additional 670 intakes of people who would be transitionally homeless or at risk of homelessness\*. This would also support people who were previously chronically or episodically homeless and graduated from Housing First programs to avoid future homelessness.

Parts of the \$38 million in program spending over the next five-years may already exist within the system. Better coordination between services, improved client-service matching, and alignment with the Plan's goals will ensure that the existing resources within the system have the best impact. Information on existing investments from various sectors and systems will be refined in one of the first steps of the Plan implementation through the community Systems Mapping process.

\*see Appendix I for more explanation

# **REGINA'S SOCIAL AND ECONOMIC CONTEXT**

As in many communities across Canada, Regina is faced with the challenge of moving from managing a homelessness crisis toward preventing homelessness and sustaining long-term exits from homelessness. Both social and economic factors contribute to and/or exacerbate the issue of homelessness and housing precarity, and these factors do not all stem from the homelessness sector. Regina's Plan to End Chronic and Episodic Homelessness is a multipronged approach that works across systems, sectors, and organizations in order to remove economic and social barriers that push people into or keep them mired in homelessness. The following dynamics that impact homelessness in Regina are of note: <sup>37</sup>

- First Nations Territory & Governance

- » The City of Regina is on Treaty 4 Territory which includes 35 First Nations. A number of First Nations and Tribal Councils have come together to provide services for Treaty 4 peoples. However, jurisdictional boundaries, particularly as people migrate between reserves and the city, can impact access to services, and exacerbate people's experience of homelessness.

- Visible Minorities, Immigration, & Interprovincial Migration

- » The prairies have seen an increase in the share of immigrants over the last decade, which in Saskatchewan is attributed in part to the Saskatchewan Immigrant Nominee Program, which is attracting highly-skilled workers. Regina's healthy economy and the decline of the oil sector in Alberta also caused significant interprovincial migration to Regina from other provinces. Increased immigration and migration will have an impact on both housing prices and employment in the City.

- Higher Rates of Lone Parent Households

- » In Regina, a little over 18% of census families are lone parent households, which is a higher percentage than the province as a whole. As we will outline further below, lone parent households are at greater risk of housing precarity and homelessness.

- Social Assistance Rates

- » A lack of sufficient income is a key driver of homelessness and housing precarity. In Regina, there are 25,950 households on a low-income, and as we will outline further in the cost analysis, a number of these are at-risk of losing their housing.

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<sup>37</sup> See Appendix G for a detailed breakdown of Regina's Social and Economic Context.

# **THE STATE OF HOUSING AFFORDABILITY & HOMELESSNESS IN REGINA**

## REGINA'S HOUSING MARKET

In order to ensure that there is affordable housing to meet the needs of individuals and families that are homeless or at risk of homelessness, communities must ensure a sufficient supply of adequate, suitable and affordable housing is created to keep up with the demand. In the last decade, Regina has seen almost 20,000 housing completions, 4002 of which were purpose-built rentals (see Figure 2). Since 2010, Regina has dramatically increased the number of rental housing starts compared to previous years, with 2012 through 2014 seeing the most significant number of total starts.

**Figure 2 - Regina CMA Housing Starts and Completions 2007-2017** <sup>38</sup>

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Starts (Total)	1398	1375	930	1347	1694	3093	3122	2223	1597	1563	1923	20265
Starts (Rental)	48	39	70	226	218	552	764	909	716	466	752	4760
Completions (Total)	926	1073	1224	1157	1214	2064	2486	3284	2343	1796	1580	19147
Completions (Rental)	15	34	4	61	219	377	615	899	769	547	462	4002

The creation of rental units in Regina has outpaced the demand, which has caused the vacancy rate to climb to 7% in 2017 (see fig. 4). Also contributing to low demand for rental units is the lag in full-time job creation for the renter age range of 15-24 years, which fell 1.3% from the previous year.<sup>39</sup> Interprovincial migration has been negatively affected by higher unemployment, however there continues to be a steady stream of immigration to the area.

Average rent in Regina has generally climbed at a steady pace over the last number of years (see Figure 3 and Figure 4). The most significant increase in housing costs appear in the home sales in 2007 and 2008 when the average sales price went up by 25.73% and 38.16% respectively (see Figure 5). That works out to be an increase of average sales price of \$97,147 (73.7%) from the end of

<sup>38</sup> CMHC. (2018). Housing Market Information Portal [Regina]. Canadian Mortgage and Housing Corporation. Retrieved from <https://www03.cmhc-schl.gc.ca/hmiportal/en/#TableMapChart/1490/3/Regina>

<sup>39</sup> CMHC. (2017). Rental market report: Regina CMA. Canadian Mortgage and Housing Corporation. Retrieved from [https://www.cmhc-schl.gc.ca/odpub/esub/64431/64431\\_2017\\_A01.pdf?fr=1520525252618&sid=3udpn7yDAZBtMddvXFs9WvybjzUqZoqaQygipTY2clHqQl4o26ofYwmXgYr3qf89](https://www.cmhc-schl.gc.ca/odpub/esub/64431/64431_2017_A01.pdf?fr=1520525252618&sid=3udpn7yDAZBtMddvXFs9WvybjzUqZoqaQygipTY2clHqQl4o26ofYwmXgYr3qf89)



2006 to the end of 2008. In response to rising home prices and little rental creation in the mid-2000's, the Province of Saskatchewan struck a Task Force on Housing Affordability, which made a range of recommendations on how to improve the supply of rentals and increase affordability.<sup>40</sup>

**Figure 3 - Regina CMA Primary Rental Market Summary Statistics**<sup>41</sup>

Summary Statistics - Primary Rental Market						
	Vacancy Rate (%)	Availability Rate (%)	Average Rent (\$)	Median Rent (\$)	%ch	Units
October 2012	0.9	1.6	918	900	4.7	11,792
October 2013	1.8	2.6	959	950	4.1	11,983
October 2014	3	4.5	1010	990	3.5	12,483
October 2015	5.3	6.1	1028	995	0.6	13,021
October 2016	5.4	7.1	1042	1000	-0.2	13,405
October 2017	6.9	10	1045	1014	0.5	13,689

**Figure 4 - Average Rents in Regina by Number of Bedrooms**<sup>42</sup>

Private Apartment Average Rents (\$)				
	Apr - 2015	Oct - 2015	Oct - 2016	Oct - 2017
Bachelor	\$699	\$706	\$713	\$710
1 BR	\$915	\$918	\$926	\$935
2 BR	\$1,095	\$1,097	\$1,109	\$1,116
3 BR+	\$1,269	\$1,251	\$1,327	\$1,292
Total (Average)	\$1,003	\$1,007	\$1,023	\$1,026
October 2017	6.9	10	1045	1014

<sup>40</sup> Task Force on Affordable Housing. (2008). Affordable housing: An investment. Government of Saskatchewan. Retrieved from <https://suma.org/img/uploads/documents/Affordable%20Housing%20Report%20-%20June%202008.pdf>

<sup>41</sup> CMHC. (2018). Housing Market Information Portal [Regina]. Canadian Mortgage and Housing Corporation. Retrieved from <https://www03.cmhc-schl.gc.ca/hmiportal/en/#TableMapChart/1490/3/Regina>

<sup>42</sup> CMHC. (2018). Housing Market Information Portal [Regina]. Canadian Mortgage and Housing Corporation. Retrieved from <https://www03.cmhc-schl.gc.ca/hmiportal/en/#TableMapChart/1490/3/Regina>

**Figure 5 - Regina CMA Housing Market 2006-2017** <sup>43</sup>

	Total Listings	Total Sales	Avg Sale Price	% Change
2006	4165	2943	\$131,812	6.55%
2007	4661	3935	\$165,725	25.73%
2008	6518	3355	\$228,959	38.16%
2009	6218	3691	\$244,328	6.71%
2010	6145	3565	\$258,069	5.62%
2011	6301	3876	\$277,709	7.61%
2012	6355	3922	\$301,332	8.51%
2013	7272	3718	\$311,047	3.22%
2014	8364	3709	\$313,903	0.92%
2015	7750	3392	\$311,235	-0.85%
2016	7394	3481	\$311,909	0.22%
2017	7,541	3271	\$316,156	1.36%

In 2016, 67.9% of households owned their homes, while 32.1% rented. Renter households typically spend a greater portion of their income on shelter than owners (see Figure 6). Even with the supply of rental units exceeding demand, rent remains unaffordable for many. Indeed, a full 46.1% of renters spent more than 30% of their income on shelter in 2016, the cut-off percentage that is used to determine whether housing is affordable.

**Figure 6 - Private Dwellings in Regina, 2016** <sup>44</sup>

	#	%
Total Private Households	87,415	100.0
Owner	59,340	67.9
Condominium	12,565	14.4

<sup>43</sup> Canadian Real Estate Association. (2017). Regina real estate statistics. Real Estate of Regina. Retrieved from <http://www.realestateofregina.com/regina-real-estate-statistics/>

<sup>44</sup> Statistics Canada. (2017). Regina [City], Saskatchewan and Saskatchewan [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page>

	#	%
Renter	28,075	32.1
Suitable	82,780	94.7
Not suitable	4,640	5.3
Major repairs needed	6,360	7.3
Spending 30% or more of income on shelter costs (owner and tenant)	20,065	23.0
Owners spending 30%+	7,121	12.0%
Tenants spending 30%+	12,943	46.1%
Tenant in subsidized housing	5,556	19.8%

## SOCIAL HOUSING STOCK IN REGINA

### *Saskatchewan Housing Corporation-Owned Rental Units*

Family – 1,405

Senior/Single – 1,727

### *Third-Party Owned Rental Units:*

Family Low Income – 244

Senior/Single Low Income – 314

Family Affordable – 257

Senior/Single Affordable – 476

Secondary Suites – 120

**Total (SHC + Third-Party):**



**4,543** Units

SHC has been focused on building units for households at risk of homelessness. Projects funded in Regina since 2008 include:

- **Harbour House** – 30 units for homelessness/Housing First
- **Downtown Browne's Emergency Youth Shelter** – 15 units - homelessness/Housing First/youth at risk
- **McEwen Manor** – 40 units – complex needs/mental health
- **Milton Heights** – 135 units – complex needs/addictions
- **CHAZ court** – 8 units – youth at risk
- **Oxford Housing** – 5 units – addictions
- **Gabriel Large Family** – 4 – large families
- **Oxford House (phase 2)** – 5 units – addictions
- **Silver Sage** – 14 units – reunifying families
- **Namerind Raising Hope** – 15 units – reunifying families
- **Oxford House (phase 2)** – 5 units – addictions
- **Gabriel** – 6 units – reunifying families (under construction)
- **Halifax Holdings** – 22 units – complex needs/victims of family violence
- **Souls Harbour** – 17 units – complex needs

## PERMANENT SUPPORTIVE HOUSING

Regina lacks permanent supportive housing units specifically targeting chronically homeless people coming off the streets or from shelters, which is causing a significant backlog in its Housing First program waitlist. Individuals that have been placed through Regina's HOMES program are at the highest level of need and acuity, many of whom will require long-term, onsite supports and intervention. Without permanent supportive housing spaces to move into, these individuals cannot move out of transitional spaces that could see more turnover if offered to lower acuity clients.

The longer those that have lower acuity and less complex needs are asked to wait for a place in Housing First, the worse their situation becomes, contributing to perpetuation and creation of chronic, high acuity homelessness. A high priority for Regina's Plan to End Chronic and Episodic Homelessness is to create permanent supportive housing options, as well as increase access to Housing First programs for this group in order to improve the flow of people into and out of the Housing First program and make headway toward ending chronic homelessness.

## EXTREME CORE HOUSING NEED

There is significant risk of homelessness due to housing unaffordability. When examining shelter-to-income-ratios for households in the Regina CMA with total income below \$20,000, almost 4,100 households are spending 50% or more of their income on housing (see Figure 7). Over 50% of households with total income below \$30,000 are spending over half of their income on housing. Renter households in particular face higher prevalence of Extreme Core Housing Need, with over 54% spending over half their income on rent. Looking at all renter households, 18.9% were in Extreme Core Housing need due to lack of affordability, compared to 8.25% of all households, renter or owner.

**Figure 7 - Extreme Core Housing Need in Regina** <sup>45</sup>

Extreme Core Housing Need Regina CMA (Total)					
Income Under \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	Total	Prevalence among <i>under \$30,000</i> (%)	Prevalence among <i>all households</i> (%)
1,750	2,320	2,025	6,095	50.08	8.25

Extreme Core Housing Need Regina CMA (Renters)					
Under \$10,000	\$10,000-\$19,999	\$20,000-\$29,999	Total	Prevalence among <i>renter hhs under \$30,000</i> (%)	Prevalence among <i>all renter households</i> (%)
1,255	1,795	1,520	4,570	54.34	18.91

## ESTIMATING PREVALENCE OF HOMELESSNESS IN REGINA

The prevalence of homelessness and size of the population experiencing homelessness are estimated by tracking unique service users. In 2018, each shelter provided data on the number of unique individuals that access their services. When adding their data together, Regina's shelters saw a combined total of approximately 2,227 intakes of people\* in the last year. However, this data includes users that accessed multiple shelter locations.

\* This number accounts for turnover in the five-year period.

<sup>45</sup> Statistics Canada. (2016). Regina [CMA] (table). Shelter-cost-to-income ratio (5), Tenure (4), Household Total Income Groups (14), Household Type Including Census Family Structure (16), Housing Suitability (3) and Dwelling Condition (3) for Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data. Statistics Canada Catalogue no. 98-400-X2016225. Ottawa. Released October 25, 2017. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng>

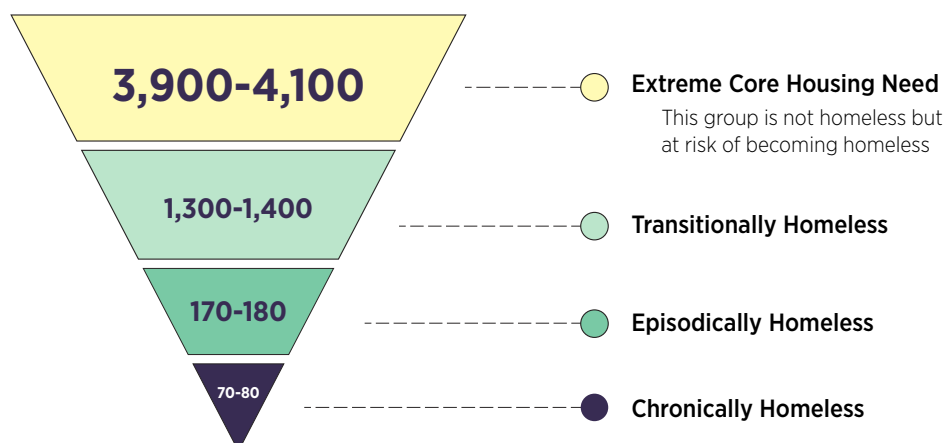
Figure 8

Facility	Unique Individuals Served	Average Length of Stay	Turnaway Instances
Salvation Army Men's Waterston	435	4.7 days	None
Street Culture	220	12.1 days	None
YWCA – MAP	558	11.8 days	1478
YWCA – Isabel Johnson	123	22.9 days	745
YWCA – Kikinaw -Transitional Hsg	131	-	300
WISH Safehouse	358	5 days	877
Soul's Harbour Men's Shelter*	-	-	-
Regina Transition House - DV Emergency	358	18.4 days	716
Sofia House - Transitional Hsg	22	7 months	n/a

\*Data Unavailable

To account for possible repeat users across the system, it is estimated that there are between 1,540 and 1,660 people that slept rough or accessed shelters (see diagram on Regina Demand Estimates). This number does not fully capture hidden homelessness, those that might not wish to be identified as homeless, are couch surfing, or are not accessing services. The main focus of Regina's Plan is on the 260 individuals that are estimated to be chronically and episodically homeless in the community in a given year.

## CITY OF REGINA DEMAND ESTIMATES



# HOMELESSNESS ENUMERATION & DEMOGRAPHICS

Point-in-Time (PiT) Counts are another form of enumeration that provide a snapshot of a given moment in time and offer demographic and quantitative data on people's experience of homelessness. PiT Count data is limited because it cannot shed light on the true size of the hidden homeless population, however it offers a number of insights as to the leading causes of people's experiences of homelessness. Since 2015, Regina has conducted three PiT counts that noted the following demographic characteristics of people experiencing homelessness:

**Figure 9 - Homelessness Enumeration in Regina**

	Regina PiT Count 2015	Regina Shelter- Census 2016	Regina PiT Count 2018
<b>Male</b>	53%	45%	47.3%
<b>Female</b>	45%	55%	50.7%
<b>With dependent children under 18</b>	20%	25%	19.4%
<b>Youth</b>	13%	14%	25.8% (24 and under)
<b>Seniors</b>	1.6%	1.6%	2.6%
<b>Indigenous</b>	77%	55%	79.7%
<b>Veteran (Military/RCMP)</b>	9%	0%	4.6%

The April 2018 PiT Count<sup>46</sup> enumerated 286 people, including 172 in shelters/transitional housing (60%) and 114 were enumerated in the street count. Among those in the street count, 6 (2%) people were sleeping rough or in makeshift shelters, of which 5 of those 6 people were Indigenous, 85 (30%) were among the hidden homeless, including 13 dependent children. A further 18 (6%) people did not have a permanent residence to return to, and 4 (1%) were in hospital, detox, jail, or staying at a motel/hotel.

As with previous counts, Indigenous peoples were overrepresented at 80% of the respondents. Particularly striking, the 2015 count revealed that 100% of people sleeping rough identified as Indigenous. The 2018 count also revealed that 74% of those experiencing homelessness were not originally from Regina, 61.7% of which came from elsewhere in Saskatchewan, indicating a need for a provincial strategy to address the challenges people face when moving to or within the province.

<sup>46</sup> Docherty, A. (2018). 2018 Regina Homelessness Count. YMCA of Regina.



## Reasons for Homelessness in Regina

The top reasons for people's experiences of homelessness in Regina have varied year over year, however, since 2015 the inability to pay rent, family breakdown or conflict, addiction/substance use, and poor housing conditions have consistently been among the leading causes of housing loss.

## Homelessness among Key Populations

Community consultations called for Regina's community Plan to incorporate and promote strategies for key populations who may be at greater risk of homelessness and experience greater discrimination and/or victimization. Once offered supports, rigid program and service models can fail to address the nuanced needs and circumstances of individuals and families in key populations. The following populations were highlighted as having unique needs that must be taken into account to address homelessness comprehensively in Regina and end chronic and episodic homelessness.

### *Indigenous peoples*

Underpinning Indigenous homelessness is the legacy of the Residential School system, the Sixties Scoop and ongoing intergenerational trauma among Indigenous peoples and their families. Under the Indigenous Definition of Homelessness developed by Jesse Thistle through consultation across Canada, the experience of homelessness is not merely tied to the loss of a physical place.<sup>47</sup> 'Home' is as much about having a sense of place as it is having a sense of cultural connectedness and rootedness. Indigenous experiences of homelessness are diverse and complex, often related to disconnection from land and waters, spirituality, culture, language, community, family, and identity.

To respond to Indigenous homelessness there is a need to critically examine the ways in which systems of care perpetuate mainstream worldviews or alienate Indigenous community members. Further, deep and ongoing partnerships and dialogue with Elders, Knowledge Keepers and Indigenous community members are required in order to integrate Indigenous ways of knowing and promote healing and cultural safety.

### *Women*

Women were more highly represented in the 2016 Shelter-Census and 2018 PiT Count data than men. A contributing factor to these numbers is the greater number of women's shelters and transitional housing within Regina. However, women's experiences of homelessness are often hidden and underrepresented in mainstream homelessness services. Women may couch surf with friends or family, or be forced into precarious and potentially dangerous or exploitative relationships in exchange for a place to stay. Women that face even greater risk of homelessness and victimization include those that are Indigenous, a visible minority, have a disability, are single parents, or seniors.

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<sup>47</sup> Thistle, J. (2017.) Indigenous Definition of Homelessness in Canada. Toronto: Canadian Observatory on Homelessness Press.

All of the families in the 2016 count were headed by single females. Fleeing domestic violence or conflict were the top two reasons for these women to lose their shelter. The risk of homelessness due to gender-based violence is compounded when women attempt to leave an abusive partner or environment because of the high cost of living, particularly with children. Single-parent households led by women had the highest incidence of Core Housing Need in 2011, at a rate of 36.3% (almost 2,500 households) overall, or 58.6% for women renting their home.

## ***Young People***

The causes and consequences of homelessness are different for young people than for adults. Young people between the ages of 13-24 account for about 20% of the general homelessness population in Canada staying in shelters<sup>48</sup>. Regina's 2018 Homelessness Count revealed that roughly 25% of those enumerated were under the age of 24.<sup>49</sup> It is important to note that young people are more likely to be among the hidden homeless population that is difficult to capture in a Point-in-Time count.

Youth were more likely to have had 3 or more experiences of homelessness than adults (44% compared to 5.6%).<sup>50</sup> We also know that 73.7% of individuals that experienced homelessness in Regina in 2018 stated that their first experience of homelessness was as a youth or child under the age of 24.<sup>51</sup> Looking further upstream, Regina's 2018 count revealed that 54% of individuals had their first experience of homelessness before the age of 18. Given this information, the need for prevention of youth homelessness is critical. By preventing youth homelessness, we are stopping the next generation of chronic homelessness.

When young people experience homelessness they are in a critical period of development. Healthy, stable, and supportive environments are important for young people to be able to develop life skills for independence. The destabilization and trauma of homelessness at these developmental stages can have lasting, profoundly negative impacts on an individual's housing stability and put them on the track to experience chronic homelessness as adults.

A young person experiencing homelessness is constantly facing crisis and upheaval, focusing almost exclusively on survival. Being in a crisis state inhibits the ability to make plans for the future and take steps to reach milestones such as completing school, getting work experience, or living independently. This affects youths' lifelong trajectory through education and employment - a significant personal as well as societal cost.

Evidence and the voices of young people are increasingly pointing to the need to work upstream to prevent youth homelessness and intervene early to move young people quickly out of homelessness. In Regina, 66% of youth in the 2016 Shelter Survey credited their experiences of homelessness to family conflict with a parent or guardian, reflecting national data on the causes of youth homelessness. Unlike domestic violence that would make living at home potentially unsafe

<sup>48</sup> Stephen Gaetz, Bill O'Grady, Sean Kidd & Kaitlin Schwan. (2016). *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press.

<sup>49</sup> Docherty, A. (2018). 2018 Regina Homelessness Count. YMCA of Regina.

<sup>50</sup> Turner & Harding. (2015). Regina 2015 Homeless Count Final Report. pp. 33 & 35

<sup>51</sup> Turner, A. & Harding, D. (2015). Regina 2015 Homeless Count Final Report.

for the young person, family conflict can be addressed through early intervention that explores opportunities for family mediation or counselling to prevent a young person from becoming homelessness. Shelter diversion work and Family and Natural Support Programs\* are examples of ways youth and their families can be supported. Prevention and homelessness diversion are strategic interventions that stop the flow of young people into homelessness in the short-term, and chronic homelessness in the long-term.

In keeping with the trends for the broader population in Regina, Indigenous youth made up 77% of homeless youth in the Shelter-Census of 2016. The National Youth Homelessness Survey found that 30% of youth were Indigenous, less than half the rate in Regina. This could be related to the larger Indigenous population in the city itself, and possibly the inflow of Indigenous people from smaller communities outside of Regina. In 2016 it was reported that of the children in care under Saskatchewan's Child Protective Services, 85% were Indigenous.<sup>52</sup> Given the national correlation between past child welfare involvement and youth homelessness, it is imperative that the child welfare system be involved in solutions to youth homelessness.

The first National Youth Homelessness Survey, *Without A Home*<sup>53</sup>, indicates that almost 30% of youth that experience homelessness nationwide identified as LGBTQ2S+. Underreporting is possible if young people felt uncomfortable giving up that information. Regardless, this is a significant portion of the youth population experiencing homelessness that needs to be given special consideration.

Interventions for young people experiencing homelessness must respond to the individual and developmental needs of young people, not only providing safe, stable housing, but supporting young people in their transition to adulthood. Communities across Canada increasingly recognize that within their planning efforts, youth require a different set of targeted strategies. Adult models and milestones will fail to meet the needs of youth and therefore should not be transplanted onto young people. There is an opportunity in Regina to ensure that critical elements to support youth are a part of the Plan implementation, with an emphasis on prevention for youth by investing in efforts that work upstream.

While *Everyone is Home* focuses on chronic and episodic people experiencing homelessness in the immediate future, the implementation actions call for an increasing shift towards other populations at risk of experiencing homelessness in years 4 & 5, especially youth. Simply put, the best way to end chronic and episodic homelessness down the road is to stop youth homelessness before it starts.

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\*See Appendix K – Key Terms for definition

<sup>52</sup> Gomez, B. (2016). 85 percent of Saskatchewan children in foster care are indigenous: Stats Can. Global News. Retrieved from <https://globalnews.ca/news/2652328/85-per-cent-of-saskatchewan-children-in-foster-care-are-aboriginal/>

<sup>53</sup> Gaetz, S., O'Grady, B., Kidd, S. & Schwan, K. *Without A Home: The National Youth Homelessness Survey*. Canadian Observatory on Homelessness. Retrieved from <http://homelesshub.ca/YouthWithoutHome>

***LGBTQ2S+***

People who identify as Lesbian, Gay, Bisexual, Trans, Queer, and Two-Spirited (LGBTQ2S+) are at increased risk of homelessness, as well as increased risk of violence, stigma and discrimination both on the streets and when seeking services and supports due to homophobia and transphobia. For young people in particular, there is an increased risk of losing housing because of family conflict and being kicked out of the house. As of yet, there is a general lack of research and knowledge around LGBTQ2S+ individuals' experiences of homelessness.

There is an ongoing need to make homelessness and housing programs and spaces safe and inclusive for the LGBTQ2S+ community. Public education and awareness, training for staff and volunteers, dedicated LGBTQ2S+ affordable housing, and optional program/agency audits are tangible means to serve this community more effectively, remove barriers to housing, and promote successful exits from homelessness.

***Seniors***

While homelessness among seniors was relatively low in Regina's PiT Counts, income, housing and food insecurity are ongoing concerns among the growing population of those ages 65 and over. Seniors living independently, particularly single women, experienced very high rates of Core Housing Need. Loss of income from unemployment, the death of a spouse, declining physical and mental health, and the lack of housing that is affordable on low-income or government assistance put seniors at increased risk of homelessness, and reduces overall quality of life. Loneliness and social isolation are also a detriment to overall well-being and are a common issue among seniors. Older persons that experience homelessness may also suffer from chronic illness, loss of mobility, or may be in need of palliative/end-of-life care more frequently than other homeless persons.

***Single Men***

Homelessness among men can be the result of a number of factors, including job loss, inability to find affordable rental housing, struggles with mental health and addictions, and breakdowns in social and economic support systems. In the 2018 PiT Count, men made up 47.3% of the population that was experiencing homelessness, and 100% of those that were sleeping rough were men. Only three of the thirteen shelters/transitional housing programs are aimed at men, and in 2016, the Salvation Army Men's Waterston Shelter was over capacity by 5 people. Additionally, men with dependent children do not have a designated facility to seek shelter and supports in Regina.

***Veterans***

Veterans in the Canadian Armed Forces or the RCMP made up almost 4.7% of Regina's homeless population in 2018. Saskatchewan Command of the Royal Canadian Legion has a membership of about 13,000 people in the province. Veterans transitioning back to civilian life can be at greater risk of homelessness due to a number of factors, including not being able to secure a

job with a living wage, lack of affordable housing options, traumatic brain injury, addictions, and post traumatic stress or other mental health issues. Ongoing and accessible social and economic supports are necessary for veterans and their families to thrive in civilian life.

## CONCLUSION

Meet Sam... she came to us as a young person living on the streets, years ago and lived in one of Street Culture's Transitional Housing buildings, through her school graduation. Sam is Indigenous, a mother and came out on the other side of a domestic abuse relationship through much support. She now resides in a supported affordable unit in Regina.

Despite incredible challenges, Sam shows what can happen when people who have survived incredibly challenging circumstances are connected with the right supports to thrive.

Everyone is Home envisions a Regina where everyone truly has a safe, affordable place to live and that this is the foundation upon which people can thrive. It is premised upon the knowledge and recognition that with the right investment, Regina can truly end the backlog of chronic and episodic homelessness. This Plan is a demonstration of our collective commitment to do just that. However, the conversation does not stop there.

Once Regina has eliminated chronic and episodic homelessness, we must increasingly shift our resources and approach towards prevention and early intervention. This means an increasing willingness to collectively tackle, not only the direct challenges people face in accessing safe and affordable housing, but also the larger systemic reasons that have contributed to widespread experiences of homelessness. This means addressing the gaps between systems, moving upstream in our prevention efforts to support whole families and young people, and an increase in affordable housing stock.

It is clear that longer term solutions need to be sought regarding the overrepresentation of Indigenous peoples experiencing homelessness in Regina. Ending homelessness is an act of reconciliation. The efforts that drive this work must be carried out with that spirit. Ending chronic and episodic homelessness and supporting First Nations, Inuit, and Métis Peoples to find home is in part an acknowledgment of the discrimination that leads to this overrepresentation, and the collective resolve to address it. This also means addressing the ways in which discrimination plays out in accessing resources, particularly towards First Nations, Inuit, and Métis peoples, young people, and women.

In particular, there is a significant need to focus on young people at risk of homelessness. The numbers are clear: currently,  $\frac{1}{4}$  of those currently homeless are between the ages of 13-24. To put this in perspective, this is only an eleven year age span of which 25% of the people experiencing homelessness in Regina fall into. Proportionally - this is a red flag. Further, it bears repeating that the most recent Point in Time Count revealed that almost  $\frac{3}{4}$  of the total population of people experiencing homelessness that were surveyed had a first experience of homelessness before 25 years of age.

Additionally, this work must also address the needs of women experiencing homelessness. Of those currently experiencing chronic and episodic homeless, 50% are women, often also caring for dependent children. Sam is one example of a young mother fleeing domestic violence that was able to get out in time, with the support and partnership of community agencies. Many other women experience systemic barriers that prevent them from accessing necessary supports. An increasing population-specific lens which addresses the unique needs of women is part of the Plan, and indeed needs to continue to be built on by community stakeholders.

While we are beginning with an emphasis on ending chronic and episodic homelessness, we are using this as our foundation to build a more comprehensive response to homelessness in Regina. This will entail an increase in prevention and developing targeted strategies for groups of people with differing needs. Ultimately, we want to develop a response to homelessness in Regina where every person, who is at risk of or experiencing homelessness, regardless of their background, is quickly supported and provided the opportunity to move forward with their lives.

Everyone is Home provides a rare opportunity. It is a reflection of the community itself, a product of collaboration among diverse groups and individuals – all three orders of government, Indigenous communities, business, community-based non-government agencies, people with lived experience of homelessness, the education sector – each committed to the objective of helping those without a place to call home. Each of the participants who took part in the community consultation process, recognize the critical importance of the issue and the challenge it represents.

A diverse group of people came together for this effort. Each came with different backgrounds, interests, life experiences and opinions. Uniting this diverse group is the conviction that ending homelessness in Regina is a cause requiring their energy and commitment. It is this shared goal and common determination that has allowed them to overcome their differences, identify the ideas that united them and form the consensus on the way forward for our community. It is this kind of collective, thoughtful, and committed action that will lead to change - a Regina where Everyone is Home.



# APPENDICES



# APPENDIX A: REGINA HOMELESSNESS COMMUNITY ADVISORY BOARD



- **Jennifer Barrett**  
City of Regina
- **Dustin Browne**  
Street Culture Project (Board Chair)
- **Robert Byers**  
Namerind Housing Corporation
- **Jo-anne Goodpipe**  
First Nations University of Canada
- **Will Hayden**  
Regina Police Services
- **Susan Hollinger**  
Ministry of Social Services
- **Dawn Jacobs,**  
Saskatchewan Health Authority
- **Bruce McKee**  
Community Member
- **Lana Phillips**  
Saskatchewan Housing Corporation
- **Pam Sanderson**  
Newo Yotina Friendship  
Centre (Board Vice-Chair)
- **Charlie Toman**  
City of Regina

## APPENDIX B: COMMUNITY PROGRAMS

Program Type	Overview
CHIP (Centralized Housing Intake Process) Program	CHIP is a partnership among several agencies in Regina to provide housing and support services to individuals who are homeless and has been in operation since 2016. Assessments are completed for all homeless individuals that are referred to the program. The assessment tool used is the Service Prioritization Decision Assessment Tool (SPDAT). Once completed, the individual is referred to the most appropriate partner agency based on the results and most appropriate fit.

Program Type	Overview
<b>Housing First: Intensive Case Management</b>	The program is to provide immediate access to housing and intensive support services to clients who are chronically or episodically homeless with the focus being on those that have the highest levels of acuity. The program has run in Regina since 2016 and currently has a capacity for approximately 30 participants.
<b>Housing First: Rapid Rehousing</b>	There are currently seven agencies offering Rapid Re-housing support for those facing housing crises (e.g., homeless or may become homeless) who need quick assistance with securing stable housing. Clients are referred through the Centralized Housing Intake Process table.
<b>Transitional Housing</b>	Regina current has 4 transitional shelters with a combined capacity of 76 beds.
<b>Public Housing</b>	The province operates a total 3132 Rental Units in Regina. Since 2008, the Province has funded the creation of 321 new units.
<b>Social Housing</b>	Non-profit housing providers own and operate 1411 units in Regina.
<b>Targeted Supports and Drop in Services.</b>	There are dozens of non-profit and government organizations in Regina that provide general services and targeted programing to people who are homeless and at risk of homelessness. See 211 <a href="https://sk.211.ca">https://sk.211.ca</a> for compiled list.

## APPENDIX C: INDIGENOUS HOMELESSNESS AND TRUTH AND RECONCILIATION

The recently developed definition of Indigenous Homelessness by Métis-Cree scholar, Jesse Thistle sheds light on the multifaceted and multi-layered ways in which Indigenous peoples experience homelessness. The definition moves beyond an understanding of homelessness as merely an experience of physical ‘rooflessness’, but as marked by disconnections from the land, community, and culture.<sup>54</sup>

**Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing.... Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012).**

Ending chronic and episodic homelessness requires more than just housing, but an ongoing pursuit of reconciliation, as guided by the principles from the Truth and Reconciliation Commission of Canada.<sup>55</sup> The Truth and Reconciliation Commission defined reconciliation as an ongoing process of establishing and maintaining respectful relationships and outlined 10 guiding principles of truth and reconciliation to assist Canadians in moving forward.

These principles have been included here for reference, and to reinforce the idea that housing is a critical way to realize Indigenous rights through a housing program.

1. The United Nations Declaration on the Rights of Indigenous peoples is the framework for reconciliation at all levels and across all sectors of Canadian society.
2. First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
3. Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.

<sup>54</sup> Thistle, J. (2017.) Indigenous Definition of Homelessness in Canada. Toronto: Canadian Observatory on Homelessness Press.

<sup>55</sup> Truth and Reconciliation Commission of Canada What We Have Learned: Principles of Truth and Reconciliation.

4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity.
5. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.
6. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.
7. The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.
8. Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.
9. Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.
10. Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

To redress the legacy of residential schools, and advance reconciliation, the Truth and Reconciliation Commission created 94 Calls to Action.<sup>56</sup>

## **Child Welfare**

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
  - ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.

<sup>56</sup> Truth and Reconciliation Commission of Canada. (2012). Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, MB: [https://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf)

- v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.
3. We call upon all levels of government to fully implement Jordan's Principle.

## Language and Culture

13. We call upon the federal government to acknowledge that Aboriginal rights include Aboriginal language rights.

## Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

## **Reconciliation: Canadian Governments and the United Nations Declaration on the Rights of Indigenous Peoples**

43. We call upon federal, provincial, territorial, and municipal governments to fully adopt and implement the United Nations Declaration on the Rights of Indigenous peoples as the framework for reconciliation.
44. We call upon the Government of Canada to develop a national action plan, strategies, and other concrete measures to achieve the goals of the United Nations Declaration on the Rights of Indigenous peoples.

### **National Council for Reconciliation**

55. We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to:
- ii. Comparative funding for the education of First Nations children on and off reserves.

### **Education for Reconciliation**

65. We call upon the federal government, through the Social Sciences and Humanities Research Council, and in collaboration with Aboriginal peoples, post-secondary institutions and educators, and the National Centre for Truth and Reconciliation and its partner institutions, to establish a national research program with multi-year funding to advance understanding of reconciliation.

## APPENDIX D: FUNCTIONAL ZERO KEY PERFORMANCE INDICATORS (KPIs)

### Lived Experience

- Participants (including shelter, Housing First etc.) report being **moderately or highly satisfied** nearing 100%.

### Homeless Serving System

- Number of **unsheltered and emergency sheltered persons** decreasing year-over-year towards 0.
- **Length of stay in emergency homeless shelters/unsheltered** as measured by the number of bed nights for each unique person decreasing year-over-year towards 0.
- ***Length of time experiencing homelessness decreasing year over year \****
- **Number of young people ages 13-24** experiencing homelessness decreasing year over year towards zero.
- **Number entering vs exiting** homeless-serving system is steady or decreasing rate.
- Percentage of **positive homeless-serving system exits** (above 90%).
- ***Number of turnaways from service decreasing towards zero \****
- <10% of those who exit **homelessness return** within 12 months
- Number in emergency shelter and transitional housing/outreach **with no previous homelessness experience** decreasing year-over-year towards 0.
- **Number of homeless-serving agencies signing on and developing Coordinated Access protocols increasing year over year towards 100%\***

### Public Systems

- Percentage entering the homeless-serving system from other public systems consistently decreasing over time (e.g., child protection; education, corrections; social housing; health, addiction treatment etc.).

\* Refers to KPIs developed, specifically within Regina context



**Key Consideration:** These are for the overall systems. More KPIs for specific priority populations will need to be developed through further consultation with population-specific service providers and people with lived experience.

## APPENDIX E: DESIGN LAB TOPIC DESCRIPTIONS

Design Lab Topic	Description
Lived Experience - Indigenous Peoples	Engage with Indigenous People with lived experience around key priorities for the Plan.
Lived Experience - Men	Engage with men with lived experience around key priorities for the Plan
Lived Experience - Women	Engage with women with lived experience around key priorities for the Plan
Developing Mental Health and Addictions Support for People Experiencing Homelessness	Recovery-oriented approaches to service delivery emerged during consultations and lived experience input; we will explore how current approaches can be expanded to best support the plan.
Incorporating Transitional Planning Across Systems into Plan - Corrections and Policing, Child Welfare, Health	Transitions between systems are a key pressure point leading to homelessness - this group will explore strategies and identify key stakeholders needed to ensure transitioning between systems is comprehensive and integrated with the homelessness serving system.
Integrating Approaches for Youth in Community Plan	Focus on the development and implementation of key youth strategies into Plan.

Design Lab Topic	Description
<b>Integrating Approaches for Newcomers in Community Plan</b>	Focus on strategies that address particular needs of newcomers experiencing homelessness
<b>Integrating Approaches for Seniors in Community Plan</b>	Focus on strategies that address particular needs of seniors experiencing homelessness
<b>Integrating Approaches for LGBTQ2S+ Communities in Plan</b>	Focus on strategies that address particular needs of LGBTQ2S+ individuals experiencing homelessness
<b>Integrating Approaches for Women in Community Plan</b>	Focus on ways to integrate responses for women into the Plan, with a particular emphasis on how domestic violence factors into this.
<b>Affordable (Rent-Geared to Income) Housing Development</b>	The Plan will have a considerable capital ask; we will need to find ways to bring stock online that is truly affordable for those on very low incomes, both through building, and greater access to rental subsidies by engaging developers as partners in the process.
<b>Engaging Landlords in Housing First as Part of Community Plan</b>	Develop strategies for action to further engage landlords in supporting and championing the plan to end homelessness - also engage in conversation about what rent supports are needed to maintain housing for people.
<b>Funders Forum - Government &amp; Private Sector</b>	Explore potential funding sources and philanthropic partnerships that could be aligned to accelerate the Plan. As well, examining ways to strategically leverage Corporate Social Responsibility funds as a collective sector.
<b>Reconciliation - Indigenous Leadership</b>	Explore with Indigenous leaders ways to integrate and prioritize reconciliation and ending Indigenous homelessness into the Plan.

Design Lab Topic	Description
<b>Reconciliation, Partnerships &amp; Health</b>	Exploring ways that mainstream agencies can be responsive to TRC Calls to Action via Plan implementation and strategy.
<b>Systems Integration: Enhancing Coordinated Access across systems &amp; Housing First</b>	Exploring ways to increase integration through CHIP, and other already-in-use assessment tools within the homelessness sector and across systems with a particular focus on how this response intersects and supports scaling up Housing First programs in Regina to address chronic and episodic homelessness.
<b>Causes of Homelessness &amp; Diversion</b>	Building short and long term actionable strategies aimed at the direct causes of homelessness, in order to stop the flow into the homeless-serving system. This conversation will focus on short and immediate actions that can “kick-start” diversion work.
<b>Research Agenda to Support the Plan</b>	Embedding research, evaluation, and evidence-based practices in Plan rollout will enhance impact and continuous improvement. This session will explore the role of researchers and identify key research priorities to support implementation.
<b>Engaging the Faith Community</b>	Regina’s faith community has made considerable investments in addressing social issues; we will explore areas where this role can be enhanced in advancing the Plan.
<b>Shifting Shelter Responses</b>	This conversation is an opportunity to engage shelter service providers around the ongoing role of shelters, how their work integrates into the Plan, and exploring how to manage these shifts.

## APPENDIX F: COMMUNITY CONSULTATION THEMES

The wider community in Regina has shown a deep interest and engagement in this planning process. Community members have shown up to public consultations, participated in surveys and in April 2018 joined collective efforts to carry out Regina's Point-in-Time count. The people of Regina wish to see an end to homelessness, and understand that this will only happen by challenging the status quo approaches to helping people living on the street. This section summarizes themes that emerged in the public consultations, as well as strategies put forward by community members that can be explored during Plan implementation.

### Plan Leadership & Coordination

One of the dominant themes throughout the consultations was a call for clear leadership and coordination of the Plan implementation. Participants voiced concern that without a strong, funded coordination body, the goals of the Plan would be left to the side of peoples' desks, and a strong, collective, system-wide response would not happen.

The coordinating body of the Plan needs to have the leadership status within the community and capacity to bring together all of the key community stakeholders to implement the Plan, particularly all three orders of government. This includes players from related public systems that interact with people experiencing homelessness, but may not have homelessness as the core mandate, such as child welfare, health, and justice. This need for strong leadership is highlighted as the first core component of implementation once the Plan is launched.

### Indigenous Leadership & Emphasis on Reconciliation

Both Indigenous and non-Indigenous members of the community have called for Indigenous leadership and partnerships. Given the extremely high rates of homelessness experienced by Indigenous peoples in Regina, particularly First Nations, an end to homelessness in Regina must be understood first and foremost as an end to Indigenous homelessness. Embarking on a journey to implement Regina's Plan to End Chronic and Episodic Homelessness is a process of reconciliation, and as such, mainstream agencies and community leaders must seek direction and guidance from Indigenous leadership.

Supporting Indigenous peoples who leave their home reserve and experience homelessness in the city was also mentioned several times as being a significant challenge to navigate, not only geographically, but jurisdictionally. Some individuals may be left in limbo because of conflicts about where funds ought to come from to address urban Indigenous homelessness. This creates unnecessary barriers to services and supports for those who are transient and disconnected from culture and community, particularly in the case of people fleeing violence. More discussion

is needed between jurisdictions to establish clear guidelines for funding, while prioritizing immediate access to service for the individual or family in need of support.

Consultation participants commented that Indigenous leaders, particularly those on reserve, in and around Regina are often navigating many roles and responsibilities with little extra time and capacity to join initiatives. Beyond integrating mechanisms for ensuring meaningful Indigenous leadership through hiring priorities and board positions, there is a need for service providers and Plan leaders to intentionally engage with Indigenous leaders. This includes going to meet with Chiefs and Elders on-reserve and, where welcome, attending meetings held by Indigenous groups, rather than relying solely on collaborative tables led by mainstream agencies within the city. The more that efforts are made to go directly to Indigenous communities, the more opportunities there will be to strengthen relationships and build trust.

## Meeting the Needs of Priority Populations

### *Indigenous peoples - Prioritize cultural training across the sector*

In addition to the need to frame the work of ending homelessness as a component of reconciliation, we also heard from community members that there is a need to increase the capacity of the sector as a whole in understanding the cultural and historical context of Indigenous communities. Community members recommended an early component of the implementation should entail cultural competency training across the sector. Call to Action #57 in the Truth and Reconciliation Commission highlights this as a priority:

“We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.”<sup>57</sup>

### *Women - Intersectional, gender-based analysis of policies and protocols, and domestic violence training*

Given the high proportion of women’s shelters and transitional housing in Regina, there was significant knowledge and expertise to draw on in the discussion around the complexity of women and families’ experiences of homelessness. A need for a gender-based analysis for policies and procedures that intersect with the housing sector was identified as a priority to improve

<sup>57</sup> Truth and Reconciliation Commission of Canada. (2012). Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, MB: [https://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf)

experiences and outcomes in services that women access. Additional consideration should be given to intersectional challenges faced by women of colour, and in particular Indigenous women, that are at increased risk of violence and discrimination.

Service providers noted that providing education and resources across the housing and homelessness sectors on domestic violence would be valuable for frontline workers, as these warning signs can be overlooked when providing services to women. Increased understanding of the impact that gender-based violence and trauma has on women can improve the way services are delivered.

### ***Youth - Work upstream with schools and child welfare to support youth at risk of homelessness***

There was significant momentum at the design labs around prevention and rapidly finding housing and supports for young people. Service providers working in the sector expressed an appetite for engaging more with schools and school boards to strengthen prevention efforts, and reach youth before they experience homelessness. Consultation participants also identified transitions from child welfare as moments where youth often fall through the cracks and become homeless. Much work is needed to support healthy transitions from child welfare, and to provide young people with the supports and life skills development to move towards adulthood, in addition to finding stable housing. It was also recommended that a percentage of Housing First spaces be reserved for young people up to the age of 25. Engagement with youth with lived experience is still required to understand the full spectrum of needs and opportunities in Regina, and to create a dedicated strategy to meet the unique needs of young people that experience homelessness.

### ***LGBTQ2S+ - Coalition to promote and monitor best practices for supporting LGBTQ2S+ individuals experiencing homelessness***

Individuals navigating the shelter and social service system who identify as LGBTQ2S+ face barriers to accessing services, often due to a lack of understanding of their needs, or homophobia and transphobia. Consultation participants spoke to the need to increase the capacity and knowledge within the housing and homelessness sectors about the unique challenges and discrimination that LGBTQ2S+ individuals face. Ideas about ways to do this included developing a dedicated coalition for knowledge mobilization and resource sharing in this area, with ongoing performance management to continually strengthen responses to homeless LGBTQ2S+ people. Program and service audits were also mentioned as a creative way to offer voluntary feedback to agencies wishing to reduce the barriers to service for LGBTQ2S+ clients.

### ***Seniors - Combating loneliness, increasing social inclusion, and addressing housing affordability***

We heard from consultation participants that there is a need to tackle isolation and loneliness for seniors who are precariously housed. While the population of seniors who are homeless is low in Regina, seniors were much more likely to be in Extreme Core Housing Need, putting them at risk of homelessness or living in inadequate conditions. There is significant work required to provide services that prevent homelessness, are accessible at home, and increase seniors' quality of life. Affordable purpose-built units that are designed for seniors are also an important component of effectively responding to the needs of this population.

### ***Newcomers - Increasing service accessibility for those whose first language is not English***

The need for stronger systems coordination was highlighted throughout the consultations as a key strategy to better support newcomers as they navigate and seek belonging in their new community. Many participants noted how in addition to the existing complexity of navigating the homeless and housing systems, language barriers for newcomers made it incredibly challenging to access services. Providing information in other languages, as well as offering image-based information are ways to more effectively support newcomers. Seeking out and engaging volunteers who speak the languages of and may be respected members of Regina's newcomer population would also help address the needs of precariously housed or homeless newcomers.

## **Community Engagement**

The response from a number of stakeholders outside of the housing and homelessness sector has been an exciting development in Regina. Members of various faith communities, developers, landlords, and people with family members who have experienced a housing crisis invested time and energy into the consultation process and spoke to the need for continuous community involvement in the Plan's implementation and evaluation. Community members highlighted a need to promote public awareness about the Plan and the work being done. In that spirit, Regina's Community Entity, the YMCA, has developed an awareness campaign leading up to the Plan's launch.

## **Community Integration**

Community integration and belonging was identified as critical to healing and recovery as people exit homelessness and move into a new stage in their lives. There was emphasis on the need engage people exiting homelessness in community through education and employment opportunities, social engagement, and developing permanent relationships with others. Community members noted that isolation can often be a key driver in people returning to homelessness after being housed, and finding ways to support people's engagement in the wider community will be an ongoing priority.



## Community Spotlight: Welcome Baskets

A local initiative led by faith communities, where community members put together a box with the basic needs for moving into a new home (tea towels, cleaning supplies, utensils etc.) for people exiting homelessness.

Community members identified creative ways in which they wanted to engage people who are exiting homelessness. The faith community design lab group in particular offered up numerous ways that their members could build relationships with people who are often in the margins. For example, it was suggested that 'Welcome Baskets' containing basic necessities to set up a home could be created by harnessing the generosity of the broader community in order to forge connections with people exiting homelessness and give them a sense of belonging.

## Systems Coordination

### *Improving communication, goal-setting, mapping the system, and breaking down silos*

Another resounding theme from people with lived experience, service providers, and system stakeholders was the need for greater coordination of services across different service providers. This lack of coordination causes miscommunication or no communication at all between services, which allows people to fall through the cracks and can lead to inefficiencies if services are unnecessarily duplicated. More formalized communications processes between service providers are needed to improve coordination.

It is also difficult to have an understanding about how the whole system is performing when there is not a common set of goals, targets and measures. The development of system-wide Key Performance Indicators (KPIs) is an important part of moving towards an integrated system in Regina.

Community members also expressed that the system's overall capacity was unclear. Several service providers admitted not knowing all of the resources that did exist, many learning about services that they were previously unaware of during the Design Labs. There is significant value in intentionally mapping out the service-delivery landscape in Regina so service providers and community members can connect seamlessly with the person or organization that is best suited for the need of an individual or family.

A number of sectors that are directly and indirectly involved in housing and homelessness, such as corrections, mental health and addictions, healthcare, and child welfare, are not integrated with the homelessness serving system. Yet almost all consultation participants noted that people needing services from the housing and homelessness systems are often connected in some way to these public systems. Lack of integration and service delivery silos puts the onus on the user to navigate and access services in various locations and systems, as opposed to having services matched and wrapped around an individual's needs.

***Stationary and mobile service hubs to co-locate essential supports in one place***

There was significant interest in the idea of a Service Hub due to the flexibility it has to meet the immediate needs of people in crisis and connect them to services and supports. Consultation participants also spoke to the need for a “mobile hub” with a multidisciplinary team of professionals capable of providing outreach and assistance to people in need. Regina currently has a crisis response team similar to this model, called the Police and Crisis Team (PACT). PACT pairs a mental health and substance use professional with a police officer when police presence is requested that involves a person with mental health needs. PACT, currently convenes community stakeholders to assess trends and opportunities to prevent and reduce crime and recidivism in the community as well. Unlike Coordinated Access, PACT does not do case management. Rather, experts from organizations and sectors at the PACT table could provide valuable insight on the supports and services available to individuals that are experiencing or at risk of homelessness within the community.

***Expanding Coordinated Access***

Better coordination across agencies and sectors can be achieved by enhancing and expanding Coordinated Access and bringing key players to the table to wrap supports around individuals and families. Coordinated Access involves individual and family case conferencing, as well as examining protocols and service delivery models across the homeless serving system to meet community-wide targets of reducing homelessness.

Regina has a Centralized Housing Intake Process (CHIP) for Phoenix’s HOMES program, which convenes a handful of organizations to coordinate services and prioritize individuals for Housing First intervention. Regina should consider expanding CHIP and looking for alignment with existing community initiatives to enhance outcomes at the individual and community level.

**Need for Greater Flexibility in Service Delivery & Design*****Offering person-centered supports***

A number of participants in the consultations spoke about the need for greater flexibility within and between systems. Following formal procedures and meeting extensive bureaucratic requirements were named as key administrative barriers for people experiencing homelessness. These sorts of structures prevent people from providing person-centered supports. Many advocates for populations at greater risk of homelessness spoke to how current systems do not often factor in the way in which certain policies will impact these groups adversely. Unless an individual meets the exact criteria, it can be difficult to get support. Currently, rules and protocols often determine when and how to engage with people using services, rather than individual needs.

Participants also noted that even within an organization, different funding streams fund different

services, so a person can be caught in the middle, unable to access the additional resources, because they may not fit certain criteria. Thinking through these barriers and problem-solving with the ultimate aim of getting people housing and appropriate supports will also be a significant piece of work over the next number of years.

### ***Aligning discharge planning protocols with Plan measures and goals***

A number of consultation participants talked about the lack of smooth or appropriate transition planning between other systems and the homelessness sector. Participants noted that people will be discharged directly into homelessness from systems, with child welfare being highlighted in particular. Young people “age out” of care at the age of 18 and are no longer required to be supported by the child welfare system. Without a plan to provide the supports for young people to live independently at the age of 18, they can very easily fall into homelessness. This is similarly the case for people exiting the corrections system, with no plan or supports in place life after being discharged. There is a need for comprehensive transition planning between these public systems and people at risk of homelessness.

### ***Improving access to resources through better public information***

Another challenge highlighted by community members in Regina, typically outside of the social services sector, was the lack of clear information of where to access help for a person in need of supports. This was highlighted by family members, friends, and landlords who provided housing units for people who experienced mental health challenges. This is linked to the lack of coordination within the system, but also speaks to the way in which existing resources are advertised and accessed.

Community members suggested a one-stop website building on existing resources such as [www.reginahomelessness.ca](http://www.reginahomelessness.ca), the Street Survival Guide and Map, and 211. The resource would be updated frequently, providing information on existing resources, and possibly a central phone number to call for information. These are options that can be explored and tested in the first few years of the Plan’s implementation.

## **Increased Supports for People Struggling with Mental Health & Substance Use**

Increased resources for mental health and substance use supports are necessary. Trauma-informed approaches were a top priority to meet the needs of people that have had a history of trauma either prior or during their experience of homelessness. Given the frequency of substance use, community participants advocated for the Plan to include a recovery-oriented approach to responding to people who use substances (see Appendix H).

Regina’s Phoenix Residential Society has integrated a recovery focus into their Housing First model

with significant success. The University of Regina in partnership with Carmichael Outreach have just developed an extensive research report demonstrating the evidence for recovery-oriented programs as one strategy within Housing First. This will be a useful resource for Regina in moving forward on how to best integrate a recovery approach into the work within the local context.

The intersection of substance use and mental health was a recurring theme in the consultations, and community members spoke to the need for more housing, counselling, and case management resources to support people struggling, rather than punitive approaches. Consultation participants also spoke about the limited number of treatment beds available for people struggling with substance use.

## Insufficient Incomes

Community members highlighted the depth of poverty experienced by those that are homeless in Regina. Design Lab participants called for increases to the current rates of social assistance offered by programs people experiencing homelessness commonly access, including the Saskatchewan Assistance Program (SAP), the Transitional Employment Program (TEA), as well as the Saskatchewan Assured Income for Disability (SAID).<sup>58 59</sup> Under the current rates, people experiencing homelessness cannot afford housing and other basic needs, such as food and transit. Overly complex and inconsistent processes for accessing social assistance programs lead to frustration and additional barriers for people trying to access resources.

While some new housing will need to be built to meet the complex needs of the chronically and episodically homeless in Regina, service providers and systems planners showed significant interest in leveraging the high vacancy rate in Regina through investments in supports for people to live in existing units. Supports include both increased case management and mental health support workers, as well as financial supplements to increase the affordability of housing.

## Need for More Affordable Housing

### *New Builds*

Further investment is required to provide affordable housing options that address diverse populations with varying needs, including buildings designed for seniors, accessible units for people with disabilities, and culturally appropriate forms of housing for Indigenous peoples.

For example, housing design could be more culturally appropriate for Indigenous peoples through

<sup>58</sup> Government of Saskatchewan (n.d.). Financial Help. Retrieved from <https://www.saskatchewan.ca/residents/family-and-social-support/financial-help>

See Glossary for social assistance program descriptions.

<sup>59</sup> See Glossary for social assistance program descriptions.

the integration of common spaces, more units that would accommodate larger families, and incorporating space that affirms many Indigenous cultures' conceptualization of family as being one's whole community.

### ***Maximizing Zoning Policy***

Many stakeholders noted the leadership role the City plays in championing affordable housing. Consultation participants noted that strategies including tax incentives for landlords and developers, speeding up building permit processes for affordable housing, and grant opportunities for affordable housing developments are already underway in Regina due to the extensive work completed through Design Regina and the Comprehensive Housing Strategy. There was enthusiasm for scaling these measures further and finding ways to maximize the impact that the Comprehensive Housing Strategy can have.

Community members expressed an interest in ensuring that new housing development includes some amount of affordable units to address the low supply of affordable housing. Developers should also be directly engaged as a part of the solution to creating more affordable housing options in Regina.

## **Training & Capacity Building**

An area for action that was highlighted throughout the consultations was that of finding ways to increase training and skills-building opportunities for staff across the sector. In particular, there was a growing sentiment that by identifying core training opportunities and then systematically working towards providing these comprehensively, there would be better system cohesion in service delivery. There are a number of opportunities to leverage shared resources in this area, particularly through agencies using creative strategies such as “training trades” or one agency providing the space and food for training, and another providing the training. The key idea that emerged here is the importance of developing a common vision and understanding for what areas of training are needed to strengthen the work of the whole sector working with a diversity of different populations who require unique responses and approaches.

## APPENDIX G: REVIEW OF REGINA'S SOCIAL AND ECONOMIC CONTEXT

### Indigenous Peoples & Truth and Reconciliation in Regina

According to the 2016 Census, since 2011 the number of people identifying as Indigenous or having Indigenous ancestry in the City of Regina has increased by 10.4% to 9.7% of the entire population, or roughly 20,925 people. Of Regina's Indigenous population, 13,145 identify as First Nations, 7,975 Métis and 75 Inuit, and 12,360 were registered or have Treaty Indian Status. The average age among Indigenous peoples in the city is 27.3, on par with national trends that see Indigenous peoples as overall being a younger and faster-growing group than the non-Indigenous population.

In 2016, there were 755 people living in Regina speaking an Indigenous language, compared to 38,110 in the province. However, this is almost twice as many as the 460 people that consider an Indigenous language their mother tongue.

Some First Nations have joined together to administer programs and services to communities in close proximity. Some of the Tribal Councils that serve Treaty 4 peoples surrounding Regina include: File Hills Qu'Appelle Tribal Council, Southeast Treaty Council, and Touchwood Agency Tribal Council. The Regina Treaty/Status Indian Services Inc. provides a range of services to Urban First Nations, as well as people that are moving to the City from Reserves.<sup>60</sup> The Federation of Sovereign Indigenous Nations<sup>61</sup> is also a body that works to protect and preserve the Treaty rights of First Nations in the province.

In 1999, 30 Treaty 4 chiefs came together to sign an agreement-in-principle for Indigenous self-government. This agreement holds that the Treaty 4 First Nations are sovereign with all of the inherent rights in accordance with international law.<sup>62</sup> In the last decade, a number of agreements and memoranda<sup>63</sup> of understanding have been established between First Nations and the City of Regina in order to improve relationships with and services for First Nations peoples. Most recently, in May of 2017, the File Hills Qu'Appelle Tribal Council signed a 'Protocol of Recognition, Partnership and Respect' with City of Regina in order to reaffirm the commitment of both parties to work together to strengthen their relationship with one another. This memorandum is intended to help implement the Truth and Reconciliation Commission Calls to Action by creating a Governance Committee to facilitate dialogue around challenges and opportunities and information-sharing.

<sup>60</sup> File Hills Qu'Appelle Tribal Council. (2018). RT/SIS. Retrieved from <http://fhqtc.com/entities/rt-sis/>

<sup>61</sup> Federation of Sovereign Indigenous Nations: <http://www.fsin.com/>

<sup>62</sup> LaRose, S. (1999). Treaty Four members sign government agreement. Windspeaker. Retrieved from <http://www.ammsa.com/publications/windspeaker/treaty-4-members-sign-governance-agreement-0>

<sup>63</sup> City of Regina. (2018). City & First Nation Agreements. Retrieved from <https://www.regina.ca/residents/social-grants-programs/aboriginal-program-agreements/city-first-nation-agreements/index.htm>

Urban Reserves are a relatively recent development in Saskatchewan's relationship with First Nations peoples in the province. Plots of land within or adjacent to urban centres may be purchased by First Nations and designated by the Federal Government as reserve land. Typically the purchase is made using cash payments to First Nations that must be used to purchase land as a part of Treaty Land Entitlement settlements.<sup>64</sup> The aim of giving these treaty reserve status is to promote economic development and participation in larger urban economies as a means to generate more sustainable income and promote self-sufficiency for remote/rural First Nations communities.

A total of 28 urban reserves have been created in Saskatchewan since 1988, five of which are located in Regina. The first urban reserve in Regina was established in 1999.<sup>65</sup> First Nations University of Canada in Regina has been designated as urban reserve land and, with the Star Blanket Cree Nation, entered into a service agreement with the City of Regina and Regina Police Service in 2007.<sup>66</sup>

Moving forward into implementation, it will be important to collaboratively navigate the dynamics and relationships between the City of Regina and surrounding First Nations in order to understand the implementation environment for Regina's Plan to End Homelessness and ensure that it reflects the unique governance landscape of the area.

## Visible Minorities & Immigration

In 2016 there were 41,230 individuals that identified as being a visible minority, which is 18.9% of Regina's population. Most of these individuals were South Asian (12,330), followed by Filipino (8,405). Between 2011 and 2016, 16,195 immigrants came to Regina, filling job gaps in the province such as "engineers, architects, land surveyors, web developers, sonographers and welders".<sup>67</sup> As more people immigrate to Regina with their families, the demand for housing and employment will continue to increase.

## Family Structure and Composition

The composition and size of families and households has implications for the housing needs of a city. For example, persons that are not in census families and are living alone are more likely to want rental housing, while families are more likely to seek homeownership and housing that can accommodate more people. Single parent households, lone seniors, students, etc. often require affordable housing that can be supported on one income.

<sup>64</sup> Indigenous and Northern Affairs Canada. (2017). Urban Reserves. Retrieved from <https://www.aadnc-aandc.gc.ca/eng/1100100016331/1100100016332>

<sup>65</sup> Brass, M. (1999). Regina gets first urban reserve. Saskatchewan Sage. Retrieved from <https://ammsa.com/publications/saskatchewan-sage/regina-gets-first-urban-reserve-0>

<sup>66</sup> City of Regina. (2018). City & First Nation Agreements. Retrieved from <https://www.regina.ca/residents/social-grants-programs/aboriginal-program-agreements/city-first-nation-agreements/index.htm>

<sup>67</sup> Latimer, K. (25 October 2017). Share of new immigrants in Sask. climbs upward: StatsCan. CBC News Saskatchewan. Retrieved from <http://www.cbc.ca/news/canada/saskatchewan/sask-recent-immigrants-numbers-climb-1.4371285>



In Regina, a little over 18% of census families are lone parent households, which is a higher percentage than the province as a whole. The increase in people not living in census families has also slightly outpaced the growth in the number of census families.

**Figure 10 - Family Structure** <sup>68</sup>

Family Structure	Regina		Saskatchewan	
Total Census Families	58,445	100.00%	302,260	100.00%
Total Couple Families	47,960	82.06%	252,765	83.63%
Married Couples	39,960	68.37%	211,500	69.97%
Common-Law	7,965	13.63%	41,265	13.65%
Lone Parent (Total)	10,525	18.01%	49,495	16.37%
Lone Female Parent	8,360	14.30%	38,165	12.63%
Lone Male Parent	2,160	3.70%	11,330	3.75%
Persons Not in Census Families	42,095		187,765	

**Figure 11 - Family Type** <sup>69</sup>

Family Type (Regina)	2011 <sup>70</sup>	2016	%ch
Total Census Families	52,785	58,445	10.72%
Couples Without Children	19,340	23,895	23.55%
Couples With Children	20,120	24,895	23.73%
Lone Parent Families	10,090	10,525	4.31%
Persons Not in Census Families	37,955	42,095	10.91%

<sup>68</sup> Statistics Canada. (2017). Regina [CY], Saskatchewan and Saskatchewan [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=4706027&Geo2=CD&Code2=4706&Data=Count&SearchText=regina&SearchType=Begin&SearchPR=01&B1=All&TABID=1>

<sup>69</sup> Ibid

<sup>70</sup> Statistics Canada. (2011). Regina [CY], Saskatchewan and Saskatchewan [Province] (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=4706027&Geo2=PR&Code2=01&Data=Count&SearchText=Regina&SearchType=Begin&SearchPR=01&B1=All&Custom=&TABID=1>

## Labour Market Trends

In 2017, Regina's overall labour force participation rate is higher than the rest of the province, and unemployment was at 4.2%, more than a full percentage point lower than the national rate. However a contributing factor is the rise in the number of seniors over 65 that are entering or remaining in the labour force in order to maintain an income that can meet rising costs of living. Additionally, unemployment among youth between the ages of 15 and 24 has risen nearly two percentage points to 12.3%, indicating greater barriers to employment for young people.

## Income

The median household income has risen significantly since 2005 (see Figure 12). However, across occupations, women continue to earn less than men, with overall women's median wages, salaries and commissions at \$37,947 compared to \$52,229 for men.<sup>71</sup> With significantly more female-led lone parent households, the gender pay gap can pose a challenge for acquiring adequate, affordable housing.

**Figure 12 - Household Income for Regina and Saskatchewan** <sup>72</sup>

Household Income	Number of Households			Median Total Income of Households (Before Tax)			Median Total Income of Households (After tax)		
	2006	2016	%ch	2005	2015	%ch	2005	2015	%ch
Regina	80,320	94,955	18.22%	\$ 55,629	\$ 84,447	51.80%	\$ 47,666	\$ 72,372	51.83%
Saskatchewan	387,145	432,625	11.75%	\$ 46,705	\$ 75,412	61.46%	\$ 41,084	\$ 65,784	60.12%

The minimum wage in Saskatchewan is currently \$10.96/hour and is indexed to the CPI. On October 1st, 2018 the wage will rise to \$11.06/hour. Before taxes on Saskatchewan's current minimum wage, a dual income household would make roughly \$45,593.

<sup>71</sup> Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016304.

<sup>72</sup> Statistics Canada. 2017. Focus on Geography Series, 2016 Census. Statistics Canada Catalogue no. 98-404-X2016001. Ottawa, Ontario. Data products, 2016 Census.

A couple on social assistance in Regina would make a combined income of \$18,152 for the year (\$9,076 each), while two individuals with disabilities would receive a combined \$22,342 per year. Even though, after taxes and transfers, the percentage of low-income households is reduced from 13.9% to 11.2%, current social assistance rates in Saskatchewan are not sufficient to bring people above the Low-Income Measure After-Tax (LIM-AT) of poverty (see Fig. 13). The 25,950 households on low-income in Regina are at-risk of housing loss and homelessness.

**Figure 13 - Income on Minimum Wage and Social Assistance Compared to LIM-AT**<sup>73</sup>

	2016	LIM-AT	Difference
<b>Single Person Minimum Wage (Full Time; After Tax <sup>74</sup>)</b>	\$17,668	\$22,133	-\$4,465
<b>Two People Minimum Wage (Full Time; After Tax)</b>	\$35,335	\$31,301	\$4,034
<b>Two People Minimum Wage (Full Time; After Tax) w/ 2 Children</b>	\$35,335	\$44,266	-\$8,931
<b>Single Person Saskatchewan Assistance Program (SAP)</b>	\$9,076	\$22,133	-\$13,057
<b>Two People SAP</b>	\$18,152	\$31,301	-\$13,149
<b>Single Parent w/ 1 Child SAP</b>	\$20,681	\$31,301	-\$10,620
<b>Two Parents w/ 2 Children SAP</b>	\$28,816	\$44,266	-\$15,450
<b>Single Person w/ Disability Social Assistance + SAID program income</b>	\$15,498	\$22,133	-\$6,635

In 2016, the Canadian Centre for Policy Alternatives released a report<sup>75</sup> that calculated a living wage for Regina to be \$16.95 an hour per adult in a two adult, two child household. That would be \$58,232 needed for a year after provincial and federal taxes and transfers. Using this benchmark, social assistance and minimum wage rates are not able to offer a comfortable living to those in Regina. It is worth considering the breadth and depth of people's needs in the current context of the costs of living within the city when addressing homelessness and housing stability.

<sup>73</sup> Tweddle, A., Battle, K., & Torjman, S. (2017). Canada Social Report: Welfare in Canada, 2016. Caledon Institute of Social Policy. Retrieved from [https://maytree.com/wp-content/uploads/Welfare\\_in\\_Canada\\_2016.pdf](https://maytree.com/wp-content/uploads/Welfare_in_Canada_2016.pdf)

<sup>74</sup> Based on combined federal and provincial marginal tax rate of 25.5%

<sup>75</sup> CCPA-SK. (2016). 2016 living wage for Regina and Weyburn. Canadian Centre for Policy Alternatives. [https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2016/10/Living\\_Wage\\_Regina%20\\_2016.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2016/10/Living_Wage_Regina%20_2016.pdf)

## **APPENDIX H: EXAMPLES OF RECOVERY-ORIENTED PROGRAMS**

There are several examples of recovery-oriented program models that have gained momentum in recent years. Regina's Managed Alcohol Programs (MAP) offer participants regular doses of alcohol in a medically supervised environment to help them manage alcohol use on the path to recovery. Similarly, methadone programs provide participants with regular doses of methadone to reduce the use of opioids. Elsewhere across the country, safe injection sites provide controlled, medically supervised environments off the streets for intravenous drug users to access clean needles and receive support when desired.

# APPENDIX I: COST RATIONALE AND CALCULATIONS

## Overview

A system planning model provides a bird's-eye view of the Homeless Serving System by using the best available information to interpret housing supply, demand for homeless-serving services and program suitability based on need/acuity and duration or frequency of homelessness. To develop a system planning model, a 'map' of services and housing that are considered to be part of the local or regional homeless-serving system is first developed, along with a number of assumptions with respect to needs, demand, capacity and outcomes. Using this information, a model is built to assess intervention impacts on the level of need in the system; this helps guide courses of action against Plan objectives.

System planning models use assumptions to cut through the complexity and develop informed projections for the future. However, because assumptions are relied upon, modelling comes with limitations; we cannot always foresee all economic, social or political changes that can have a significant impact on the Homeless-Serving System overall (e.g. economic recessions, changes to income assistance rates). Thus, a model is a conceptual tool we use to inform decision-making rather than the sole source of information to this end. We have to constantly update our assumption as new information emerges and changes ensue to develop real-time scenarios and risk analyses in system planning work.

## Understanding Stock and Flow

A key principle of developing a system planning model is that homelessness is not static - individuals transition in and out of homelessness and access various housing programs and services throughout their journey to stable housing. System modelling must account for these dynamic changes in this population and adjust estimations of need accordingly.

The model discussed in this Plan uses a *stock and flow analysis* to better understand how homelessness will change over time in Regina. A *stock* is a quantity at a particular point in time - in this case, we consider the number of individuals experiencing or at risk of homelessness. A *flow* is the movement of individuals between categories (e.g., at risk of homelessness, transitionally homeless, chronically homeless, stably housed). A stock and flow perspective is embedded in the concept of Functional Zero - we must ensure that outflows from homelessness exceed inflows to homelessness for a long enough period that the stock of individuals experiencing homelessness approaches zero.

A stock and flow analysis helps us understand why local data sources on homelessness may differ. While Regina's 2018 Homeless Count identified at least 286 individuals experiencing homelessness

at a particular point in time, our model indicates that as many as 260 individuals in Regina find themselves chronically or episodically homeless over the course of a year. These numbers are our best estimates and do not necessarily capture the changing nature of homelessness in Regina over time and reinforce the importance of a sector-wide Homeless Management Information System (HMIS) and ongoing, real-time system planning and modelling efforts.

## Data Sources

The model draws upon multiple data sources to assess Regina's supply of affordable housing, homeless-serving program spaces and demand for services. The table below summarizes the data sources that were incorporated:

- Shelter Utilization Reports
- Regina Homeless Point-in-Time Count
- 2016 Statistics Canada Census

Data from comparable Canadian cities was used in the model where Regina-based data was lacking (e.g. cost of implementing new program types, such as Rapid Rehousing or Prevention).

## Categories of Homelessness

The model categorizes individuals by the duration of their homelessness. Below are definitions from the Homelessness Partnering Strategy.

Duration of Homelessness	Definition
<b>Chronic/Episodic*</b>	Chronic homelessness refers to an individual who is experiencing sustained homelessness for 6 months or more in the past year. Episodic homelessness refers to an individual who has had 3 or more episodes of homelessness within the last year (i.e., attained and lost housing).
<b>Transitional</b>	An individual experiencing homelessness for less than one year and with fewer than 4 episodes of homelessness within the last 3 years.

\*Note: These categories were modelled as one category given the acuity profiles, housing and support needs.

Duration of Homelessness	Definition
At Risk of Homelessness	Individuals in households that spend more than 50% of their income on shelter costs and have an annual income below \$20,000 (as per the 2016 National Household Survey)

## Matching Need to Program Type

Homeless serving systems use common assessment tools to triage individuals according to level of need, often referred to as acuity. This also helps to identify what type of program is likely to be a good fit, which is confirmed when a more fulsome assessment is completed. To assess demand for programs, assumptions about acuity are needed. For people experiencing chronic and episodic homelessness, the model estimates what share of these individuals have high, medium and low levels of need/acuity, shown in the table below.

	High Acuity	Medium Acuity	Low Acuity
Chronic	80%	15%	5%
Episodic	50%	30%	20%
Transitional	10%	40%	50%
At Risk	5%	15%	80%



The following chart outlines how the model matches level of need to program type:

Group's Level of Need (Acuity)	Program Type	Proportion of Acuity Group served by Program Type
<b>High Acuity</b> <b>Chronic, Episodic Homelessness</b>	Permanent Supportive Housing	90%
	Assertive Community Treatment (ACT)	90%
	Intensive Case Management	20%
<b>Moderate Acuity</b> <b>Episodic Homelessness; Transitional Homelessness; At Risk</b>	Permanent Supportive Housing	10%
	Rapid Rehousing	25%
	Assertive Community Treatment	10%
	Intensive Case Management	80%
<b>Low Acuity</b> <b>Transitional Homelessness; At Risk</b>	Rapid Rehousing	75%
	Prevention/Diversion	100%
	Affordable Housing	100%
	Rent Supports	100%

These proportions account for individuals who may re-enter the Homeless-Serving System multiple times or require a transition to a higher-intensity program to maintain their housing long-term.

## Cost & Performance Assumptions

As there was limited data locally available to run the cost analysis, we had to use learnings from studies and reports from other Canadian jurisdictions to develop a costs model. As the implementation rolls out, these assumptions should be refined with local data.

Program Type	Target Turnover	Target Negative Exit	OpEx/ Space/Yr	CapEx/ Space
Permanent Supportive Housing	25%	15%	\$35K	\$182K
Affordable Housing	20%	10%	\$3.5K	\$125K
Assertive Community Treatment	20%	10%	\$21K	
Intensive Case Management	100%	15%	\$19K	
Rapid Rehousing	200%	20%	\$8K	
Prevention/Diversion	200%	20%	\$4K	
Rent Supports	20%	10%	\$2.5K	

## Model Limitations

There are several limitations to this model. The model uses Regina's population growth rate averaged using the 2011 and 2016 Census of 2.3% annually to predict how the number of people experiencing transitional homelessness in Regina will change over time. While a population growth rate reflects demography and migration, it does not reflect external factors that may uniquely impact homelessness (e.g., increases to the minimum wage or to average rents).

This rate can change significantly as a result of shifts in the economy impacting lower income populations, as well as public policy at the federal and provincial levels in particular. For instance, poverty rates are related to core housing need and homelessness risk, thus poverty reduction measures can mitigate homelessness risk; alternatively, sustained economic downturn can result in new groups entering the at-risk of homelessness group, leading to increased rates.

Again, this is an estimation that assumes that such measures are put into place and are effective. Without prevention measures proposed, as well as the new affordable housing and rent supplements, and provincial plans to address homelessness and poverty, we cannot assume current rates of homelessness risk to change for this group.

The growth in the number of people experiencing chronic and episodic homelessness that we assume is 10%. Again, this is an estimation that assumes that measures are put into place and are effective.<sup>76</sup>

Without consistent data sharing among programs, shelter providers and outreach teams, we continue to have limited data on the number of unsheltered homeless or provisionally accommodated individuals, particularly those sleeping rough. This model makes assumptions that a significant portion of individuals who sleep outdoors do not interface with the emergency shelter system.

Our supply-side figures are limited largely due to uncertainty about the future. Predicting the number of housing units and homeless-serving program spaces over a five-year period is challenging for a number of reasons: political priorities and funding allocations will change, the local economy will shift, and new program types will be introduced based on research, evidence and best practice. Our model identifies the “known knowns” (e.g. confirmed affordable housing developments) and makes informed assumptions about how housing units and homeless-serving program spaces will change over time.

## **Implementation Cost Scenario Development**

Assuming these figures as indicative of unmet demand in Regina, we then looked at the most effective ways of addressing needs over the next five years. We modeled various scenarios in which we served all chronically and episodically homeless individuals and varying figures from the transitionally homeless and at-risk pools. We landed on the current scenario as a means of addressing the immediate backlog of chronically and episodically homeless individuals, while still moving into prevention and diversion for the lower acuity groups – though the current measures assume only 10% of these would be served through new Plan measures.

The scenario also assumes minimal capital investment focused on Permanent Supportive Housing and Affordable Housing complemented by Housing First ICM and ACT to leverage already existing units in the non-market and private market.

There are several limitations to this approach: there is limited impact on lower need populations and thus limited investment in affordable housing and prevention compared to programs proposed for higher need groups. This points to the need for a complementary poverty and affordable housing strategy to step into this gap to address at risk groups in a more fulsome manner. We chose to focus this Plan on measurable impact on visible and costly forms of homelessness, with some prevention work over the next five years as a means of leveraging existing resources and housing units. If implemented the Plan will make a visible dent in the current backlog and enable us to move increasingly upstream into more prevention longer term.

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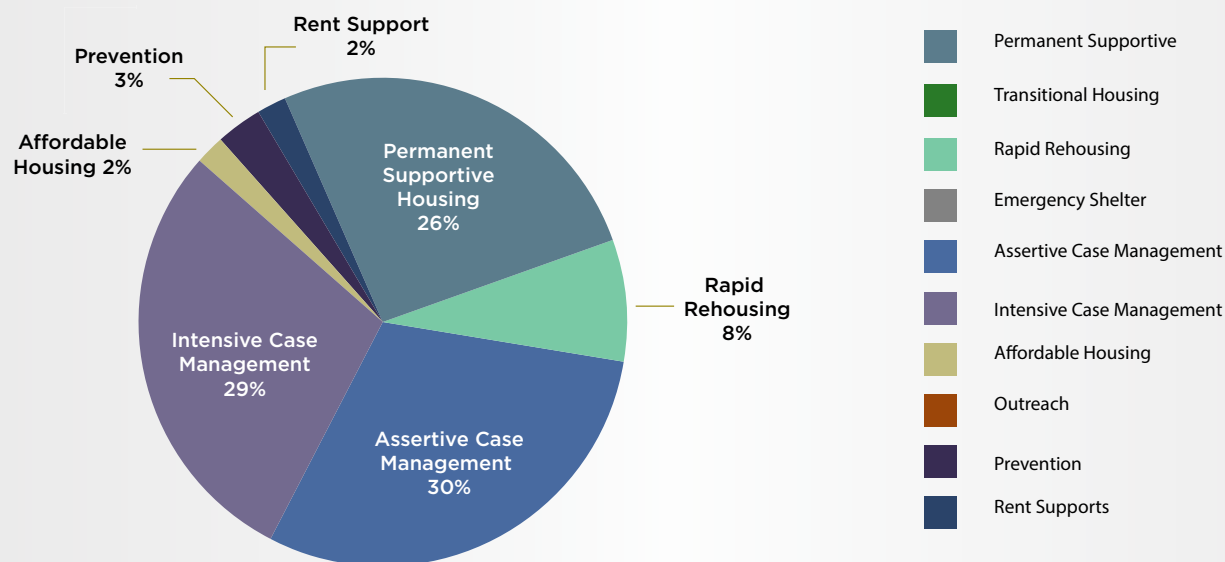
<sup>76</sup> Brydon, R. (2016). Homeless In, Homeless Out and Homeless Zero Using System Dynamics To Help End Homelessness. Retrieved from [http://homelesshub.ca/sites/default/files/3.3%20Brydon\\_O.pdf](http://homelesshub.ca/sites/default/files/3.3%20Brydon_O.pdf)

We also note that the Ministry of Social Services has decided to suspend new intakes for the Saskatchewan Rental Housing Supplement which would mean that no new clients can come onto this program as of July 2018. We simply don't know at this time what this measure will mean for those at risk. It may significantly increase the flow into homelessness and may thus hamper success of Plan measures. It may also be mitigated by the introduction of National Housing Strategy portable rent supplements and new affordable housing units coming onstream by 2021. This is an area that required vigilant monitoring and adjustment in real time. We estimated that the chronic and episodic group will grow at 10% per year, while the at risk and transitional at 2.3% - yet these figures may not take into account new policy changes or market forces as of yet unforeseen.

## Return on Investment

**Supports Needed: \$38M over five years to support 740 intakes (this includes both rental intakes and program spaces).** These program spaces are required to serve approximately 2227 people over the next five-years. Here, we note that programs may already be in place that can be repurposed or better integrated to deliver these spaces. For instance, Justice has contracts and/or delivers case management to clients and such program spaces could be targeted at the homeless population against these proposed targets. This is the case for Saskatchewan Health Authority as well, particularly with respect to the Assertive Community Treatment and Intensive Case management program spaces needed. Where these spaces exist, they could be better integrated with the Plan's Housing First initiative; where they do not, additional resources will be needed.

## SUPPORT/OPERATING COSTS



**Housing Needed: \$25M in capital for new housing.** Of these, \$15M are needed to create Permanent Supportive Housing units and \$10M to create 80 new Affordable Housing spaces specifically dedicated to homeless individuals or those at imminent risk over the next five-years. **Note again, that these units are not meant to replace the need for affordable housing strategy at large; rather, specify the numbers needed to meet the homelessness targets in this Plan.**

Where new Permanent Supportive Housing construction is needed, we estimated the per unit costs based on 350 sq ft bachelor suites, common areas for programming.

**Land value per space: \$20k (11%)**

**Soft Costs/Contingency: \$64k (35%)**

**Construction: \$98k (54%)**

The new Affordable Housing spaces which can be included in combination of smaller buildings, medium sized buildings, or townhomes to accommodate families. To manage costs, these would likely be framed apartment buildings, with above ground parking, of moderate quality in central locations.

The housing we are proposing will blend in neighbourhoods, have onsite supports and be well designed, built, and operated by non-profit service providers. Some examples are showcased below.

Importantly, SaskHousing has 400 units of new affordable housing under development as well as empty units which could be repurposed and dedicated to Plan target spaces. As only 160 spaces are needed (this number refers to the 80 affordable housing units and the 80 supportive housing units in the Plan), having these prioritized from SaskHousing can go a long way towards meeting Plan goals. Empty units may be contracted to another housing operator that can deliver onsite supports as well to meet complex client needs more effectively.

## Implementation Support & Funding Sources

At this time, we are outlining the possible sources of spaces or funding to create new spaces below. As we work on implementing the Plan, the Leadership Committee will brief Ministers on Plan needs and discuss contribution options in further detail.

Program Type	Cost/ Space	Possible Funding/Capacity Sources	Spaces	#Intakes	five-year Cost
<b>Permanent Supportive Housing- PSH</b>	\$182K/ CAP/ UNIT \$35K/OP	HPS, National Housing Strategy, Ministry of Health, Health Authority, Ministry of Justice, Ministry of Social Services, Saskatchewan Housing Corporation	80 new – via NHS	293	\$9.8M Op \$15M Cap
<b>Assertive Community Treatment - ACT</b>	\$21K	Ministry of Health, Health Authority, Ministry of Justice, Ministry of Social Services	140 new	227	\$11.6M Op
<b>Intensive Case Management (ICM)</b>	\$19K	Ministry of Health, Health Authority, Ministry of Justice, Ministry of Social Services	160 needed, 30 already exist 130 needed	509	\$10.8M Op (for 160 space)
<b>Rapid Rehousing</b>	\$8K	HPS, National Housing Strategy, Ministry of Health, Health Authority, Ministry of Justice, Ministry of Social Services, Saskatchewan Housing Corporation	80 – already exists	528	\$2.9M Op
<b>Affordable Housing</b>	\$125K/ CAP/ Space \$3.5K/ OP	HPS, National Housing Strategy, Ministry of Social Services, SaskHousing, Private donors	80 new via NHS	114	\$0.9M Op \$10M Cap
<b>Prevention/Diversion</b>	\$4K	HPS, Ministry of Social Services, Health, Justice, MCFS, Philanthropic orgs, Private donors	100 new via NHS	420	\$1.2M Op
<b>Rent Supports</b>	\$.52K	HPS, Ministry of Social Services, Health, Justice, MCFS, Philanthropic orgs, Private donors	100 new via NHS	136	\$0.8M
<b>Total</b>			<b>740</b>	<b>2227</b>	<b>\$63M</b>

## Investment Impact

**If the status quo in Regina is maintained, with the Plan not implemented, the usual approach for those that could have been served under the Plan will total \$75M over five years. In contrast, housing and supporting those same people using the Plan, will avoid about \$37M costs associated with the major systems.**

Housing First in Regina has shown significant reduction among the following cost categories for 49 clients served. The yearly cost of serving this cohort among these public systems pre-intervention is estimated at about \$31K; post intervention, at \$13K: a 58% cost avoidance among the following public systems:

Public System Interaction Reduction in Regina's Homes program (n=49)	
Police Calls Reduction	81%
Arrests Reduction	89%
Days in Hospital Reduction	40%
ER Visits Reduction	75%
EMS Reduction	66%
Detox Visits Reduction	93%

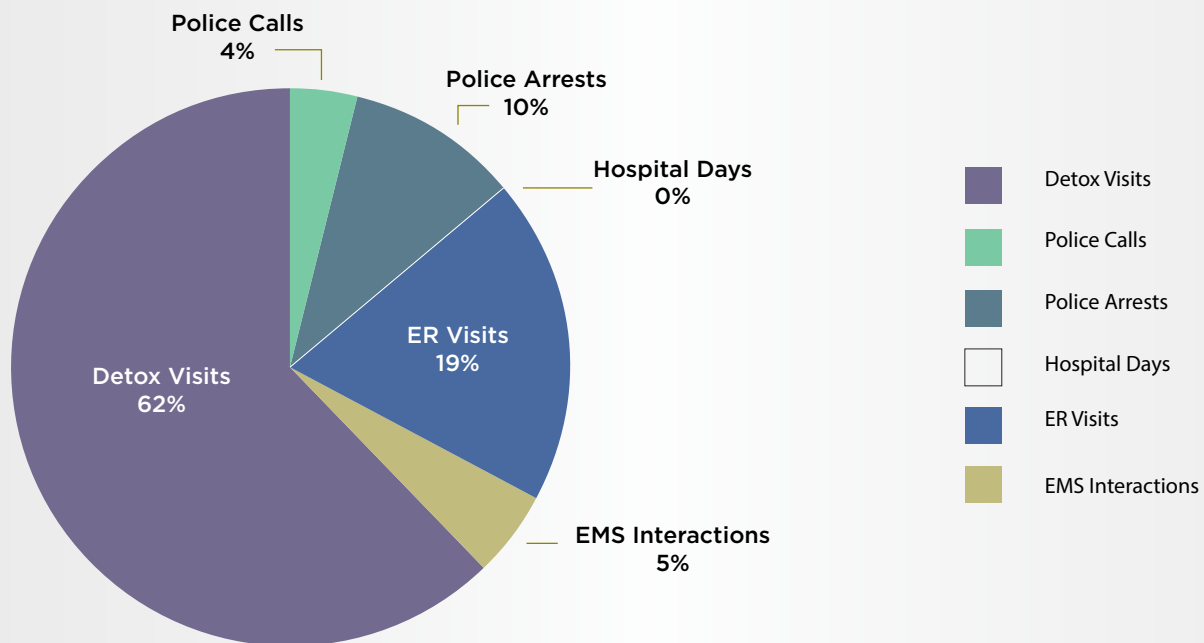
Assuming a 50% cost avoidance level, and a range of savings per population served, we estimate that over the course of the Plan, the same people who are housed and supported would accumulate \$75M in costs to public systems; if housed, they would cost \$37M– a cost avoidance of about 50%. In this sense, the \$38M the Plan proposed to be invested in supports would be recuperated in cost avoidance as a result of system use reductions amongst those successfully housed and supported by Plan measures.



Populations	Cost/Yr	#Housed	PerYr	5Yrs	Est Cost Avoidance	
Chronic	\$ 40,000	119	\$ 4,743,900	\$ 23,719,500	\$ 14,231,700	60%
Episodic	\$ 28,000	261	\$ 7,305,606	\$ 36,528,030	\$ 20,090,417	55%
Trans/Risk	\$ 8,000	148	\$ 1,184,836	\$ 5,924,182	\$ 2,073,464	35%
At Risk	\$ 4,000	435	\$ 1,740,533	\$ 8,702,664	\$ 870,266	10%
<b>Total</b>		<b>963</b>	<b>\$ 14,974,875</b>	<b>\$ 74,874,377</b>	<b>\$ 37,265,847</b>	<b>50%</b>

The cost avoidance would be distributed among the following public systems, if the Regina Housing First program breakdown is applied to the Plan measures. This analysis by no means covers well known impacts on other areas, particularly days in jail or prison where Housing First is making considerable impact alongside discharge planning efforts from corrections. Plan measures can go a long way in addressing the demand for remand and support provincial effort to manage and reduce demand for such services. These measures can further leverage existing public system coordination efforts, particularly the Police and Crisis Team (PACT) with concerted efforts on homelessness.

## COST AVOIDANCE BY AREA



## APPENDIX J: DETAILED IMPLEMENTATION PLAN

Plan Ramp-Up		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
1. Funding secured for Plan Director position.	<p>Outline the staffing model, terms and reference, roles and responsibility of the CLC along with System Planning positions and budget request for the cost of the Plan coordination position and administrative costs.</p> <p>Develop a case for Director funding based on the role that the Director will play in Plan implementation.</p> <p>Engage all three orders of government to secure funds for implementation of \$20,000/ year over five-years, to fully cover full-time Director position.</p>	CLC, RHCAB, Federal, Provincial, and Municipal Governments.

Plan Ramp-Up		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
2. Governance body for Plan established & Plan implementation positions hired.	<p>Recruit and confirm community leaders for Plan governance and implementation that incorporates Indigenous leadership, lived experience input, and mechanisms for ongoing community oversight.</p> <ul style="list-style-type: none"> <li>Determine Terms of Reference, including prioritization for Indigenous leadership and people with lived experience, criteria for Board of Directors and SPO position, and mandate in alignment with community Plan, taking into account HPS renewal context.</li> <li>Develop new Terms of Reference for the Regina Homelessness Community Advisory Board to align with Plan governance structure.</li> <li>Develop and implement recruitment process for Board of Directors, using the CLC as a transition leadership body until formal leadership is in place.</li> <li>Do outreach and engagement to recruit and support people with lived experience as part of the leadership model in various capacities. Host governance training initiative with members of RHCAB, CLC, and Community Data and Audit Committee to ensure common understanding of roles and responsibilities.</li> <li>Plan To End Homelessness kick off event promoting the structure of Plan implementation moving forward. Confirm and hire Plan implementation position, tasked with operationalizing the Plan through a systems level Housing First approach.</li> <li>Develop clear job description for Plan Director with reporting structure, and key goals of the Plan to be incorporated into position workplan.</li> </ul>	CLC, RHCAB, SPO

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
1. Governance body for Plan established & Plan implementation positions hired.	<p>Set up funders table for Plan implementation, dedicated to raising funds and ensuring that the Plan implementation costs are fully financed for the duration of the timeline. (This includes housing and supports costs in addition to the implementation positions).</p> <ul style="list-style-type: none"> <li>Identify key stakeholders groups for funders table.</li> <li>Develop “pitch package” document outlining investment opportunities, collective funding targets, and ways in which funders can engage with the Plan priorities.</li> <li>Outreach and recruit community philanthropists, private sector leaders, and funders.</li> <li>Provide regular updates reports for table, along with requests for action.</li> </ul>	CLC , RHCAB, SPO
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
1. Community-wide systems mapping exercise with service providers.	<p>Complete a community-wide systems mapping exercise with service providers to ensure comprehensive understanding of program capacities, existing gaps, and leveraging strengths.</p> <ul style="list-style-type: none"> <li>Do comprehensive outreach with community partners in housing and homelessness sector, as well as related public systems re: Plan implementation and need for comprehensive understanding of local service provider data via community systems mapping.</li> </ul>	SPO, RHCAB, BoD

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
	<ul style="list-style-type: none"> <li>Promote systems mapping exercise and send out survey, utilizing networks from working group.</li> <li>Analyze data from systems mapping exercise to develop:               <ul style="list-style-type: none"> <li>» An up-to-date resource directory for all services available to people at risk of or experiencing homelessness in a community;</li> <li>» Mapping of the locations of the various community resources to discern location patterns;</li> <li>» Categorization of all programs by target population, eligibility criteria, geographical scope, service model and focus;</li> <li>» Real-time occupancy report to show what spaces are available in services;</li> <li>» Clear eligibility, referral and access for people seeking support;</li> <li>» A feedback loop from clients/users of services to each of the resources, and;</li> <li>» Performance indicators to track community demand and feedback on services.</li> </ul> </li> </ul>	SPO, RHCAB, BoD

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
2. Integration of a single real-time data platform for the homeless serving sector	<p>Build out HIFIS 4 across Regina in order to have access to consistent, real-time data within the homeless-serving sector - Leverage federal support for homelessness data collection coming in the federal strategy, Reaching Home.</p> <ul style="list-style-type: none"> <li>• Develop HIFIS 4 &amp; Coordinated AccessC Implementations Committee / Working Group toC oversee the initial implementation and parameters of HIFIS 4, with broad sector representation including shelters, Violence Against Women (VAW) sector, corrections, child welfare, mental health &amp; addictions, and other social services.</li> <li>• Develop clear communications materials (Powerpoint, one pager, etc.) explaining timeline launch, purpose, and value of HIFIS 4 as part of achieving greater systems integration, and in line with Plan goals.</li> <li>• Promote widely across the sector to build buy-in.</li> <li>• Provide HIFIS 4 training for agency staff implementing it.</li> <li>• Ongoing engagement to onboard as many agencies asC possible to HIFIS 4 to support full systems integrationC and outreach with agencies connected to the housingC sector to explore ways to integrate HIFIS 4 with theirC data, including shelters, VAW shelters, mental healthC and addictions services, and justice sector stakeholders.</li> <li>• Engage with the federal government aroundC resources and supports to scale up HIFIS 4 including available resources.</li> </ul>	YMCA, HIFIS users, Department of Justice, Saskatchewan Health Authority, Social Services

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
3. Comprehensive Coordinated Access model.	<p>Work with public systems to facilitate data-sharing and integration in order to identify the inflows and outflows of homelessness for more targeted policy change and funding support.</p> <ul style="list-style-type: none"> <li>• Begin engaging provincial public systems, including Sask. Housing, Social Services, Central Services, Justice and Health (including treatment facilities) to develop data framework for individuals who experience homelessness between systems</li> <li>• Begin track inflows from public systems as part of data collection work.</li> <li>• Engage provincial system stakeholders, to align efforts and enhance positive housing transitions from provincial systems.</li> </ul> <p>Enhance the existing Coordinated Housing Intake Process (CHIP) to be a system wide Coordinated Access model that connects people with the full continuum of services, with support from the federal government under the Reaching Home homelessness strategy.</p> <ul style="list-style-type: none"> <li>• Work with HIFIS 4 and Coordinated Access Committee to determine a Coordinated Access model that leverages and builds on existing infrastructure.</li> </ul> <p>Develop performance management framework including the development of system-wide KPIs..</p> <ul style="list-style-type: none"> <li>• Use systems mapping data to form the base of this framework, with key baseline targets set based on current sector data.</li> </ul>	



Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
<p>1. People housed through:</p> <ul style="list-style-type: none"> <li>-80 new Permanent Supportive Housing spaces</li> <li>-80 new affordable housing spaces</li> <li>-80 new rent supports</li> <li>-100 prevention interventions</li> </ul>	<p>Develop formal links to the Design Regina Comprehensive Housing Strategy and explore policy shifts at the municipal level to continue to maximize affordable housing development across neighbourhoods through bylaw changes, zoning, and grants.</p> <ul style="list-style-type: none"> <li>The City has been working on a major review and amendment to the Zoning bylaw which has included identifying ways of incorporating the recommendations from the Comprehensive Housing Strategy. It is expected that a draft of the new Zoning Bylaws will be released in the beginning of 2019 for public and stakeholder feedback, including local affordable housing providers. Seek to align, where possible, Plan targets with this renewal.</li> <li>Monitor impact from the removal of Saskatchewan Housing Supplement as it is unclear what impact the loss of the Sask Housing Supplement will have on demand for shelters and rental market housing prices. Important to measure impact of reduced shelter rates before the joint federal/provincial Portable Housing subsidy is introduced in 2020.</li> </ul> <p>Support provincial and federal investment for the addition of 80 units of long-term supportive housing in purpose-built building targeted to chronic &amp; episodic homeless people with higher needs.</p> <ul style="list-style-type: none"> <li>Complete a scan of all possible funding sources available to leverage, including working closely with Funder's Table, National Housing Strategy resources, and in-kind opportunities such as existing units that can be renovated, and available land.</li> </ul>	Sask Housing, CLC

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
	<ul style="list-style-type: none"> <li>Engage developers around leveraging existing resources to build or retrofit units to achieve Plan targets.</li> <li>Develop building timeline and work plan to achieve Plan housing targets.</li> <li>Building to begin, likely in Year 2 of Plan and carried through until targets completed.</li> <li>Coordinate with service providers re: appropriate matching of people to units being developed who experience chronic and episodic homelessness.</li> </ul> <p>Work with organizations dedicated to addressing interpersonal violence to ensure program and housing models appropriately serve those impacted by violence.</p> <ul style="list-style-type: none"> <li>In partnership with stakeholder organizations, develop a checklist to ensure that awareness and best-practice is being implemented throughout the various stages of housing for individuals impacted by violence, including:               <ul style="list-style-type: none"> <li>» Referral process</li> <li>» Access to housing units</li> <li>» Follow-up engagement that occurs</li> </ul> </li> </ul>	Sask Housing, CLC

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
<p>2. People supported through:</p> <ul style="list-style-type: none"> <li>- 140 new Assertive Community Treatment spaces</li> <li>- 130 new Intensive Case Management spaces</li> </ul>	<p>Work with provincial and federal partners to fill program gaps that support people experiencing chronic and episodic homelessness in the rental market through Housing First program including:</p> <ul style="list-style-type: none"> <li>• Intensive Case Management               <ul style="list-style-type: none"> <li>» 130 new spaces needed</li> </ul> </li> <li>• Assertive Community Treatment               <ul style="list-style-type: none"> <li>» 140 new spaces needed</li> </ul> </li> </ul> <p>Advocate for a person-centered approach to programs and housing for people experiencing addictions and mental health that meets them where they are at on the recovery and sobriety continuum.</p> <ul style="list-style-type: none"> <li>• Engage people with lived experience to co-develop a recovery-oriented model in Regina, based on the local context, including outcome indicators.</li> <li>• Integrate this model into training agenda, policy and protocols for Coordinated Access.</li> <li>• Ensure that staff working with people with mental health and addictions challenges have access to training opportunities, as outlined in Pillar Four of Plan.</li> <li>• Develop checklist for ensuring that a recovery-oriented approach is integrated into process of accessing housing, as part of a Housing First philosophy.</li> <li>• Promote Housing First principles amongst service providers, meaning that people are not required to demonstrate readiness to access housing.</li> </ul>	SPO

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
1. Increased training for service providers in priority areas such as cultural competency, trauma-informed care, and recovery-oriented approaches.	<p>Develop sector-wide capacity training agenda to increase staff effectiveness in supporting people experiencing multiple and complex needs with an early emphasis on trauma informed care, cultural safety, recovery-oriented approaches, and shelter diversion approaches.</p> <ul style="list-style-type: none"> <li>• Monitor progress on training agenda, and continue to reassess uptake within the sector of training opportunities.</li> <li>• Consider leveraging training expertise amongst agencies, through “training trades” etc. so as to maximize resources.</li> </ul> <p>Continue to participate in regional, provincial and national learning communities to share and learn best practices &amp; champion preventing &amp; ending homelessness.</p>	CE, RHCAB, CLC, Community Partners
2. Population-specific lens applied to program design and outcomes evaluations	<p>Integrate population-specific lens into program design and outcomes evaluations.</p> <ul style="list-style-type: none"> <li>• Develop working group aimed at strengthening best practices for meeting unique populations</li> <li>• Evaluate current system-wide practices for ability to respond to unique population needs, starting with following groups: Indigenous peoples, women, youth, LGBTQ2S+, and newcomers through both systems-mapping process and stakeholder engagement.</li> <li>• In partnership with working group, develop recommendations for how service providers can better respond to needs of sub-populations</li> </ul>	SPO,CLC’ RHCAB, Community Data and Audit Committee

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
3. Regina Street Survival Guide and Map to ensure those at risk of or experiencing homelessness know where to go for the right help, fast	<p>Develop easy to access resource guides to ensure those at risk of or experiencing homelessness know where to go for the right help, fast. This includes building on existing resources such as the Regina Street Survival Guide and Map and creating new resources to offer support to the families or friends of those in need of help.</p> <ul style="list-style-type: none"> <li>In alignment with Pillar 3, ensure that process of accessing the system at large via Coordinated Access is clearly outlined. (This includes a central point of access, whether this is a phone number or physical location, ensure that it is consistent and well promoted.) Design one-pager with this information, and promote widely.</li> <li>Resource Guide will be built on systems mapping information, consider online forms of promotion including apps or websites, as well as printed versions, if feasible.</li> </ul>	SPO, CLC
4. Annual Community Forum on Plan to End Homelessness	<p>Launch campaign with emphasis on engaging target groups in tangible ways such as faith based groups, landlords, builders, and other private sector stakeholders.</p> <ul style="list-style-type: none"> <li>Develop communications plan with differing forms of engagement for each target audience.</li> <li>Host a public event, deliver presentation to community groups. Let people know about what this Plan can mean for Regina.</li> <li>Ask community stakeholders to publicly endorse the Plan as part of the communications campaign.</li> <li>Launch campaign, ensuring that information for how to get involved is readily available on the website hosting the Plan.</li> </ul>	SPO,CLC' RHCAB, Community Data and Audit Committee

Years 1 - 2 : Plan Infrastructure Development		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
4. Annual Community Forum on Plan to End Homelessness	<p>Host annual forum with Plan update to maintain community energy around the Plan.</p> <ul style="list-style-type: none"> <li>Develop agenda for forum in partnership with Indigenous leaders and People with lived experience.</li> <li>Ensure opportunities for community feedback on Plan process and mechanisms for ongoing engagement with the Plan via working groups, and volunteering.</li> <li>Engage faith and community groups committed to developing and donating 50 'Welcome Boxes' per year to people entering new homes through the centralized intake process.</li> </ul>	SPO,CLC, RHCAB, Community Data and Audit Committee

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
1. Governance body for Plan established & Plan implementation positions hired.	<p>Recruit and confirm community leaders for Plan governance and implementation that incorporates Indigenous leadership, lived experience input, and mechanisms for ongoing community oversight.</p> <ul style="list-style-type: none"> <li>Revisit the work plan -the Plan to End Homelessness in Regina is a living document and needs to be refined annually to meet the needs of our community and ultimate goal of ending homelessness in Regina.</li> </ul>	SPO, CLC

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
	<p>Set up funders table for Plan implementation, dedicated to raising funds and ensuring that the Plan implementation costs are fully financed for the duration of the timeline. (This includes housing and supports costs, and is in addition to the implementation positions).</p> <ul style="list-style-type: none"> <li>• Exploration of various additional funding mechanisms for Plan including social impact bonds, joint fundraising campaigns, fund-matching via National Housing Strategy, etc.</li> <li>• Assess what Plan targets require additional funding.</li> <li>• Develop funding strategy for this phase of Plan.</li> </ul>	SPO, CLC
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
1. Community-wide systems mapping exercise with service providers.	<ul style="list-style-type: none"> <li>• Complete a community-wide systems mapping exercise with service providers to ensure comprehensive understanding of program capacities, existing gaps, and leveraging strengths.</li> <li>• Revisit systems-mapping information and update as needed based on real-time data.</li> <li>• Assess progress based on Key Performance Indicators and use this information to determine any necessary changes to process.</li> </ul>	



Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
2. Integration of a single real-time data platform for the homeless serving sector	<p>Build out HIFIS 4 across Regina in order to have access to consistent, real-time data within the homeless-serving sector - Leverage federal support for homelessness data collection coming in the federal strategy, Reaching Home.</p> <ul style="list-style-type: none"> <li>Ongoing outreach to promote the use and implementation of HIFIS 4.</li> <li>Continued use of HIFIS 4 data to assess Plan progress and make adjustments to service delivery as needed.</li> </ul>	SPO, CHIP agencies
3. Comprehensive Coordinated Access Model	<p>Work with public systems to facilitate data-sharing and integration in order to identify the inflows and outflows of homelessness for more targeted policy change and funding support.</p> <ul style="list-style-type: none"> <li>Utilize data to support a shift toward prevention and diversion to meet the needs of those at highest imminent risk for homelessness.</li> <li>Develop prevention and diversion protocol as part of the system-planning framework, incorporating a population-specific approach.</li> <li>Continue to engage province, including Sask. Housing, Social Services, Central Services, Justice, and Health (including treatment facilities), to align efforts and enhance positive housing transitions from provincial systems.</li> </ul> <p>Enhance the existing Coordinated Housing Intake Process (CHIP) to be a system wide Coordinated Access model that connects people with the full continuum of services, with support from the federal government under the Reaching Home homelessness strategy.</p>	SPO, BoD, Emergency Shelters, Provincial Ministries including Justice, Social Services and Health, Community Data and Audit Committee

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Two: Data-Driven Systems Integration & Coordinated Access		
	<ul style="list-style-type: none"> <li>Develop clear system-wide shared protocols and communications processes for Coordinated Access intake and referral process, and prioritization and matching processes.</li> <li>Develop Memorandum of Understanding (MOU) outlining these protocols between service providers.</li> </ul> <p>Develop performance management framework including the development of system-wide KPIs.</p> <ul style="list-style-type: none"> <li>Develop streamlined methods for reporting on KPIs, to ensure that progress is being measured, leveraging data infrastructure to do this.</li> </ul>	SPO, BoD, Emergency Shelters, Provincial Ministries including Justice, Social Services and Health, Community Data and Audit Committee
Pillar Three: Housing & Supports		
<p>1. People housed through:</p> <ul style="list-style-type: none"> <li>- 80 new Permanent Supportive Housing spaces</li> <li>- 80 new affordable housing spaces</li> <li>- 80 new rent supports</li> <li>- 100 prevention interventions</li> </ul>	<p>Develop formal links to the Design Regina Comprehensive Housing Strategy and explore policy shifts at the municipal level to continue to maximize affordable housing development across neighbourhoods through bylaw changes, zoning, and grants.</p> <ul style="list-style-type: none"> <li>Continue to pursue Plan targets through the use of zoning mechanisms, where applicable to Comprehensive Housing Strategy</li> </ul> <p>Support provincial and federal investment for the addition of 80 units of long-term supportive housing in purpose-built building targeted to chronic &amp; episodic homeless people with higher needs.</p> <ul style="list-style-type: none"> <li>Continue building housing units in line with Plan targets.</li> <li>Continue to coordinate with service providers re: appropriate matching of people to units being developed who experience chronic and episodic homelessness.</li> </ul>	SPO, City of Regina, Saskatchewan Housing Corporation

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
	<p>Work with organizations dedicated to addressing interpersonal violence to ensure program and housing models appropriately serve those impacted by violence.</p> <ul style="list-style-type: none"> <li>• Continue to promote and build upon best practices for working with people experiencing interpersonal violence, with all relevant stakeholders in housing sector.</li> </ul>	SPO, City of Regina, Saskatchewan Housing Corporation
<p>2. People supported through:</p> <ul style="list-style-type: none"> <li>- 140 new Assertive Community Treatment spaces</li> <li>- 130 new Intensive Case Management spaces</li> </ul>	<p>Continue to work with provincial and federal partners to fill program gaps that support people experiencing chronic and episodic homelessness in the rental market through Housing First program including:</p> <ul style="list-style-type: none"> <li>• Intensive Case Management               <ul style="list-style-type: none"> <li>» 130 new spaces needed</li> </ul> </li> <li>• Assertive Community Treatment               <ul style="list-style-type: none"> <li>» 140 new spaces needed</li> </ul> </li> </ul>	SPO, Ministry of Health, Lived Experience Members of Auditing Body

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
	<ul style="list-style-type: none"> <li>• Build out HIFIS 4 across Regina in order to have access to consistent, real-time data within the homeless-serving sector - leverage federal support for homelessness data collection coming in the federal strategy, Reaching Home.</li> <li>• Ongoing outreach to promote the use and implementation of HIFIS 4.</li> <li>• Continued use of HIFIS 4 data to assess Plan progress and make adjustments to service delivery as needed.</li> </ul>	SPO, Saskatchewan Housing Corporation
Pillar Four: Capacity Building & Public Awareness		
1. Increased training for service providers in priority areas such as cultural competency, trauma-informed care, and recovery-oriented approaches	<p>Develop sector-wide capacity training agenda to increase staff effectiveness in supporting people experiencing multiple and complex needs with an early emphasis on trauma informed care, cultural safety, recovery-oriented approaches, and shelter diversion approaches.</p> <ul style="list-style-type: none"> <li>• Monitor progress on training agenda, and continue to reassess uptake within the sector of training opportunities.</li> <li>• Consider leveraging training expertise amongst agencies, through “training trades” etc. so as to maximize resources.</li> </ul>	

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
2. Integrate population-specific lens into program design and outcomes evaluations	<p>Integrate population-specific lens into program design and outcomes evaluations.</p> <ul style="list-style-type: none"> <li>• Begin implementation recommendations from working group.</li> <li>• Gather and distribute useful resources or materials, such as one pagers and checklists, that support the implementation of population-specific lenses into service delivery.</li> <li>• Utilizing expertise of working group, develop sector-wide Key Performance Indicators around each priority population to track progress in delivering services to these groups based on their recommendations.</li> </ul>	SPO
3. Regina Street Survival Guide and Map to ensure those at risk of or experiencing homelessness know where to go for the right help, fast.	<ul style="list-style-type: none"> <li>• Continue to widely promote and distribute guide to institutions outside of homelessness sector, including education, health, justice, etc.</li> </ul>	SPO, RHCAB

Years 3-4 : Early Implementation		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
4. Annual Community Forum on Plan to End Homelessness	<p>Host annual forum with Plan update to maintain community energy around the Plan.</p> <ul style="list-style-type: none"> <li>• Ensure ongoing opportunities for community feedback on Plan process and mechanisms for ongoing engagement with the Plan via working groups, and volunteering.</li> <li>• Continue to expand the number of groups committed to developing and donating 50 'Welcome Boxes' per year to people entering new homes through the centralized intake process.</li> </ul>	SPO, Community partners

Year 5 +: Maintenance & Shifting Focus		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar One: Leadership & Implementation		
1. Governance body for Plan established & Plan implementation positions hired.	<p>Revisit community leadership structure to evaluate if a new structure is needed for Plan maintenance.</p> <ul style="list-style-type: none"> <li>• Explore if new funding is needed for Plan Coordination and Implementation positions.</li> </ul>	CLC, SPO, City of Regina, City of Saskatoon, SUMA Provincial Government, Community Partners.

**Year 5 +: Maintenance & Shifting Focus**

Key Outcomes	Action Steps	Lead Stakeholders
<b>Pillar Two: Data-Driven Systems Integration &amp; Coordinated Access</b>		
1. Community-wide systems mapping exercise with service providers.	<ul style="list-style-type: none"> <li>Revisit Systems Mapping analysis, identifying ongoing areas for improvement, and highlighting progress on key indicators outlined in Plan.</li> <li>Use this data to shift resources towards other population groups identified by the data.</li> </ul>	SPO, Community Agencies
2. Integration of a single real-time data platform for the homeless serving sector	<ul style="list-style-type: none"> <li>Continue to use HIFIS 4 to track progress of Plan and identify real time trends and changes to needs in Regina.</li> <li>Ensure that there is ongoing capacity to respond quickly to changes in the system.</li> </ul>	SPO, Community Agencies
3. Comprehensive Coordinated Access Model	<p>Work with public systems to facilitate data-sharing and integration in order to identify the inflows and outflows of homelessness for more targeted policy change and funding support.</p> <ul style="list-style-type: none"> <li>Increasingly shift towards prevention and diversion to meet the needs of those at highest imminent risk for homelessness, with growing emphasis on working upstream, particularly with young people, so as to reduce the likelihood of later in life homelessness.</li> <li>Continue to implement and strengthen prevention and diversion protocols. Track this progress to make adjustments as needed.</li> <li>Increasingly shift funding from emergency services towards prevention supports.</li> <li>Continue to adapt and evolve performance management framework to meet the needs of the community.</li> </ul>	SPO, RHCAB

**Year 5 +: Maintenance & Shifting Focus**

Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
<p>1. People housed through:</p> <ul style="list-style-type: none"> <li>- 80 new Permanent Supportive Housing spaces</li> <li>- 80 new affordable housing spaces</li> <li>- 80 new rent supports</li> <li>- 100 prevention interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate progress on development of housing units and identify housing targets moving forward.</li> <li>• Liaise with funders' table to address these targets.</li> <li>• Evaluate effectiveness of interventions for working with people experiencing interpersonal violence, and develop recommendations for ongoing capacity-building in this area.</li> </ul>	<p>SPO, RHCAB, Systems Integration Working Group</p>
<p>2. People supported through:</p> <ul style="list-style-type: none"> <li>- 140 new Assertive Community Treatment spaces</li> <li>- 130 new Intensive Case Management spaces</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate progress of recovery-oriented approach being integrated in housing interventions, and determine areas for ongoing improvement.</li> <li>• Assess ongoing service needs for people needing supports with housing and set targets for moving forward.</li> <li>• Continue to work with province to determine priority areas for investment.</li> </ul>	<p>SPO, Community Agencies, Provincial Ministries</p>



Year 5 +: Maintenance & Shifting Focus		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Three: Housing & Supports		
	<p>Continue to work with organizations dedicated to addressing domestic violence to ensure program and housing models appropriately serve those impacted by violence.</p> <ul style="list-style-type: none"> <li>Continue to monitor client satisfaction in this area through surveys and other feedback mechanisms.</li> </ul> <p>Support efforts to increase treatment beds, especially for young people in Regina, with a minimum 20% of treatment beds dedicated for youth ages 13-24 years.</p> <ul style="list-style-type: none"> <li>Create budget and rationale for advocacy to Province for funding, in alignment with system.</li> </ul> <p>KPIs, for continued funding for interventions increasingly shift upstream as part of Plan.</p>	<p>SPO, Community Agencies, Provincial Ministries</p>
Pillar Four: Capacity Building & Public Awareness		
<p>1. Increased training for service providers in priority areas such as cultural competency, trauma-informed care, and recovery-oriented approaches.</p>	<p>Evaluate training agenda participation.</p> <p>Engage with people with lived experience and service providers for additional areas of training required based on people's needs.</p> <p>Continue to participate in regional, provincial and national learning communities to share and learn best practices &amp; champion preventing &amp; ending homelessness.</p>	<p>SPO, Working group on Capacity-building</p>

Year 5 +: Maintenance & Shifting Focus		
Key Outcomes	Action Steps	Lead Stakeholders
Pillar Four: Capacity Building & Public Awareness		
2. Integrate population-specific lens into program design and outcomes evaluations	<p>Ongoing monitoring and evaluation of population-specific approaches via KPIs and stakeholder feedback surveys.</p> <p>Continue to engage experts in ways to continually improve and integrate population-specific responses in service delivery.</p>	SPO, Community Agencies
3. Develop easy to access resource guides to ensure those at risk of or experiencing homelessness know where to go for the right help, fast. This includes support to the families or friends of those in need of help.	Update resource guide with any key changes to services and protocols across the system.	SPO
4. Annual Community Forum on Plan to End Homelessness	<p>Host forum with final celebration of work done on Plan over the past five-years.</p> <ul style="list-style-type: none"> <li>• Provide overview of system performance indicators of Plan and key learnings from Plan implementation.</li> <li>• Share key priorities populations and funding targets moving forward to continue to support the shift towards prevention and ending of homelessness.</li> </ul>	SPO, BoD, Community Audit Working Group

## **APPENDIX K – KEY TERMS**

**At-Risk of Homelessness** – people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.

**Assertive Community Treatment (ACT Team)** – a client-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

**Affordable Housing** – any type of housing (rental/home ownership, permanent/temporary, for-profit/non-profit) that costs less than 30% of a household's pre-tax income.

**Case Management** – a collaborative and client centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and when appropriate, arranges coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

**Coordinated Assessment** – a standardized approach to assessing a person's current situation, the acuity of their needs and the services they currently receive and may require in the future, and takes into account the background factors that contribute to risk and resilience, changes in acuity, the role friends, family, caregivers, community, and environmental factors.

**Core Housing Need** – A household is said to be in 'core housing need' if its housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).

These housing standards include:

- Adequate housing is reported by their residents as not requiring any major repairs.
- Affordable housing has shelter costs equal to less than 30% of total before-tax household income.
- Suitable housing has enough bedrooms for the size and composition of resident households according to National Occupancy Standard (NOS) requirements.

**Discharge Planning** – preparing someone to move from an institutional setting (child welfare system, criminal justice system, hospital etc.) into a non-institutional setting either independently or with certain supports in place.

**Housing First** – a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing followed by provision of additional supports and services as needed.

**Housing First for Youth** - housing First for Youth (HF4Y) is a rights-based intervention for young people (aged 13-24) who experience homelessness, or who are at risk. It is designed to address the needs of developing adolescents and young adults by providing them with immediate access to housing that is safe, affordable and appropriate, and the necessary and age-appropriate supports that focus on health, well-being, life skills, engagement in education and employment, and social inclusion. The goal of HF4Y is not simply to provide housing stability, but to support young people as youth and facilitate a healthy transition to adulthood. HF4Y can be considered both as an intervention or program model, as well as a philosophy guiding a community's response to youth homelessness.

**Integrated Case Management (ICM) Teams** - a team refers to a team approach taken to coordinate various services for a specific child and/or families through a cohesive and sensible plan. The team should include all service providers who have a role in implementing the plan.

**Natural Support Programs** - an intervention focused on strengthening relationships between vulnerable young people and their families (and networks) with a view of preventing, reducing and ending youth homelessness.

**Permanent Supportive Housing** - housing that comes with individualized flexible and voluntary support services for people with high needs related to physical or mental health, developmental disabilities and substance use. It is one option to house chronically homeless individuals with high acuity.

**Point in Time (PiT) counts** - provide a "snapshot" of the number of people experiencing homelessness on a specific date (usually one day, occasionally up to a week) in a community.

**Prevalence counts** - provide an alternative to the PIT counts and are often used in some small and rural communities. They determine how many people were homeless over a set period in time.

**Prevention** - refers to one of the main strategies in addressing homelessness that aims to stop people from becoming homeless in the first place.

**Provisionally Accommodated** - referring to those whose accommodation is temporary or lacks security of tenure.

**Rapid Re-Housing** - an approach to housing that is similar to Housing First as it has no "readiness requirement", however, this approach is best suited for people experiencing episodic and transitional homelessness.

**Rental Supplement Program** - refers to rent-geared-to-income housing with private landlord. Rent supplements are subsidies paid by government to private landlords who are part of this program.

**Service Coordination** - term used to describe inter- or intra-organizational efforts to support individuals across a range of services.

**Shelter Diversion** – a strategy targeting that refers to the provision of alternative temporary housing options, supports and interventions designed to reduce peoples' reliance on the emergency shelter system.

**Social Housing** – any housing that is funded/subsidized by a level of government.

**Substance Use** - refers to all types of drug and alcohol use.

**Systems Failures** – occur when other systems of care and support fail, requiring vulnerable people to turn to the homelessness sector, when other mainstream services could have prevented this need.

**Transitional Housing** – refers to supportive, yet temporary type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.



# 2021 REGINA HOMELESSNESS COUNT

## PREPARED BY:

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*Executive Director,  
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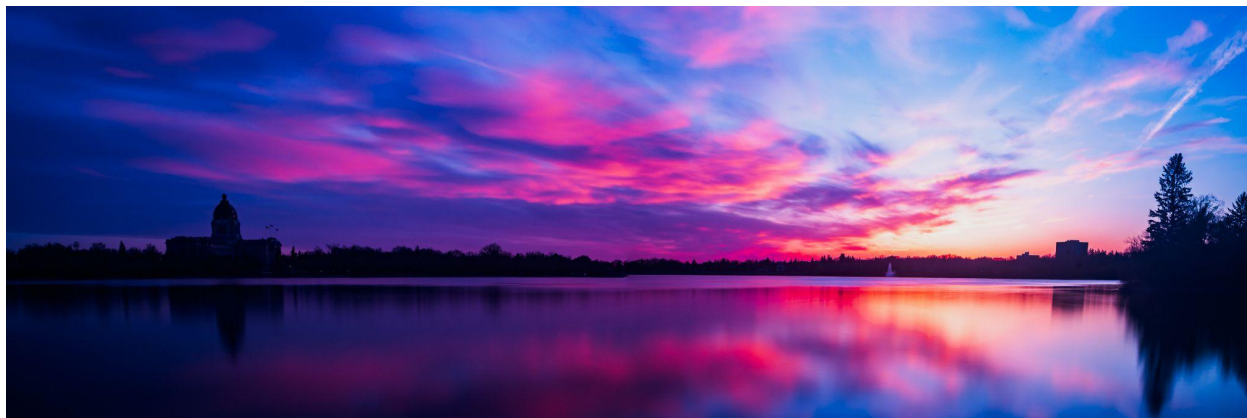
& HelpSeeker Technologies



Funded in Part by the Government of Canada's  
Reaching Home: Canada's Homelessness Strategy



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## **LAND ACKNOWLEDGEMENT**

*The 2021 Point-in-Time Count of Homelessness took place in Regina, Saskatchewan, Canada. Regina is situated on Treaty 4 lands with a presence in Treaty 6.*

**These are the territories of the nêhiyawak, Anihšīnāpēk, Dakota, Lakota, and Nakoda, and the homeland of the Métis/Michif Nation. Today, these lands continue to be the shared Territory of many diverse peoples from near and far.**



## ACKNOWLEDGEMENTS

### A Special Thanks to:

- The 115 volunteers who generously donated their time to help enumerate and administer surveys in the community.
- The staff at the māmawêyatitân centre for being such gracious hosts for the 2021 Point-in-Time Count (PiT Count) events. The māmawêyatitân centre was where the PiT Count headquarters were located on the night of the count as well as for where the post-day magnet event was hosted.
- The Regina Food Bank, for preparing and serving hearty meals for the Street Count volunteers on the night of the count and for individuals experiencing homelessness coming through the magnet event the following day. The Regina Food Bank also prepared to-go bags of sandwiches that survey teams could take with them to hand out on the night of the PiT Count.

### A Special Thanks to the Community Capacity and Innovations (CCI) Group

The CCI Group is a collection of representation from various stakeholders in the community. The CCI group oversees and advises on the development of the PiT Count and Coordinated Access Projects. Thank you to all members, who devoted a great deal of time, on top of your already busy schedules, to make the PiT Count happen. It could not have happened without you.

### A Special Thanks to the Facilities that Participated in the 2021 PiT Count

Facility	Agency/Organization
Isabel Johnson Shelter	YWCA of Regina
Kikinaw	YWCA of Regina
My Aunt's Place	YWCA of Regina
Men's Emergency Shelter	Soul's Harbour Rescue Mission
Men's Transitional Housing	Salvation Army
Waterston Shelter	Salvation Army
Kate's Place	Salvation Army
WISH Safe House	TFHQ Safe Shelters Inc.
Tuhk Sih Nowin	Street Culture Project Inc.
Sofia House	Sofia House Inc.
Regina Transition House	Regina Transition Women's Society
Lulu's Lodge	John Howard Society
Sr. Justice Discharge Program	John Howard Society
Brief Detox	Saskatchewan Health Authority -



The 2021 Regina Point-in-Time Count is supported through the Government of Canada's Reaching Home: Canada's Homelessness Strategy, as administered in Regina by Namerind Housing Corporation. Reaching Home is a community-based program aimed at preventing and reducing homelessness by providing direct support and funding to Designated Communities (urban centers), Indigenous communities, territorial communities and rural and remote communities across Canada. The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada.

The Regina Point-in-Time Count Project was managed locally by Flow Community Projects.

HelpSeeker Technologies conducted data validation and analysis, and collaborated on writing the final report.



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## **ABOUT THIS REPORT**

This report contains analysis and findings for the Point-in-Time Count of Regina Homelessness that occurred on September 22, 2021. A Point-in-Time (PiT) Count is a strategy to help determine the extent of homelessness in a community on a given night, or at a single point in time, in which individuals and families experiencing homelessness are enumerated and given the opportunity to participate in an anonymous survey.

This report presents findings from the enumeration and survey, and includes additional research and findings that provide context for the pandemic's impact on homelessness, as well as economic factors, social dynamics, and case studies of the mechanics of Regina's homeless-serving sector operations contributing to the current state of homelessness in the community.

This report does not aim to serve any type of political bias, and information is presented to highlight all factors contributing to the state of homelessness in Regina.

### **Benefits of conducting a PiT Count**

A PiT Count should serve as a critical part of a community's response to homelessness. This is especially true for communities like Regina that do not yet have real-time aggregate systematic client data through the shared use of a Homeless Management Information System (HMIS). Until an HMIS is implemented, PiT Counts will be the primary means to measure progress in reducing homelessness, year over year.

Counts can significantly increase a community's ability to take action toward ending homelessness by:

- Identifying the characteristics of the local population.
- Increasing capacity to undertake a local needs assessment.
- Enhancing system planning and program development.
- Measuring progress toward ending homelessness.
- Increasing public awareness about homelessness.
- Enhancing the ability to test the efficacy of programs and interventions aimed at ending homelessness.

## BACKGROUND

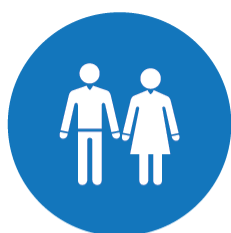
On September 22, 2021, Flow Community Projects and community partners organized the Regina communities' third Point-in-Time (PiT) Count of Homelessness. It was found that at least 488 individuals were experiencing some form of homelessness.

The 2021 PiT Count included three primary components. The first two, a street count and a sheltered count, took place on September 22, 2021 from 8:00 p.m. to 11:00 p.m. During the street count, over 115 volunteers from the Regina community participated, taking to the streets in Survey Teams of 2 or 3 individuals, offering an anonymous housing survey to anyone they saw. Along with offering the survey, the street count survey teams used tally sheets to enumerate people who were experiencing homelessness, but were not surveyed (including those sleeping on/under benches, located in alleys or encampments, or who declined to be surveyed, but disclosed homelessness).

For the sheltered count, the same survey was offered by staff to people staying in their facilities. In addition to the survey, participating shelter agencies were asked to provide administrative facility data (capacity, occupancy rates and non-personally identifiable demographics) to the Flow Community Projects to help make the count as accurate as possible.

The third component, a magnet event, was hosted at the māmawêyatitân centre from 11:30 a.m. – 2:00 p.m., on September 23, 2021. A Magnet Event is an event to draw in a specific population to be enumerated and surveyed during a PiT Count. The target population for the magnet event was First Nations individuals and families experiencing homelessness living in North Central, who may have been missed during the count the night before. The event included a free chili and buns luncheon (food provided and prepared by the Regina Food Bank), a COVID-19 vaccine clinic (delivered by Saskatchewan Health Authority, Four Directions), and a services fair (offered by multiple agencies). The PiT Count Survey from the night before was also offered to those attending the Magnet Event, however, survey participants were asked where they stayed the night before, to align their answers with data for September 22, 2021.

PiT Count Surveys were entered by CCI Group members (PiT Count Advisory) in the weeks following the PiT Count. Once entered, the PiT Count data (raw survey data, administrative facility data, and tally sheet data) was sent to a third party, HelpSeeker Technologies, for further validation, analysis and report preparation.

Key Findings from the 2021 PiT Count<sup>1</sup>

AT LEAST

488

individuals were found to be experiencing homelessness during the 2021 Regina PiT Count.

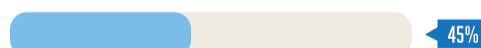


This is a major increase compared to the prior 2018 PiT Count, in which 286 people were enumerated.



of those enumerated were provisionally accommodated.

AMONG THESE



were staying in transitional housing facilities



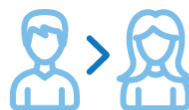
were staying at someone else's home

## Characteristics of people experiencing homelessness in Regina

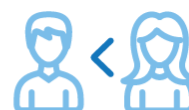


Experiences of homelessness were reported by individuals of all ages.

In addition, participant responses to their first experiences of homelessness showed that the onset of homelessness can occur at any age.

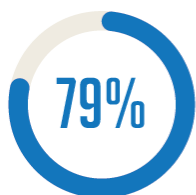


A greater proportion of men compared to women were reported to be staying unsheltered in public spaces, as well as at emergency shelters.



However, a greater proportion of women compared to men were reported to be staying at transitional housing facilities.

<sup>1</sup> Note: It is worth mentioning that the 2021 PiT Count included Observed Homelessness and the 2018 PiT Count did not. In 2018, there was a volunteer-training error on how to properly use the Tally Sheets to account for Observed Homelessness, and thus no data was collected. Since the 2018 count did not collect some data collected in 2021, the apparent increase in the number of people experiencing homelessness in 2021 compared with 2018 is not accurate, as the 2018 number represents an underreporting of the true number. However, there was still a very large increase in the actual number of people experiencing homelessness in Regina between 2018 and 2021.



**A large proportion of survey respondents (79%, n=191) identified as being Indigenous.**

**Among these respondents,**



**reported being First Nations, and the rest as Métis, of Indigenous ancestry, or Inuit.**

## Experiences of homelessness



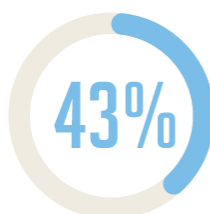
**Over 50% of survey respondents met the definition of chronic homelessness, that is, experiencing homelessness for a period of 6 or more months within the past 12 months.**



**The most common reason for housing loss was not having enough income for housing.**

**This was reported by about 53% of those who responded to this question.**

*Other reasons for housing loss commonly included conflict (e.g., with a spouse or partner, or with a landlord), substance use issues/mental health challenges, unsafe housing conditions, or experiences of discrimination.*



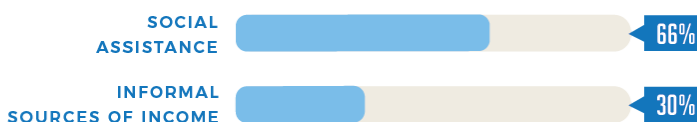
**reported losing housing within the past year.**

**ADDITIONALLY,**



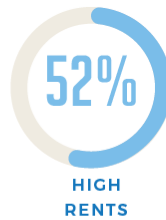
*of respondents said the COVID-19 pandemic was the cause of their most recent housing loss.*

**The majority who reported having a source of income indicated these are their primary sources.**



## Barriers and challenges

**Participants reported common barriers to finding housing included financial barriers, such as**



Other commonly reported barriers included addiction and mental health challenges, poor housing conditions, discrimination, and conflict, including domestic violence.

**Among the 220 respondents experiencing at least one of the listed five health challenges**



ILLNESS OR MEDICAL CONDITION



PHYSICAL LIMITATION



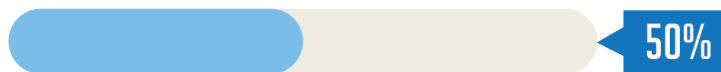
LEARNING OR COGNITIVE LIMITATION



MENTAL HEALTH ISSUE



SUBSTANCE USE ISSUE



*reported experiencing three or more of these health conditions.*

## Key Considerations and Limitations

While the PiT Count provides insight on homelessness in Regina, key considerations and limitations of counts need to be explained.

PiT Counts are part of the Government of Canada's Reaching Home program's bi-annual effort to capture the state of homelessness nationally. PiT Counts take place in many communities across the country at around the same time. The data collected informs participating communities about local homelessness, and the data collected from each community across the country is then compiled to shed light on the national state of homelessness. Typically, the Government of Canada's Reaching Home program mandates that communities execute their PiT Counts in March or April, to standardize methodology and logistics. However, as a result of constraints created by COVID-19, communities were allowed more flexibility as to when the count could take place. The Regina PiT Count was originally scheduled for March 2020, but was postponed once then and on two additional times (fall 2020 and spring 2021) due to health and safety concerns relating to COVID-19. Having the count in the fall, instead of in the spring, means the total number of people experiencing homelessness may not be affected, but the change in season may affect where they are staying. The number of sheltered people might be expected to be lower during the nicer weather of a fall count, with the unsheltered number correspondingly higher. However, for the 2021 PiT Count, both sheltered and unsheltered numbers were higher, as compared to past counts. While the sheltered number increased from 172 in 2018 to 185 in 2021, the number of unsheltered people increased dramatically from 6 in 2018 to 71 in 2021. This was reflected as part of a very large jump in overall homelessness, from 286 in 2018 to 488 in 2021.

No PiT Count will perfectly capture the exact number of individuals experiencing homelessness in a community, due to the constraints of the methodology. A count is merely a snapshot of the homelessness situation in a community at a given time. Because efforts like this occur on only one date and for a short time frame, it is important to understand they greatly under count homelessness in a city.

Planning and logistics to execute the PiT Count during a pandemic meant that a scaled-down version of the count was organized. One result of this scaling down meant fewer volunteers were needed. Reduced calls for volunteers, in turn, created a lower volunteer turnout (230+ in 2018 compared to 115 in 2021). This is important, because, in general, the more volunteers a PiT Count has, the more parts of a city can be canvassed. The 2021 lower volunteer turnout translated into less of the geographic area of the city

being canvassed for individuals and families experiencing homelessness. This may have resulted in an undercount.

The count was strategically set to take place just after mid-month and during the middle of the week, to factor in social assistance payment schedules, when individuals experiencing homelessness may no longer be temporarily housed in alternative accommodations (hotels, motels, and other locations). The priority was to enumerate and capture additional information for those who were unsheltered, in sheltered facilities, or were experiencing hidden homelessness. While Detox provided its bed capacity for the PiT Count, we were unable to capture information on people experiencing homelessness who were staying in other public systems like hospitals, police cells, correctional facilities, and others.

The count relies on volunteers and staff at service provider locations to enumerate and administer surveys, which can result in errors and omissions that may not be caught through data validation and cleaning mechanisms. It is also impossible for volunteers and service provider staff to know whether clients are giving entirely truthful answers as they participate in the survey.

Despite the limitations, the benefits of conducting a PiT Count heavily outweigh the drawbacks when considering the community capacity that is built and institutional knowledge gained by counts, in addition to the data collected that helps Regina better understand the scope of the issue and the characteristics of the population..

## Understanding Homelessness

As interpretations of homelessness may vary, presented here are the definitions used for the purposes of this PiT Count and report. Reaching Home defines homelessness, and the Canadian Observatory on Homelessness (COH) defines typologies of homelessness.

### *Definition of Homelessness*

“Homelessness is the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.” – Reaching Home, 2021

### *Typology of Homelessness*

The COH categorizes four typologies of accommodations that people without permanent housing may experience. These four typologies are unsheltered, emergency sheltered, provisionally accommodated, and at risk of homelessness. Typologies one through three are the categories of homelessness enumerated and surveyed in the 2021 PiT Count.

1. **Unsheltered:** This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed or fit for human habitation.
2. **Emergency sheltered:** This refers to people who cannot secure permanent housing, and as a result are accessing emergency shelter and system support.
3. **Provisionally accommodated:** This describes situations in which people who are technically homeless and without permanent shelter access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by the government or the nonprofit sector, or may have independently made arrangements for short-term accommodation.
4. **At risk of homelessness:** Although not technically homeless, these individuals or families have current housing situations that are dangerously lacking security or stability, and so they are considered to be at risk of homelessness.



### ***Who Experiences Homelessness?***

Despite clear and compartmentalized definitions, people experiencing homelessness are not a homogeneous group, and their experiences of homelessness are not always easily categorized. While it is true that some populations (such as Indigenous) are overrepresented in homelessness, people from all demographic groups can and do experience homelessness, including:

- Men and women
- Single parents and families
- Individuals of all ages
- Individuals with physical health issues
- Rural and city residents
- Individuals with high and low income
- Varying educational levels and occupational statuses
- People from all racial and ethnic backgrounds
- Immigrants
- Current and former criminal offenders
- Street workers
- Individuals that both are or are not struggling with mental health and/or addictions

The diversity of experiences with homelessness complicates understanding the factors that lead to homelessness. However, any analysis of homelessness must take into account the distinct challenges specific subpopulations face. Considerations for subpopulations are included in a later section of this report, which provides some context for homelessness in Regina.

### ***Pathways to Homelessness***

Pathways to homelessness describe how and why individuals and families are experiencing homelessness and housing instability. Some examples of pathways to homelessness include low income, unemployment, family conflicts (e.g., abuse by spouse or parent, being asked to leave, running away), mental and physical health challenges, addictions, frequent interactions with public systems e.g., (jail, hospital), lack of affordable housing options and shortcomings of the social safety net (specifically income assistance). For many individuals and families experiencing homelessness, there are a number of pathways to homelessness in their situation, creating a multitude of barriers to finding and maintaining stable housing.

Pathways to homelessness are included in the 2021 PiT Count Survey under [Reasons for Most Recent Housing Loss](#).

### ***Homelessness Risk Factors and Protective Factors***

While being a member of certain subpopulations and experiencing one or more of the known pathways to homelessness increase the risk, homelessness is even more likely to occur when there is a predictable combination of risk factors present and protective factors are absent.

Table 1. Homeless Risk and Protective Factors.

<b>Risk Factors</b>	<b>Protective Factors</b>
Imbalance of income and housing costs	Healthy relationships
Chronic health issues (mental, physical, etc)	Education
Substance abuse and addiction	Access to affordable housing
Experiences of abuse and trauma	Adequate income
Interaction with public systems, particularly correctional and child service systems	Access to adequate supports to meet needs

### ***Challenges and Barriers to Resolving Homelessness***

Resolving homelessness is made more difficult because of attitudinal, individual, and systemic barriers. Attitudinal barriers refer to just that: attitudes, beliefs and perceptions society at large has about people individuals experiencing homelessness, and further how these attitudes impede progress. An individual barrier refers to the specific challenges, such as, for example, a mental health issue or an inability to find work, which constrain being able to acquire and maintain housing. Systemic barriers often refer to bigger-picture influences, like lack of affordable housing or shortages in programming in communities. All these barriers are intertwined and influence one another.

The next section gives examples of these different types of barriers, but it is not a complete list. Barriers to finding stable housing are noted in the PiT Count Survey Findings section under [Barriers to Finding Housing](#).

## Stigma Barriers

John R. Belcher and Bruce R. DeForge (2012) outline how stigmatizing people experiencing homelessness limits the capacity for social change on both the individual and systemic levels. Understanding stigmas about homelessness and the people experiencing homelessness is the foundation for how a community responds to homelessness. Some of Belcher and DeForge's points can be seen in Table 2.

Table 2. Stigma associated with homelessness.

Stigma associated with homelessness
Society focuses solely on the individual as the cause of their current state, and does not focus on larger economic and social trends (housing affordability, poverty, institutional racism, etc). By focusing on the individual, this legitimates inequality.
In a capitalist society, people who experience homelessness are considered to be of no use or function, since they do not actively participate in the system. They are thought to freeload off the government.
Stigma causes individuals who are experiencing homelessness to feel lesser than, or great shame, which reduces their likelihood of seeking help or assistance, marginalizing themselves further.
Individuals experiencing homelessness are often demonized and viewed as inherently violent or dangerous.
Individuals experiencing homelessness are thought to all have addictions and abuse substances, and thus society should not give them money or assistance.

Something that also needs to be considered when discussing stigma and discrimination toward those experiencing homelessness is the compounding effect of intersectionality. In a social context, intersectionality identifies multiple factors of advantage and disadvantage. Examples of these factors include gender, sex, race, ethnicity, class, sexuality, religion, disability, weight, physical appearance, and height. These intersecting and overlapping social identities may be both empowering and oppressing. Seeing homelessness through the lens of intersectionality also reinforces that individuals experiencing homelessness are not a homogeneous group. Intersectionality means that stigmas are often layered. For example, a person who is Indigenous and experiencing homelessness will have to deal with stigmas from both identities. The more layered stigmatized identities there are, the more complicated it can be to address that person's situation.

Ultimately, on an interpersonal and human level, these stigmas create a sense of separation between the homeless population and the general population. This separation inhibits empathy felt by others for people experiencing homelessness. This leads to seeing people experiencing homelessness as not deserving of respect, dignity, and support. It leads to seeing them as less than human.

## Individual Barriers

Many of the pathways to homelessness also act as barriers for people experiencing homelessness who are trying to find and maintain stable housing. For example, while someone's mental health and addictions may be the reasons why they lost housing, they may also be barriers to finding housing once they have become homeless. According to Gaetz, Gulliver, & Richter (2014), homelessness and inadequate housing continue to be harsh realities for many Canadians with mental illness and addictions issues. People who lose housing due to mental health issues and addiction have plummeted into a world where those issues are often exacerbated by being homeless. In Regina, it was found that over 75% of 2021 PiT Count survey respondents indicated they were experiencing substance use issues, and over 50% were experiencing mental health issues. The combination of these factors complicates securing housing, as people with mental health and addiction issues cite needing additional support once they are housed, in order to remain housed. This means that in most cases, finding housing alone may not be sufficient to solve their crisis, as case management will also be required. In the absence of additional support, people experiencing homelessness with concurrent issues often use emergency services like hospitals, and correctional and detox facilities (Gilmer, Manning, & Ettner, 2009).

When a person presents with physical health issues, in addition to mental health issues and addictions, it is called tri-morbidity. People with tri-morbidity are less likely to access the support they need, for a variety of reasons. Those with tri-morbidity are often the people most entrenched in street homelessness, and have an exponentially higher risk of death compared to the general population.

Some other individual barriers include:

- Low/no income (unable to pay for basic necessities like rent, food, and clothing)
- Trouble finding and/or maintaining employment
- Family dysfunction (abuse)
- Discrimination
- Trauma
- Lack of transportation to get from place to place
- Lack of awareness of programs and services
- Landlord conflicts

## **Systemic Barriers**

One of the most notable systemic barriers in Canada for those experiencing homelessness is the lack of affordable housing options, as is seen in Regina. In fact, 52% of PiT Count survey respondents identified rent being too high as the top barrier to finding housing, with another 49% noting they had a low income. These findings support the need for more affordable-housing options.

Another systemic barrier is having to find support in systems that often have fragmented programming, with general lack of coordination between service providers in the homeless-serving sector, as well as in peripheral sectors like health, mental health and addictions, policing and corrections, child welfare, and income assistance. This often means that clients have to go to multiple places to receive support, and retell their story, which can be re-traumatizing. Additionally, people experiencing homelessness often have the individual barrier of being without transportation to get from place to place, compounding the challenges of navigating a fragmented system.

Within sectors, efforts are often made to coordinate systems, but coordination is also needed across -sectors. While governments support the concept of service integration and coordination, they often do not invest in the infrastructure and mechanisms needed to make it happen. Across Canada, the Government of Canada's Reaching Home program has commissioned the development of a Coordinated Access System (CAS) in all communities receiving Reaching Home dollars. Regina is one of those communities receiving Reaching Home funds, and the design and development of a CAS is underway by Flow Community Projects, in partnership with Namerind Housing Corporation. As the CAS is implemented and then expanded in Regina, it should help the community move toward a more coordinated homeless-serving sector and peripheral sectors.

A lack of available supportive housing options inhibits addressing homelessness systemically. Across Canada, this is mainly true for permanent supportive housing options, programming that targets communities that are hardest to house, and can be classified as long-term care. While Regina could also use more of the programming it already has, the city does not have any permanent supportive housing, which has a cascade of negative effects on the homeless-serving sector. See an analysis of the supportive housing program salutation in Regina, and its effects on the homelessness sector in a [later section of this report](#).

## Homelessness and The Housing Continuum

The range of experiences of homelessness are vast and varied, which complicates programming needs in a community. This is true for specific subpopulations and program needs, but also true for the ranges in the depth of client needs. For example, some people experience homelessness only once, and for a brief period. They may present with fewer issues or barriers to finding stable housing, and are able to resolve their homelessness on their own, without any interaction with the homeless-serving sector. On the other end of the spectrum, some clients present with many concurrent issues, and have a number of barriers to acquiring stable housing, needing additional support from case managers to maintain housing. In fact, there are some people who will never be able to live independently. Ideally, then, a community's homeless-serving sector should have a variety of programs to offer people with complex needs experiencing homelessness, ranging in type (e.g., emergency, transitional, supportive housing, subpopulation-specific), and in depth of need (low, medium, high, very high).

### The Housing Continuum



*Photo/Graphic: Canadian Mortgage and Housing Corporation (2021)*

A housing continuum is a range of housing types available in a community. There are many variations of the housing continuum, and each has a different language that often describes the same types of housing resources. Looking at the image above, on one end of the housing continuum there is homelessness (left) and on the other end of the continuum is market housing (right). In between are emergency shelters, transitional housing, supportive housing, community/social housing, and affordable housing.

**Emergency shelters** are typically for shorter stays (up to 30 days in most cases), and are available for people experiencing emergencies/crises. While someone is staying at an emergency shelter, shelter support staff may help them stabilize and find housing, clothing and food. It is not expected of shelters to become permanent residences for clients.

**Transitional housing** refers to a supportive, temporary (lasting 3 months to 3 years) accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support (for addictions and mental health issues, for instance), life skills and, in some cases, education and training (homelesshub.ca, 2021). Transitional housing is often best characterized as an intermediate step between emergency crisis shelter and permanent housing, and is suitable for clients who are not ready for independent living. Transitional housing is usually operated in a single location; however, new variations on transitional housing have been created.

**Supportive housing** refers to programs that offer varying levels of case management (e.g., support) to clients while they are housed, connecting them to necessary additional supports while in the program's care. Supportive housing can be provided in a single location or building, or in scattered sites through partnerships with landlords (social housing, affordable housing, private market, nonprofit-owned) for space and non-profits for case management support. Support housing has a continuum of program types because there are clients with low needs ranging to clients with very high needs, so different intensities of interventions and supports are offered. The most common examples of supportive housing programs are rapid rehousing (low-acuity clients needing shorter-term supports), intensive case management (medium/high acuity clients needing medium-term supports), and permanent supportive housing (very high acuity clients needing long-term supports, and can be classified as assisted living or residential care).

**Social housing** is low-income housing typically provided directly or subsidized by a government body for low-income individuals and families. Social housing typically prioritizes families and seniors.

**Affordable housing** is a much broader category, and includes housing provided by the private, public and not-for-profit sectors, as well as all forms of housing tenure (e.g., rental, ownership and cooperative ownership) intended to be affordable.

**Market (private) rental housing** is owned by a private individual or company, and is rented to tenants who pay market rates. Rental housing can refer to any type of housing style available on the market, including apartments, townhouses, duplexes, detached dwellings, and more

**Market (private) home ownership** is when housing is owned by those who live in it (or who own a home they have rented to tenants). There are many types of housing, including condos, townhouses, duplexes, detached dwellings, and more.

### ***The Housing Continuum and Program Graduation***

One of the central ideas behind a housing continuum as it relates to homelessness, is that with robust options for supports, clients can move along the continuum toward more independent living (moving from left to right along the housing continuum shown on the graphic). For example, imagine that a client presents at an emergency shelter after sleeping a few nights outside in a park. They stay at the shelter for a few nights and ask the shelter support workers to help them find housing. Shelter support workers administer an intake/assessment and determine this client is not ready for completely independent living, but is low acuity and would benefit from a rapid rehousing supportive housing program. They connect the client with such a program, which takes the client into their caseload, finds them an apartment in the private market, and provides short-term case management to help them stabilize. After six months, the client no longer needs the support, and moves to independent living in that first apartment they moved into. In this example, the client moved along the housing continuum from homelessness, to emergency shelter, to supportive housing, to private market rental. This idea of program graduation is paramount to a healthy homeless-serving sector, as graduations see people moving out of homelessness and into either less intensive supportive housing programming or into independent living (outflows), making way for new clients (inflows) to get the support they need.

The housing continuum also works in the opposite direction, when some clients may need to move from less supportive interventions on the continuum to more supportive interventions in order to maintain stable housing.

### ***Inflows to and Outflows out of Homelessness***

Inflows refer to new clients experiencing homelessness. Outflows refer to clients who were experiencing homelessness, but as a result of getting the interventions they needed, are exiting homelessness, or at least moving along the continuum of supports from more to less support. In the simplest terms, if a community's homelessness inflows are higher than their outflows, the total number of people experiencing homelessness will increase over time. Conversely, if a community's outflows are higher than their inflows, the total number of people experiencing homelessness will decrease. If inflows and outflows are the same, the number will remain stable.



## Case Study: What happens When There is a Lack of Supportive Housing Options for Clients?

This next section will provide context for Regina's PiT Count findings with a perspective on how the homeless-serving sector currently operates, gaps in services, and challenges in referring and matching clients to supportive housing options through the Centralized Housing Intake Process (CHIP) in Regina.

### *Homeless Serving Sector System Mechanisms in Regina*

System mechanics refer to how the homeless-serving sector serves clients from an operational perspective. This requires zooming out and looking at the entire sector, and analyzing, for example, how clients navigate getting help, which agencies are serving clients and why, what the program gaps are, and how these gaps contribute to the current state of homelessness in the community. Although we do not currently have real-time aggregate community-level data tracking inflows and outflows, the jump from 286 people experiencing homelessness in the 2018 PiT Count to 488 in the 2021 PiT Count indicates the community's inflows over the past few years have exceeded its outflows.

The next section of this report will closely examine one of the specific mechanisms in Regina's homeless-serving sector, and shed light on gaps in services that partly explain how inflows to homelessness have exceeded outflows. To be clear, the specifics are shared in the following sections not to shame, blame or condemn individuals and organizations working in the homeless-serving sector. Regina's homeless-serving sector is filled with incredible people and organizations devoting a great deal of time and energy to serving clients. They do an amazing job, and there are countless success stories as a result of their dedication. However, often overlooked by outside observers are all the barriers preventing front-line organizations from serving clients more fully. Information shared here is intended to highlight the urgent need for more action, investment, and attention, to create a sector in which front-line organizations have the resources to adequately serve clients.

### *What Is Happening in Regina?*

Currently, many of Regina's supportive housing programs participate as referral partners in the Centralized Housing Intake Process (CHIP), facilitated by Phoenix Residential Society. CHIP is a centralized triage, assessment and referral process that matches clients from a centralized list to a number of supportive housing programs in Regina, funded under the [Reaching Home program](#). CHIP referral partners offer case management services to

referred clients they have housed. The common assessment tool used by CHIP and its partners is the Service Prioritization Decision Assessment Tool (SPDAT). The SPDAT is a long-form assessment tool that collects in-depth information about a client's situation. The SPDAT produces a score of 1-60, and the higher the score, the higher the level of acuity, meaning the client has more concurrent issues and faces more barriers to finding and maintaining stable permanent housing, and requires more support. Though every assessment tool has its shortcomings, one benefit of using the SPDAT is that it recommends different types of supportive housing programs depending on scores obtained. Using the SPDAT means recommendations are based on standardized criteria, which helps identify, on an operational level, what programs are desperately needed in Regina. Table 3 illustrates the recommended program needs, based on SPDAT scores, under ideal circumstances.

Table 3: SPDAT Scores Relative to Recommended Program Matching - Ideal State for Communities.

Client SPDAT Score	Recommended Supportive Housing Program Type in an Ideal State	Does Regina/CHIP Have This Program Type?
Level 1: <24 Low acuity	No formal intervention needed (NFIN)/Light homeless-serving sector assistance/Diversion Services	Yes
Level 2: 25-34 Low/mid acuity	Rapid rehousing (RRH)	Yes
Level 3: 35-49 Mid/high acuity	Intensive case management (ICM)	Yes (one program)
Level 4: 50-60 Very high acuity	Permanent supportive housing (PSH)/Long-term care/Assisted living	No

In terms of Supportive Housing programs clients can be matched with through CHIP, the process has a handful of Rapid Housing programs, one intensive case management program and no permanent supportive Housing. Because there is limited intensive case management and no permanent supportive housing in Regina, the supportive housing programs through the CHIP process have accommodated to serve clients with the highest needs by, in my cases, taking referrals for clients beyond their capacity to serve, as seen in

Table 4. In this report, programs serving clients above their capacity will be referred to as up-serving.

Table 4. SPDAT Scores Relative to Program Matching - Current State in Regina.

Program Type	Ideal State - Referrals Based on SPDAT Score Range	Current State – Supportive Housing Programming Matching Through CHIP Referrals Based on SPDAT Score Range	Increase in SPDAT Score Served due to Up-Serving
No or light homeless sector interaction/intervention/assistance	<24	<34	+10
<b>Rapid Rehousing</b>	<b>25-34</b>	<b>35-44</b>	<b>+10</b>
<b>Intensive case Management</b>	<b>35-49</b>	<b>60</b>	<b>+10-11</b>
<b>Permanent Supportive Housing</b>	<b>50-60</b>	<b>N/A</b>	<b>N/A</b>

Evidently, there are no supportive housing programs involved in CHIP where the ideal situation and current situation align. Furthermore, all types of supportive housing are currently up-serving and taking on clients who would traditionally be matched to more intensive programs if those were available. Rapid rehousing programs are currently taking on intensive case management-level clients (up to 44 on the SPDAT) and intensive case management programs are currently taking on clients who, ideally, would be matched to permanent supportive housing.

Each of these supportive housing program types have different parameters for both service provision and capacity for case managers. From program type to program type, case managers and support workers might require vastly different skill sets, resources, training, and knowledge bases to support clients. Furthermore, the structure of rapid rehousing programs is not an adequate intervention for clients better served in intensive case management. The same can be said for intensive case management programs taking on permanent supportive housing-level clients.

The consequences of up-serving are that many clients housed through the CHIP process routinely return to homelessness as a result of not getting the interventions and support they need. Conversely, many of the clients who are successfully housed require longer-term support than the programs are structured for, and these clients remain

housed and use supports, creating bottlenecks that limit or prohibit support for new inflows. With that said, many housed clients are not graduating to less intensive interventions or out of homelessness altogether. Additionally, clients who are housed and then return to homelessness are simply joining the pool of new inflows competing for the same limited support. And thus, the homeless population grows. Granted, even in a system with ample supportive housing options, there will still be situations where clients return to homelessness or need extended in-program support, but In Regina, because of the deficit in program options and capacity, these situations happen far too frequently.

Another consequence to having supportive housing programs up-serve clients is that case managers and support workers have to reduce their caseloads, because higher-acuity clients require more attention and support. This means that, overall, fewer clients at a time can be served in the sector.

Why are supportive housing programs up-serving, rather than only taking clients that fit their program mandates? There has been much discussion in the community about what would happen if supportive housing programs took only clients who match the SPDAT ranges the tool recommends for those programs. In that case managers would not have to reduce their caseload, and more clients could be served simultaneously. The community would, potentially, be helping more homeless people, and the outflows to inflows ratio would improve. The response from many in the homeless-serving sector is that if they do this, the absence and capacity limitations of key programs mean more homeless clients with the highest acuity would not be served and die. This is therefore not just about operational decisions on service provision. It is a moral dilemma for the community's nonprofits. They are forced to ask themselves: Do we ***serve within our capacity, serving more clients, but risking the death of high-acuity clients? Or do we continue to up-serve, struggling to support a smaller number of clients, prioritizing high-acuity clients in programs meant for others, thus having to shrink caseloads, while watching lower-acuity clients develop increasing acuity as they wait to be helped?***

One of the best insights into the drastic extent of current up-serving in Regina is shown in the CHIP programs' By-Name List (an Excel spreadsheet). It is updated at least bi-weekly, and is a list of clients that CHIP staff and referral partners know by name, who are currently housed in a supportive housing program or are waiting to be matched to a CHIP supportive housing inventory partner. Among other pieces of information, the CHIP By-Name List contains clients' SPDAT scores for individuals that have come through the process.

Along with facilitating the CHIP process, Phoenix Residential Society also operates the community's single intensive case management program, called Homes. In the absence of permanent supportive housing, Homes has taken on the task of serving clients with the highest needs. Homes, whose current SPDAT range due to up-serving is 45-60, has not housed a client through their program with less than a SPDAT Score of 57 since 2017, and have not taken any clients with a score less than 60 since summer 2020. Additional clients with SPDAT scores of 60 on the By-Name List are waiting to be housed in their program. Since a SPDAT score of 60 is the highest score produced using that assessment tool, this means a client presenting with nearly every barrier or obstacle to attaining and maintaining stable housing remains on a waitlist. Ideally, Homes, as an intensive case management program, should be serving clients in the 35-49 SPDAT range.

With Rapid Rehousing only able to take clients with a SPDAT score of up to 44, and Homes currently taking 60's, the program gaps are so severe that if a client presents through the CHIP process and is assessed as being between 45 and 59 on the SPDAT, there is no supportive housing program that can take them. At one point during summer 2021, there was a waitlist of 126 clients scoring in this range. Some of these clients have been on the CHIP By-Name List waiting to be matched to the Homes program for over two years, with no other viable options available. Significantly, clients who have to wait long periods for services typically do not remain at the same level of acuity. Instead, they often come back months or years after initial assessment with higher SPDAT scores, because the absence of support means many clients' situations grow more acute over time. Therefore, not only is Regina's homeless population steadily growing, but due to the lack of supportive housing options, the number of high-acuity clients is increasing in size relative to total population as well.

One of the best illustrations to show how the community's high acuity population has increased is by further analyzing the CHIP By-Name List. Table 5 (following page) summarizes the number and percentage of clients that have come through CHIP that have been assessed within certain SPDAT Ranges and in turn, what the recommended supportive housing program type would have been for those clients. The table is structured to compare the time-periods of 2016-February 2021 and then February 2021-February 2022, to show how programming needs have changed over time.

Table 5. SPDAT Client SPDAT Score Ranges – All-Time and Past Year.

CHIP Client SPDAT Score Ranges – All-Time and Past Year						
Ranges	Recommended Programming	2016-Feb 2021 #	2016-Feb 2021 %	Feb 2021-Feb 2022	Feb 2021-Feb 2022	Change
<25	No/Light Homeless Serving Sector Interactions	31	3.56%	7	3.72%	+0.16
25-34	Rapid Rehousing	246	28.21%	32	17.02%	-11.19%
35-49	Intensive Case Management	372	42.66%	104	55.32%	+12.66%
50-60	Permanent Supportive Housing/Long-Term Care	223	25.57%	45	23.94%	-1.63%
Totals		872	100%	188	100%	**

As one can see in Table 5, the amount of CHIP clients that are recommended for rapid rehousing has decreased by 11.19% (red colored cell), and the amount for intensive case management has increased by 12.66% (blue colored cell) when comparing 2016-February 2021 to February 2021-February 2022. All the while, the program types of no/light homeless serving sector interactions and permanent supportive housing have remained relatively stable<sup>2</sup>.

Table 6 looks at SPDAT score averages and consolidated percentages for intensive case management and permanent supportive housing clients, comparing 2016-February 2021 to February 2021-February 2022. Furthermore, SPDAT score averages have marginally increased by 1%, from 41.5 to 42.45, which suggests the average client that has come through CHIP would be recommended for Intensive Case Management, a program type for high acuity clients. In total, the number of clients that would qualify for intensive case management or permanent supportive housing has jumped 11.2% from 68.23% to 79.26%. This is significant, again, because the community only has one intensive management program (Homes) and no permanent supportive housing, and nearly 80% of clients that are assessed would be recommended for these program types.

<sup>2</sup> Low acuity clients that would need no or light homeless serving sector interactions are underrepresented in CHIP client tallies, due to the fact that they likely did not need to connect to CHIP to resolve their housing needs. Alternatively, clients that need permanent supportive housing would likely be underrepresented on the CHIP BNL as well. However, this would be due to the fact that clients at this acuity level often struggle to connect with services.

Table 6. CHIP Client SPDAT Scores – Averages and Consolidated %'s – All-Time and Past Year.

CHIP SPDAT Scores – Averages and Consolidated %'s – All-Time and Last Year			
Date Range	2016-Feb 2021	Feb 2021-Feb 2022	Change
Clients Qualifying for ICM/PSH Programming	68.23%	79.26%	+11.03%
Average SPDAT Score	41.45	42.45	+1 Point

Solving this problem is not as straightforward as CHIP programs shifting mandates and offering less rapid rehousing and more Intensive Case Management or Permanent Supportive Housing. Further, the community needs all of the current rapid rehousing programs, as they house and support additional individuals experiencing homelessness that do not come through the CHIP process. Therefore, the sector is in need of significant targeted and strategic investment for missing programs in order to curb these alarming trends.

### ***Lack of Supportive Housing Options: Impact on Client Locating and Engagement***

If up-serving was not challenging enough, CHIP partners noted maintaining contact and known whereabouts for clients adds another layer of complexity to solving the issue. How this connects to the case study is that similar to up-serving, losing touch with clients is exacerbated by having shortages of supportive housing options and short-term accommodations (emergency shelter and transitional shelters). Moreover, having a shortage of supportive housing and short-term accommodations means that instead of being able to promptly help clients stabilize through connections to a network of housing and wrap around support programs, clients are instead added to waitlists or turned-away altogether. For many clients, they need help immediately, which is something Regina's homeless sector often cannot accommodate due to lack of programming options. The reality is, any amount of time outside of when a client is physically present at a service provider's location looking for help, decreases the likelihood that service providers will be able to reconnect when a program match has become available. This is particularly true for high acuity clients that do not have a place they regularly frequent where they can be found, have reliable alternative contacts that can be reached, have cell phones or participate in any other conventional means of communication. If a client cannot be found, they cannot be provided service. Therefore, by adding more programming, the community may be able to shorten the time between a client presenting for services and when they

are provided stabilizing services (housing and wrap around supports). This will decrease the likelihood of clients falling through cracks in the system, which will reduce the accumulation of acuity while clients sit on waitlists and increase engagement with clients to support successful stabilization.

### **Additional Barriers to Housing Clients Noted By Homeless-Serving Sector Front-line Workers in Regina:**

The previous section zoomed in on how the lack of supportive housing options contributes to the increase in homelessness in Regina. Adequately assessing how the mechanics of other parts of the sector contribute to the increase in homelessness, would require zooming in on those, too. But while space limitations prevent providing that in this report, a number of community engagements gave front-line staff within agencies in Regina's homeless-serving sector opportunities to provide additional insights into the gaps, barriers and challenges they have experienced while trying to help find clients housing. These gaps, barriers and challenges ultimately contributed to the rise in homelessness. Some of their insights include:

- There is a lack of coordination in the homeless-serving sector and with peripheral public systems, particularly with social services income assistance and mental health and addictions programs.
- There are unmet key programming needs. Aside from what was mentioned in the case study, there is a need for more low-barrier Indigenous-run emergency shelters in North Central, safe injection sites, street outreach, hybrid emergency-transitional housing, domestic-violence shelters, and affordable housing options.
- There are challenges helping clients obtain bank accounts, legal identification, birth certificates, copies of notice of assessments (taxes), and these challenges in completing such seemingly small tasks create massive barriers to helping clients acquire housing. Working with clients to obtain this documentation was noted as an extremely underappreciated barrier to housing clients. .
- Helping clients settle rental and utility arrears is time-consuming and delays housing, as many landlords will not take tenants with outstanding arrears.
- Challenges helping clients connect with Government of Saskatchewan Social Services - Income Assistance
- Challenges with policy change in the Saskatchewan Income Support (SIS) program, and specifically, that SIS discontinued the option for direct payments to landlords on behalf of clients.



This last point was noted by community members as a devastating policy change that created an enormous barrier for clients and for front-line organizations being able to house clients in the rental market. Many landlords refused to house clients receiving SIS, due to justified fears that clients would not be able to pay rent on their own. This drastically reduced available housing. As a direct result of some landlords refusing to take clients receiving SIS, people who would be able to resolve their homelessness on their own or with light support from the homeless-serving sector, were denied access to housing, prolonging their experiences of homelessness. Most supportive housing programs in Regina do not own their own buildings, and rely on relationships with market-rental landlords to house their clients. Front-line workers reported that conflicts arising from this policy change extended beyond the client-landlord dynamic to affect the service provider-landlord dynamic as well. For example, some front-line workers noted that relationships between their programs and landlords deteriorated, as some clients housed in the landlords' buildings routinely missed rent and utilities payments, creating situations in which some landlords began to refuse to work with service providers trying to house other clients.

Service providers also noted they struggled to find housing with income assistance payment amounts being inadequate relative to rental prices. There is more information on this issue later in the report.

## The Non-Investment Catch-22

One of the barriers to solving homelessness is that it takes a lot of resources. This is true for financial, human capital, and innovative problem-solving resources.

The Plan to End Homelessness (The Plan), 2019, had a steep price tag of \$65 million over 5 years to reduce homelessness and work toward something called “Functional Zero.” This is the idea that a community cannot literally end homelessness, but can institute mechanisms to work toward clients spending the fewest number of days possible (toward zero) experiencing homelessness before being housed and supported in whatever way is appropriate, based on their needs. The reason the estimated price was so high is because Regina has a large pool of high/very-high acuity clients, the most expensive to support. Moreover, the supportive housing programs Regina most needs to add (intensive case management, and permanent supportive housing) are the programs that cost the most to operate.

One might surmise that with available resources, the Plan to End Homelessness would have received some initial investment. As time passes, it is clear that without investment and intervention, the homeless population in Regina has continued to increase, both the total population, and the number of high- and very high-acuity clients. What was once a \$65-million problem now likely has a much higher price tag. Herein lies the Catch-22: If the community does not invest in the problem, the problem gets worse, and the cost to solve the problem increases. And if funding was a barrier before, how can the problem be adequately addressed now that homelessness is worse?

To be clear, this is not to accuse anyone, or to suggest that individuals at policy-making and decision-making levels are deliberately ignoring the problem. There are many layers to addressing homelessness, and solutions are complex. The more complex a problem is, the longer it takes to unravel. And the more complex the solutions are, the longer they take to implement. Because homelessness is unique, in that it has a vast number of touchpoints across a community, solving the issue will require reimagining and overhauling inter-sectoral partnerships and coordination at every level of service.

## CONTEXTUALIZING COUNT RESULTS AND FINDINGS

The following section provides context for homelessness as it relates to the pandemic, and to population and economic trends.

### Impacts of the Pandemic on Marginalized Groups

The COVID-19 pandemic continues to impact society in nearly every way. In addition to health and safety concerns, the pandemic has affected labour markets, displacing people through job loss, who then plummet into financial instability. According to the [World Bank \(2020 & 2021\)](#), the COVID-19 pandemic pushed an estimated additional 150 million people around the globe into extreme poverty, particularly in parts of Africa and Latin America. While Canadians in general might not have been hit as hard relative to other parts of the world, marginalized groups in Canada were more impacted by the pandemic than non-marginalized populations.

In the five years preceding the pandemic, Canada actually saw a steady reduction in poverty rates across the board, though this progress will likely be stalled for some time, as the Canadian economy recovers. According to an article in the [Toronto Star \(2021\)](#), which cites data released by Statistics Canada, 10.5% of Canadians were living in poverty prior to the pandemic in 2019 - a decline from 14.5% in 2015. But poverty impacts certain subpopulations and marginalized groups more. For example, in 2019, 26.2% of single people were living in poverty, and 29.8% of children living with a single mother were living in poverty, a rate that had decreased from 2015, when it was 39.4%. In terms of marginalized groups, 22.% of First Nations and 13% of Métis people lived below the poverty line in 2019. That same year, 17.4% of recent immigrants over the age of 16 lived in poverty, while 13.5% of people living with a disability lived in poverty. While Canada is heading into a post-pandemic economic recovery phase, marginalized groups may be left behind, which could have serious implications for homelessness in the future.

In addition to marginalized groups being disproportionately impacted by pandemic-related labour issues, they have an increased risk of exposure to the virus. [Sarah Cooper of the Canadian Centre for Policy Alternatives noted \(2021\)](#), *"Vulnerability to COVID-19 is not shared equally. The past year has shown that those who are most vulnerable to COVID-19 are those who live in poverty, in overcrowded housing, or in poorly regulated privately owned and operated personal care homes."*

This sentiment is echoed in an article by the [Government of Canada \(2021\)](#), on the relationship between racialized communities and Covid-19 mortality:

*“While person-level data on race are not readily accessible to researchers in Canada, proxies such as neighbourhood diversity have been used to study the disparities in COVID-19 deaths between racialized and non-racialized populations. A recent study from Statistics Canada linking provisional 2020 mortality data and data from the 2016 Census showed that COVID-19 mortality rates were approximately two times higher in Canadian neighbourhoods with the highest proportion of visible minorities compared with those with the lowest proportion.”*

### Contextualizing Homelessness Through a Pandemic Lens

The pandemic has resulted in less discussed effects on the human service sector, and on homelessness in particular. People experiencing homelessness are often referred to as society's invisible people, even when there is no pandemic. It became even more true during the pandemic. The Government of Canada's Reaching Home program has noted an increase in homelessness nationally due to the effects of COVID-19. While 24% of survey respondents in the 2021 Regina PiT Count indicated they lost their housing due to the pandemic, this still does not adequately explain the giant leap in the city's homeless population. COVID-19 created hurdles to serving individuals and families experiencing homelessness, and likely forced more people onto the street. Below are some examples that summarize how the pandemic impacted homelessness in Regina.

#### ***Pandemic Impact on Homeless-Serving Agencies***

COVID-19 recommendations for social distancing meant many sheltered facilities were required to reduce their bed capacity to meet these guidelines. With lower bed capacity, more people experiencing homelessness were forced to find other temporary and emergency accommodations, increasing the likelihood they would have to stay unsheltered. Men's shelters were disproportionately impacted by the COVID-19 guidelines, as many facilities that serve men have cot-style dormitories with limited separation between beds, and all beds housed in a single room. For example, prior to the COVID-19 pandemic, Salvation Army Waterston Men's Emergency Shelter had 26 emergency beds available, a capacity that dropped to 8 at one point during the pandemic, and now sits at 15 emergency beds, with additional overflow mats. Similarly, Soul's Harbour Rescue Mission's Men's Emergency Shelter had 24 emergency beds available prior to the pandemic, and now operates at a capacity of 6 beds. This is a reduction from 50 men's emergency beds available in the community to 21. Many programs that serve women have separate rooms

or suites in order to accommodate families, making the social distancing guidelines less challenging for capacity. This may help explain why more men than women were found to be sleeping unsheltered in the 2021 PiT Count.

Regardless of drops in bed capacity due to social distancing guidelines, all sheltered facilities faced the difficult task of navigating outbreaks in their facilities. Outbreaks in sheltered facilities sometimes caused temporary agency or program shut-downs, temporary halts on new intakes, or temporary reduction in staffing for quarantine purposes. Luckily, no participating sheltered facilities were experiencing a COVID-19 outbreak on the night of the PiT Count. However, program uncertainty caused by the pandemic created an inconsistent and unstable framework for clients trying to identify what services were available and might also have affected who they approached for shelter.

Some agencies have strict COVID-19 vaccination requirements, and therefore any unvaccinated individual experiencing homelessness would be refused access to programs, forcing them to find accommodation elsewhere, including unsheltered spaces.

Many homeless-serving organizations noted difficulties with individuals not complying with measures (masking, testing, social distancing) to mitigate virus spread. This made serving clients difficult and acted as a barrier for many accessing services. Organizations reported a number of people choosing to stay away from shelters. This contributed to the system losing touch with those people, leading to potentially more street homelessness and hidden homelessness.

### ***The Pandemic's Impact on Hidden Homelessness***

Every community's homelessness looks different. In Regina, there is a lot of hidden homelessness. Hidden homelessness is also known as couch surfing, staying with friends or family in the absence of safe or permanent housing. The pandemic guidelines on social distancing and household bubbles may sometimes have made couch surfing unavailable, forcing individuals and families to find accommodations elsewhere, including unsheltered spaces.

## Government Pandemic Interventions

The pandemic put a strain on individuals for a variety of reasons, but mitigating efforts were taken by the governments, both provincial and federal, to decrease the risks of housing and financial instability during the pandemic. People displaced from work due to the pandemic were able to collect the federal Canada Emergency Response Benefit (CERB). At the beginning of the pandemic, the Government of Saskatchewan placed temporary protection measures so that tenants, both private and commercial, could not be evicted.

### ***CERB Clawbacks***

Clients who collected both federal CERB and provincial Saskatchewan Income Assistance (SIS) at the same time were expected to pay back money they received from SIS because of their increased income due to CERB. For many people without a steady income, paying this money back is difficult or nearly impossible. This has led many advocacy groups to suggest the need to abolish both national and provincial clawbacks related to CERB benefits and provincial income assistance programs.

## Population Trends and Demographic Considerations for Homelessness

This next section discusses homelessness in the context of different population groups, and considerations for homelessness for each. All population data provided in this section is specific to Regina. However, contextual information related to population considerations is not specific to those subpopulations in Regina, and refers to broader social patterns.

### ***Population Increase***

According to Statistics Canada's Regina Census Profile, Regina continues to grow faster than other urban areas across the country. The population had remarkable growth from 2011 to 2014 at 9.2%. This surge resulted mainly from employment opportunities in the resource extraction industry. From July 1, 2014 to June 30, 2015, the population grew by another 1.9%, increasing by another 0.7% from May 2015 to May 2016. Since 2016, the population of Regina and surrounding area grew by 7.32%, from 245,228 to an estimated 263,184 in 2020 (Statistics Canada, 2021).

Table 7. Regina Population Growth and Employment.

Time Frame	Change in Population	Total Estimated 2021 Population
2016-2020	7.32%	263,184

### **Considerations for Homelessness: Population Growth**

As Regina's population continues to increase, it would be expected that the total number of individuals experiencing homelessness will also increase. This is especially true if the services available do not increase relative to population growth, and more individuals and families compete for the same limited resources.

### ***Indigenous Population in Regina***

Indigenous populations are growing at faster rates in Regina than non-Indigenous populations, and have been grossly overrepresented in homeless counts in Regina. Despite making up only 9% of Regina's population, 79% of those surveyed in the 2021 PiT Count self-identified as being First Nations, Inuit, Métis, or having some type of Indigenous ancestry. Table 8 looks at a breakdown of Regina's Indigenous population.

Table 8. Indigenous Population in Regina (2016 National Housing Survey Focus on Geography Series).

Indigenous Population Growth			Indigenous Population Rates		
Time Frame	Increase in Population	Total Estimated 2021 Population	First Nations	Metis	Inuit
2016-2021	9.2%	21,650	60.7% (13,145)	36.8% (7,975)	0.3% (75)

### Considerations for Homelessness: Indigenous Populations

Many factors account for the overrepresentation of Indigenous people experiencing homelessness. Most important are the historic trauma and oppression faced by Indigenous Peoples, who were victims of mistreatment and cultural erosion through the exploitations of colonization, residential schools and the Sixties Scoop. The residual effects of intergenerational trauma include instability in family dynamics and housing, along with other issues relating to substance use, addiction, community violence and other health issues (Homeless Hub, 2017).

Within this framework, and within Indigenous cultures, the very idea of “home” and what it means to experience homelessness is about more than having a roof over one’s head. A sense of home versus homelessness includes variables such as relationships and connection to human kinship, earth, lands, waters, animals, plants, spirits, elements, traditional songs, teaching, ancestors and names.

As noted by the Canadian Observatory on Homelessness (2017), because of these variables, Indigenous homelessness does not fit conveniently into the four Canadian categories of homelessness (unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness).

### *Visible Minority Population in Regina (Non-Indigenous)*

The visible minority population consists of both new Canadians and Canadian-born people. According to Regina Census Data (2016), visible minorities accounted for 19.2% of Regina’s population. Table 9 summarizes the visible minority population in Regina.



Table 9. Visible Minority Population in Regina.

Visible Minority Population (Overall)			Largest Three Minority Populations		
Time Frame	Visible Minority Population	% of Regina Population	South Asian	Filipino	Black-Canadian
2016	40,745	19.2%	30.2% (12,330)	20.6% (8,405)	15.5% (6,330)

Since 2001, as noted in Table 10, Regina has welcomed 26,725 new Canadians to the city, with 60.6% (16,195) arriving between 2011 and 2016. This has greatly contributed to Regina's overall population growth.

Table 10. Immigration Population in Regina.

Immigrant Population		Year Arrived in Regina			
Time Frame	Total Number of Immigrants	Before 2001	2001-2005	2006-2011	2011-2016
2016	36,910	10,180	2,940	7,590	16,195

### Consideration for Homelessness: Racialized Communities and New Canadians

A disproportionate number of people from racialized and newcomer communities experience homelessness in Canada. For reference, racialized persons are defined as non-Caucasian. Table 11 provides links to statistics on this issue from The Homeless Hub (2016).

Table 11. Racialized communities and risk of homelessness.

Racialized Communities and Risk of Homelessness
<ul style="list-style-type: none"> <li>In Canada, <a href="#">1 in 5 racialized</a> families will live in poverty compared to only <a href="#">1 in 20 non-racialized families</a>.</li> <li>Racialized women earn an average <a href="#">of 32% less in the workplace</a>.</li> <li>Youth who end up experiencing homelessness are <a href="#">more likely to belong to a marginalized and discriminated against group</a> in terms of race, ethnicity, gender and sexuality.</li> <li><a href="#">28.2%</a> of those experiencing homelessness are members of racialized groups, compared to the Canadian average of <a href="#">19.1%</a>.</li> <li>Indigenous Peoples make up only <a href="#">4.3%</a> of the overall Canadian population but comprise <a href="#">30.6%</a> of the youth homelessness population.</li> </ul>

The situation for newcomers experiencing homelessness is often more complicated than for those who are Canadian-born. Newcomers also often struggle to adapt to a new language and culture, may lack social capital, and face other unique challenges with respect to housing, employment, health, and legal issues.

Newcomer homelessness is often the most difficult to track. This has been seen in Regina, with low PiT Count numbers for new Canadians year over year. Within this community, there is a prevalence of hidden homelessness, overcrowding, and precarious housing situations, which makes solving homelessness more complex. Because of their unique situations, newcomers often have to survive poor labour markets, adverse working conditions relative to Canadian-born citizens, and other challenges that leave them vulnerable to exploitation (Homelesshub.ca, 2017).

### ***Age, Gender and Family Characteristics of the Regina Population***

#### **Age**

Table 12 summarizes the ages of Regina residents generally relative to those surveyed through the PiT Count. The largest age group consists of people aged 24 and younger, at 31.1%. This age group was the second-largest in the PiT Count, at 26%. The largest age group reported in the PiT Count were people aged 30-39, at 27%; this age group is Regina's third-largest at 15.5% of the total population.

Table 12. Age of Regina Population.

Age Range	Number	% of Regina Population	% of Homeless 2021 PiT Count Surveyed Population
24 and younger (youth)	66,995	31.1%	26%
25-29	17,745	8.2%	12%
30-39	33,290	15.5%	27%
40-49	26,395	12.3%	22%
50-64	40,940	19.0%	10%
65+	29,750	13.8%	2%
Total	215,115*	100%	100%

\*Population of Regina, not including the surrounding area.

### **Considerations for Homelessness: Age**

#### **Youth**

The causes and consequences of homelessness for young people are distinct from those that affect adults. Unlike most adults experiencing homelessness, youth come from homes

where they were in the care of adults. They typically come from homes characterized by family conflict of some kind (including, in some cases, physical, sexual and emotional abuse), disruptions to school and family life, neglect, and poverty. Many are in the midst of adolescent development, and lack life experience and the skills and support to live independently, including the ability to secure employment and housing. Unhoused youth are also more vulnerable to crimes and exploitation. All these factors increase the challenges in supporting this group, since the needs of a 16-year-old are very different from those of someone older (Homeless Hub, 2021).

Youth experiencing homelessness are often harder to track compared to others because they are more likely to couch-surf (e.g., hidden homeless).

Youth who identify as LGBTQ2S make up 29.5% of young people experiencing homelessness in Canada. This is important, because the persistence of homophobia plays a role in youth homelessness, with sexual minorities being overrepresented in street youth populations, a result of tension between the youth and their family, friends and community. Homophobia within the homeless sector can further oppress this population (Homeless Hub, 2021).

### ***Adult Homelessness***

While homelessness can happen to anyone at any time, Chamberlain and Johnson (2011) highlight the five most common pathways to adult homelessness. They are: housing crisis, family breakdown, substance abuse, mental health issues, and aging from youth to adult. Homeless adults experiencing a housing crisis or a family breakdown reportedly form less strong friendships in the homeless subculture and are less likely to accept homelessness as a way of life. As a result, their duration of homelessness is shorter. In contrast, adults experiencing homelessness with substance use issues, or who have been experiencing periods of homelessness since youth, often become involved and intertwined in the homeless subculture, making it more difficult to exit homelessness.

### ***Seniors***

Adults aged 55 and over (defined here as seniors) tend to have longer shelter stays compared to younger adults. Seniors experience homelessness for a variety of reasons, including inadequate income to pay for housing (resulting from low levels of government assistance, insufficient pensions, and low wages and/or savings), the shortage of affordable and secure housing, deteriorating physical and mental health, a relationship breakdown, or experiencing violence and abuse. The risk of homelessness for seniors may be increased by

the death of a spouse, social isolation, discrimination, or a lack of awareness of available benefits and services. The best way to serve seniors experiencing homelessness has been noted to be having a single service provider coordinate all their needs (Homeless Hub, 2021).

## Gender

Table 13 shows the proportion of gender identities for Regina residents relative to those surveyed through the PiT Count. Note that in the census, Statistics Canada does not account for gender-diverse identities. Men account for 49% of both the Regina and PiT Count survey populations, with women accounting for 50.76% of Regina's population and 43% of the PiT Count survey population, while 3% of PiT Count survey participants identified as gender diverse.

Table 13. Population of Regina, by Gender.

Gender	Number	% of Regina Population	% of Homeless 2021 PiT Count Surveyed Population
Male	105,915	49.24%	49%
Female	109,190	50.76%	43%
Gender Diverse	Not tracked in data	Not tracked in data	3%

## Considerations for Homelessness: Gender

There are pathways to homelessness that affect both men and women. Some of these include low income, mental health issues and addictions, and lack of affordable housing. More men are typically found in street homelessness and have more visible disabilities, whereas women are often better able to utilize support networks, like family and friends.

One key difference between male and female pathways to homelessness are experiences related to gendered intimate partner and family violence. Women and transwomen are disproportionately abused by a spouse or partner. For example, 15% of 2021 PiT Count survey respondents indicated experiencing homelessness due to abuse from a spouse or partner, and of those, 84% identified as female. Another 23% of survey respondents reported a conflict with a spouse or partner as being the reason for their most recent housing loss; of those, 52.50% identified as female and 47.50% as male. As well, people

who do not identify with their biological sex often struggle to find support within mainstream services. For example, a transmale might not feel safe or welcome staying at a men's emergency shelter.

## Families

Table 14 shows family composition for Regina. A total of 18% of families in Regina are single-parent families, 14.3% led by a female and 3.7% by a male.

Table 14. Families in Regina.

Total Number of Families	Couples - Married	Couples - Common-Law	Single Parent - Male	Single Parent - Female
58,445	39,960 (68.37%)	7,965 (13.63%)	2,160 (3.7%)	8,360 (14.3%)

## Considerations for Homelessness: Families

Families experiencing homelessness are diverse in structure, with some including two parents, and many headed by a single parent, usually female. Family homelessness is largely triggered by inadequate income, lack of affordable housing, and family violence. With the withdrawal of government housing programs and decreased support, more families are turning to emergency shelters. Compared to individuals accessing the shelter system, families, on average, stay twice as long (Homeless Hub, 2021).

Single-parent families are also at a greater risk of becoming homeless than dual-income households, due to low income, the cost of housing, and additional living costs. When considering the wage gap between men and women, female-led single-parent families are at even greater risk of poverty and homelessness compared to male-led single-parent families. In terms of front-end homelessness support (emergency shelters and transitional housing), communities typically have shelters for women and their children facing homelessness, but very little to offer men with children. This is true for Regina, where there are no shelters for men with children experiencing homelessness. There are also no shelters that can support two-parent mixed-gender families in Regina. Though the information was anecdotal and represented a very small sample, a number of PiT Count survey teams reported finding two-parent mixed-gender (male/female) families with children staying on the street on the night of the PiT Count. These families chose to stay on the street together to avoid splitting up to stay in different shelters, as there was no one shelter that could accommodate their family.

## Contextualizing Homelessness with Economic Trends

This section discusses homelessness in the context of economic factors including employment, vacancy rates and rental costs in various markets. All findings in this section are presented with the most up-to-date data available, which for many data points is the 2016 Canadian census data. Data shared in this section is specific to Regina, unless otherwise noted.

### *Unemployment*

Unemployment rose as high as 12.8% in Saskatchewan during parts of 2020, mainly related to labour market issues triggered by the pandemic. However, this number has gradually returned to a rate comparable to pre-pandemic unemployment, at 6.3% (Government of Saskatchewan, 2021). According to Economic Development Regina (2020), unemployment in Regina rose as high as 11.2% in 2020 and, like Saskatchewan's unemployment, stabilized. By the time of the PiT Count, in September 2021, it was 6.1%. Indigenous unemployment was higher than the general population at 9.8%.

Table 15. Regina Unemployment Rates.

General Population, Sept 2020	General Population, Sept 2021	Change in unemployment	Indigenous Unemployment
7.4%	6.1%	-1.3%	9.8%

### **Considerations for Homelessness: Employment and Income**

People experiencing homelessness face a number of challenges finding employment in the formal labour market, and have considerably higher rates of unemployment compared to the general population. In Regina, only 13% of survey respondents indicated they were receiving income through some type of employment (full-time, part-time, or casual). However, the stereotype that all unemployed homeless people are lazy is simply not true. Research by the National Alliance for Homeless (2013) consistently shows that people who are homeless want to work, and many diligently pursue employment opportunities or work in some capacity. However, being homeless makes it next to impossible to obtain and maintain formal employment.

Not having a home means not having an address to put on a résumé, may not have a phone number for job callbacks, and not having a safe place to prepare for job interviews.

It also means not having the opportunity to recover from a day's work in a safe environment to shower, get a good night's sleep, prepare food (including food to take to work), recover from illness or injury, rest, and maintain health. In a study conducted by the Calgary Homeless Foundation (2012), males experiencing homelessness reported feeling shame and embarrassment when providing a shelter's address to a potential employer or having to explain why they didn't have identification or a bank account. Many decide not to disclose their homelessness status from fear of being automatically disqualified as a suitable candidate. Other barriers to employment among people experiencing homelessness may include:

- Low educational attainment
- Physical disability
- Mental health issues and substance use
- Criminal record
- Limited access to transportation
- Lack of experience in the field of interest
- Lack of vocational training
- Lack of computer access
- Inadequate computer literacy for job searches and to fill out online applications

Even when a homeless person is able to find employment, it is often on the margins of the economy. Many are forced to work in unsafe and unregulated jobs or are paid under the table, and pay may be inconsistent or lower than average wages. Temporary work has also been described as a barrier to meaningful and permanent employment, as it limits relationship-building with employers while interfering with long-term career planning. Precarious work may not only be without benefits or a living wage, but may also lead to vulnerable workers being exploited as cheap labour.

Intersectionality, that is, having multiple barriers as a result of layered identities, also limits and contributes to finding and maintaining employment.

### ***Cost of Living in Regina***

This section explores the cost of goods for a basic standard of living in Regina.

### **Market Basket Measure**

Market Basket Measure (MBM) is a concept developed by Human Resources and Skills Development Canada (HRSDC) in 2011, and is a measure of low income and poverty based

on the costs of a specified basket of goods and services that represents a modest, basic standard of living. Taken into consideration for MBM is disposable income (income after taxes plus deductions) related to costs associated for food, clothing, footwear, transportation, shelter and other expenses such as dental, birthday celebrations, and more. Individuals and families with less disposable income than the MBM threshold for their family size would be considered to be living in poverty. In Regina, the Market Basket Measures for specific family sizes can be seen in Table 16.

Table 16. Market Basket Measures for Regina.

Family Unit Size	Single Adult	Two Adults	Family of Three	Family of Four	Family of Five
Disposable Income Needed	\$18,118.5	\$25,623.43	\$31,382.16	\$36,237	\$40,514.20

Table 17 shows the minimum wage in Saskatchewan, \$11.81/hour, which equates to a before-tax full-time annual salary of \$24,564.80.

Table 17. Minimum Wage in Regina.

Minimum Wage	Equivalent to Full Time Yearly Salary (Pre-Tax)
\$11.81/hour	\$24,564.80

People experiencing homelessness not only struggle to find and maintain employment, but when they do have a job, it is often at a lower wage. Comparing the minimum wage to the MBM for poverty thresholds for various family sizes, it can be seen there is little opportunity for people at risk of or currently experiencing homelessness to adjust their lifestyle to live above the poverty threshold.

### ***Income: Government of Saskatchewan Income Assistance Payment Amounts for Shelter***

Given that many people experiencing homelessness do not have an income from employment, many rely on income assistance programs. In Regina, Government of Saskatchewan income assistance programs were the most common source of income reported by people experiencing homelessness in the 2021 PiT Count. Furthermore, 66% of



survey respondents reported relying on one of the two income assistance programs available through the Government of Saskatchewan's Ministry of Social Services. One of these programs is the Saskatchewan Income Support (SIS) and the other is the Saskatchewan Assured Income for Disability (SAID) Benefit. Tables 18 and 19 illustrate base payment amounts, depending on a number of factors. Table 18 (SIS) does not include additional payment amounts that can be tacked on, depending on a client's situation, such as allowances for moving, child care, utilities, and other costs. For example, a single adult would receive \$575 for shelter, and another \$285 for additional expenses.

Table 18. Ministry of Social Services Saskatchewan Income Support (SIS) Amounts (Monthly).

Saskatchewan Income Support (SIS) – Shelter Benefit (includes rent, mortgage payments, utilities, taxes and all other shelter-related costs)				
	Single person	Couples (Without Dependent Children)	Families (1-2 Children)	Families (3+ Children)
Regina	\$575	\$750	\$975	\$1150

Table 19 (SAID) showcases the Living Income Benefit amounts depending on family size. This benefit is a lump sum all encompassing payment amount for clients that gives them flexibility and more control over how they spend their money for shelter, food, clothing, basic transportation, etc.

Table 19. Ministry of Social Services Saskatchewan Assured Income for Disability (SAID) Benefit Amounts (Monthly).

Saskatchewan Assured Income for Disability Benefit (includes rent, mortgage payments, utilities, taxes and all other shelter-related costs in addition to living costs for food, clothing, etc.)				
	One Adult	Two Adults	Single Parent	Two Parents
No Children	\$1064	\$1497	**	**
1 or 2 Children	**	**	\$1316	\$1621
3 or 4 Children	**	**	\$1378	\$1683
5 or More Children	**	**	\$1454	\$1759

*Income assistance payment amounts are compared to market rental prices in a later part of this section.*

## Regina's Housing Market Profile

This section explores housing market trends in Regina.

### *Types of Household and Dwellings*

Household types are generally in one of two categories: private and collective dwellings/households. A private household refers to an individual or group that lives full-time in one dwelling, and does not have other residences elsewhere in Canada or abroad (Statistics Canada, 2016). The most common examples of this are privately owned houses and rental units that individuals and families occupy as their only residence. Collective households refer to a dwelling of a commercial, institutional, or communal nature in which a person or group of persons reside or could reside. It must provide care or services or have certain common facilities, such as a kitchen, bathroom, or lobby, which are shared by the occupants. Examples of collective dwellings/housing include lodging or rooming houses, hotels, motels, tourist establishments, nursing homes, residences for senior citizens, hospitals, staff residences, military bases, work camps, correctional facilities and group homes (Statistics Canada, 2021).

While those experiencing homelessness do use collective households/dwellings for shelter, the market research in this section focuses on private households/markets.

### *Private Households in Regina*

There are 87,415 private dwellings/households in Regina, with 59.88% of those owned dwellings and 32.12% rental units (Table 20).

Table 20. Number Of Private Households in Regina.

Total	Owned	Rented
87,415	52,340 (59.88%)	28,075 (23.12%)

The average costs for private and rental households/dwellings in Regina is shown in Table 21.

Table 21. Average Costs of Private Households in Regina.

Type	Average Value of Owned Dwellings	Average Renter Costs (Monthly)
Amount	\$363,071	\$1,161

Factoring in employment and wages, home ownership is not likely a viable option for individuals or families at risk of or experiencing homelessness. According to the CIBC mortgage calculator, an individual working at minimum wage could afford to buy a home within the \$80,000-\$90,000 price range (almost \$300,000.00 less than the average value of an owned private dwelling) if they could make a down payment of just over \$4,000. However, for those barely able to cover their basic necessities, having savings of any kind for a down payment is likely out of the question. In addition, homes within this price range are often not suitable for human habitation, putting those who live in them in core housing need.

### ***Core Housing Need, Housing Affordability and Homelessness Risk***

A household is in core housing need if its housing does not meet one or more standards for housing adequacy, suitability, or affordability in comparison to appropriately sized alternative local market housing. Adequate housing does not require any major repairs, according to residents. Suitable housing has enough bedrooms for the size and make-up of resident households. Affordable housing costs less than 30% of before-tax household income (Canadian Mortgage and Housing Corporation, 2021).

The individuals enumerated and surveyed during the night of the PiT Count were a small percentage of those who experience housing instability in Regina. According to Statistics Canada (2016), just under one-quarter (22.9%), or 20,065 of Regina's private households, experience housing affordability challenges due primarily to high housing costs relative to income. These housing affordability challenges increase the risk of homelessness.

Table 22. Poverty and Housing Affordability in Regina: Income and Shelter Costs.

Persons Low Income Measure – After Tax	Households Overspending on Shelter, >30% of income
12.0%	22.9% (20,065 households)

### Core Housing Need: Owned Versus Rental Private Households

In addition, when comparing core housing needs between owned private households to rented private households, only 12% of owned private households spend more than 30% of their income on shelter compared to 46.1% of private rental households.

Table 23. Private Households and Housing Affordability: Owned vs Rentals.

Owned Households Overspending on Shelter, >30% of income	Rental Households Overspending on Shelter, >30% of income
12.0%	46.1%

### Core Housing Need: Indigenous Households Versus Non-Indigenous Households

More Indigenous households (32.7%) qualify for core housing need compared to non-Indigenous households (11.9%), which plays a role in the overrepresentation of Indigenous people experiencing homelessness.

Table 24. Core Housing Needs in Regina: Indigenous Households Compared to Non-Indigenous Households.

Indigenous Households in Core Housing Need	Non-Indigenous Households in Core Housing Need
32.7%	11.9%

### Core Housing Need: Age Range of Primary Household Maintainer

Table 25 shows the age ranges of primary household maintainers, and what percentage of households in each age range are in core housing need. According to CMHC (2021), the primary household maintainer is the person or one of the people in the household responsible for major household payments, such as rent or mortgage. In Regina, households in which the primary household maintainer is aged 15-24 have the highest rate of core housing needs at 21.8%, followed by households with primary maintainers over 65 years of age, at 17.4%.

Table 25. Age Ranges of Primary Household Maintainers (PHM) in Core Housing Need.

Age Ranges of PHM	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+
% of Households in Core Housing Need	21.8%	15.1%	13.7%	12.0%	9.9%	17.4%

### Extreme Core Housing Need

It is important to look beyond the PiT Count numbers to understand the broader housing affordability challenges and other factors contributing to homelessness in Regina. For example, there were 5,830 households earning less than \$20,000 per year and paying 50% or more of their before-tax income on shelter costs. Most of these were renter households earning very low incomes while competing for high-cost units in a relatively tight marketplace.

Table 26. Extreme Core Housing Needs in Regina (Households Spending 50% or more of income on shelter, incomes under 20,000) (Statistics Canada, 2016).

Income Under \$10,000	Income \$10,000-\$19,999	Total
1,800	4,030	5,830

### *Housing Market Trends – Vacancy Rates and Average Monthly Rental Costs*

The Canadian Mortgage and Housing Corporation (CMHC) published a report in the fall of 2020 noting that vacancy rates have slightly declined in Regina over the past three years in primary rental markets. This suggests there are fewer available rental options for individuals at risk of or currently experiencing homelessness. Table 27 outlines these findings.

Table 27. Vacancy Rates in Primary Rental Markets.<sup>3</sup>

Housing Type	Vacancy Rate Oct. 2018	Vacancy Rate Oct. 2019	Vacancy Rate Oct. 2020	Change in Vacancy Rate 2018-2020
Bachelor	11.5%	11.8%	9.8%	-1.7%
1 Bedroom	9.0%	9.7%	8.3%	-.7.0%
2 Bedroom	6.7%	6.3%	7.0%	+0.3%
3 Bedroom	2.9%	5.7%	4.7%	+1.9%
Total	7.7%	7.8%	7.5%	-.2.0%

Table 28. Vacancy Rates in Secondary Rental Markets.<sup>4</sup>

Vacancy Rate Oct. 2018	Vacancy Rate Oct. 2019	Vacancy Rate Oct. 2020	Change in Vacancy Rate 18-20
**	5.7%	5.3%	-0.4%

As the rental vacancy rate decreased in both primary markets and secondary markets, the average rental costs in primary markets continued to climb, while those in secondary markets were marginally dropping (Table 29).

<sup>3</sup>**Primary Market:** refers to privately initiated structures that are intended to supply the rental market. The RMS specifically targets privately initiated structures with at least three rental units that have been on the market for at least three months.

<sup>4</sup>**Secondary Market:** includes all rented dwellings not situated in structures that have at least three rental dwellings. This encompasses a wide range of rental dwelling types that include single detached houses; semi-detached houses; duplex apartments (one above the other); freehold row/townhomes; condominiums; and other apartments in dwellings that do not have more than two separate units.

Table 29. Rental Costs in Primary and Secondary Markets in Regina.

Type	Average Rental Costs - Primary Market				Average Rental Costs – Secondary Market			
	Oct. 2018	Oct. 2019	Oct. 2020	Change in Rental Cost 18-20	Oct. 2018	Oct. 2019	Oct. 2020	Change in Rental Cost 18-20
Bachelor	\$700	\$701	\$757	+\$57	**	**	**	**
1 Bedroom	\$935	\$928	\$949	+\$14	**	\$1,125	\$1,034	+\$9
2 Bedroom	\$1,130	\$1,128	\$1,152	+\$22	**	\$1,411	\$1,345	-\$66
3 bedroom	\$1,323	\$1,269	\$1,332	+\$9	**	**	**	**
Total	\$1,041	\$1,035	\$1,161	+\$20	**	\$1,330	\$1,286	-\$34

### Availability of Housing Relative to Price Ranges Over Time

Longitudinal Census data from 2006, 2011, and 2016 for available housing relative to monthly shelter cost ranges, plus change over time reveals a clear pattern. The percentage of available housing in lower cost ranges (<\$500, \$500-\$999) has decreased significantly since 2006, and available housing with costs in the mid to higher ranges (\$1,000-1,499, \$1,500-1,999, \$2,000+) has steadily increased. The availability of affordable housing has decreased in Regina significantly since 2006, which has significant implications for homelessness.

Table 30. Available Housing Relative to Monthly Shelter Costs Ranges (%) – Statistics Canada Census, 2006, 2011, 2016.

Rental Cost Ranges	Housing Available 2006	Housing Available 2011	Housing Available 2016	Change in % 06-18
<\$500	26.1%	18.5%	9.5%	-16.6
\$500-999	47.3%	37%	31.4%	-15.9%
\$1,000-1,499	19.4%	25.5%	25.8%	+6.4%
\$1,500-1,999	5.1%	12.6%	18.9%	+13.8%
\$2,000+	2.1%	6.4%	14.4%	+12.3%
Total	100%	100%	100%	

## Comparing Average Rental Costs to Income Assistance Program Payments

It is important to consider the cost of living for individuals and families at risk of or experiencing homelessness. As noted, for many, income assistance is their primary or only source of income. Table 31 shows that base payments for shelter costs from income assistance programs, when compared to average rental costs in Regina, demonstrate the struggle those experiencing homelessness face in trying to cover their basic needs. Like previously, the income assistance amounts shown for SIS only account for shelter specific aspects of the benefit, whereas the Living Income Benefit (SAID) amounts include additional monies associated with living (food, clothing, etc.). For the simplicity of comparison, it is assumed that one person would be housed in a bachelor, two adults a one bedroom, and so on and so forth when factoring in considerations for the core housing need for suitability (enough rooms for tenants).

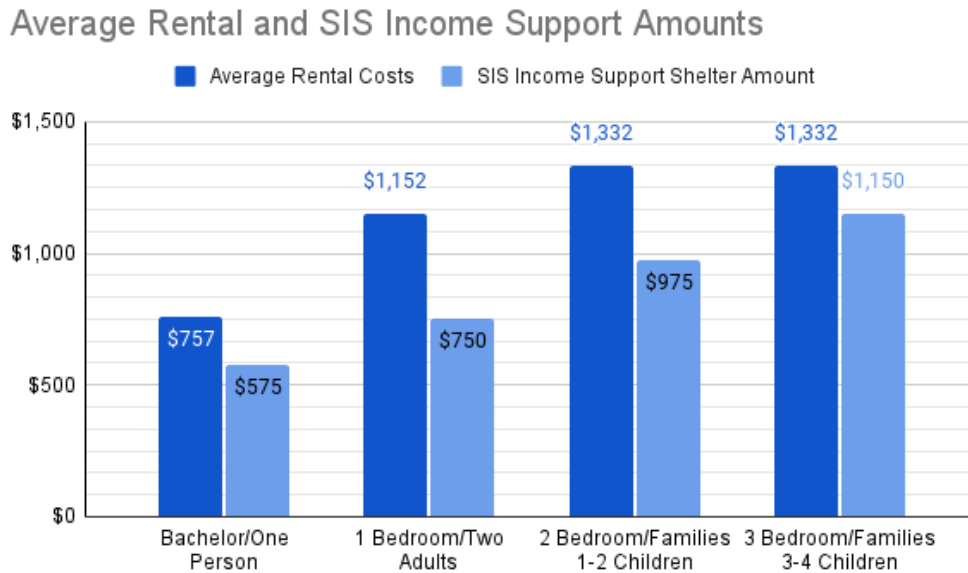
Table 31. Comparing Average Rental Costs & Ministry of Social Services Saskatchewan Income Assistance Programming - Base Payment Amounts (SIS and SAID).

Rental Unit Types	Primary Market Oct. 2020	Family Unit Size	SIS Base Amounts for Shelter	SAID Base Amounts	SAID Base Amounts - One Parent	SAID Base Amounts - Two Parents
Bachelor	\$757	One Adult	\$575	\$1,064	**	**
1 Bedroom	\$1,152	Two Adults	\$750	\$1,497	**	**
2 Bedroom	\$1,332	Families 1-2 Children	\$975	**	\$1,316	\$1,621
3 Bedroom	\$1,332	Families 3-4 Children	\$1,150	**	\$1,378	\$1,683
4+ Bedroom	**	Families 5+ Children	\$1,150	**	\$1,454	\$1,759

Particularly for SIS clients, the amount allotted for shelter, regardless of family unit size, is less than the average rental cost for any specified rental unit type, when factoring in housing suitability. This is best demonstrated by viewing the figure on the following page. The figure is a bar graph that compares rental unit type side by side with SIS amounts for shelter relative to the suitable family unit sizes. The SAID benefit amounts are left out of this comparison, as those amounts account for additional costs associated with living. With that said, the margin for spending on additional costs associated with the Living Income Benefit for individuals and families on SAID after rent has been paid is still slim.



Figure: Average Rental Costs Versus SIS Income Support Amounts



The dark blue bars (positioned left) represent average rental costs for varying housing unit sizes in primary rental markets. The light blue bars (positioned right) represent the amounts allotted for the SIS programs shelter benefit.

## Past Efforts to Capture the State of Homelessness in Regina

The YMCA of Regina, Flow Community Projects and various community organizations have attempted to capture the state of homelessness in the City of Regina. Below are a few of the efforts with standardized methodologies.

### **2015 PiT Count – Dr. Alina Turner (HelpSeeker Strategies) and Dagan Harding (ABC Grant Consulting) Project Leads, through the YMCA of Regina**

On May 13, 2015, the YMCA of Regina, with the help of roughly 150 volunteers, conducted Regina's first PiT count. The count included a 33-question survey that was administered in both street and facilities counts. Regina was one of the first jurisdictions to put into action measures toward a more standardized methodology, helping pave the way in Canada. On that evening, it was found that:

- 232 (188 sheltered, 16 detox, 28 street) individuals were enumerated, and
- 66 valid surveys were able to be used for data analysis.

It should be noted that the enumerated number of 232 has been estimated to have barely scratched the surface of homelessness in Regina, as the PiT Count did not include a count of the hidden homeless.

The 2015 PiT Count was a monumental step forward in Regina's fight to understand and improve community efforts on homelessness.

### **2016 Shelter Census – Addison Docherty (YMCA of Regina), Project Lead**

On March 7, 2016, the YMCA of Regina coordinated a shelter census of emergency and transitional housing facilities. There was no public systems or street count involvement. The purpose of focusing solely on sheltered locations was to improve methodology and logistical planning for future counts with sheltered participation. The survey included 12 questions. On that evening, it was found that:

- 126 individuals were using shelters (59 emergency shelters, 67 transitional).
- 64 valid surveys were administered.

### **2018 PiT Count – Addison Docherty (YMCA of Regina), Project Lead**

On April 18, 2018, the YMCA of Regina coordinated Regina's second PiT Count. This effort included a street count, sheltered count, and a post-day magnet event. Over 230

volunteers participated in the street count, offering a housing survey to anyone they saw. The same survey was offered in sheltered locations. Along with data from tally sheets (street) and sheltered enumeration forms (submitted by participating sheltered facilities, along with surveys), it was found that on that evening:

- 286 individuals were experiencing homelessness.
- 155 valid surveys were administered.

### **Comparing Regina's PiT Count Results**

Since the first PiT Count in 2015, Regina's homelessness number has increased by 110.34%, from 232 in 2015 to 488 in 2021.

Table 32. Comparing PiT Count Numbers from 2015, 2018, and 2021.

2015 PiT Count	2018 PiT Count	2021 PiT Count	Change in % from 2015
232	286	488	+110.34%

### **Turn-Away Data – April 2020 – April 2021**

As part of the homeless enumeration in spring 2021, participating agencies were asked to provide turn-away data for their facilities from April 2020 to April 2021. From the report:

*"Participating agencies reported that there were 3739 turn-aways in the community from April 2020-April 2021. Turn-aways refer to a situation in which an individual/family seeking service is denied, usually for capacity related reasons, but sometimes for others as well. When you adjust this turn-away figure for 15% overlap of clients that likely sought multiple services to estimate for unique clients that were turned away, that number reduces to 3178. 2742 (86.2%) of those turn-aways came from Domestic Violence Shelters, 408 (12.8%) came from Detox and 27 (0.08%) came from Men's Emergency Shelters.*

*2742 women and children fleeing violence were not able to get the support they needed leaving a dangerous situation due to capacity issues. Many end up couch surfing or going back to the dangerous situation in which they came. High turn-away numbers indicate that more of these programs targeted for domestic violence victims are needed. This is true not just for emergency shelters for women and families fleeing violence, but more second stage/transitional housing so women and families have somewhere to stay that provides them longer term stability before they move onto independent living. The concept of Functional Zero does not necessarily work for women/families fleeing violence, as they need more time and grace to stabilize and recover from the additional trauma of their previous situation before moving into more independent living."*

## 2021 PiT COUNT METHODOLOGY

The PiT Count included three components: a street count, a facilities count, both on September 22, 2021, and a magnet event on September 23rd, 2021. All three components used the same 18-question survey to collect data from participants. The surveys were administered using only paper copies, which were returned to PiT Count headquarters (located at the māmawêyatitân centre) by the teams of volunteers and shelter staff. The surveys were entered into the Homeless Individuals and Family Information System 4 Lite (HIFIS Lite) in the weeks following the PiT Count.

Table 33. Components of the PiT Count.

	Component		
	Sheltered	Street	Magnet Event
Targets	Emergency Shelters Transitional Housing Public Institutions (Detox)	Rough Sleepers Hidden Homeless	Rough Sleepers Hidden Homeless
Timing and Location	8:00-11:00 p.m., September 22, 2021 Various Sheltered Facilities in Regina Facilities before and after check-in	8:00-11:00 p.m., September 22, 2021 Various Priority Areas in Regina	Survey Administration: 11:30 a.m. – 2:00 p.m. September 23, 2021 māmawêyatitân centre, multipurpose room
Weather	20 Degrees Celsius	20 Degrees Celsius	N/A
Administration	Paper survey PiT Count Shelter Enumeration Form (administrative data)	Paper Survey Tally Sheet for observed characteristics	Paper Survey Tally Sheet for observed characteristics

### Street Count Search Logistics

Due to the nature of health concerns related to the COVID-19 pandemic, a scaled-down version of the PiT Count was planned by the CCI Group. This required the group to strategically consider the best use of limited volunteer resources and focus on the community's priority areas and known locations. These priority areas and known locations were determined through a number of strategies. First, through CCI Group member experiences and knowledge working in the community. Second, by looking at previous PiT Counts and seeing in what areas more individuals were found. Third, by consulting those with lived experience. These strategies led to a focus on having survey teams walking routes in the core areas of the city (North Central, Cathedral, Downtown, Heritage, etc.) and

partnering with establishments like McDonald's, 7-Eleven, and Tim Hortons to place volunteers outside those locations to catch more foot traffic.

## Survey

While this report provides information about the total number enumerated, the survey results and analysis are a sample of the total enumerated. Reaching Home provides a template of 15 core questions (1-15a) that are the minimum requirement for community participation. In an attempt to determine the best methodology to increase survey participation, it was decided that going with only those 15 core questions, plus an additional 3 local questions, would provide better participation. The survey included screening questions to determine whether someone was eligible to be enumerated and surveyed, in addition to asking for a client unique identifier (first initial of first and last name and last two digits of date of birth – example: Henry Rollins, 1967 = H.R.67) for data-cleaning purposes. The survey questions can be found on the following page.

Table 34. Survey Questions.

Question #	Question
Screening Question	Where are you staying tonight?
1	Do you have any family members or anyone else staying with you tonight?
2	How old are you? [OR] What year were you born?
3	How old were you the first time you experienced homelessness?
4	In total, for <i>how much time</i> have you experienced homelessness over the PAST YEAR?
5	Have you stayed in a homeless shelter in the past year?
6	Did you come to Canada as an immigrant, refugee or a refugee claimant?
7	How long have you been in Regina?
8a	Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry?
8b	Do you identify with any of the racialized identities listed below?
9	Have you ever served in the Canadian Military or RCMP?
10	As a child or youth, were you ever in foster care or in a youth group home?
11	Do you identify as having any of the following health challenges at this time?
12	What gender do you identify with?
13	How do you describe your sexual orientation, for example: straight, gay, lesbian?
14a	What happened that caused you to lose your housing most recently?
14b	Was your most recent housing loss related to the COVID-19 pandemic?
14c	How long ago did that happen (that you lost your housing most recently)?
15a	What are your sources of income?
15b	If answered "welfare/social assistance", what program are you currently on?
16	In the past year (12 months) have you: BEEN TO AN EMERGENCY ROOM/HOSPITALIZED? BEEN HOSPITALIZED? INTERACTED WITH POLICE (Tickets, arrests, searches)? BEEN TO PRISON/JAIL? COUCH SURFED? SLEPT ROUGH? BEEN TO DETOX?
17	What challenges or problems have you experienced when trying to find housing?

## Survey Participation<sup>5</sup>

In total, 243 surveys were completed and received by the PiT count team on the night of the count, and following the magnet event. Surveys were validated and entered by PiT Count Director Addison Docherty into the Homelessness Individuals and Family Information System (HIFIS).

The table below presents the number of surveys completed from each survey location, with the most surveys received through the street count (n=171).

Table 35. Valid Surveys by Location.

Location	Number of Valid Surveys Completed
Street Count	171
Emergency Shelter	37
Magnet Event	19
Transitional Housing	15
Hospital	1
Total	243

## *Defining Emergency, Transitional, and Hidden Homelessness*

### **Emergency Shelters**

Facilities providing temporary and short-term accommodation for homeless individuals and families, which may include essential services such as food, clothing, and counselling.

### **Transitional Housing**

Provides temporary shelter, but can be differentiated from emergency shelters by the longer stay and greater intensity of support services offered to clients. Transitional housing is an intermediate step between emergency shelter and permanent housing. Support services help clients gain stability and self-sufficiency to maintain permanent housing. Lengths of stays vary, but some last up to two years.

<sup>5</sup> The information from this section and further sections below are derived solely from the results of the 243 valid and completed surveys. Numbers and percentages reported in this section reflect only those from surveys and *not* enumeration forms. Therefore, these numbers are not meant to align, as they are derived from separate sources. Lastly, while the information for all 243 surveys is presented in the tables below, the total responses used for figures include only valid responses, omitting unclear and blank responses.

## Hidden Homelessness

The hidden homelessness population falls under the category of provisionally accommodated. It refers specifically to people who live “temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.” Often known as couch surfing, this describes people who are staying with relatives, friends, neighbours or strangers because they have no other option. They generally are not paying rent and it is not a sustainable long-term living arrangement.

### *Classification of Sheltered Facilities in Regina*

Table 36. Classification of sheltered locations.

Facility Name	Type of Facility	Available Beds
John Howard Society SK	Transitional Housing	5
John Howard Society SK	Transitional Housing	5
Regina Transition House	Violence Against Women Shelter	21
Salvation Army - Kate's Place	Transitional Housing	10
Salvation Army - Men's Emergency Shelter	Emergency Shelter	15
Salvation Army - Men's Supportive Living	Transitional Housing	25
Sask Health Authority Brief Detox	Treatment Facility	21
Sofia House	Transitional Housing (Second Stage Women's Domestic Violence)	55
Street Culture Project	Emergency Shelter	15
Wish Safe Shelter	Domestic Violence Shelter	14
YWCA Isabel Johnson Shelter	Violence Against Women Shelter	13
YWCA My Aunt's Place	Emergency Shelter	26
YWCA Regina Kikinaw Temp Beds	Emergency Shelter	5

### *Enumeration versus Survey Results*

All 243 survey participants who were experiencing homelessness were staying at locations that did not represent a permanent or safe residence to return to. An individual having or not having their own permanent or safe residence to return to is a key factor in determining if someone is experiencing homelessness in some cases. For example, if two people are staying at someone else's place (couch surfing), and one has their own permanent and safe residence to return to while the other does not, the latter person would be considered to be experiencing homelessness, but the former person would not.



The goal of a PiT Count is to approach as many people as possible and offer the PiT Count survey. However, there are differences between enumeration and survey participation. There were two ways an individual or family could be enumerated during the street portion. The first method was for the survey teams to approach and ask an individual if they would like to participate in a housing survey. The screening question results would determine if they were eligible for enumeration and further survey participation. In the second, using a tally sheet, survey teams identified individuals with observed homelessness characteristics that were not surveyed. These characteristics might include the people already sleeping somewhere, in encampments, walking with all their belongings, or disclosing homelessness but declining to be surveyed.

Individuals staying in sheltered facilities could be enumerated through the survey or through a supplementary shelter enumeration form (administrative data) participating agencies were asked to submit as part of the requirements for participation. Therefore, everyone who stayed in a sheltered location on the night of the PiT Count, regardless of classification or participation in the survey, was counted.

### **Youth Survey Participation**

Youth aged 14 to 18 were given an opportunity to participate in the survey if they were willing, and did not have an adult accompanying them during the street count. If survey teams encountered anyone under the age of 16, they were instructed to phone Mobile Crisis.

In shelter, without the presence of their legal parent or guardian, the sheltered location in which they are staying acts as a temporary proxy of guardianship.

For both the street and sheltered count portions, youth and children who had an adult accompanying them were not approached to be surveyed, but their parents/guardians were. These youth and children would still be accounted for in the final enumeration by virtue of their parents/guardians declaring them as dependent children on their survey.

### **Who Was Counted?**

The following list summarizes briefly the typology of homelessness, as well as the key characteristics of people who were enumerated and surveyed during the PiT Count and magnet event.

1. **Unsheltered:** This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed or fit for human habitation.
2. **Emergency Sheltered:** This refers to people who cannot secure permanent housing and, as a result, are accessing emergency shelter and system supports.
3. **Provisionally Accommodated:** This describes situations in which people who are technically homeless and without permanent shelter access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by the government or the nonprofit sector, or may have independently made arrangements for short-term accommodation.

## 2021 PiT Count Implementation Process

### ***PiT Count Coordinator***

Flow Community Projects Inc. was awarded a sub-project agreement through the Reaching Home Program for the 2021-2022 fiscal year (April 1, 2021-March 31, 2022), for the 2021 PiT Count and the design and development of a Coordinated Access System in Regina.

Addison Docherty, Executive Director for Flow Community Projects Inc., was the project manager for the PiT Count and was responsible for overseeing stakeholder communications, volunteer management, event planning, data entry, research, report writing and results dissemination.

### ***Advisory Committee***

A project advisory committee called the Community Capacity and Innovations (CCI) Group was formed in fall 2020 to oversee the planning and implementation of the PiT Count.

A key function of the CCI was helping the project lead accurately determine local needs. This included leveraging community relationships to obtain lived experience perspective on survey administration and search locations, volunteer recruitment and management, event management, and report content and dissemination.

### ***Volunteer Recruitment, Training, and Management***

In years past, the goal of a PiT Count was to recruit as many volunteers as possible in order to expand canvassing the city for individuals and families experiencing homelessness. However, this was a goal that was not possible during the 2021 PiT Count due to health and safety concerns about the COVID-19 pandemic. It was decided it would be in the best interests of the community to plan a scaled-down version of the PiT Count. Approximately 100 to 125 volunteers were needed to be able to successfully carry out the PiT Count as planned, and 115 individuals generously donated their time.

### ***Planning with COVID-19 in Mind:***

- A goal of approx. 100-125 volunteers.
- Smaller survey teams of 2-3 volunteers each.
- Focus solely on priority areas/hot spots in the community.
- Abide by the Government of Saskatchewan recommendations for indoor gatherings.

- Though anyone could register as a volunteer, the goal was to recruit volunteers from the human services sector due to their experience working with vulnerable populations during the pandemic.
- Encourage volunteers to sign up in teams of people they already spend time with to mitigate unnecessary cross-group mingling.

With the PiT Count planned to happen in late September 2021, volunteer recruitment officially began at the beginning of August 2021. The volunteer recruitment strategy included media releases and appearances via TV, radio and print, social media advertising on Facebook and Instagram, and traditional printed poster dissemination.

Volunteers were asked to register through an Eventbrite form online. This form captured basic information about the volunteer (name and contact information) in addition to more specific information about their history working with vulnerable populations, areas of the city they were comfortable being placed in, and which of four volunteer roles they would prefer to fill.

The four volunteer roles were:

1. Team leader: Ideally with experience working with vulnerable populations, who led a survey team through a designated area.
2. Survey volunteers: Placed in a survey team, and following the direction of a team leader, offered the PiT Count survey to anyone they saw in a designated area.
3. Headquarters volunteer: Assigned to one or multiple survey teams, and stationed at PiT Count headquarters for the duration of the PiT Count. Every 30 minutes, they performed routine check-ins on their assigned group to make sure everyone was safe and to see if supplies needed to be dropped off.
4. Supplies runner: ran supplies out to survey teams as needed.

Volunteer registration closed on Tuesday, September 14, 2021, just one week before the count. Thereafter, using the information collected in the registration form, CCI Group members constructed survey teams and assigned areas deemed appropriate for that group's comfort levels in that geographic area, and their experience working with vulnerable populations. Volunteers were then informed of their survey team and area assignments the weekend prior to the count. In addition, volunteers were sent electronic packages that included a copy of the survey and training materials, event timelines, recommendations for clothing, and contact information for their survey teams, so they could coordinate any necessary logistics beforehand.

All volunteers were trained at PiT Count headquarters before taking to the streets on the night of the count. Flow Community Projects led basic PiT Count volunteer training, which was supplemented by safety training from Melinda Lalache of the Regina Police Service Community Engagement Unit.

Because volunteers were asked to show up during dinner hours, they were fed a meal on the night of the PiT Count. The meal was generously prepared and donated in kind by the Regina Food Bank.

In the days following the PiT Count, volunteers had the opportunity to participate in a feedback form (Google Forms).

### ***Survey Administration: Street and Facilities Count***

#### **Street Count**

Surveys were administered during the street count by survey teams that walked in groups of 2 to 3 people. These groups were either given a walking route in a designated residential area, or were given a “hot spot” location to occupy during the PiT Count. A “hot-spot” location was not a place that was determined as a hotbed for individuals who might be sleeping rough, like an encampment, but instead were public locations that would have more traffic than residential areas during the PiT Count time period. Examples of “hot spot” locations that were used during the PiT Count included 7-Elevens, Tim Hortons, and McDonald’s locations around the city.

#### **Facilities Count**

Participating sheltered facilities were asked to provide staff, accommodate the PiT Count workflow into their evening, and offer surveys in their respective facilities.

Regardless of whether a survey was completed during the street or sheltered portion of the count, individuals who participated were given a gift card honorarium of \$5 to one of several establishments, including Tim Hortons, 7-Eleven, McDonald's, Safeway, and Giant Tiger, among others.

#### **Magnet Event**

A magnet event is a strategy used during a PiT Count to attract a specific target group to a planned time and location. This allows a community to enumerate and survey individuals

experiencing homelessness who might otherwise might not have been counted, for whatever reason, through the sheltered or unsheltered counts.

On September 23, 2021, the day after the PiT Count, Flow Community Projects and CCI Group members hosted a magnet event at the mâmawêyatitân centre, from 11:30 a.m. to 2:00 p.m. The target population for the event was Indigenous individuals and families living in North Central who may have been missed during the PiT Count the night before.

The event began with a prayer by Elder Tim Poitras, and included a complimentary chili and buns luncheon, a pop-up vaccine clinic, and a services fair. The food was prepared and donated by the Regina Food Bank and served to the community by members of the Regina Police Service's Community Engagement Unit. The pop-up vaccine clinic was made possible through an existing community partnership with Saskatchewan Health Authority and Four Directions Health Clinic. Organizations in the North Central and Downtown communities that serve individuals at risk of or experiencing homelessness were able to set up information booths on the perimeter of the multi-purpose room and offer individuals passing through opportunities to learn about services available, based on their needs.

Table 37. Magnet Event Services Fair Partners.

Organization Name
Aids Programs South Saskatchewan
Newo Yotina Friendship Centre
Sofia House
Eagle Heart Centre
Regina Food Bank
Carmichael Outreach
YWCA of Regina
North Central Family Centre
Four Directions/SHA Vaccine Pop-up Clinic

Aside from research value, the event served as a means to continue to build community capacity on numerous fronts, including strengthening a relationship with the North Central community.

PiT Count volunteers offered the same survey that was offered the night before, with a temporal rewording of the screening question from "Where are you staying tonight?" to "Where did you stay last night?" to align data with September 22, 2021.

## 2021 PiT COUNT FINDINGS

The 2021 Regina PiT Count found that an estimated **488** individuals were identified to be experiencing homelessness on the night of September 22, 2021. Individuals were found to be staying in various locations throughout the community, the majority located in emergency shelters (20%, n=99) and transitional housing facilities (18%, n=86). Similar proportions of people were also noted to be staying at someone else's place, or unsheltered in public spaces.

Table 38. Total Enumeration, Regina 2021.

Type	Number	%
Emergency Shelter	99	20%
Transitional Shelter/Housing	86	18%
Public Systems	20	4%
Someone Else's Place	85	17%
Unsheltered in a Public Space	68	14%
Unsure	46	9%
Vehicle	3	1%
Motel / Hotel	3	1%
Observed Tally	78	16%
<b>Total</b>	<b>488</b>	<b>100%</b>

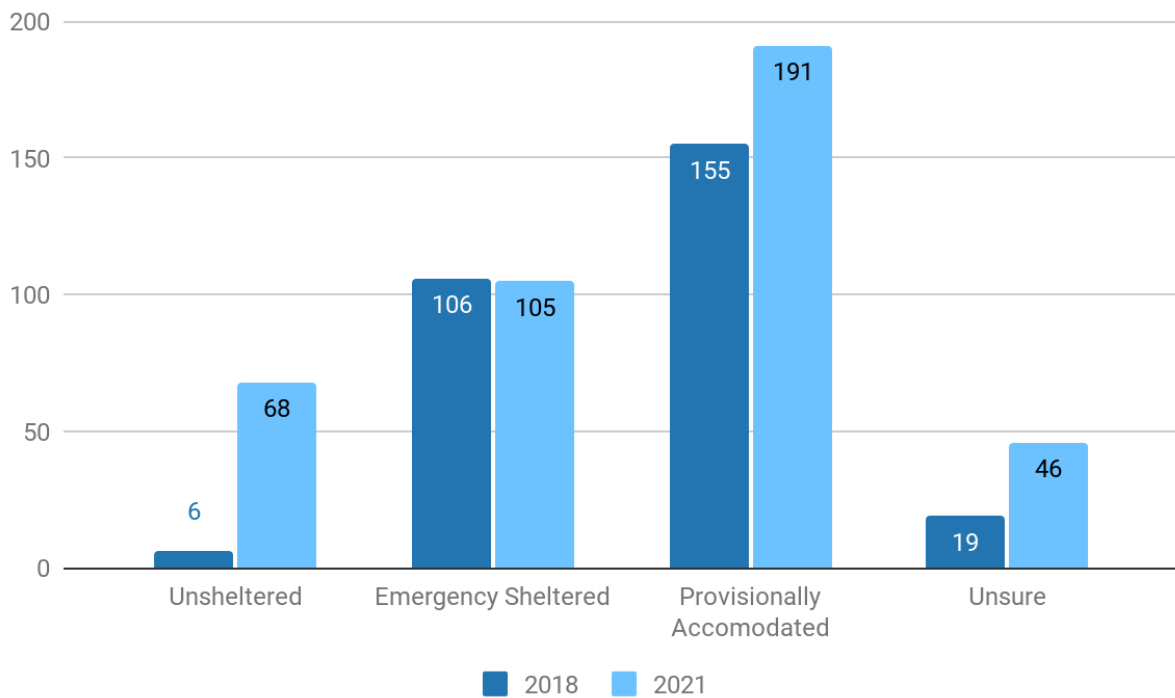
Table 39 presents a comparison of the enumerations in 2018 and 2021. This table excludes the numbers from the tally sheet for this comparison, as those values were omitted in 2018. Overall, the data demonstrated a significant increase in the total number of individuals experiencing homelessness, rising from 286 in 2018 to 410 in 2021, indicating a 43% increase.

During this count, we found that almost half (47%, n=191) of individuals were indicated to be provisionally accommodated. That is, they were found to be staying at a transitional housing facility, at someone else's place, or currently residing in public systems (e.g., hospital, jail/prison, other). This finding remains consistent with Regina's previous 2018 count. The greatest change seen for this count compared to the last was the increase in unsheltered people, rising from 6 in 2018 to 68 in 2021, accounting in 2021 for 17% of total enumerations compared to the 2% observed in 2018.

Table 39. Total Enumeration (Excluding Tally Sheet), Regina 2018 &amp; 2021.

	2018	2018 (%)	2021	2021 (%)
Unsheltered	6	2%	68	17%
Emergency Sheltered	106	37%	105	26%
Provisionally Accommodated	155	54%	191	47%
Unsure	19	7%	46	11%
Total	286	100%	410	100%

Figure 2. Total Enumeration (Excluding Tally Sheet), Regina 2018 &amp; 2021.



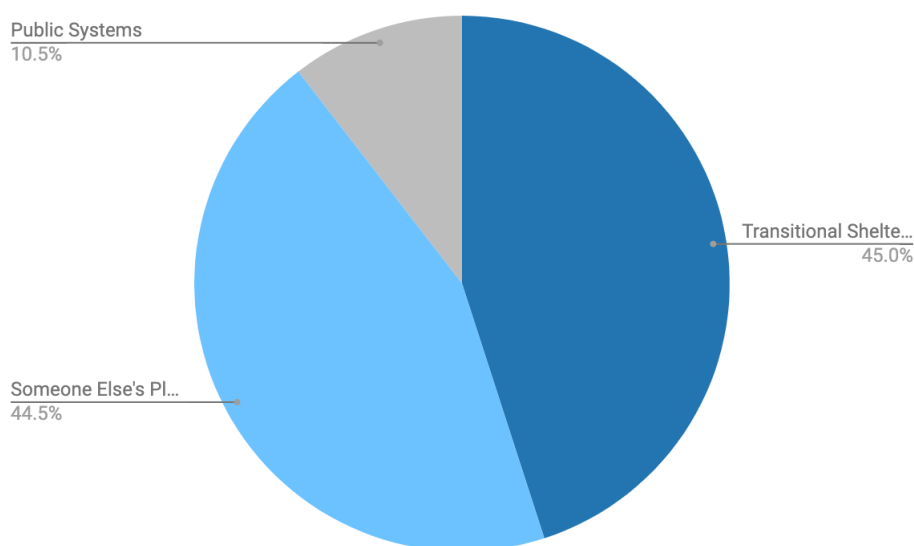


## Hidden Homelessness

Hidden homelessness refers to “temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.”<sup>6</sup> More commonly known as couch surfing, this describes people who are staying with someone they may or may not know because they have no other option. This is not a sustainable long-term living arrangement, but those experiencing hidden homelessness typically do not have the ability to secure their own permanent housing immediately or in the near future. This population is considered to be “hidden” because they usually do not access homelessness support and services, even though they are improperly or inadequately housed.

According to Figure 3, among the 191 individuals who were found to be provisionally accommodated on the night of the count, about 45% were staying in transitional shelter/housing facilities, and 45% (n=85) were staying at someone else’s place (thus experiencing hidden homelessness). Obtaining a better understanding of hidden homelessness allows us to achieve a more comprehensive assessment of overall homelessness in the community.

Figure 3. Breakdown of provisionally accommodated, Regina 2021.<sup>7</sup>



<sup>6</sup> Hidden Homelessness. Retrieved from:

<https://www.homelesshub.ca/about-homelessness/population-specific/hidden-homelessness>

<sup>7</sup> Public Systems refers to hospitals, detox centres, jail or prison. For this Count, all individuals under this category happened to be enumerated in detox (treatment) centres.

## Capacity and Occupancy of Transitional and Shelter Beds

Table 40 provides a breakdown of the 205 people enumerated in sheltered locations. This information was retrieved from the enumeration forms completed by participating community facilities. Note that demographic information for those individuals enumerated through these forms was not available.

Table 40. Facilities Enumeration, Regina 2021.

Type of Facility	Facility Name	Available Beds	Number Enumerated	Occupancy Rate
Transitional Housing (LGBTQ Youth)	John Howard Society SK	5	5	100%
Transitional Housing (Sr. Justice Discharge Program)	John Howard Society SK	5	4	80%
Violence Against Women Shelter	Regina Transition House	21	19	90%
Transitional Housing	Salvation Army - Kate's Place	10	10	100%
Emergency Shelter	Salvation Army - Men's Emergency Shelter	15	15	100%
Transitional Housing	Salvation Army - Men's Supportive Living	25	15	60%
Treatment Facility (Overnight Detox)	Sask Health Authority Brief Detox	21	20	95%
Transitional Housing	Sofia House	55	52	95%
Youth Emergency Shelter	Street Culture Project	15	5	33%
Domestic Violence Shelter	Wish Safe Shelter	14	14	100%
Violence Against Women Shelter	YWCA Isabel Johnson Shelter	13	13	100%
Emergency Shelter	YWCA My Aunt's Place	26	28	108%
Emergency Shelter	YWCA Regina Kikinaw Temp Beds	5	5	100%

\*Additionally, two individuals were enumerated in a hotel/motel and were identified to be experiencing homelessness on the night of the count.

## Characteristics of People Experiencing Homelessness in Regina

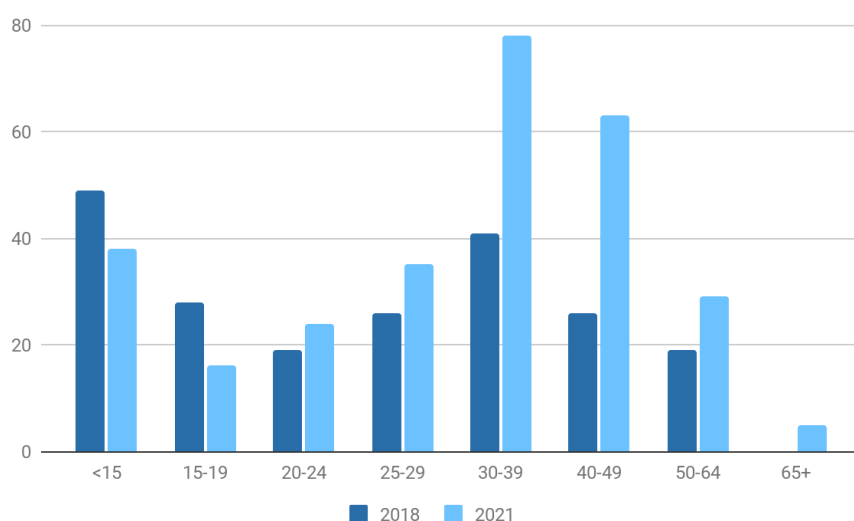
### Age

Table 41 reports the ages of both surveyed adults and non-surveyed dependents. It was found that the largest age group, at almost 50%, were between the ages of 30 and 49. This finding is consistent with the results of the 2018 count.

Table 41. Age of survey respondents (including non-surveyed dependents), Regina 2018 & 2021.

Age	2018	2018 (%)	2021	2021 (%)
<15	49	2%	38	13%
15-19	28	10%	16	5%
20-24	19	9%	24	8%
25-29	26	13%	35	12%
30-39	41	20%	78	27%
40-49	26	13%	63	22%
50-64	19	9%	29	10%
65+	0	0%	5	2%
Unclear/Left Blank	0	0%	3	1%
Total	208	100%	291	100%

Figure 4. Age Distribution, Regina 2018 & 2021.

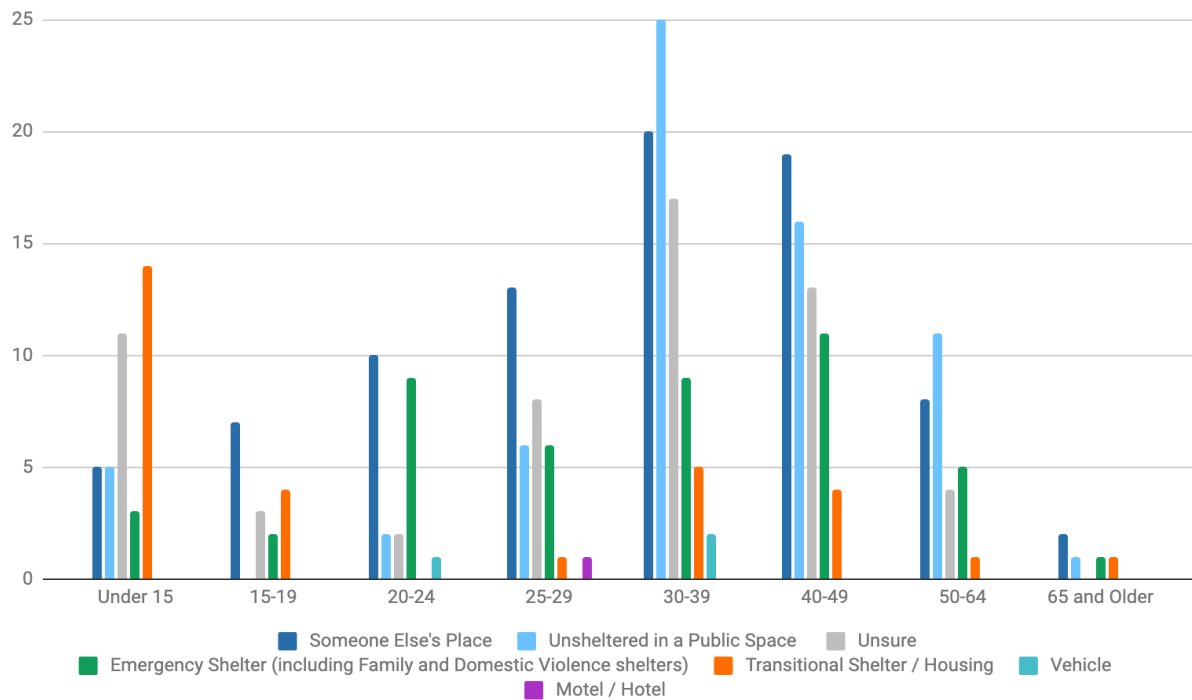


Additionally, while there was more variation in where adults stayed during the night of the count, children under 15 were most likely staying in transitional housing facilities.

Table 42. Where are you sleeping tonight? – Responses By Age

	Under 15	15-19	20-24	25-29	30-39	40-49	50-64	65 and Older	Unclear /Blank Response	Total
Someone Else's Place	5	7	10	13	20	19	8	2	1	85
Unsheltered in a Public Space	5	0	2	6	25	16	11	1	2	68
Unsure	11	3	2	8	17	13	4	0	0	58
Emergency Shelter (including Family and Domestic Violence shelters)	3	2	9	6	9	11	5	1	0	46
Transitional Shelter / Housing	14	4		1	5	4	1	1	0	30
Vehicle	0	0	1	0	2	0	0	0	0	3
Motel / Hotel	0	0	0	1	0	0	0	0	0	1
Total	38	16	24	35	78	63	29	5	3	291

Figure 5. Where are you sleeping tonight? – Based on Age



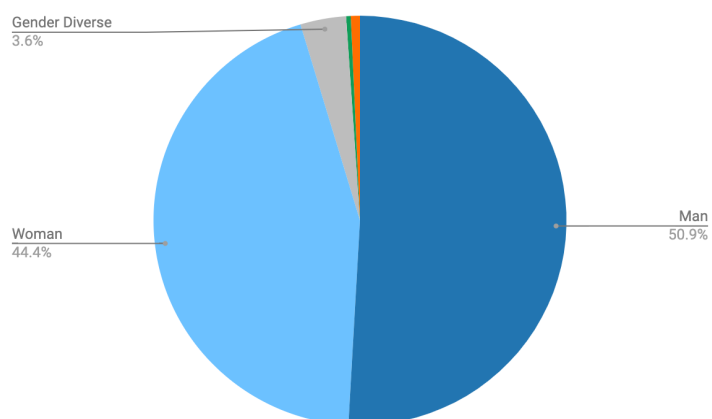
### Gender Identity

The data indicates a slightly greater percentage of male-identifying respondents than female. A small number of individuals who identified neither as cis-male or cis-female were represented in survey data.

Table 43. Gender Identity.

Gender Identity	Count	%
Man	142	49%
Woman	124	43%
Gender Diverse	10	3%
Don't Know	1	0.3%
Decline to Answer	2	0.7%
Unclear / Left Blank	12	4.1%
Total	291	100.0%

Figure 6. Gender Identity.



A greater proportion of men compared to women were reported to be staying unsheltered in a public space or in emergency shelters. Women were more likely to be staying in transitional housing facilities as compared to men.

Table 44. Where are you sleeping tonight? – Based on Gender Identity.

	Man	Woman	Gender Diverse	Don't Know	Decline to Answer	Unclear / Blank Response	Total
Someone Else's Place	35	42	4	0	2	2	85
Unsheltered in a Public Space	40	19	3	0	0	6	68
Unsure	30	25	1	0	0	2	58
Emergency Shelter (including Family and Domestic Violence shelters)	27	16	0	1	0	2	46
Transitional Shelter / Housing	8	20	2	0	0	0	30
Vehicle	1	2	0	0	0	0	3
Motel / Hotel	1		0	0	0	0	1
Total	142	124	10	1	2	12	291

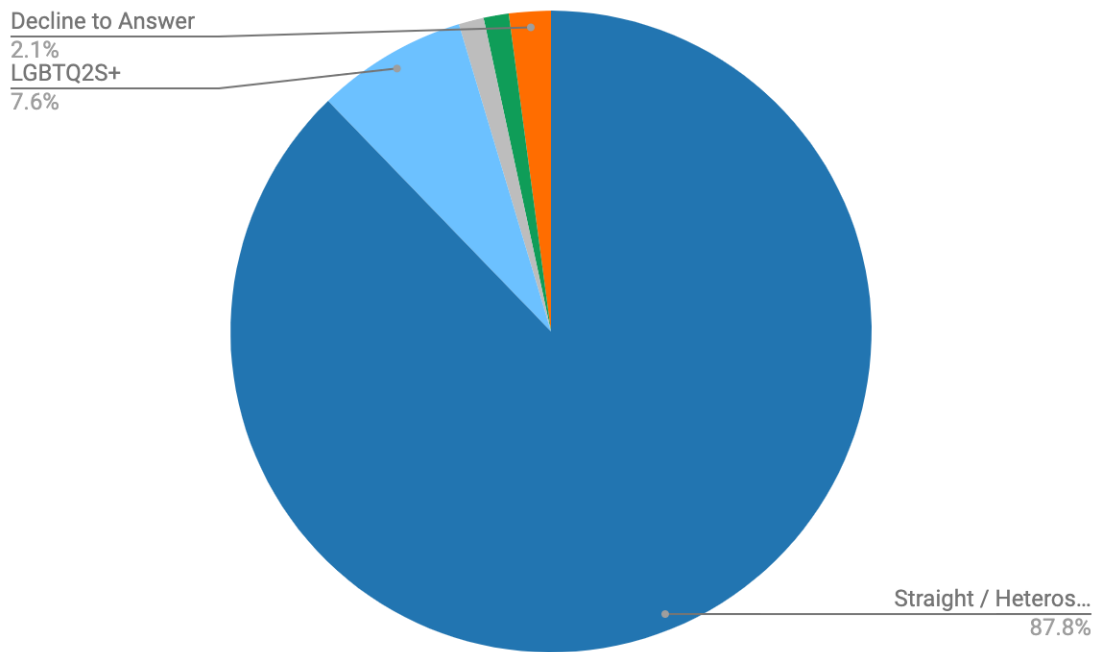
### ***Sexual Orientation***

About 86% (n=208) of those who reported their sexual orientation identified as straight/heterosexual, and 7.4% (n=18) identified with a sexual orientation grouped under LGBTQ2S+ (Table 45).

Table 45. Sexual Orientation.

	Count	%
Straight / Heterosexual	208	85.6%
LGBTQ2S+ <sup>8</sup>	18	7.4%
Not Listed	3	1.2%
Don't Know	3	1.2%
Decline to Answer	5	2.1%
Unclear / Blank Response	6	2.5%
Total	243	100.0%

Figure 7. Sexual Orientation.



<sup>8</sup> The sexual orientations that were included in this category for this count included: gay, bisexual, Two-Spirit, queer, questioning, and pansexual.

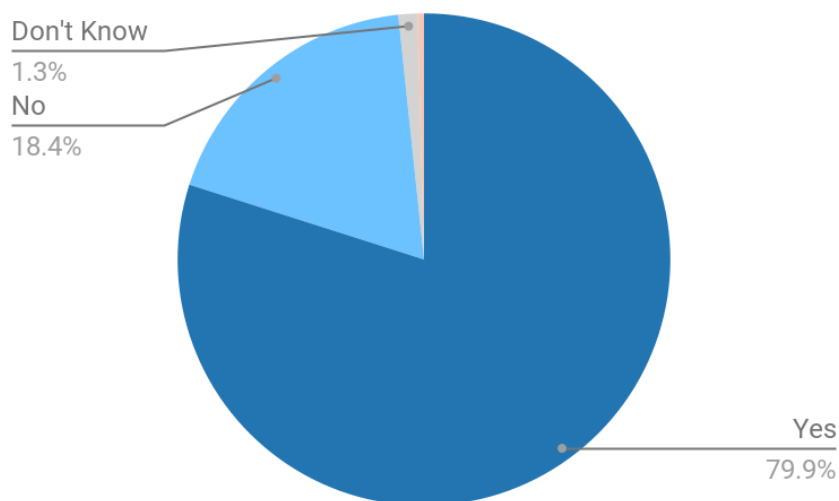
### Indigenous Identity

Of the 243 people surveyed, about 79% (n=191) identified as Indigenous. This is consistent with the data from 2018, indicating Indigenous-identifying people are overrepresented among those experiencing homelessness in Regina.

Table 46. Indigenous Identity.

Indigenous Identity	2018 Count	2018 %	2021 Count	2021 %
Yes	118	80%	191	79%
No	30	20%	44	18%
Don't Know	0	0%	3	1.2%
Decline to Answer	0	0%	1	0.4%
Unclear/Left Blank	0	0%	4	1.6%
Total	148	100%	243	100%

Figure 8. Indigenous Identity.



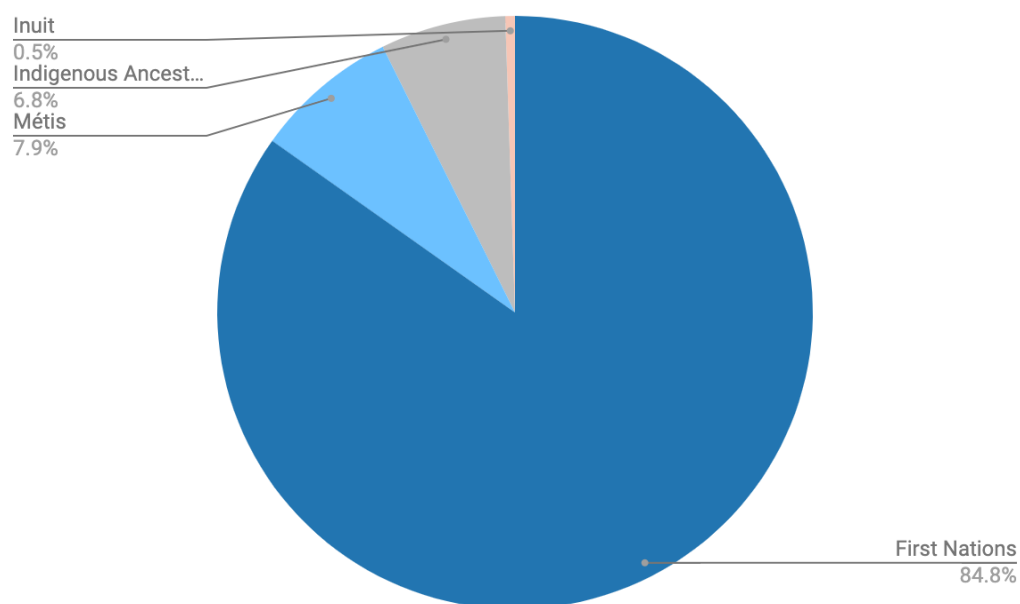
Among the 191 individuals who identified as Indigenous, most (85%, n=162) identified as First Nations, while 8% and 7% identified as Métis and Indigenous Ancestry, respectively.



Table 47. Indigenous Identification.

	2018 Count	2018 %	2021 Count	2021 %
First Nations	105	89%	162	85%
Métis	10	8%	15	8%
Indigenous Ancestry	2	2%	13	7%
Inuit	1	1%	1	1%
Total	118	100%	191	100%

Figure 9. Indigenous Identification.



### ***Racial Identity***

This section reports on the racial identity of those who did not identify as Indigenous, but as another racial identity, as well as those who identified as both Indigenous and another racial identity. Note that respondents could select more than one racial identity.

Those not identifying as Indigenous mostly identified as White (n=36), with little representation of non-White and non-Indigenous racial identified.

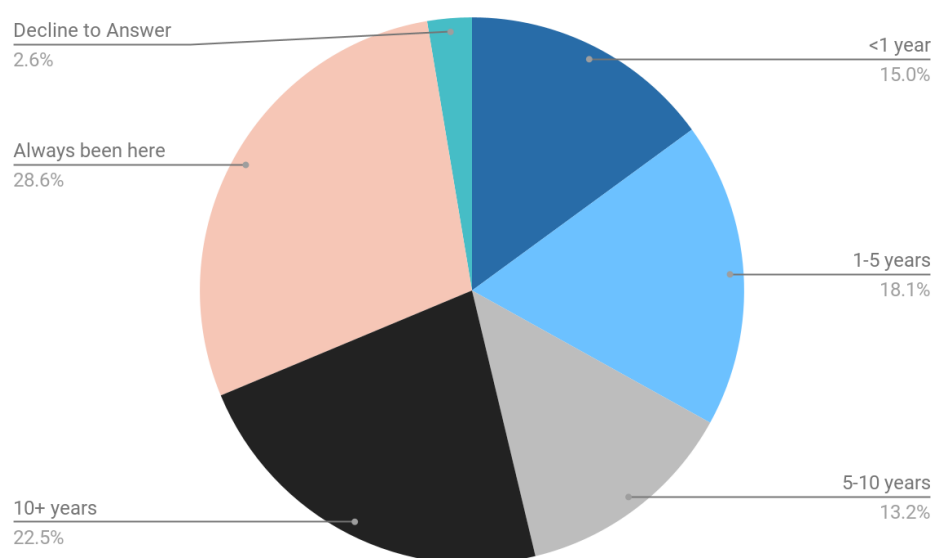
### *Length of time in Regina*

About 27% indicated they had always been in Regina, with 31% (n=75) of respondents having been in the community from less than a year to up to 5 years.

Table 48. Length of Time in Regina.

	Count	%
<1 year	34	14%
1-5 years	41	17%
5-10 years	30	12%
10+ years	51	21%
Always been here	65	27%
Decline to Answer	6	2%
Unclear /Left Blank	16	7%
Total	243	100%

Figure 10. Length of Time in Regina



### ***Migration to Regina***

Of the 98 survey respondents who had migrated from another community in Canada, around 67% came from another community in Saskatchewan, while others came from the neighbouring provinces of Alberta or Manitoba. A few had migrated from British Columbia or provinces in Eastern Canada.

Table 49. Migration from Within Canada.

	Count	%
Saskatchewan	66	67%
Alberta	13	13%
Manitoba	7	7%
British Columbia	7	7%
Ontario	3	3%
Nova Scotia	1	1%
New Brunswick	1	1%
Total	98	100%

### ***Migration to Canada***

About 96% of survey respondents said they were not an immigrant or refugee claimant. Less than 5 indicated they were immigrants, and less than 5 indicated were refugee claimants. Similar findings were reported in the previous PiT Count.

### ***Canadian Military or RCMP Service***

Only 6 reported military service and less than 5 reported both military and RCMP service, while 97% indicated they had not served in either the Canadian military or the RCMP. Similar findings were reported in the previous PiT Count.

### ***Family Members***

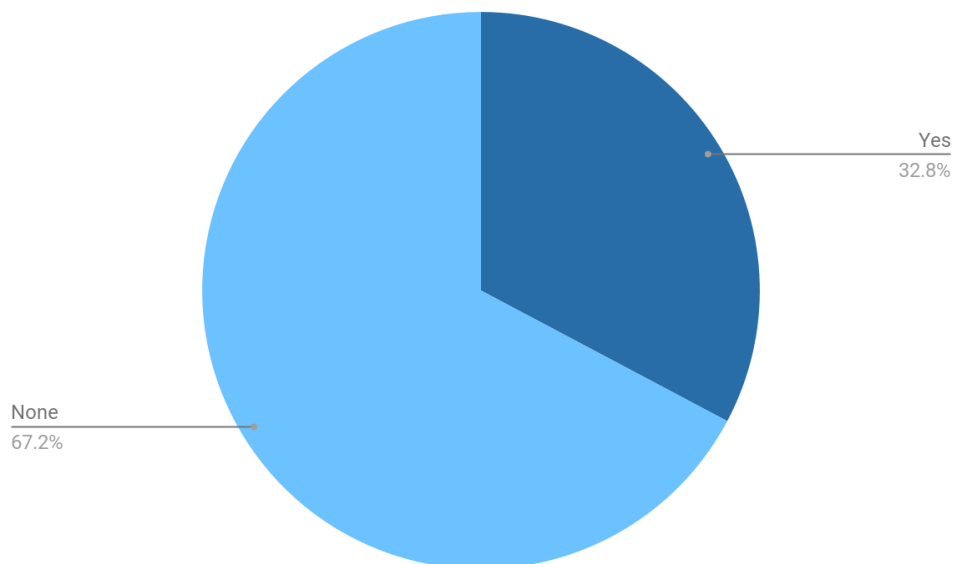
Survey participants were asked if they were accompanied by any family members on the night of the count. About 32% (n=77) indicated they were accompanied by one or more family members. The survey identified 23 families with a combined total of 48 dependents with them on the night of the count.

Among the 48 dependents, 14 were reported to be staying in a transitional housing facility, 11 in an emergency shelter, 11 at someone else's place, 5 were unsheltered in a public space, and 7 were unsure where they were staying the night of the Count.

Table 50. Accompanied by Family Members.

	Count	%
Yes	77	32%
No	158	65%
Unclear / Left Blank	8	3%

Figure 11. Accompanied by Family Members.



## Experiences of Homelessness

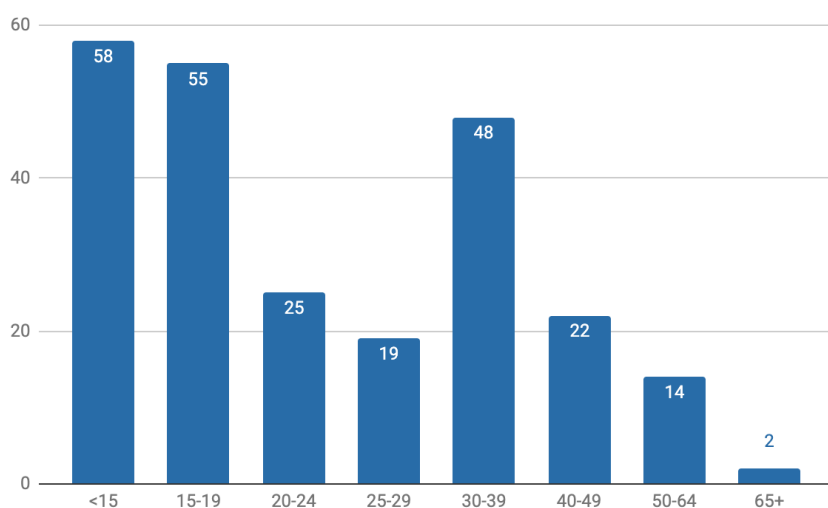
### *Age First Experienced Homelessness*

Using the Government of Canada's definition of youth homelessness, over half (57%, n=138) of the 243 survey respondents reported their first experience of homelessness was at the age of 24 or younger. However, many individuals reported first experiencing homelessness as adults. Across all survey participants, it was found that the average age for a first experience of homelessness was 24.

Table 51. Age first experienced homelessness.

Age Range	Count	%
<15	58	24%
15-19	55	23%
20-24	25	10%
25-29	19	8%
30-39	48	20%
40-49	22	9%
50-64	14	6%
65+	2	1%
Total	243	100%

Figure 12. Age first experienced homelessness.



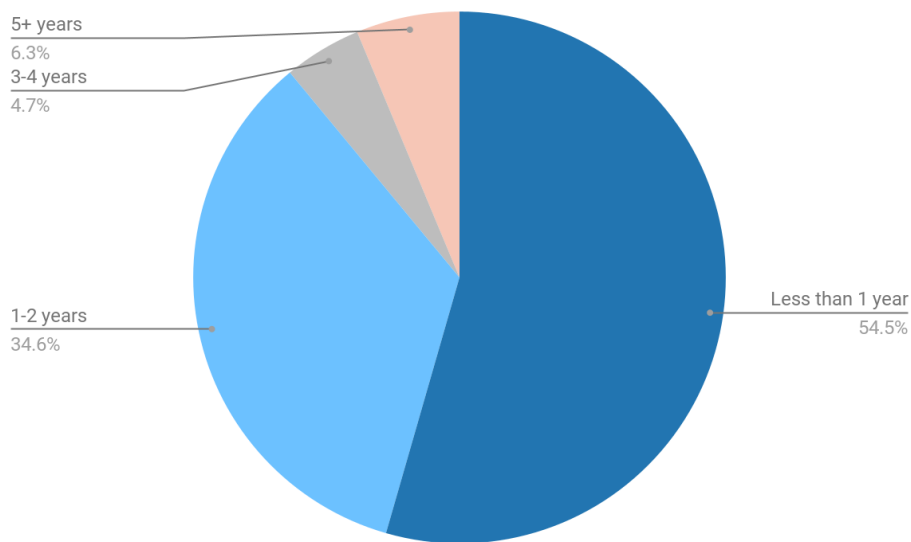
### *Length of Homelessness*

When survey respondents were asked how long ago they experienced the loss of housing, about 43% (n=104) reported losing their housing within the past year, and 27% (n=66) within the past 1 to 3 years.

Table 52. Length of Homelessness.

	Count	%
Less than 1 year	104	43%
1-2 years	66	27%
3-4 years	9	4%
5+ years	12	5%
Unclear / Left Blank	52	21%
Total	243	100%

Figure 13. Length of Homelessness



### *Time Spent Homeless in the last 12 Months*

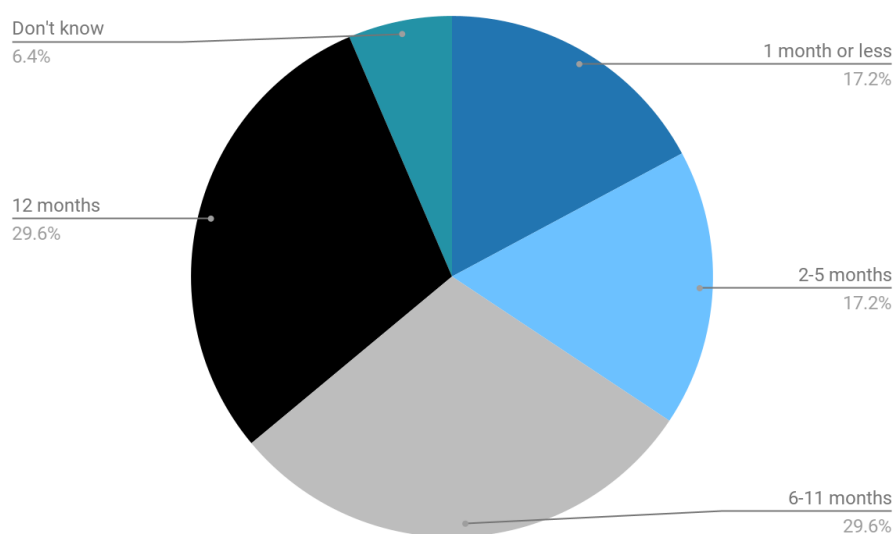
When asked how many days in the past year had they been experiencing homelessness, about 56% (n=138) reported experiencing homelessness for 6 or more months. This means that over 50% of survey respondents met the definition of chronic homelessness, that is, experiencing homelessness for a period of 6 or more months within the past 12 months.

However, the data also indicates that many individuals have had much shorter and more recent experiences of homelessness, with about 16% (n=40) having been experiencing homelessness for one month or less.

Table 53. Time Spent Homeless in the last 12 months, Regina 2021.

	Count	%
1 month or less	40	16%
2-5 months	40	16%
6-11 months	69	28%
12 months	69	28%
Don't know	15	6%
Unclear /Left Blank	10	4%
Total	243	100%

Figure 14. Time Spent Homeless in the last 12 months, Regina 2021.



### ***Reasons for Housing Loss***

Among the 175 respondents who provided a reason for losing housing, the most common reason was inadequate income for housing. This was reported by about 53% (n=92) of those who responded to this question. Other common reasons for housing loss included

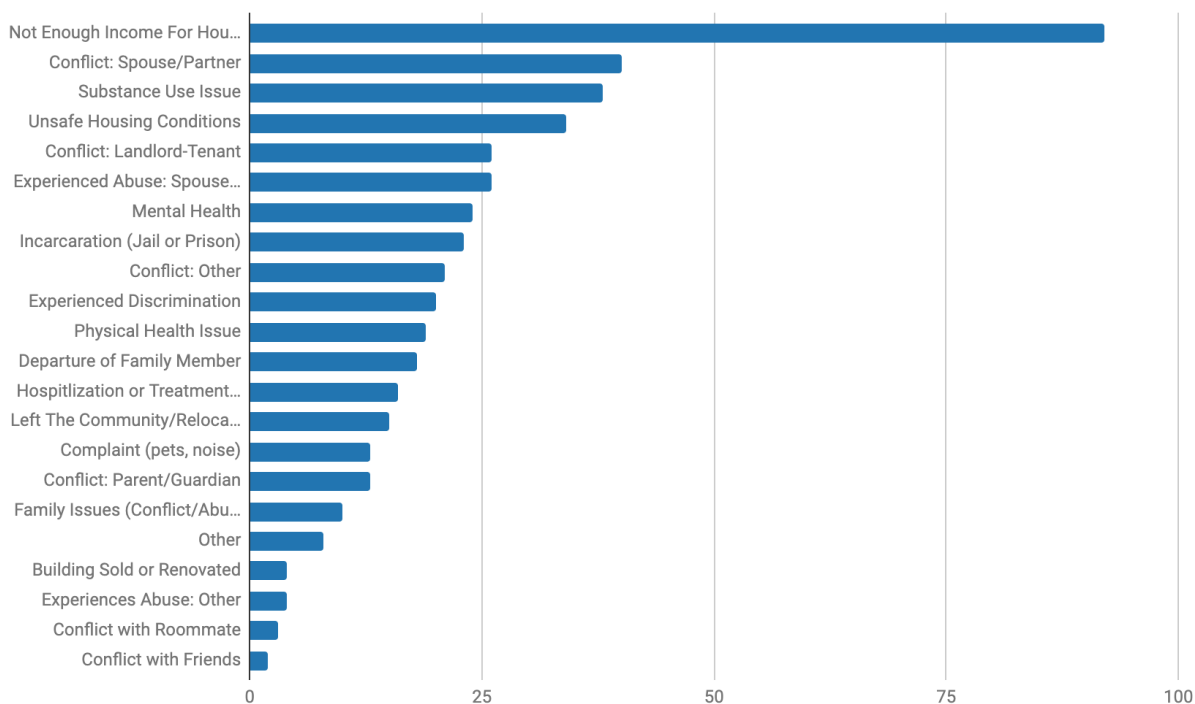
conflict (e.g., with a spouse or partner or with a landlord), substance use issues or mental health challenges, unsafe housing conditions, and experiences of discrimination.

Table 54. Reasons for Housing Loss.

	Number of Responses	% (out of 175)
Not Enough Income For Housing	92	53%
Conflict: Spouse/Partner	40	23%
Substance Use Issue	38	22%
Unsafe Housing Conditions	34	19%
Conflict: Landlord-Tenant	26	15%
Experienced Abuse: Spouse/Partner	26	15%
Mental Health Issue	24	14%
Incarceration (Jail or Prison)	23	13%
Conflict: Other	21	12%
Experienced Discrimination	20	11%
Physical Health Issue	19	11%
Departure of Family Member	18	10%
Hospitalization or Treatment Program	16	9%
Left The Community/Relocated	15	9%
Complaint (pets, noise)	13	7%
Conflict: Parent/Guardian	13	7%
Family Issues (Conflict/Abuse)	10	6%
Other	8	5%
Building Sold or Renovated	4	2%
Experiences Abuse: Other	4	2%
Conflict with Roommate	3	2%
Conflict with Friends	2	1%



Figure 15. Reasons for Housing Loss.



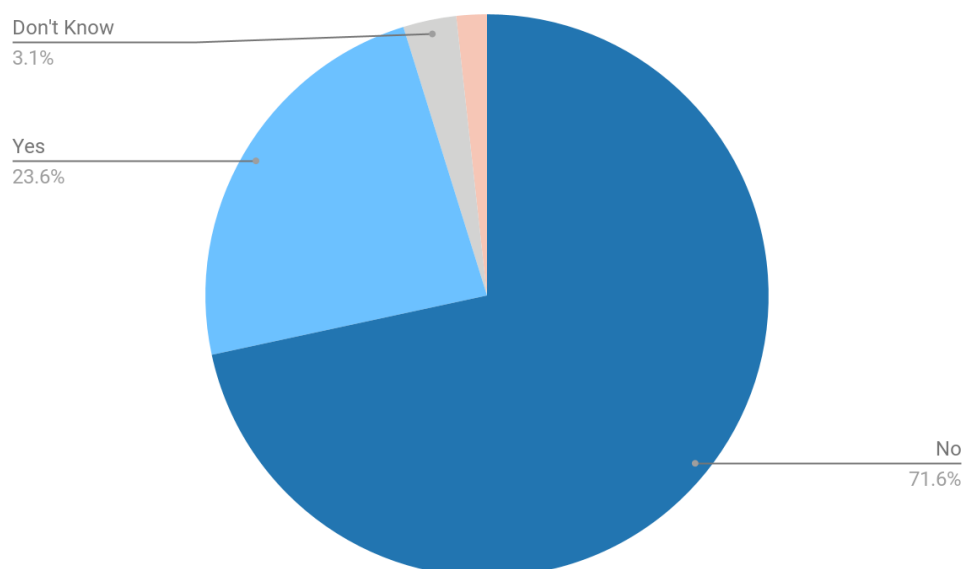
### ***Housing Loss and COVID-19***

When asked if their most recent housing loss was due to the pandemic, 67% indicated that was not the case. However, it was found that 22% said the pandemic was the cause of their most recent loss of housing.

Table 55. Housing loss due to the pandemic.

	Count	%
No	164	67%
Yes	54	22%
Don't Know	7	3%
Decline to answer	4	2%
Unclear /Left Blank	14	6%
Total	243	100%

Figure 16. Housing loss due to the pandemic.



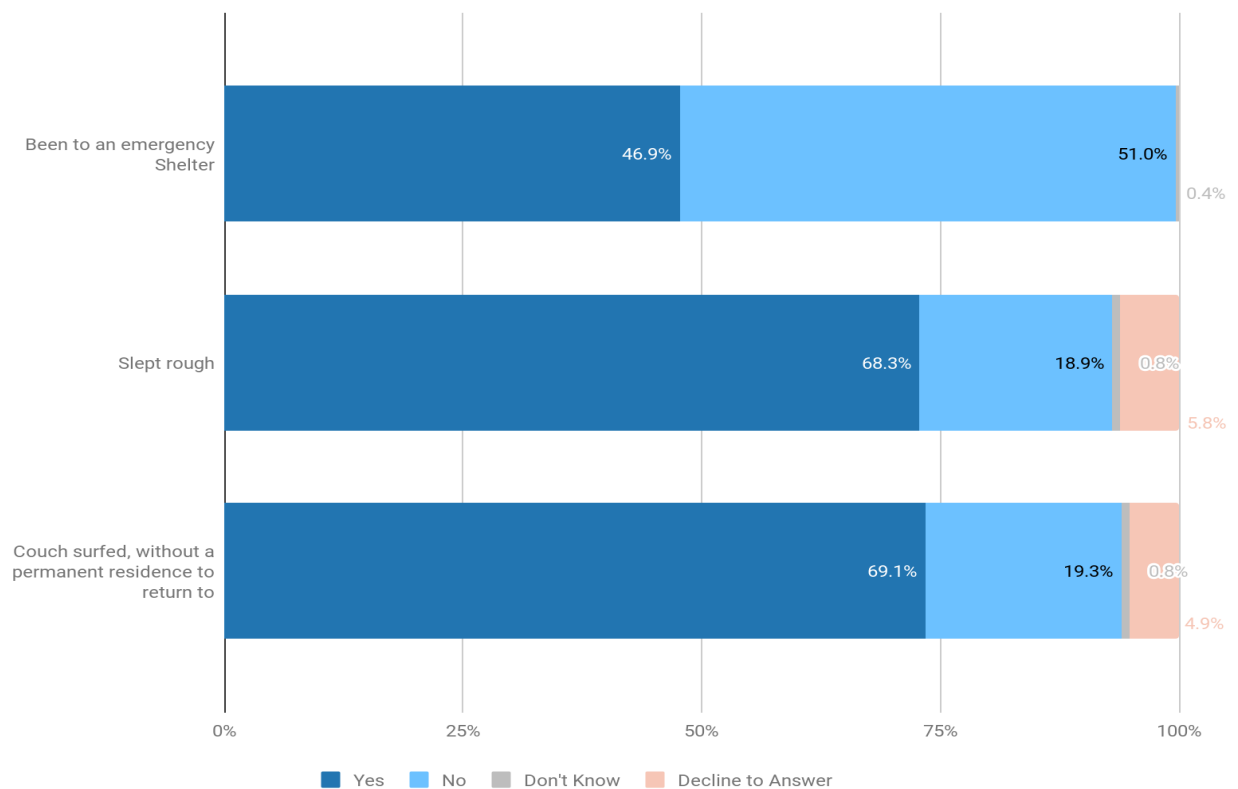
### ***Past Year Experiences***

Roughly the same amount of respondents indicated they had slept rough (68.31%) as well as couch surfed (69.14%) without a permanent residence to return to in the past year. Conversely, 46.91% of individuals stayed in an emergency shelter during the past year. This may indicate that there are barriers to accessing shelters in the community.

Table 56. In the past year, have you...

	Been to an emergency Shelter?		Slept rough?		Couch surfed, without a permanent residence to return to?	
	Count	(%)	Count	(%)	Count	(%)
Yes	114	46.91%	166	68.31%	168	69.14%
No	124	51.03%	46	18.93%	47	19.34%
Don't Know	1	0.41%	2	0.82%	2	0.82%
Decline to Answer	0	0.00%	14	5.76%	12	4.94%
Unclear/Left Blank	4	1.65%	15	6.17%	14	5.76%
Total	243	100%	243	100%	243	100%

Figure 17. In the past year, have you...



### *Sources of Income*

Of 174 responses, 66% (n=114) indicated welfare/social assistance was a primary source of income. Informal sources of income (e.g., bottle returns) were also common for survey respondents (30%, n=53). Some also noted having part-time or full-time employment, as well as casual employment. Lastly, 22% (39 of 174) of respondents reported having multiple sources of income, that is, more than one source of income.

Table 57. Sources of Income.

Sources of Income	Count	% (out of 174)
Welfare/ Social Assistance	114	66%
Informal Sources of Income (bottle returns, etc.)	53	30%
GST/HST Refund	14	8%
Part-Time Employment	10	6%
Full-Time Employment	7	4%
Money from family/friends	7	4%
Child and family Tax Benefits	8	5%
Other money from Service Agency	7	4%
Casual Employment	5	3%
Employment Insurance	5	3%
Seniors Benefit	3	2%
Self-Employed	1	1%

Figure 18. Sources of Income.

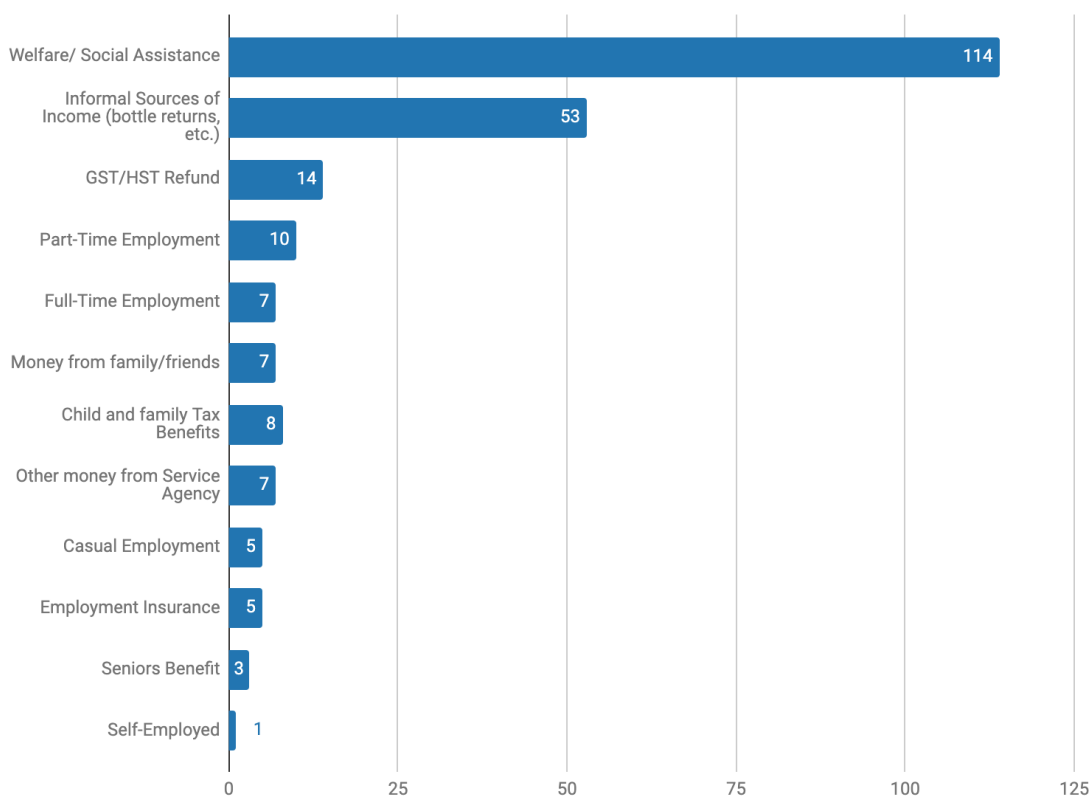


Table 58. Social Assistance.

Type of Social Assistance	Count	%
Saskatchewan Income Support (SIS),	54	49%
Saskatchewan Assured Income for Disability (SAID),	57	51%
Total	111	100%

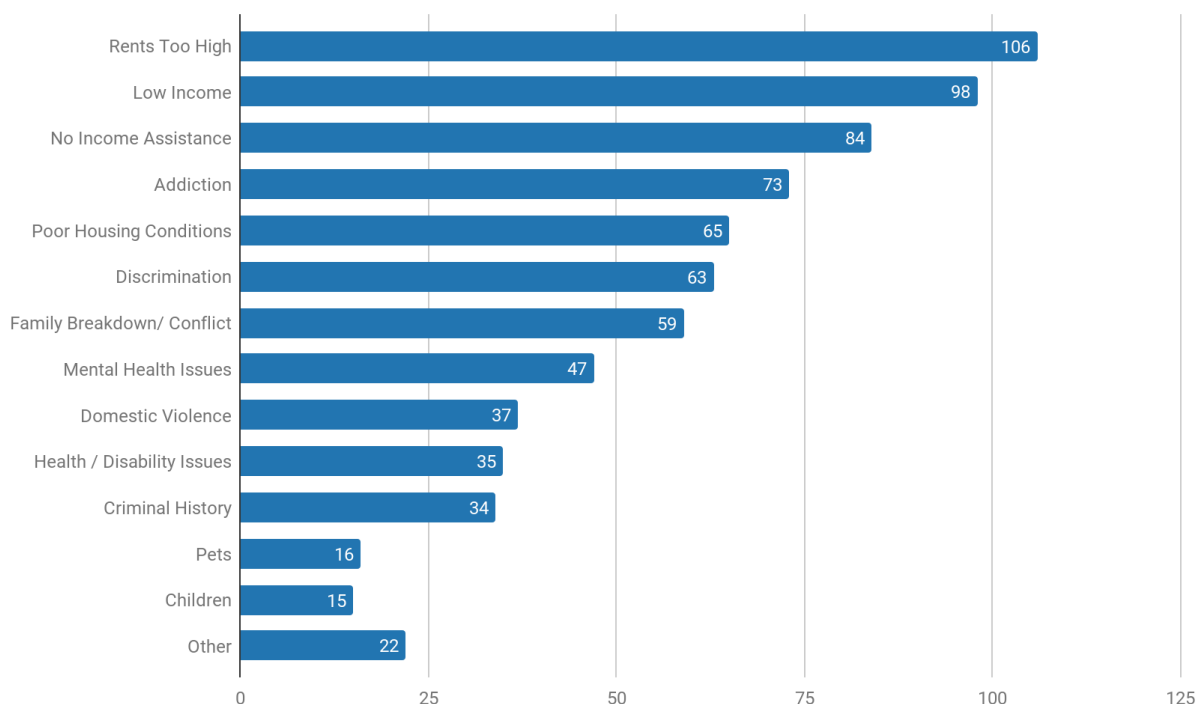
### ***Barriers to Finding Housing***

A total of 202 people reported having faced barriers to finding housing. Common barriers cited included financial barriers, such as rents being too high (52%, n=106), having a low income (49%, n=98), and not having income assistance (42%, n=84). Other commonly reported barriers included addiction and mental health challenges, poor housing conditions, discrimination, and conflict, as well as domestic violence.

Table 59. Barriers to finding housing.

	Count	% (out of 202)
Rents Too High	106	52%
Low Income	98	49%
No Income Assistance	84	42%
Addiction	73	36%
Poor Housing Conditions	65	32%
Discrimination	63	31%
Family Breakdown/ Conflict	59	29%
Mental Health Issues	47	23%
Domestic Violence	37	18%
Health / Disability Issues	35	17%
Criminal History	34	17%
Pets	16	8%
Children	15	7%
Other	22	11%

Figure 19. Barriers to finding housing.



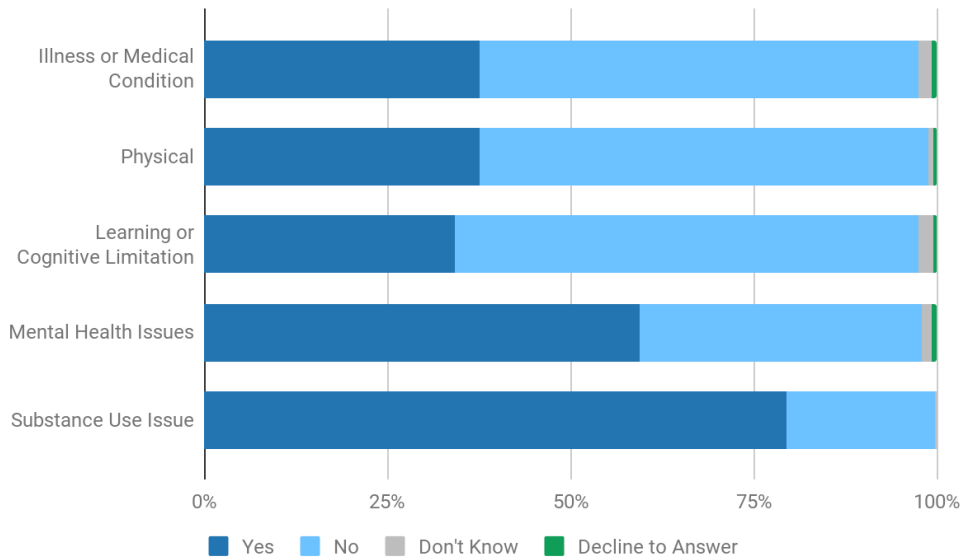
### Health Challenges

Participants were asked to identify whether they were currently experiencing any of the five types of health challenges listed on the survey. Over 75% indicated they were experiencing substance use issues, and over 50% were experiencing mental health issues.

Table 60. Health challenges.

	Illness or Medical Condition	Physical	Learning or Cognitive Limitation	Mental Health Issues	Substance Use Issue
Yes	85	85	77	137	185
No	135	138	142	89	47
Don't Know	4	2	5	3	1
Decline to Answer	2	1	1	2	0
Unclear / Left Blank	17	17	18	12	10
Total	243	243	243	243	243

Figure 20. Health challenges.

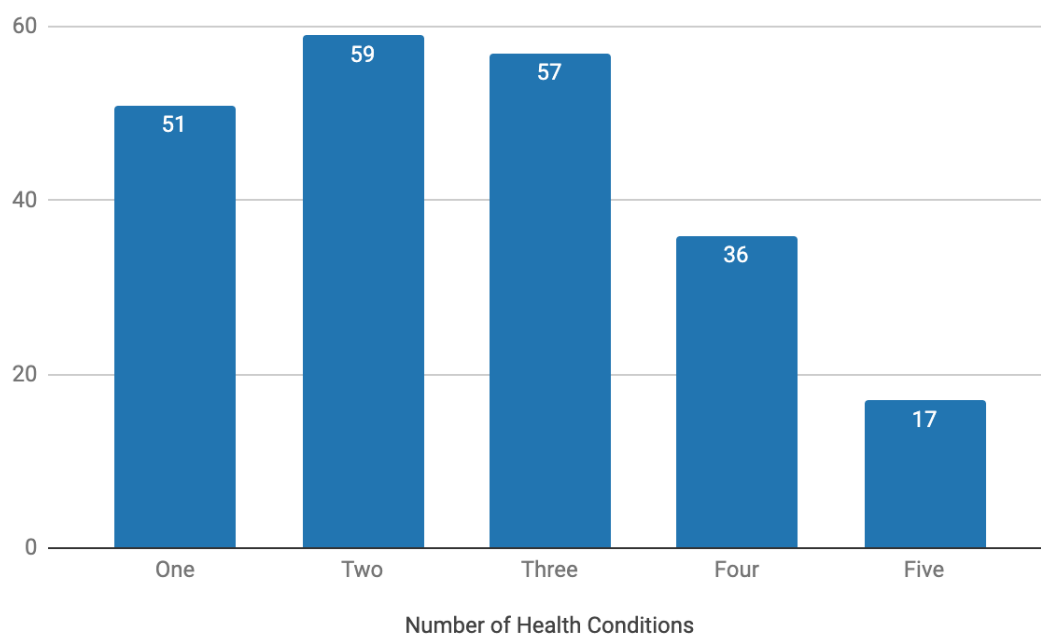


Among the 220 respondents who identified experiencing at least one of the five health challenges, about 50% were found to be experiencing three or more of the health conditions, with 21.8% (n=48) experiencing tri-morbidity (mental health issues, substance use/addictions, and physical disability). Of the 137 individuals identifying mental health issues, 83.4% indicated also experiencing substance abuse issues, confirming the interconnectedness of these issues in the homeless population.

Table 61. Multiple health conditions.

Number of Health Conditions	Count	%
One	51	23%
Two	59	27%
Three	57	26%
Four	36	16%
Five	17	8%
Total	220	100%

Figure 21. Multiple health conditions.





## Interaction with Public Systems

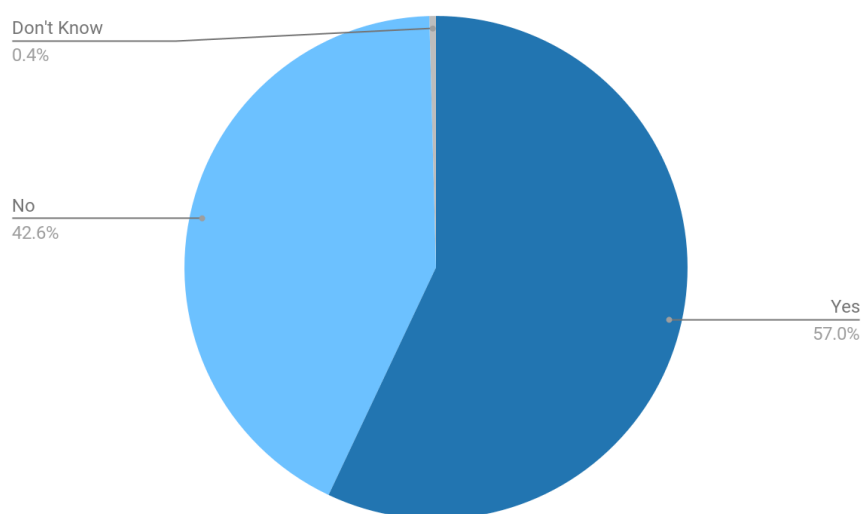
### *Foster Care/Social Services*

About 55% (n=134) of respondents indicated experience in the foster care system or group homes at some point in their lives. Of the 134 survey respondents who indicated such experiences, 91% (122) identified as being First Nations, Metis, Inuit, or having some type of Indigenous ancestry. Of those who indicated foster care system or group home interactions, 64.9% (87) first experienced homelessness under the age of 24.

Table 62. Experience in Foster Care or Group Home.

	Count	%
Yes	134	55%
No	100	41%
Don't Know	1	0.4%
Unclear / Left Blank	8	3%
Total	243	100%

Figure 22. Experience in Foster Care or Group Home.



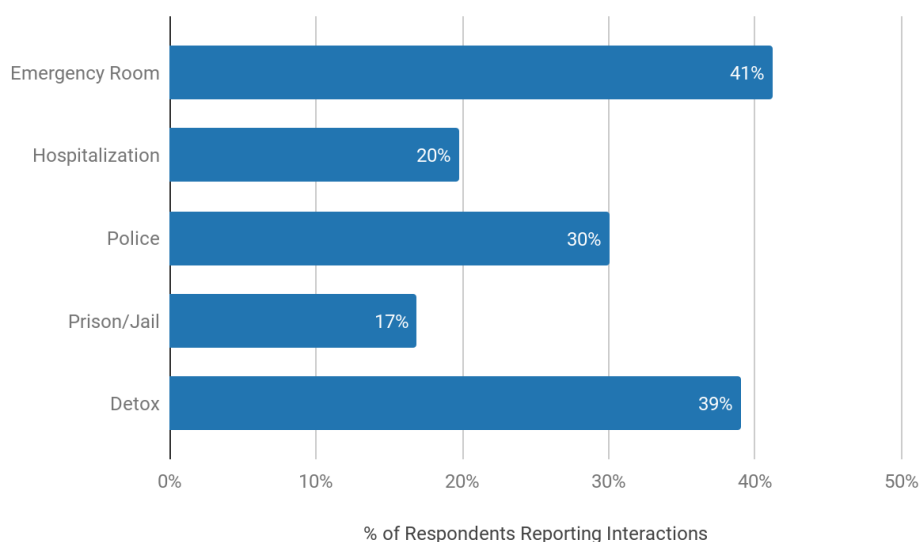
### ***Emergency Departments, Hospitalizations, Police, Jail/Prison Interactions, and Detox Visits***

Of 243 survey participants, 100 (41%) indicated at least one interaction with an emergency department in the past year. These 100 individuals reported an estimated total of 547 interactions. The 73 individuals who reported having an interaction with police in the past year, estimated a total of 1,124 interactions, an average of about 15 interactions per individual in the past year.

Table 63. Public Systems Interactions.

	Number of Survey Respondents reporting interactions	% of Respondents Reporting Interactions	Estimated Total Number of Interactions	Estimated Days Total
Emergency Department	100	41.2%	547	–
Hospitalization	48	19.8%	126	1,467
Police	73	30.0%	1,124	–
Prison/Jail	41	16.9%	71	4,379
Detox	94	38.7%	852	852

Figure 23. Percent of respondents reporting interactions.



## Emergency Room and Hospitalization Interaction

Among the 100 people reporting having been to the emergency department in the previous year, about half (n=51) reported being admitted 2 to 5 times.

Figure 24. Estimated number of emergency department visits.



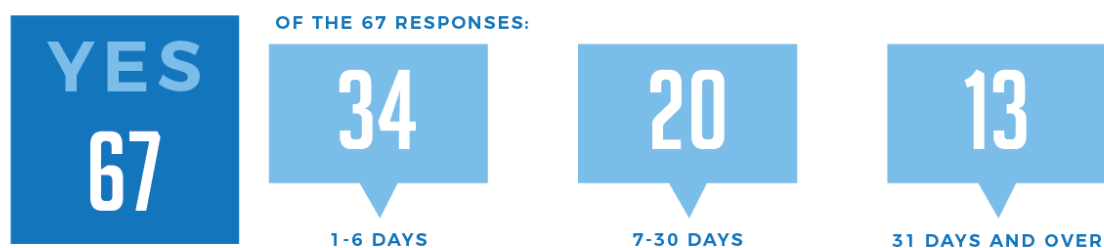
Among the 48 people who reported being hospitalized in the previous year, it was found that almost half reported being hospitalized 2 to 5 times.

Figure 25. Estimated number of times hospitalized.



Among the 67 individuals who reported on the number of days they were hospitalized in the previous year, about 50% indicated 1-6 days, 30% indicated 7-30 days, while 20% were noted to have been hospitalized for over 30 days in this past year.

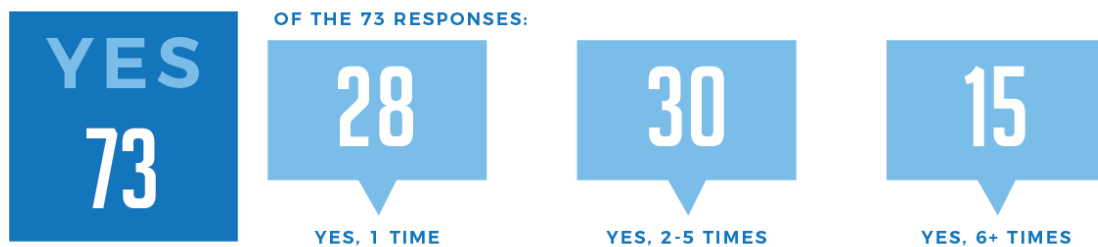
Figure 26. Estimated number of days hospitalized.



## Police and Jail Interactions

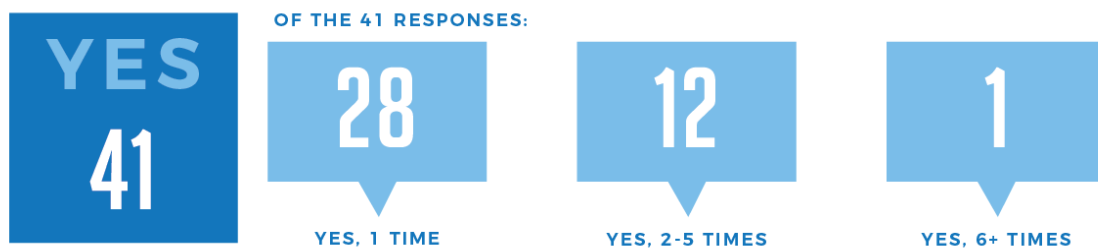
73 respondents reported having interacted with the police within the past year. Among them, 41% reported 2 to 5 interactions.

Figure 27. Estimated number of interactions with police.



Among the 41 survey participants who reported having been to jail or prison within the past year, most (68%) reported being to jail only once in the past year.

Figure 28. Estimated number of interactions with jail/prison.



Of the 41 survey participants who spent in jail or prison in the previous year, it was found that 63% spent at least a month.

Figure 29. Estimated number of days in jail/prison.



## **CASE STUDY 2: HOMELESS CLIENTS' PUBLIC SYSTEMS INTERACTIONS BEFORE AND AFTER BEING PLACED IN A SUPPORTIVE HOUSING PROGRAM (HOMES – PHOENIX RESIDENTIAL SOCIETY)**

One of the best and most commonly cited examples of how supportive housing can greatly impact the stability of clients is a study done of 49 clients and their public systems interactions before and after being housed and supported through Phoenix Residential Society's intensive case management supportive housing program, Homes. While this case study does not necessarily shed light on why the homelessness number in Regina has increased dramatically since 2018, it offers insight into the effect that supportive housing can have on clients and the community at large, and also shows that homelessness is an issue that crosses multiple sectors and mandates.

This study was conducted during 2016 (before Homes) and 2017 (after Homes), by Phoenix, the YMCA of Regina and Org Corg Consulting, with findings released in 2018. These 49 clients had a combined accumulation of 378 years of homelessness before Homes, and were some of the hardest clients in the community to house. Additionally, each of these clients was technically being supported in programming that did not match their acuity level, as Homes is an intensive case management program and most of these clients would have qualified for permanent supportive housing had it been available. As noted in earlier sections of this report, clients with concurrent issues that have an absence of support often use emergency services like hospitals, and corrections and detox facilities (Gilmer, Manning, & Ettner, 2009). Though most public systems interactions are free for end users, due to the services being paid for through tax dollars, a price can still technically be calculated for a particular interaction. For example, when wages of administrative staff, doctors, nurses, and costs of equipment and supplies used are factored in, there is a cost associated with a night spent in a hospital. This same principle can be applied to public systems interactions with detox, police, and corrections.

The hypothesis for this study was that if the community could house and support clients using a housing-first model (house clients first, then provide wraparound support), public systems interactions would be reduced.

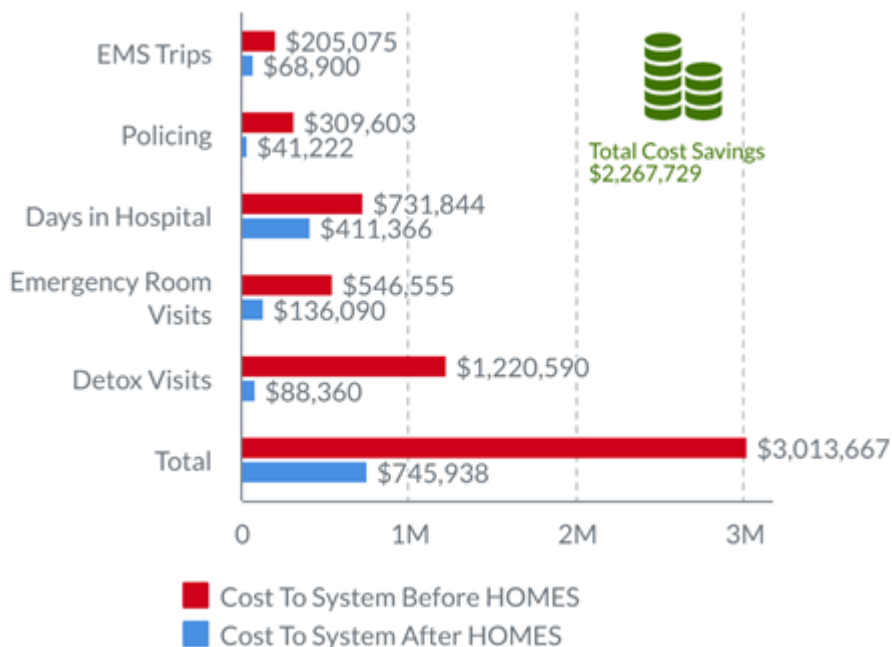
## Findings of The Study

The hypothesis held true, with results in each tracked category showing a significant decrease in public systems usage for the 49 clients from before being housed through Homes compared to after being housed. The following public systems interactions were tracked for the clients:

- Number of emergency medical services trips
- Number of interactions with police
- Number of days spent in hospital
- Number of emergency department visits
- Number of detox visits

In Figure 30, the red bars represent costs for the 49 clients before going into Homes (2016), and the blue bars represent costs for the 49 clients after they were in the program (2017).

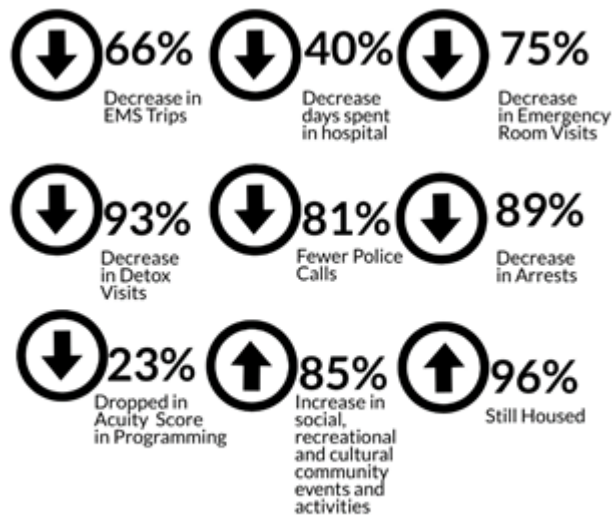
Figure 30. 49 Clients Housed in Homes and Public Systems Interactions Impact in Dollars.



From a financial perspective, in the year prior to being placed in Homes, this cohort of clients had accumulated more \$3 million (\$3,013,667) worth of public system interactions. As a result of being placed in Homes, the same cohort had a 75.25% decrease in public systems usage and accrued just under \$750 thousand (\$745,938) in public systems usage in

the same length of time. This is an overall cost savings of nearly \$2.3 million, of public systems interactions. These cost savings do not necessarily equate to cash that could be spent elsewhere, but rather to resources that often get tied up resolving issues related to homelessness that could instead be focused and directed toward programs' mandates.

Figure 31. 49 Clients Housed in Homes and Public Systems Interactions Impact - % Decrease/Increase.



(Phoenix, YMCA of Regina, Org Code Consulting, 2018)

In terms of public system interactions changes expressed as percentages, Figure 25 provides additional insights not shown in the previous graph. For example, while there was an enormous decrease in nearly every tracked public systems category, it is worth noting that a year after being placed in Homes, 96% of those clients were still housed and 23% saw a reduction in their level of acuity. This, again, outlines the impacts that supportive housing programs can have on clients.

## CONCLUSION

This 2021 Point-in-Time Count was a collaborative effort undertaken by Flow Community Projects and community partners. This required considerable investments of time, research, discussion, and collaboration by the Regina community.

Overall, Regina observed a significant rise in the number of people experiencing homelessness who were enumerated, from 232 in 2015, to 286 in 2018, to 488 in 2021. That is a staggering 110.34% increase in people found during the PiT Count.

This increase was influenced by a wide range of factors, including attitudes (stereotypes), individual circumstances (e.g., addictions and low income) and systemic deficits (lack of low-income housing options) creating a multitude of barriers. Additional challenges are caused by current homeless-serving sector mechanisms, with a lack of supportive housing options for clients, issues related to the pandemic, population and demographic considerations, and economic trends affecting employment, income, and the housing market.

This report states that individuals experiencing homelessness are not a homogeneous group and, once again, the 2021 PiT Count found that homelessness may affect anyone, regardless of race, age or gender identity. With that said, the data reconfirms that Indigenous Peoples are disproportionately represented among those experiencing homelessness. The data also illustrates the difficulty in securing housing due to financial constraints, or because of addictions, and mental and physical health challenges.

Flow would like to recognize all those who are experiencing housing instability throughout the province, especially in light of the difficulties presented by the COVID-19 pandemic.

We would also like to extend our sincere appreciation for all service delivery organizations in the community that participated in the PiT Count during these unprecedented times. The COVID-19 pandemic has greatly impacted the social services sector, and all those working toward improving social outcomes in the community, in spite of these challenges, should be applauded.



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## APPENDIX 1 – SCREENING TOOL AND SURVEY

### STREET COUNT SCREENING TOOL

Hello, my name is \_\_\_\_\_ and I'm a volunteer for the **Regina housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

§ **Participation is voluntary and your name will not be recorded.**

§ You can choose to **skip any question** or to **stop the interview at any time**.

**A. Have you answered this survey with a person with this volunteer button?**

**[YES: Thank and tally]**

**[NO: Go to B]**

**B. Are you willing to participate in the survey?**

**[YES: Go to C]**

**[NO: Thank and tally]**

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

a. DECLINE TO ANSWER b. OWN APARTMENT / HOUSE	<b>[THANK &amp; END SURVEY]</b>
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL (SELF FUNDED) e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	<b>C1. Do you have access to a permanent residence where you can safely stay as long as you want?</b> a. Yes <b>[THANK &amp; END]</b> b. No (not permanent AND/OR not safe) <b>[BEGIN SURVEY]</b> c. Don't Know <b>[BEGIN SURVEY]</b> d. Decline to answer <b>[THANK &amp; END]</b>

- h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER)
- i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM)
- j. TRANSITIONAL SHELTER/HOUSING
- k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST) ENCAMPMENT OR ABANDONED BUILDING
- l. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
- m. UNSURE: INDICATE PROBABLE LOCATION \_\_\_\_\_(b. - l.)

**[BEGIN SURVEY]**

§ Thank you for agreeing to take part in the survey. Please note that you will receive a gift card as a thank you for your participation.

## YQR 2020 PiT Count – Street Survey

## Survey

Number: 0000

Location: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Interviewer: \_\_\_\_\_ Contact #: \_\_\_\_\_

## BEGIN SURVEY

## 1. Did you have any family members or anyone else who stayed with you last night?

[Indicate survey number for partners. Check all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> NONE<br><input type="checkbox"/> PARTNER - Survey #: _____ | <input type="checkbox"/> OTHER (Can include other family or friends)<br><input type="checkbox"/> DECLINE TO ANSWER |
|---|--|

<input type="checkbox"/> CHILD(REN)/DEPENDENT(S)  [indicate gender and age for each]		1	2	3	4	5	6	7	8
	GENDER								
	AGE								

## 2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="radio"/> AGE _____ OR YEAR BORN _____ | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|--|----------------------------------|---|

è For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

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

- |                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <input type="radio"/> AGE _____ | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---------------------------------|----------------------------------|---|

4. In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)? [Does not need to be exact. Best estimate.]

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="radio"/> LENGTH _____ DAYS   WEEKS   MONTHS | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|--|----------------------------------|---|

5. Have you stayed in a homeless shelter in the past year? For example, (*COMMUNITY NOTE: Include examples of emergency shelters and extreme weather shelters for interviewers to provide*).

- |                           |                          |                                  |   |
|---------------------------|--------------------------|----------------------------------|---|
| <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> DON'T KNOW | <input type="radio"/> DECLINE TO ANSWER |
|---------------------------|--------------------------|----------------------------------|---|

6. Did you come to Canada as an immigrant, refugee or a refugee claimant (e.g. applied for refugee status after coming to Canada)?

- |   |  |
|---|--|
| <input type="radio"/> YES, IMMIGRANT -----><br><input type="radio"/> YES, REFUGEE-----><br><input type="radio"/> YES, REFUGEE CLAIMANT-----><br><input type="radio"/> NO<br><input type="radio"/> DON'T KNOW<br><input type="radio"/> DECLINE TO ANSWER | <b>If YES: How long have you been in Canada?</b><br><input type="radio"/> LENGTH: _____ DAYS   WEEKS   MONTHS   YEARS<br>OR DATE: ____/____/____ DAY / MONTH / YEAR<br><input type="radio"/> DON'T KNOW<br><input type="radio"/> DECLINE TO ANSWER |
|---|--|

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

8. LENGTH \_\_\_\_\_ DAYS / WEEKS / MONTHS / YEARS

9. ALWAYS BEEN HERE

10. DON'T KNOW

11. DECLINE TO ANSWER

Where did you live before you came here?

12. CITY: \_\_\_\_\_ | PROVINCE/TERRITORY/COUNTRY: \_\_\_\_\_

13. DECLINE TO ANSWER

**8a. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry?** [If yes, please specify] (*COMMUNITY NOTE: The wording of this question can be adapted to what makes sense in your community, for example by listing specific First Nations*)

- |  |  |                                  |                                  |
|--|--|----------------------------------|----------------------------------|
| <input type="radio"/> YES, FIRST NATIONS | <input type="radio"/> YES, MÉTIS               | <input type="radio"/> NO         | <input type="radio"/> DECLINE TO |
| <input type="radio"/> YES, INUIT         | <input type="radio"/> YES, INDIGENOUS ANCESTRY | <input type="radio"/> DON'T KNOW | <input type="radio"/> ANSWER     |

**8b. In addition to your response in the question above, do you identify with any of the racialized identities listed below?** [Show or Read list. Select all that apply]

- |   |  |
|---|--|
| <input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)  | <input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian) |
| <input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)   | <input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)                     |
| <input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)                        | <input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)                         |
| <input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian) | <input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____  |
| <input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)   | <input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY   |
| <input type="checkbox"/> BLACK-CANADIAN/AMERICAN  | <input type="checkbox"/> DON'T KNOW  |
| <input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)  | <input type="checkbox"/> DECLINE TO ANSWER   |

**9. Have you ever served in the Canadian Military or RCMP?**

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

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

**10. As a child or youth, were you ever in foster care or in a youth group home (*COMMUNITY NOTE: include any other Provincial child welfare programs*)?** [Note: This question applies specifically to child welfare programs.]

- |         |        |                |                       |
|---------|--------|----------------|-----------------------|
| 14. YES | 15. NO | 16. DON'T KNOW | 17. DECLINE TO ANSWER |
|---------|--------|----------------|-----------------------|

**11. Do you identify as having any of the following health challenges at this time:**

ILLNESS OR MEDICAL CONDITION [e.g. diabetes, arthritis, TB, HIV]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
PHYSICAL LIMITATION [e.g. challenges with mobility, physical abilities or dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING OR COGNITIVE LIMITATIONS [e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
MENTAL HEALTH ISSUE [diagnosed/undiagnosed] [e.g. depression, Post traumatic stress disorder (PTSD), bipolar disorder]]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
SUBSTANCE USE ISSUE [e.g. tobacco, alcohol, opiates]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

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

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED:
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	_____
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	_____
	<input type="radio"/> DON'T KNOW	
	<input type="radio"/> DECLINE TO ANSWER	

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

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

**14a. What happened that caused you to lose your housing most recently?** [Do not read the options. Check all that apply. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says "eviction" or that they "chose to leave".]

A: HOUSING AND FINANCIAL ISSUES	B: INTERPERSONAL AND FAMILY ISSUES	C: HEALTH OR CORRECTIONS
<input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (E.G. LOSS OF BENEFIT, INCOME, OR JOB) <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENNOVATED <input type="checkbox"/> OWNER MOVED IN <input type="checkbox"/> LANDLORD/TENANT CONFLICT <input type="checkbox"/> COMPLAINT (E.G. PETS/NOISE/DAMAGE) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER <input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN <input type="checkbox"/> CONFLICT WITH: OTHER (_____) <input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER <input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE BY: OTHER (_____) <input type="checkbox"/> DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> EXPERIENCED DISCRIMINATION	<input type="checkbox"/> PHYSICAL HEALTH ISSUE <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (JAIL OR PRISON)
<input type="checkbox"/> OTHER REASON: _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

**14b. Was your most recent housing loss related to the COVID-19 pandemic?**

18. YES

19. NO

☐ DON'T KNOW

☐ DECLINE TO ANSWER

**14c. How long ago did that happen (that you lost your housing most recently)?** (Best estimate)

20. LENGTH \_\_\_\_\_ DAYS | WEEKS | MONTHS  
| YEARS

☐ DON'T KNOW

☐ DECLINE TO ANSWER



**15a. What are your sources of income?** [Reminder that this survey is anonymous. **Read list** and check all that apply.]

<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]	<input type="checkbox"/> GST/HST REFUND
<input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK)	<input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
		<input type="checkbox"/> DECLINE TO ANSWER

**15b. If answered “welfare/social assistance”, what program are you currently on?**

<input type="checkbox"/> Saskatchewan Income Support (SIS)	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Saskatchewan Assistance Program (SAP)	<input type="checkbox"/> I Don't Know
<input type="checkbox"/> Saskatchewan Assured Income for Disability (SAID)	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> Transitional Employment Allowance (TEA)	

**16. What challenges or problems have you experienced when trying to find housing?** [Select all that apply]

<input type="checkbox"/> LOW INCOME	<input type="checkbox"/> MENTAL HEALTH ISSUES	<input type="checkbox"/> DISCRIMINATION
<input type="checkbox"/> NO INCOME ASSISTANCE	<input type="checkbox"/> ADDICTION	<input type="checkbox"/> DON'T WANT HOUSING
<input type="checkbox"/> RENTS TOO HIGH	<input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> POOR HOUSING CONDITIONS	<input type="checkbox"/> CRIMINAL HISTORY	<input type="checkbox"/> NO BARRIERS TO HOUSING
<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> PETS	<input type="checkbox"/> NONE OF THE ABOVE
<input type="checkbox"/> HEALTH/DISABILITY ISSUES	<input type="checkbox"/> CHILDREN	<input type="checkbox"/> DECLINE TO ANSWER

**17. In the past year (12 months) have you:** [Ask respondents to give their best estimate]

BEEN TO AN EMERGENCY ROOM/HOSPITALIZED	Y ____ N ____	# ____ <i>Times</i>
DAYS YOU HAVE SPENT HOSPITALIZED		____ <i>Days Total</i>
INTERACTED WITH POLICE ( <i>Tickets, arrests, searches</i> )	Y ____ N ____	# ____ <i>Times</i>
BEEN TO PRISON/JAIL	Y ____ N ____	# ____ <i>Times</i>
DAYS YOU HAVE SPENT IN PRISON/JAIL		____ <i>Days Total</i>
COUCH SURFED	Y ____ N ____	____ <i>Days Total</i>
SLEPT ROUGH	Y ____ N ____	____ <i>Days Total</i>
BEEN TO DETOX	Y ____ N ____	____ <i>Days Total</i>

## APPENDIX 2 – TALLY SHEET

### YQR 2021 PiT Count TALLY SHEET

Area: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Interviewer: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

**Instructions:** For those who are ***not surveyed***, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate the reason you believe they are homeless (e.g., asleep outside with belongings).

#	Location (e.g., building, park, nearest intersection)	Reason not Surveyed				*Observed Homelessness	
		Declined*	Already Responded	Screened Out (Response to C)	Observed*	Observed Homeless	Indicators of Homelessness

## APPENDIX 3 – LIST OF AREAS/LOCATIONS COVERED BY SURVEY TEAMS

Team #	Seat at Venue	Area	Walking Area/Hot Spot Location	Area Boundaries (Walking Route)/Address (Hot Spot)
1	A1	N.W. - 1A	Walking Area	Dewdney to 6th Avenue   Pasqua to Elphinstone
2	A2	N.W. 1.B.	Walking Area	6th Avenue to 3rd Avenue   Pasqua to Elphinstone
3	A3	N.W. 2A	Walking Area	Dewdney Ave to 6th Avenue   Elphinstone to Albert
4	A4	N.W. 2B	Walking Area	6th Avenue to 3rd Ave   Elphinstone to Angus
5	B1	N.W. - 2	McDonald's (Dewdney/Albert)	2620 Dewdney Ave, Regina
6	B2	N.W. 3	Walking Area	4th Ave to Tracks   Pasqua to Elphinstone
7	B3	N.W. - 4	Walking Area	4th Ave to Tracks   Elphinstone to Albert
8	B4	N.W. - 4	Tim Hortons	970 Albert St.
9	C1	N.W. - 5	Regent Park Shopping Mall	3835 Sherwood Drive
10	C2	N.W. - 6	Giant Tiger	2735 Avonhurst Dr
11	C3	N.W. 21	Hybrid Walking Area/Hot Spot	N. Albert St. West Walk - 4th Ave N to 9th Ave N - West Side
12	C4	N.E. - 1	Walking Area	Victoria Ave. to Sask Drive   Albert to Broad St
13	D1	N.E. - 1	Tim Hortons (11th & Broad)	1800 11th Avenue

<b>14</b>	D2	N.E. - 1	Cornwall Centre – South Side with Bus Stops	11th Ave, Regina
<b>15</b>	D3	N.E. - 1	Victoria Park & City Square Plaza	1955 Smith St, Regina
<b>16</b>	D4	N.E. - 2	Walking Area	Victoria Ave to Sask Drive   Broad St. to Winnipeg St.
<b>17</b>	E1	N.E. - 2	7-Eleven (Vic/Winnipeg)	938 Victoria Avenue
<b>18</b>	E2	N.E. - 3	Walking Area	Dewdney North East (N.E.) Avenue to 4th Avenue   Albert to Broad
<b>19</b>	E3	N.E. - 3	Centennial Shopping Centre/Value Village	1230 Broad St.
<b>20</b>	E4	N.E - 4	Walking Area	Dewdney North East (N.E.) Avenue to 4th Avenue   Broad Winnipeg
<b>21</b>	F1	N.E. - 14	Salvation Army Thrift Store/7-Eleven/Western Pizza	1711-Dewdney Avenue East
<b>22</b>	F2	N.E. 18	Hybrid Walking Area/Hot Spot	- N. Albert St. East Walk - 4th Ave N to 9th Ave N - East Side
<b>23</b>	F3	S.W. - 1	Walking Area	Sask. Drive to Dewdney Ave.   Pasqua St. Albert St.
<b>24</b>	F4	S.W. - 1	Regina Sportsplex/Lawson	1717 Elphinstone St.
<b>25</b>	G1	S.W. 1	Pasqua Emergency	4101 Dewdney Avenue
<b>26</b>	G2	S.W. - 2	Walking Area	15th Ave to Sask Drive   Pasqua St. to Elphinstone
<b>27</b>	G3	S.W. -2	7-Eleven (13 <sup>th</sup> /Pasqua)	2101 Pasqua St, Regina
<b>28</b>	G4	S.W. - 3	Walking Area	Sask Drive to College 13th   Elphinstone St to Albert St.
<b>29</b>	H1	S.W. - 3	Safeway (Cathedral)	2931 13th Avenue

30	H2	S.W. 3	Circle K - 13th/Albert	2801 Albert St.
31	H3	S.W. 14	Hybrid Walking Area/Hot Spot	S. Albert St. West Walk - 25th Ave to 31st Ave West Side
32	H4	S.W. 15	Hybrid Walking Area/Hot Spot	S. Albert St. West Walk - 31st Ave to Gordon Road West Side
33	I1	S.E. - 1	Walking Area	College Avenue to Victoria Avenue   Albert to Broad St
34	I2	S.E. - 2	Walking Area	College Avenue to Victoria Avenue   Broad to Winnipeg
35	I3	S.E. - 2	7-Eleven – 14th/Broad	2177 Broad St.
36	I4	S.E. - 2	General Hospital Emergency Waiting Room	1440 14h Avenue
37	J1	S.E. - 3	Walking Area	Broadway Avenue Area - Mike's Independent/Liquor
38	J2	S.E. - 4	Walking Area	College Avenue to Victoria Avenue   Winnipeg to Arcola
39	J3	S.E. 20	Hybrid Walking Area/Hot Spot	S. Albert St. East Walk - 25th Ave to 31st East Side
40	J4	S.E. 21	Hybrid Walking Area/Hot Spot	S. Albert St. East Walk - 31st Ave to Gordon Road East Side
41	K1	N.E. - 7	Walking Area	9th Ave N. to 6th Ave N   Albert St. to N Broad St
42	K2	N.W. 20	7-Eleven Rochdale	1106 Devonshire Dr
43	K3	N.E. 5	Walking Area	1st Ave N to 6th Avenue N   Albert St. to Broad St.
44	K4	N.W. - 18	Normanview Mall Area	318 McCarthy Blvd
45	L1	S.W. 13	Hybrid Walking Area/H.S.	Hames Crescent to Harbour Landing Dr. South   Harbour Landing Dr. West to Lewvan - Grasslands Shopping Area

<b>46</b>	L2	N.W. 15/16/19/20	Hybrid Walking Area/H.S.	Rochdale BLVD - Pasqua to Devinshire East & West
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