



**FINDINGS OF A COMMUNITY
NEEDS ASSESSMENT ON
EMERGENCY
SHELTERS**

FINDINGS OF A COMMUNITY NEEDS ASSESSMENT ON EMERGENCY SHELTERS

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PREPARED FOR
PEI DEPARTMENT OF SOCIAL DEVELOPMENT AND HOUSING



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Introduction

Housing is a fundamental need for individuals and families to be healthy, productive and successful citizens, and contributors to our society. It is not just about buildings; safe and appropriate housing is a basic support that contributes to personal well-being, economic strength, and strong communities.

The housing landscape is rapidly changing in Prince Edward Island. Pressures due to population growth, shifting housing needs of an aging population, increasing gentrification, increasing tourism and associated rise of short-term rental units, increasing urban settlement and increasing demand for international student housing have all contributed to the dynamic changes that are occurring. With near zero vacancy rates and significant rent increases the pressures on the province's housing stock are significant. The lack of affordable housing and transitional housing is placing a strain on the province's temporary housing and emergency shelters.

In June 2018 the Government of Prince Edward Island released a *Housing Action Plan* for Prince Edward Island 2018-2023. The *Housing Action Plan* was developed in cooperation with community partners, including municipalities, non-profit service providers, government departments and agencies, private sector developers and Islanders. The *Housing Action Plan* identified five goals: availability, affordability, sustainable communities, coordination and collaboration and leadership with a total of 55 separate action items to be implemented in partnership with the private and non-profit sectors.

There are several specific action items in the *Housing Action Plan* with regards to temporary housing and emergency shelters including:

- Create 10 transitional housing units to support Islanders with mental health needs as they transition back into community life.
- Examine emergency housing options for people in housing crisis to support vulnerable populations.
- Continue to identify point in time need for specialized housing and support services and increase availability based on need.

In July 2018, the Government of Prince Edward Island released *Belonging and Thriving: A Poverty Reduction Action Plan* for Prince Edward Island which also included action items on housing and emergency shelters, such as:

- Partner with community to support the creation of a women's shelter.
- Collaborate with community organizations to support vulnerable populations with unique housing needs to ensure successful housing placements.

As the Department of Social Development and Housing works to address the short-term and long-term needs of Islanders for safe, affordable, and appropriate housing, developing a common understanding of the scope of community needs and capacity to adequately address the need for emergency shelter across the province is required.

Project Background

In December 2018, to initiate the Department of Social Development and Housing's work to address both the short and long-term housing needs of Islanders, it established a Temporary Housing Task Team which undertook several specific initiatives:

- Engage community partners to develop a “Housing Tree”, identifying temporary housing and emergency shelter capacity within the province (See Appendix A);
- Establish a 24 hour/day, 7 days/week toll-free referral line where individuals in need of immediate shelter could be assisted;
- Pilot a program to house individuals temporarily in hotel rooms (See Appendix B for a summary of results);
- Work with community partners to expand and integrate the level of services provided to the most vulnerable citizens; and
- Complete a community needs assessment to inform future planning.

Objectives

The objectives of this Emergency Shelter Community Needs Assessment are:

1. To understand the environment and current and projected level of need across the province;
2. To understand the current capacity of service providers to meet the need;
3. To identify gaps in services;
4. To advise policy makers, community service providers and government decision makers to better inform planning and programs based on a common understanding of need; and
5. To identify recommended actions to address gaps and need.

Key Audiences

This needs assessment has been developed to inform government decision makers and policy makers, the Community Advisory Board on Homelessness¹ and community service providers.

Methodology

Project methodology included background research, a jurisdictional scan, key informant interviews, a survey, and community consultation.

Beginning in late February 2019, background research was conducted to gather information on current population and housing trends in Prince Edward Island. It was also used to inform the development of the key informant interview questions. (See Appendix C for a bibliography.)

A jurisdictional scan was undertaken to collect information about best practices/innovative approaches to addressing temporary housing needs across Canada. A short survey was distributed to provincial/territorial housing contacts in March 2019. Responses were received from Alberta, Manitoba (2 responses), Ontario (2 responses),

¹ The Community Advisory Board on Homelessness is an interagency board under the federal strategy on homelessness whose mandate is to work to address homelessness among populations and those at risk of becoming homeless in Charlottetown and Summerside, the designated communities under the strategy. It is made up of public and not-for-profit organizations in Prince Edward Island.

Quebec, and the Yukon (2 responses). (See Appendix D for a summary of responses.)

Key informant interviews were conducted with service providers. The interviews were geared to identify current service capacity, current need and gaps in services. Interviews were conducted with 16 individuals between March and June 2019. (See Appendix E for a list of Key Informants.)

A survey was conducted in May 2019 at a Magnet event for people experiencing homelessness or at risk of experiencing homelessness with the purpose of gathering lived experience. (See Appendix F for more information on the event and a summary of survey results.)

A facilitated half-day community consultation was held in July 2019 to 1) share information gathered on population trends, needs and current capacity, and 2) to review and gather community feedback on potential recommendations for action. (See Appendix G for a list of attendees.)

This final report includes a summary of information collected from these methods as well as analysis and recommendations.

LIMITATION

A significant limitation with this project is the lack of available data on emergency shelter use. Each facility collects a different data set. Each facility uses a different intake and assessment form. Each facility tracks follow up with their clients differently.

Until March 2019, some core data had been centrally reported for PEI under the federal Homelessness Partnering Strategy by means of a contract managed by PEI Family Violence Prevention Services. That contract expired at the end of March and the new federal *Reaching Home* strategy is just rolling out. The provincial government has not historically collected homelessness data. New provincial government contracts with emergency shelter service providers are beginning to require some additional reporting, but the data being collected under these contracts is not yet standardized. As a result, there is no central reporting happening currently.

Definitions

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.²

2 *Employment and Social Development Canada definition taken from Reaching Home, Canada's new community based federal program aimed at preventing and reducing homelessness, as retrieved June 18, 2019 from <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.2>.*

Chronic homelessness is defined as those who are currently homeless and have a total of at least six months of homelessness in the past year or who have had recurrent experiences of homelessness of a total of 18 months or more over the past three years. It does not include situations where individuals have access to secure, permanent housing or time spent in transitional housing or public institutions such as hospitals or correctional facilities.³

It is important to note that homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other.⁴

Reaching Home, Canada's national strategy on homelessness, uses the Canadian Definition of Homelessness⁵ which provides a typology to describe this range:

1. Unsheltered
2. Emergency Sheltered
3. Provisionally Accommodated
4. At Risk of Homelessness

The **Unsheltered** are those who are squatting in vacant buildings, living on the streets, parks, forests, sidewalks, or living in places not intended for human permanent habitation such as tents, sheds, cars, closets, attics, or makeshift shelters.

The **Emergency Sheltered** are those staying at overnight homeless shelters, shelters for violence against women or emergency shelters for people fleeing a natural disaster or destruction of accommodation due to a fire, flood, etc.

The **Provisionally Accommodated** are those in accommodation that is temporary or lacks security of tenure with no prospect of permanence. It includes: those in transition housing; those couch-surfing or staying with friends, also referred to as the "hidden homeless"; those staying temporarily at motels, hotels or rooming houses; those in institutions such as jails, medical or mental health hospitals, residential treatment programs or group homes with no permanent home to which to return; and recently arrived immigrants and refugees temporarily housed while receiving settlement support and orientation to life in Canada.

The **At Risk of Homelessness** are those who are not homeless, but whose current economic and/or housing situation is precarious and does not meet public health and safety standards. This includes: those who are at risk of imminent homelessness due to precarious employment or sudden unemployment; those in supported housing where supports are about to be discontinued; those who are facing eviction or renoeviction; those who are facing violence or abuse; those who are facing divorce or a roommate moving out; and those with a severe mental illness, active addiction or substance abuse and/or behavioural issues. It also includes those who are precariously housed due to severe lack of affordable housing, low income, and lack of availability of affordable housing that meets their needs.

Episodic homelessness is defined as when individuals who are currently homeless and have experienced three or more episodes of homelessness in the previous year.

3 *Employment and Social Development Canada definitions.*

4 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

5 *Ibid.*

Episodic homelessness is often the result of patterns of behavior and of relationships, and many times is the result of domestic violence and other life trauma events, including severe episodes of depression.

DEFINITION OF TEMPORARY HOUSING

Emergency Shelters are defined as facilities providing temporary, short-term accommodation for homeless individuals and families. This may or may not include other services such as food, clothing or counselling. Emergency housing is short-term accommodation for people experiencing homelessness or those in crisis.⁶

Transitional housing is an intermediate step between emergency shelter and permanent housing. It usually provides additional supports beyond basic needs and is for a longer-term than emergency shelter stays but is not permanent housing.

Supportive housing is long-term or permanent living accommodation for individuals who need support services to live independently.

DEFINITION OF CORE HOUSING NEED

The Canada Mortgage and Housing Corporation (CMHC) defines a household of being in **core housing need** if its housing falls below at least one of the standards for adequacy, affordability or suitability and the household would have to spend 30% or more of its before-tax income to pay the median rent of local acceptable housing.

Housing is considered **adequate** when it is reported by residents as not needing major repair, such as mold remediation, inadequate heating or water supply or significant damage.

Housing is considered to be **affordable** when a household spends less than 30% of its pre-tax income on adequate shelter. Those that spend 50% or more on shelter are in severe housing need.

Housing is **suitable** when it has enough bedrooms for the size and composition of the resident household.

Defining the Need

Current Population and Housing Trends in PEI

As of April 2019, Prince Edward Island's population is estimated to be 155,318.⁷ After years of relatively stable population, there has been a significant increase starting around 2016, as seen in the charts below.

From 2014, the population has risen by over 11,000 residents, or approximately 7.9%. Year over year has seen annual increases with sometimes over 3,500 new residents.

In addition, the population 65 and over increased 3.6 per cent in 2018 over 2017,

6 National Housing Strategy Glossary of Common Terms (2018) retrieved June 18, 2019 from <https://eppdscrmssa01.blob.core.windows.net/cmhcprodcontainer/files/pdf/glossary/nhs-glossary-en.pdf?sv=2018-03-28&ss=b&srt=sco&sp=r&se=2021-05-07T03:55:04Z&st=2019-05-06T19:55:04Z&spr=https,http&sig=bFocHM6noLjK8rlhy11dy%2BkQJUBX%2BCDKzkjLHfhUIUO%3D>

7 Statistics Canada. [Table 17-10-0009-01 Population estimates, quarterly](#)

compared to a 1.6 per cent increase for the youth population (0–14) and 1.3 per cent for the working age population (aged 15–64). Since 2013, the population 65 and over has increased by 20.1 per cent.⁸

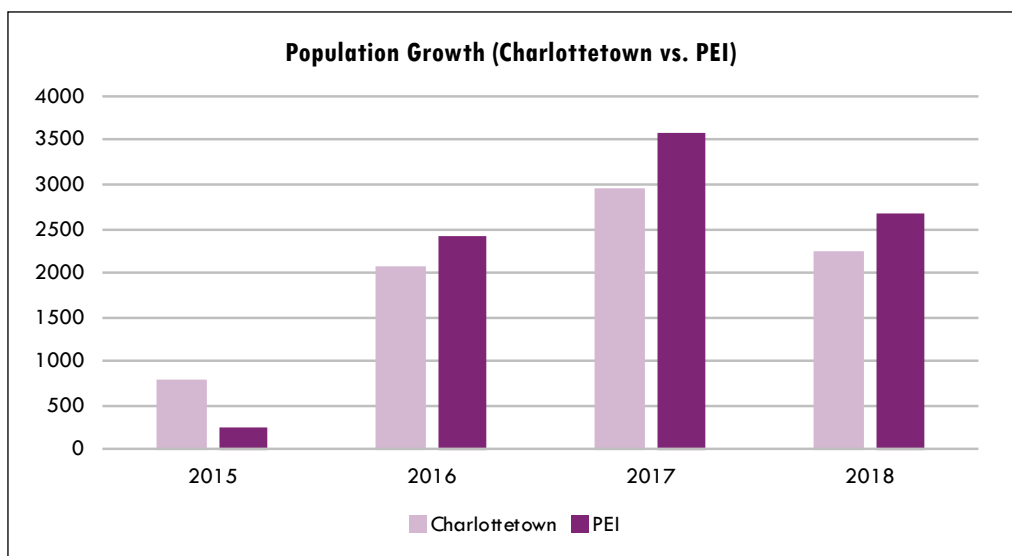
In the 15 years from 2017 to 2032, the population of seniors is projected to increase by 50%. This will increase seniors' share of the total population from less than one in five households in 2017 to one in four by 2032.⁹

Prince Edward Island's population is concentrated in Queen's County, particularly in the City of Charlottetown and neighboring towns of Stratford and Cornwall.

County	Population (2018 Preliminary)
Kings County (area: 1,684 sq. km)	18,069
Queens County (area: 2,020 sq. km)	89,602
Prince County (area: 1,980 sq. km)	45,573

Cities and Towns	Population (2016 Census)
City of Charlottetown (incorporated 1855)	36,094
City of Summerside (incorporated 1877)	14,829
Town of Stratford (incorporated 1995)	9,706
Town of Cornwall (incorporated 1995)	5,348

While growth has occurred over much of the Island, it has been mainly concentrated in the Charlottetown area. Since 2016, annual population growth in Charlottetown alone has been between 2,000 and 3,000.¹⁰ This is a significant percentage growth for a community of approximately 36,000 residents.



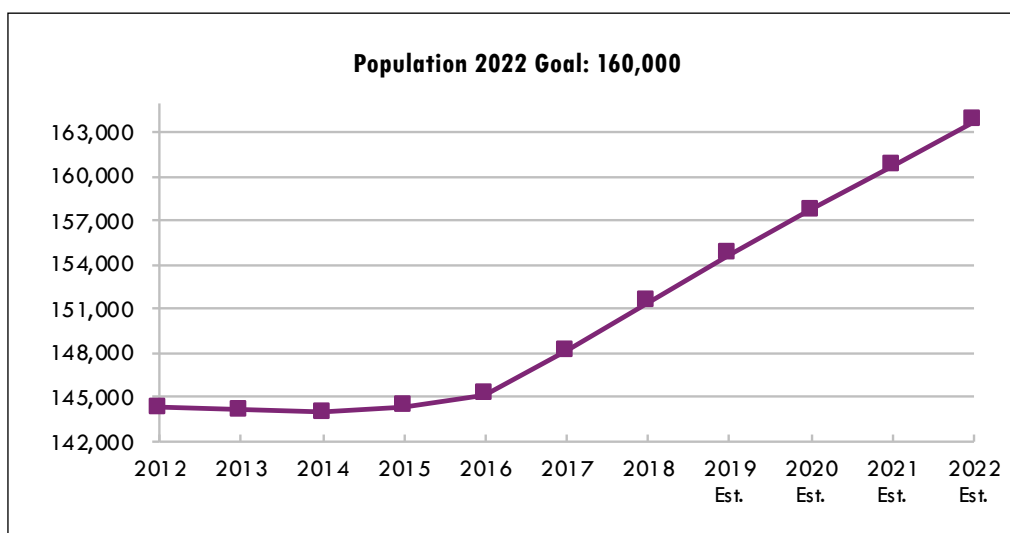
⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

In addition, population growth is projected to continue to increase and reach an expected population of over 163,000 by 2022.¹¹

This population growth is impacting the availability of both homes for sale and units for rent.



FACTORS INFLUENCING HOUSING DEMAND

Research undertaken last year to develop both the *Poverty Reduction Action Plan* and *Housing Action Plan* identified the following factors contributing to the pressures on the availability of affordable housing:

- population aging;
- high rates of international immigration;
- increasing tourism;
- a rural-urban population shift;
- rising costs of building construction;
- high rates of rental conversion to short term rentals;
- gentrification.

According to the Fall 2018 CMHC Rental Market Report, Charlottetown rental market demand is fueled by population growth: a) primarily by immigrants who stay in the Charlottetown area; b) by downsizing seniors selling homes and renting apartments; and c) by rising house prices thereby resulting in more rental demand than seen in the past.

Together these factors are driving major increases in housing demand and are limiting increases in supply, especially in the Charlottetown area. This lack of availability of affordable housing is in turn impacting the need for emergency shelters.

¹¹ Source: Statistics Canada. Table 17-10-0009-01 Population estimates 2012-2019
*2020, 2021 are internal medium growth estimates from PEI Housing Services
**2022 population goal from *Recruit, Retain and Repatriate: A Population Action Plan for Prince Edward Island*

RENTAL VACANCY RATES

According to the Fall 2018 CMHC Rental Market Report for Prince Edward Island, the Provincial Vacancy Rate has decreased to 0.3%, down from 1.2% last year (2017) and also below the previous CMHC projection of 1.0% for this year.

The average provincial two-bedroom rent has risen by 2.9% (Charlottetown rose by 2.5%), which outpaces the 2018 Island Regulatory Appeal Commission allowable increases of 1.5% (unheated) and 1.75% (heated). This stronger increase in average rent would be attributable to: new construction at higher initial rents; renovations permitting rental increases; and existing rented premises being increased beyond the allowable amount.

The Charlottetown Vacancy Rate has decreased to 0.2% (the lowest ever recorded), down from 0.9% last year (2017). In the last 12 months, only 44 apartments were added to Charlottetown's "surveyed rental universe" for a current total of 5182.

The Summerside Vacancy Rate has dropped to 0.9%, down from 2.5% last year, and the average two-bedroom rent in Summerside has increased 5.2%.

CORE HOUSING NEED

According to the 2016 census, over 10,000 households in Prince Edward Island had at least one housing need (i.e. adequate, affordable, suitable), but fewer than half of those (4,880) were in core housing need. However, this data does not reflect the significant population increase since 2016 and other factors which have put additional stress on the availability of affordable housing.

The average rent for a one-bedroom apartment in Charlottetown is \$766/month according to CMHC published data for October 2018. Minimum wage is currently \$12.25/hour meaning someone working at minimum wage 40 hours/week will make gross earnings of \$24,500/year or approximately \$2042/month. For those making minimum wage housing costs for the average apartment in Charlottetown is 31% of monthly income, putting this household in core housing need.

EFFORTS TO ADDRESS HOUSING NEEDS

Building starts are increasing; however, supply is expected to continue to be tight in 2019 and into 2020. Falling vacancy rates and rising average rents are creating major and growing challenges of access and affordability for low-income Islanders.

Significant investments in housing have been announced in the Government of Prince Edward Island 2018-19 and 2019-20 operating and capital budgets, including construction of new units, rent supplements, renovation and energy efficiency supports, and other measures.

As well, the Government of Canada has also released the National Housing Strategy which includes joint federal, provincial and territorial investments of \$40 billion over 10 years.

Current and Anticipated Need

The need for emergency housing is greatly influenced by a tight rental market and increasing costs for both rental market accommodation and home ownership. The lack of availability of housing combined with the lack of affordability of housing is increasing demand for temporary housing and emergency shelter.

The pressures on the housing supply are not envisioned to subside in the near future.

Although construction has ramped up, construction sector capacity is not sufficient to quickly match new housing demand with supply. Low income individuals, particularly working age singles, students and seniors, are bearing the brunt of the current housing challenge. As well, renters are much more adversely affected than homeowners presently.

In a market where prices are increasing and landlords can afford to be very selective about tenants, certain populations are experiencing real challenges in obtaining affordable housing. This is resulting in more demand for emergency shelter.

The following homelessness statistics have been provided by the Community Advisory Board on Homelessness which demonstrate the need in the community. The 2016 numbers are from the 2017 Report on Homelessness, November 2017. Note: the 2018 numbers are preliminary, unpublished raw data and the numbers are yet to be verified by each reporting site.

Homelessness Stats	2016	2018 (unverified)
Number of shelter beds in PEI	45	47
Number of Individuals who stayed in shelter	355	414
Number of women	88	117
Number of men	228	240
Number of youth (age 16–19)	4	4
Number of families	27	28
Number of children accompanying a parent (age 0–18)	39	57
Number of times shelter beds were used	4691	7039
Average length of stay in emergency shelters (days)	10.1	12.6
Number of individuals “turned away” from shelters	25	45

Both reported data and key informant interviews with those who work in the field have indicated that the need has only continued to rise in 2019. The table below shows information to the end of June 2019.

Facility	Location	Average Length of Stay in 2019	Days Full in 2019
Bedford MacDonald House	Charlottetown	21 days	Often since May
Chief Mary Bernard Memorial Shelter	Lennox Island	39	63
Deacon House	Charlottetown	Up to 4 months	Almost always
Blooming House	Charlottetown	5.9 days	0
Anderson House	Charlottetown	22.7	49

It is important to note that the average length of stay is impacted by each facility’s internal policies on length of stay. Bedford MacDonald House in particular extended their length of stay from 7 days to 21 days as of May 2019.

Key informants all reported that in 2019 length of stay is increasing due to lack of transitional or affordable housing to move clients into.

Current Emergency Shelter Capacity

Current Temporary Housing Supports

	Anderson House	Chief Mary Bernard Shelter	Blooming House	Bedford MacDonald House	Deacon House Housing First Hostel	Addictions	Acute Mental Health	Social Development and Housing	Emergency Shelter Support Referral Line
Overnight Emergency Shelter Beds	✓	✓	✓	✓	✓	0 ¹²	0 ¹³	0 ¹⁴	0 ¹⁵
Full Province	✓	✓	✓	✓	✓	*16	✓	✓	✓
Services to Males				✓	✓	✓	✓	✓	✓
Services to Females	✓	✓	✓			✓	✓	✓	✓
Adults with Children	✓	✓				*17	✓	✓	✓
Fleeing Family Violence	✓	✓		✓				✓	✓
Accessible to Physically Disabled	✓	✓		✓		✓	✓	✓	✓
Developmentally Disabled				✓		✓	✓	✓	✓
Actively Using			✓	✓		✓		✓	✓

Each facility was surveyed on services and usage with the objective of identifying both capacity and trends. Each facility collects different data sets and provides different services, so direct comparisons are difficult. Results are detailed for each facility in the following pages.

12 Not primary function. Will house at Deacon House or refer to a shelter.

13 Not primary function. Admits those in medical crisis.

14 Not primary function. Will refer to appropriate shelter. Did run pilot program for hotel stays from December 2018–May 2019 through the Emergency Shelter Support Referral Line. This has now been taken over by Bedford MacDonald House.

15 Now operated by Bedford MacDonald House. Callers to this line are triaged and referred to the appropriate shelter support facility or housing support resource.

16 Kings and Queens County only.

17 Services to adult and children separately.

Operated by PEI Family Violence Prevention Services

BUSINESS LINE: 902-368-8658

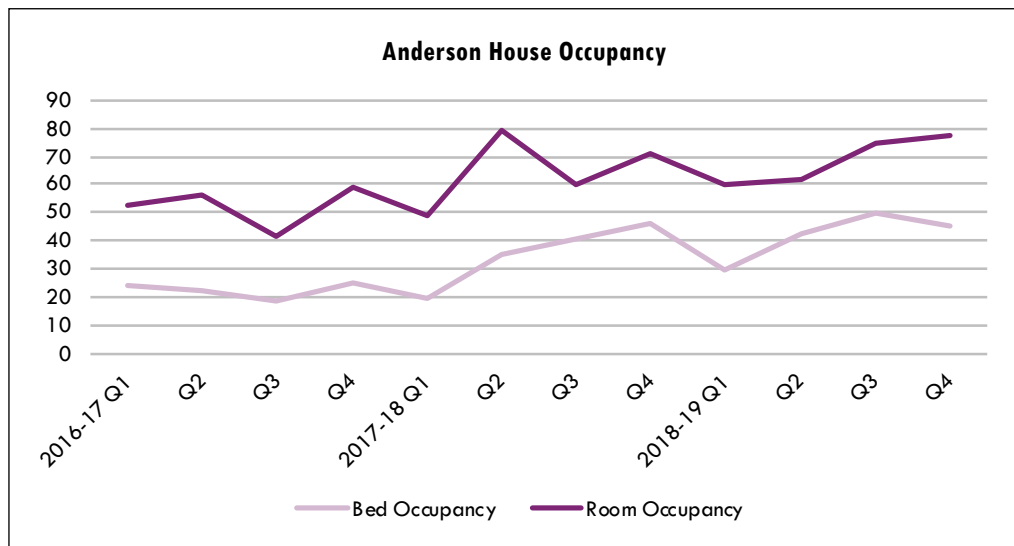
CRISIS LINE: 902-892-0960; **TOLL-FREE:** 1-800-240-9894

LOCATION: CHARLOTTETOWN

SERVICES AND CAPACITY

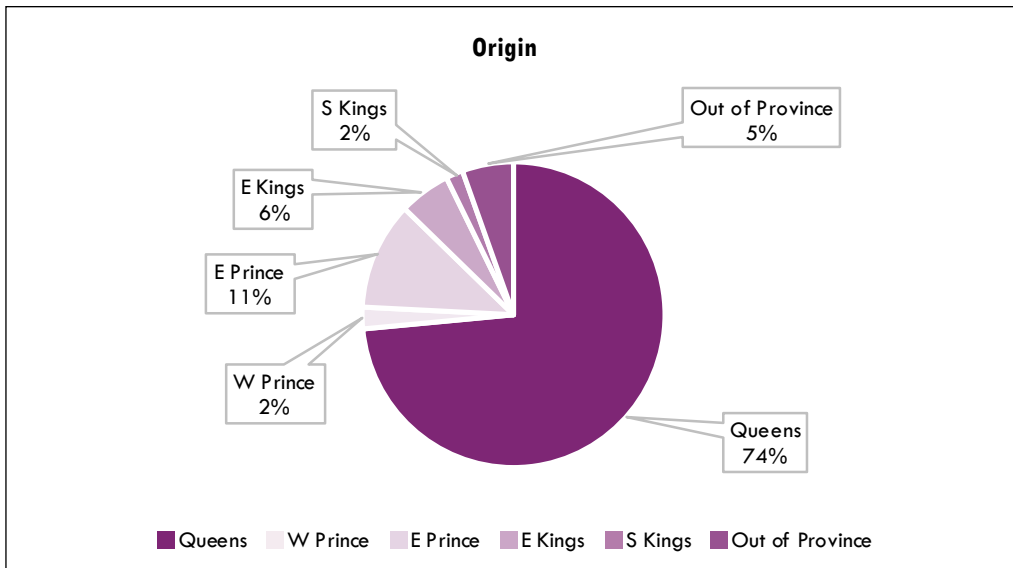
- Has 8 beds, accessible, 24/7 coverage, stay up to 3 weeks.
- Serves female identifying, non-binary individuals and trans men and women and their children from across the province who are fleeing violence.
- Will offer transportation to Lennox Island as a back-up.
- Has 2 beds reserved for clients experiencing homelessness.
- Will also refer to Blooming House or provide hotel as a last resort option.
- Will not accept anyone intoxicated or causing a disturbance because children are also in residence.

AVERAGE OCCUPANCY

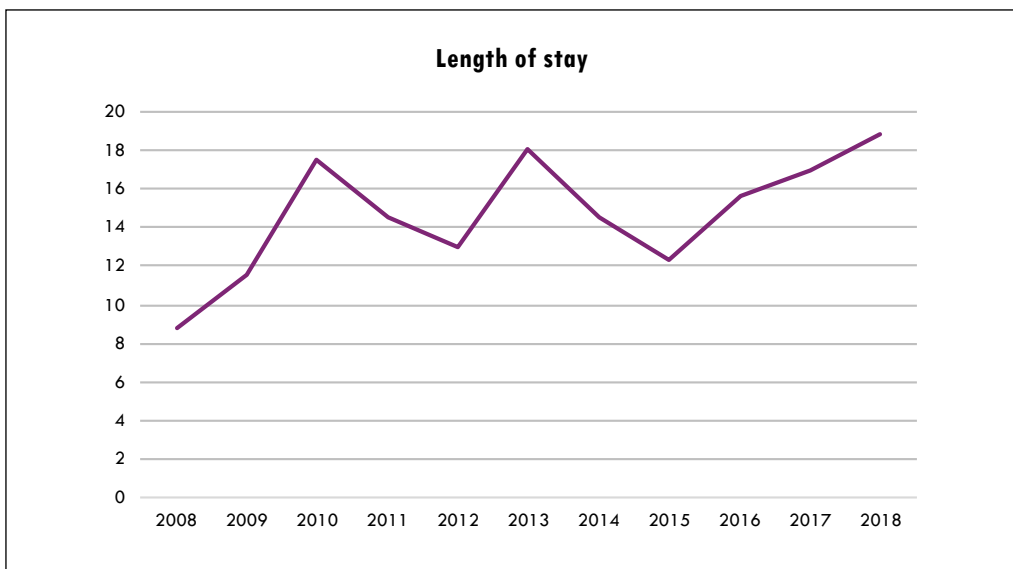


SHELTER USERS SERVED

- In 2017 there were 67 users.
- In 2018 there were 79 users.
- Note that these numbers may be slightly higher than actual numbers as they report every quarter and use of the facility in more than one quarter may be double-counted.
- A breakdown of clients by origin is included in the following chart.



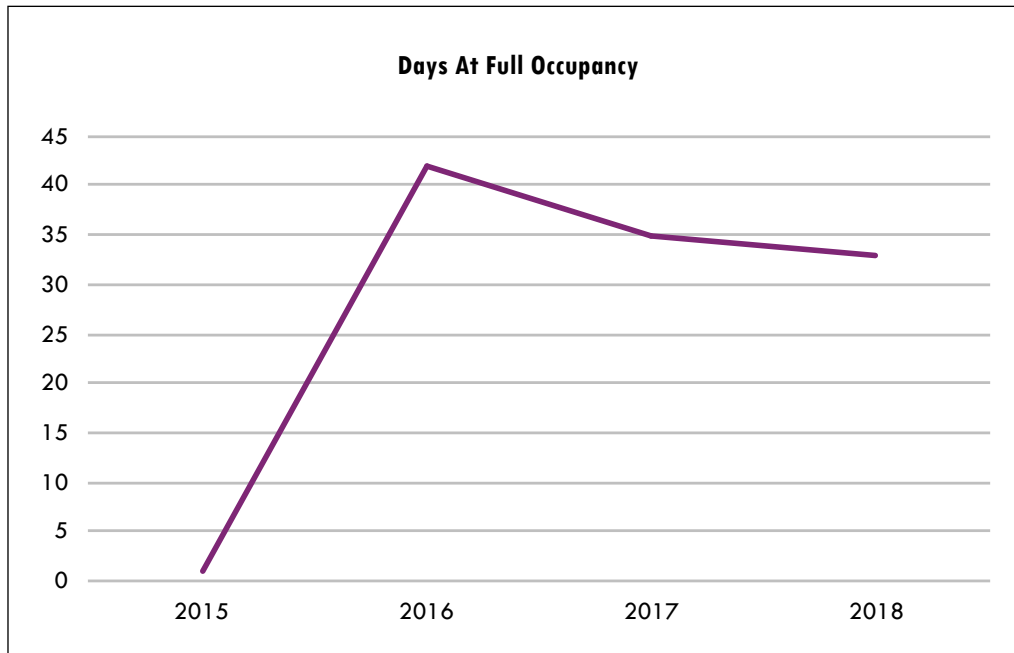
LENGTH OF STAY



- Reported length of stay has dramatically increased in 2019, with some of stays of 5 months. There are no affordable options for people. Any constraints (e.g. children, pets, barrier-free housing needs) makes it exceedingly difficult to find housing.¹⁸

¹⁸ Interview with Danya O'Malley, Executive Director of Family Violence Prevention Services.

HOW OFTEN IS THE FACILITY AT CAPACITY



- In the first part of 2019, there were already 49 days at full occupancy.¹⁹

ADDITIONAL SERVICES (BEYOND SHELTER)

- Provides one-on-one support work.
- Provides referrals to other services.
- Provides advocacy.
- Makes connections to community resources.
- Will assist in navigating services and attending meetings with lawyers, child protection services, income support services, housing support services, etc.
- Family Violence Prevention Services also has outreach services in 4 locations across PEI. These locations provide long term outreach and follow up for clients, both those who have stayed in the shelter and those fleeing violence who have not accessed the shelter due to the impracticalities of distance.
- Family Violence Prevention Services also runs a duplex and apartment buildings for clients, offering short term transitional housing and permanent housing.
- 10 new units will be available by December 2019, two are for persons with physical disabilities and the others will provide a mixture of short-term and permanent housing.

¹⁹ Due to bed configuration and the composition of clients (single women or single women with children), there are times when the shelter has empty beds but cannot accept any additional clients.

DATA ON REASONS FOR STAY

- Estimated at 1/3 homeless and 2/3 fleeing violence. ²⁰

COMMON ISSUES CLIENTS ARE FACING

- Fleeing family violence.
- Past clients who are now finding themselves homeless due to housing affordability.
- Evictions for Airbnb.
- People evicted for not paying rent.
- Ex-partner now coming to their residence and causing a disturbance or damage.
- Evicted for not maintaining or respecting their apartment and its rules.



Chief Mary Bernard Memorial Shelter

Operated by Lennox Island First Nation

PHONE: 902-831-2332; **TOLL-FREE:** 1-855-297-2332

LOCATION: LENNOX ISLAND

.....

SERVICES AND CAPACITY

- Has 5 beds, accessible, 24/7 coverage, stay up to 6 weeks.
- Will offer transportation to Anderson House as a back-up.
- Serves both Indigenous and non-Indigenous female identifying individuals and non-binary individuals and their children (girls up to 18 and boys up to 14) from across the province who are fleeing violence.
- Will also provide beds for women and women with children experiencing homelessness.

AVERAGE OCCUPANCY

- Data unavailable.

BED NIGHTS

- In 2017, there were 1412 bed nights.
- In 2018 there were 1664 bed nights.

SHELTER USERS SERVED

- In 2017 there were 29 women, 4 youth, and 12 children served.
- In 2018 there were 47 women and 12 children served.
- About 50% are aboriginal women, both on and off-reserve, and 50% are non-aboriginal.
- Most clients are from Charlottetown west. A few are from Montague or Souris,

but most from east of Charlottetown do not want to go so far from their home community.

LENGTH OF STAY

- In 2017 the average stay was 39 days.
- In 2018 the average stay was 33 days.

Note: The shelter offers band members experiencing homelessness longer term stay of up to one year at the shelter. There are currently two band members on long-term stays meaning there are currently only 5 beds available for short term emergency stays.

HOW OFTEN IS THE FACILITY AT CAPACITY

- Have been at capacity a number of times in the past year. Turned away 27 for either lack of capacity or for an uncontrolled addiction.²¹

ADDITIONAL SERVICES (BEYOND SHELTER)

- Provides one-on-one case management.
- Will work with clients on self-identified priorities, including literacy, life skills, employment skills, budgeting, mental health, addictions, self-help and self-esteem, and establishing healthy boundaries and healthy relationships.
- Will provide transportation to get to shelter.
- Will provide transportation once a week to appointments.
- Provides up to a year of after care service, largely consisting of advocacy or case management.

DATA ON REASONS FOR STAY

- Homelessness
- Fleeing violence

COMMON ISSUES CLIENTS ARE FACING

- Mental health and addictions issues are most common challenges clients face.
- Social assistance rates are so low and with housing costs so high currently, women are moving into unsafe situations or have no where to go.
- Abuse, violence or trauma in the past, but not always currently fleeing violence.
- Some clients are on disability.

²⁰ *Ibid.*

²¹ *Interview with Danielle Annand, Executive Director, Chief Mary Bernard Memorial Shelter.*



Blooming House

Operated by Blooming House

PHONE: 902-482-0680

LOCATION: CHARLOTTETOWN

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SERVICES AND CAPACITY

- Has 8 beds.
- Serves individuals who are female identifying and are over the age of 18.
- Low barrier harm reduction model; no ID required; no requirement to be sober.
- Reserve a bed between 9–5pm by calling 902-482-0680.
- Call the shelter 8pm–8am to arrange transportation or check on the availability of a bed by calling 902-367-0848.
- Reserve a bed for the following night before leaving.
- No limit to how many nights a guest can stay.
- The shelter opened January 25, 2019.
- The shelter will provide a taxi service within Charlottetown to the shelter.

BED NIGHTS

- March 2019: 43 bed nights.
- April 2019: 92 bed nights.
- May 2019: 67 bed nights.

SHELTER USERS SERVED

- March 2019: 7 users.
- April 2019: 13 users.
- May 2019: 13 users.
- A number of women have come from Summerside and a few have been from eastern PEI. Transportation from outlying areas to the shelter is often an issue.

LENGTH OF STAY

- March 2019: 6.1 nights.
- April 2019: 7 nights.
- May 2019: 4.5 nights.

HOW OFTEN IS THE FACILITY AT CAPACITY

- Not yet reached capacity.

ADDITIONAL SERVICES (BEYOND SHELTER)

- Provides food and a place to prepare meals.
- Provides access to showers and laundry facilities.
- Provides storage and has a 72-hour storage policy for belongings.
- Will try and refer to services.

DATA ON REASONS FOR STAY

- Recently left an abusive relationship.
- Addictions and mental health issues.
- No longer able to access Anderson House.
- Assault victim.
- Unable to travel back to Summerside.
- Referred by Strength program.
- Referred by Prince County RCMP.
- Immigrated and staying with daughter.
- Holland College student.
- Living with father but in volatile relationship.
- Addictions and mental health—homeless and sleeping in public spaces.
- Felt unsafe at friend's home.
- Sleeping outside—brought by RCMP.
- Leaving abusive partner.
- Lost job and sleeping in her car.
- Put out of apartment by partner.
- Evicted and sleeping in a graveyard. Addictions and mental health.
- Sleeping rough. Addictions, FAS, anxiety and seizures.
- Sleeping at a friend's temporarily.
- Brought by RCMP after altercation at residence. PTSD, ADHD, anxiety, addictions and depression.
- Left her assisted living residence after a disagreement with management. Mobility issues.

COMMON ISSUES CLIENTS ARE FACING

Although each individual client's circumstances and experiences are unique, there are some common issues clients are facing. Clients fall roughly into three broad groups:

- Women who are employed and maybe even own a vehicle but are low income and cannot afford housing. These women are in long-term need and are referred to provincial housing services.
- Women who are in crisis and need a short stay. They are often brought in by police because have been involved in an assault or are out in elements and intoxicated and so are brought in for a safe place to sleep. These women are connected with supports, family.
- Women who are chronically or episodically homeless. They struggle with mental health and addictions. They stay, disappear, and then reappear. They are referred to mental health and addictions services.

Bedford MacDonald House

Operated by the Salvation Army

PHONE: 902-892-9242

LOCATION: 184 WEYMOUTH STREET, CHARLOTTETOWN

SERVICES AND CAPACITY

- Facility has 10 beds, with 2 emergency beds, accessible.
- Serves individuals who are male identifying and are 18 years of age and older.
- Guests can stay 21 days out of 30.
- Facility is open 7 days per week; and as of May 2019, operates 24/7.
- Although located in Charlottetown, it serves men from across the province.
- Supports clients in accessing transportation as required.
- As of May 2019, Bedford MacDonald House, with an investment from the Department of Social Development and Housing, doubled the staffing complement, allowing it to now offer case management services and recreational activities, as well as operate the provincial Emergency Shelter Support Referral Toll Free Line on a 24/7 basis.
- As of May 2019, the facility is using a Housing First approach; it will now take those who are inebriated or under the influence, unless they are uncontrollable and are posing a danger to themselves, staff or others in the facility.
- As of June 2019, Bedford MacDonald House has partnered with the University of Prince Edward Island (UPEI) Faculty of Nursing to provide clinical placements of third and fourth-year nursing students at the facility two to three days a week to promote and maintain the health of guests.

AVERAGE OCCUPANCY

- In early 2019, the shelter was averaging 7 or 8 men per night with a capacity to take 10, with 2 emergency beds. In June 2019, they have been full most nights, often turning men away, sometimes as many as 5 per night.²² The relaxed admission policy and increase in duration of stay have contributed to this increase

in average duration of stay have contributed to this increase in average occupancy. It is anticipated the shelter will remain full or near full for the foreseeable future. In June there was a wait list with 6 individuals.²³

BED DAYS

- In March the shelter was averaging 53 night stays in a month. In June 2019 it was 335 night stays.
- In 2017, bed nights were 1200. It is projected that bed nights will reach 3200 in 2019.

Note: The change in policy in May 2019 to allow 21 nights within 30 from 7 nights within 30 has significantly impacted usage.

SHELTER USERS SERVED

- Data unavailable.

LENGTH OF STAY

- The length of stay has increased from a maximum of 7 nights a month to a maximum of 21 nights a month. However, stays are sometimes even longer than 21 days given the near zero vacancy rate.

HOW OFTEN IS THE FACILITY AT CAPACITY

- The facility was not at capacity often in the past, but it is now regularly turning people away. In June 2019, 24 men were turned away.²⁵

ADDITIONAL SERVICES (BEYOND SHELTER)

- Provides case management and referral to other resources.
- Provides food, shower and fresh clothes.
- With the recent invest from the province, currently developing programming to provide recreational activities and cultivate health community relationships and connections for guests.
- Working to develop literacy programming and educational and training supports.
- Partnering with outside agencies to provide social care, hair care and hygiene kits.

DATA ON REASONS FOR STAY

- Nine out of ten clients have experienced trauma, whether it be abusive relationships, post traumatic stress or other trauma.
- Eviction.

²² Interview with Mike Redmond, Residential Services Manager, Bedford MacDonald House.

²³ Interview with Major Daniel Roode, Bedford MacDonald House.

²⁴ Interview with Mike Redmond, Residential Services Manager, Bedford MacDonald House.

²⁵ Ibid.

- Discharged from programs or institutions without a housing plan.
- Sleeping in car.
- No longer able to stay with family or friends.
- Working but cannot afford or find housing.

NEXT STEPS

Clients are referred to other resources as required, including:

- Housing services;
- Mental health and addiction services and supports;
- Literacy and education services; and
- Employment services.

COMMON ISSUES CLIENTS ARE FACING

Although each individual client's circumstances and experiences are unique, there are some common issues clients are facing.

- Lack of affordable housing. Many of the clients are working, but there is nothing to meet their needs in terms of housing. Available options are 60–70% of their income which is not viable.
- Some clients need transitional housing. Others need basic life skills.
- Many men have violent or toxic relationships and a lack of healthy connections.
- Many have mental health and/or addiction issues.



Deacon House

Operated by Health PEI

PHONE: 902-368-4036

LOCATION: 130 DEACON GROVE LANE, CHARLOTTETOWN

SERVICES AND CAPACITY

- Overnight shelter for adult males, over the age of 19 who abuse substances or have a chemical dependency.
- Has 6 beds.
- First come first serve for bed availability, open 7pm to 7am daily.
- Stay is up to 4 months.
- Serves men from across the province.
- Will refer to Bedford MacDonald when appropriate.
- Beds will be used for those with no addiction issues if no other beds are available.

AVERAGE OCCUPANCY

- Data unavailable.

BED DAYS

- Data unavailable.

SHELTER USERS SERVED

- Data unavailable.

LENGTH OF STAY

- Data unavailable.

HOW OFTEN THE FACILITY IS AT CAPACITY

- Full every night in the winter and most nights in the summer months.

ADDITIONAL SERVICES (BEYOND SHELTER)

- Provided with a meal.
- Given pjs and clothes are washed.
- Will refer to other services.

DATA ON REASONS FOR STAY

- Clients are struggling with addictions and so cannot go to other locations.
- Waiting for job start.
- Waiting for income support.

COMMON ISSUES CLIENTS ARE FACING

- Mental health and addictions.

Other Services

The province also provides temporary housing services through the following:

Recovery Programs by Referral Only

Provides four locations: Provincial Addictions Treatment Facility, Talbot House, Lacey House, St. Eleanor's House

PHONE: 902-368-4120

BEDS: 60

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PROVINCIAL ADDICTIONS TREATMENT FACILITY

PHONE: 902-368-4120; **TOLL-FREE:** 1-888-299-8399

LOCATION: MOUNT HERBERT

- 24 inpatient withdrawal management beds
- Serves both men and women from across PEI
- Recovery program by referral only

 **TALBOT HOUSE (TRANSITIONAL HOUSING BY REFERRAL FROM COMMUNITY MENTAL HEALTH AND ADDICTIONS)**

PHONE: 902-368-4120

LOCATION: 205 KENT STREET, CHARLOTTETOWN

- Serves men only
- Safe, structured environment and support while working towards maintaining a chemical-free lifestyle

 **ST. ELEANOR'S HOUSE (TRANSITIONAL HOUSING BY REFERRAL FROM COMMUNITY MENTAL HEALTH AND ADDICTIONS)**

PHONE: 902-888-8386

LOCATION: 517 SOUTH DRIVE, SUMMERSIDE

- Serves men only
- Provides a 24 hour supervised, therapeutic, safe, structured home-like environment to assist men in maintaining a chemical-free lifestyle

 **LACEY HOUSE (TRANSITIONAL HOUSING BY REFERRAL FROM COMMUNITY MENTAL HEALTH AND ADDICTIONS)**

PHONE: 902-368-4083

LOCATION: 283 FITZROY STREET, CHARLOTTETOWN

- Serves women only
- Provides a 24 hour supervised, therapeutic, safe, structured home-like environment to assist women in maintaining a chemical-free lifestyle

 **Acute Services by Referral Only**

PHONE: 902-368-4819

BEDS: 105

- Acute services by referral only
- Visit to ER physician to triage for health vs housing need. Housed in acute beds if admitted for medical reasons.
- Various lengths of stay

- Backup is addictions, community mental health
-

Other Programs and Services

SOCIAL DEVELOPMENT AND HOUSING

PHONE (HOUSING SERVICES, GENERAL INQUIRIES): 902-368-5770

TOLL-FREE (SOCIAL PROGRAMS): 1-877-569-0546

BEDS: 0

- Emergency housing is not main mandate so has no facility, but refers to all resources listed above.
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JUSTICE & PUBLIC SAFETY

PHONE (GENERAL INQUIRIES): 902-368-4589

ADULT PROTECTION

PHONE: 902-368-4790

- Contact your local Home Care office or Charlottetown Home Care office
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CHILD PROTECTION

PHONE (DURING BUSINESS HOURS): 1-877-341-3101

PHONE (AFTER BUSINESS HOURS): 1-800-341-6868

Housing First Programs: John Howard Society and Canadian Mental Health Association

Although not providing emergency shelter beds, and so outside the scope of this project, several Housing First Programs exist in Prince Edward Island. The John Howard Society of PEI administers the Wrap Around Rural Housing program covering Summerside to East Point excluding the City of Charlottetown. The Canadian Mental Health Association administers the West Prince Housing Project covering North Cape to Summerside and the My Place Housing First program in Summerside and Charlottetown. The focus of these programs are to provide wrap around services and case management to clients and support them in finding housing as well as accessing other supports and services.

Federal Context: Reaching Home

Reaching Home: Canada's Homelessness Strategy²⁶ is designed to support the goals of the National Housing Strategy, in particular, to support the most vulnerable Canadians in maintaining safe, stable and affordable housing and to reduce chronic homelessness nationally by 50% by 2027–2028. The Strategy was rolled out in April 2019, and is still in the very early stages of implementation.

A key aspect of the strategy is a new outcomes-based approach with decision making at the local level, giving communities greater flexibility to address local priorities, including homelessness prevention. Outcomes and indicators are to be co-developed with communities, academics, people with lived experience of homelessness and data and performance measurement experts. Communities will be asked to report publicly on the outcomes.

Reaching Home is also expanding the program to include four to six new designated communities across the country. In addition, *Reaching Home* has additional funding to address Indigenous homelessness and the federal government is working with National Indigenous Organizations and Indigenous service providers to develop an approach in alignment with the unique rights, interests and circumstances of the First Nations, Inuit and Métis Nation. Furthermore, a new Territorial Homelessness stream was created to offer more flexibility in how funding can be used to address unique homelessness challenges in the territories. The new Strategy has maintained the Rural and Remote Homelessness funding stream.

Reaching Home is introducing a Coordinated Access approach to help communities shift toward a more coordinated and systems-based approach to addressing homelessness. The goal is to help communities prioritize people most in need of assistance and better match individuals to appropriate housing and services in a more streamlined way. Features of Coordinated Access include:

- creating a common list of priority clients;
- clearly advertised access points for services; and
- using a common approach to assessing needs.

The adoption of a homelessness information management system is also part of Coordinated Access and will allow for better data collection and understanding of needs.

With the key changes within *Reaching Home*, communities have three years to implement changes and introduce a Coordinated Access system. In particular, 2019 is a transition year with previous funding agreements having expired in March 2019 and new contracts currently under development. Developing common assessments, information sharing, community indicators, common data sets and adoption of a common data collection system will take time.

²⁶ Information in this section is taken from the *Reaching Home Backgrounder on the Employment and Social Development Canada website*.

Provincial Context

Development of Temporary Housing Task Team

In response to the *Housing Action Plan* item—examine emergency housing for people in housing crisis to support vulnerable populations—the department of Social Development and Housing formed the Temporary Housing Task Team in December 2018. Between January and May 2019, this interdepartmental team undertook several specific activities:

- Community consultation to seek input on a needs assessment and on the development of a community “Housing tree” resource;
- Initiated a 24 hours/day, 7 days/week toll free line where those in need of immediate shelter could be assisted;²⁷
- Piloted a program to provide immediate shelter and developed procedural processes and documents to support this pilot project;
- Worked with Bedford MacDonald House to support expanded hours and additional services;
- Provided a van to Downtown Charlottetown Inc. to assist with warming, social assistance access and referral/transport to emergency housing;
- Worked with Blooming House to support a pilot women’s shelter program; and
- Contracted this needs assessment.

Provincial Investments

Since Fall 2018, several funding commitments have been made by the provincial government in response to community needs for those experiencing homelessness. In addition to the contributions to Bedford MacDonald House for expanded services and maintaining the 24/7 Emergency Housing Support Referral Line and the funding support for Blooming House as noted above, the provincial government has also committed to:

- A10-bed housing unit for long-term transitional housing, made possible through a partnership with Health PEI and CMHAPEI. It will be located beside Murchison Centre on St. Pius X Ave in Charlottetown. The new facility will provide long-term supervised housing, transitional or “training” apartments, and respite beds;
- Doubling the size of Lacey House, an addictions treatment facility for women in recovery, by adding six beds;
- Development of a new mental health addictions campus (Hillsborough Hospital) to include structured housing and an adult day treatment program;
- 20 transitional housing beds—10 for youth aging out of care and 10 for victims of family violence; and
- Funding of \$100,000 for a women’s shelter.

²⁷ As of May 2019, this line is now operated by Bedford MacDonald House with funding from the Department of Social Development and Housing.

To address affordable housing challenges, the provincial government has also:

- Created a Housing Navigator position in the Department;
- Provided over 600 new rent supplement agreements to subsidize individuals in market rental accommodations;
- Initiated over 500 affordable units across PEI with a similar amount at some level of development;
- Enhanced the PEI Home Renovation Program and Senior Home Repair Program to keep people in their homes;
- Established the Down Payment Assistance Program to assist new home buyers; and
- Established a Finance loan fund for developers.

The provincial government has also made enhancements to social programs, including increasing social assistance food and shelter rates.

Identifying Gaps

Key informants identified gaps addressing the needs of those who are homeless or imminently homeless in nine key areas:

- Affordable housing
- Mental health and addictions supports
- Transitional housing and supportive housing
- Adequate financial resources
- Need for 24/7 shelter options with programming
- Lack of emergency shelter facilities for certain populations
- Coordinated, client centred approach
- Transportation
- Multifaceted problem requiring multiple solutions

Affordable housing

Key informants overwhelmingly identified a need for affordable housing options. The current 0.3% provincial vacancy rate means virtually no housing stock is available.

Several key informants also stressed the need for barrier-free housing, noting that housing that is accessible for those with disabilities is accessible for all, including our aging population.

In particular, a need for more housing for women with no children or no dependant children was noted.

As one key informant put it, “Finding housing for clients is like playing those plastic kids puzzle with the one empty square, but there are no empty squares. We don’t need more emergency beds if we can take care of long-term housing needs.”

Tied to this was the emphasis key informants placed on hidden homelessness and those facing imminent homelessness. Key informants indicated they were seeing a rise in couch surfing and in working poor facing imminent homelessness due to the lack of available, affordable housing.

Mental health and addictions supports

Key informants overwhelmingly identified a strong need for additional mental health and addictions supports.

Addictions and mental health are closely intertwined. Those who have mental health issues which are not controlled, or those with uncontrolled addictions were often identified by key informants as those who are at risk of homelessness. In the last two Point in Time Homelessness counts 40% of respondents openly admitted to addictions issues.

Addictions are often an escape from trauma or a coping mechanism for mental health. Behaviours associated with mental health and addictions issues are often leading to eviction. Individuals are “burning bridges” with landlords and then even when they have their mental health and/or addiction managed, the near zero vacancy rate allows landlords to pass over these people in favour of another potential renter.

Additional shelter staff training around mental health and addictions was identified as a need by a few key informants.

Transitional housing and supportive housing

Many experiencing homelessness need support at times of transitions. Transitions can be leaving an institution such as an addictions facility, hospital or incarceration or finding housing after fleeing violence. Transitions can also be losing a spouse, losing an income, or incurring a disability, all which can severely impact the ability of an individual to find or maintain affordable housing. Key informants clearly identified that intentional case planning is required to support people through these transitions. This planning may include placements in transitional housing or supportive housing.

Key informants identified a lack of transitional housing options and supportive housing options for those experiencing homelessness. There is also a lack of community care type setting for those who do not need acute services but are not ready to be on their own.

Key informants further identified a lack of supportive living options for those with low grade intellectual disabilities, especially those who do not need to be in a community care facility, but who require additional supports to live independently safely.

The need for a variety of levels of supports was identified by key informants. In some cases, individuals need intensive supports, structure and supervision on either a medium term or ongoing basis. In other cases, individuals just need some basic supports and minimal structure, such as could be provided in a small apartment building or boarding house.

Adequate financial resources

Key informants noted social assistance rates and rent supplements were insufficient to find adequate housing in the current market.

Key informants also identified the need for an increase in minimum wage to keep pace with the rise in the cost of housing.

Need for 24/7 shelter options with programming

Key informants identified the need for places to go during the day. Blooming House and Deacon House do not operate 24/7 and until recently, neither did Bedford MacDonald House.

Shelters should also offer more programming. A need was identified for wrap around services to offer more solutions for people who need addictions support, mental health supports, literacy supports, supports for building healthy relationships, and supports with basic life skills. People experiencing homelessness need to be able to reconnect with the community, forge health relationships, address basic hygiene and basic health. Services should also include access to phones, computers, laundry, showers, personal storage and fresh clothing.

Lack of emergency shelter facilities for certain populations

Key informants identified gaps in emergency shelter facilities for certain populations. There is no men's shelter west of Charlottetown, and there are no shelter beds east of Charlottetown. All shelters, except Chief Mary Bernard Memorial Shelter in Lennox Island, are centred in Charlottetown.

There are no shelters that will accept men with children.

There are no shelters that accept families. Currently families in need of emergency shelter are housed in a hotel.

There are no shelters specifically for Islanders who are lesbian, gay, bisexual, transsexual, transgender, intersex, queer, questioning, two-spirit, asexual (LGBTIQ2SA). According to Statistics Canada, 1.7% of Canadians aged 18 to 59 self-identified as homosexual (gay or lesbian) in the 2014 Canadian Community Health Survey. In that same survey, 1.3 % of Canadians aged 18 to 59 self-identified as bisexual. Note: Existing shelters will accept male identifying (Bedford MacDonald House) or female identifying (Anderson House, Chief Mary Bernard Memorial Shelter and Blooming House), non-binary individuals (Anderson House and Chief Mary Bernard Memorial Shelter) and trans men and women (Anderson House).

There are no shelters for Indigenous people living off-reserve and existing facilities are not able to provide the culturally relevant supports needed. Culturally relevant service and programs garner legitimacy from the community, leading to more participation and support. Indigenous people experience, trauma, the intergenerational effects of residential schools and systemic discrimination, requiring culturally appropriate supports to fully address needs. In Canada 28–34% of the homeless population in shelters is Indigenous while only 4.3% of Canadians are Indigenous. In the 2018 Point in Time Count 14% of respondents who were homeless identified themselves as Indigenous while only 2% of the population of Prince Edward Island is Indigenous.

Coordinated, client centered approach

Several key informants noted the need to bring services to where people are, for example providing housing services appointments at a shelter or community centre, rather than requiring people to visit government offices which can be very intimidating to vulnerable persons or persons who have experienced trauma and violence. Although there may be available supports, they are not offered in a client-centred manner or reflect a trauma and violence informed approach. Programs are offered by both government and community service providers. Accessing this complex web of programs

and supports can be very overwhelming for someone who is operating in crisis mode or for individuals with differing levels of capacity.

Key informants identified the need for case management to navigate the system. People think they are connected but are not and do not always understand the programs and systems as we think they should. The need to eliminate barriers between services and break down silos was noted. Having someone retell their story over and over to access services risks retraumatizing them. Individuals need a single point of contact within a streamlined process to access supports they may require.

The other aspect of meeting people where they are that was identified by some key informants is the need to recognize where clients are in their journey and own recovery, identifying their immediate needs and not trying to fit them into a predetermined box.

Many key informants highlighted the impact of trauma and violence on those who have experienced homelessness. Several key informants identified the need for all service providers to operate from a trauma- and violence-informed approach.

Trauma- and violence-informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.²⁸

The intent is not to treat trauma but to minimize harm and reduce risk or retraumatizing. Trauma and violence-informed approaches impact how systems are designed, organizational functions and how practitioners engage with people. There are four key policy and practice principles that guide trauma and violence informed care:

1. Understand trauma and violence, and their impacts on peoples' lives and behaviours
2. Create emotionally and physically safe environments
3. Foster opportunities for choice, collaboration, and connection
4. Provide a strengths-based and capacity-building approach to support client coping and resilience

Transportation

Transportation was identified by many key informants as a barrier Islanders face to accessing supports, jobs and appropriate housing. Those experiencing homelessness are often trapped where they are within the province. With the only shelter outside of Charlottetown being the Chief Mary Bernard Memorial Shelter in Lennox Island, there are no options for Islanders outside the Charlottetown area experiencing homelessness. Key informants shared anecdotes of clients getting up at 4am to hitchhike to jobs in Montague or Murray River. As one key informant said, "We can build all the housing we want, but if people have no transportation to get to work, we still have a problem."

Transportation needs are even more urgent for those in rural areas, meaning people move to the urban areas for work, childcare, health care and other services. This puts further pressures on affordable housing in urban areas. Municipal zoning bylaws can

28 Public Health Agency of Canada. *Trauma and violence-informed approaches to policy and practice*. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html> accessed April 4, 2019.

also cause challenges affecting the location of shelters and related transportation needs if requirements are too limiting about where a shelter can be located. Shelters need to be close to public transportation.

Multifaceted problem requiring multiple solutions

Key informants identified that homelessness is everybody's issue. The Chamber of Commerce, Rotary clubs, private industry, municipalities, provincial and federal governments, and the business community need to come to the table. Developers and social workers and community service providers all need to come to the table.

Addressing homelessness requires systems thinking and a cross disciplinary, cross sectoral approach. With planning we have the opportunity to transition from this triage system we have currently to long-term sustainable, affordable housing.

Key informants indicated a need for a tiered or layered approach to housing with a variety of levels of supports to meet the needs.

As well, the need to be proactive and invest in preventative measures, identifying factors leading to homelessness and addressing them, was identified by key informants.

Many key informants identified the need to break the stigma attached to homelessness and fostering understanding through public education.

Most key informants spoke of the need to break down silos, identify how many people are trying to do the same thing and look for synergies and efficiencies.

Recommendations

The housing needs of Islanders are complex, especially for those experiencing homelessness. Complex problems require multi-layered solutions. The solutions need to be broader than the Housing Services Division within the PEI Department of Social Development and Housing. As such, the recommendations below envision a broader approach to addressing the needs across the province.

This report has three broad recommendations within each of which are a series of layered recommendations presented to address the current need.

Recommendation #1: Increase housing supply for emergency shelters, transitional housing, supportive housing and subsidized housing.

Increasing the housing supply along the continuum to establish capacity for emergency shelter, transitional housing, subsidized housing and affordable housing is critical.

This includes providing the required supports to individuals in emergency shelter to transition to permanent, long-term housing. The following actions are recommended:

- Identify a long-term solution for a women's shelter with 24/7 coverage, providing dedicated case management and wrap around services.
- Work to ensure all emergency shelters provide 24/7 coverage, providing dedicated case management and wrap around services.
- Build additional transitional and supported living options, recognizing the need for a mix of highly structured and supervised housing, minimally structured and supervised housing and unsupervised independent living housing.

- Continue to increase rent subsidies to keep people in market-rental accommodations.
- Continue implementation of the *Housing Action Plan* including measures to increase the long-term, affordable housing stock.
- Examine options (e.g. tiny houses, pre-fabricated housing, container housing, incentives to builders, etc.) to increase the housing stock quickly.
- Continue to partner with community groups to increase transitional housing and supportive living options, including community care, and independent, structured living.
- Explore co-investment with community partners through the Canada Mortgage and Housing Corporation to support renovations or new builds for transitional and supportive living longer-term accommodations.

Recommendation #2: Adopt a client-centered, collaborative approach.

Adopting a client-centered, collaborative approach to providing services to Islanders in need will require a multi-disciplinary, multi-sectoral team to lead and carry out the work. This is not solely a housing issue, but an issue that requires the engagement of multiple departments, multiple levels of government and community service providers. To address the needs of Islanders, collaboration is essential.

The Temporary Housing Task Team (THTT) should continue with a focus on providing leadership and fostering collaboration.

The THTT should continue to provide leadership as well as foster collaboration in areas of service provision and in developing processes. The THTT should work with other partners, the federal government, service providers and other entities (such as the Community Advisory Board on Homelessness) on process coordination issues. The following actions are recommended:

- Break down silos by identifying how many people are trying to do the same thing and look for synergies and efficiencies.
- Implement measures to meet ongoing shelter needs, including supporting the needs of newcomers requiring emergency shelter, the need for a men's shelter outside of Charlottetown, the need for a women's shelter and the need for a family shelter.
- Explore a partnership with First Nations and Indigenous provincial organizations to seek a solution for culturally appropriate supports and programs for Indigenous people off reserve experiencing homelessness.
- Increase case management that is respectful of privacy at transition points, such as leaving addictions treatment, hospital or incarceration by including the Housing Navigator.
- Create a common intake assessment tool for use at all emergency shelters.
- Explore coordinated access approaches such as a web-based connection to show the availability of emergency shelter beds.

The THTT should provide leadership to partners and service providers to implement a client-centered service approach. The following actions are recommended:

- Add a representative of the Housing Services Division to the Prince Edward Island Bridge Model (Bridge). Bridge brings together service providers from government and non-government agencies to offer programs and support to Islanders who

are at very high risk of harm occurring soon. Current Bridge members include representatives from education, child protection, social programs, municipal police services, RCMP, PEI Family Violence Prevention, Mi'kmaq Confederacy of PEI, probation, public health, adult protection, mental health and addictions, and victim services. Housing is one of the most common issues facing clients whose situations come before Bridge. Adding a representative of the Housing Services Division should result in better connections between government and community service providers in responding to Housing challenges. Building these connections also creates an opportunity for regular dialogue which may lead to earlier intervention and more collaborative case management with Housing Services.

- Bring services to clients. Work with community partners such as Bedford MacDonald House and other shelter providers to offer regular opportunities for staff from Housing Services and Social Programs to meet clients to discuss housing needs and provide financial assistance.
- Work with community partners, including the Community Advisory Board on Homelessness, to develop a Prince Edward Island model for Coordinated Access under *Reaching Home*.
- Adopt a trauma and violence-informed approach to policy and procedures. Train front-line provincial staff in programs like housing and income support on the trauma and violence-informed approach. Open these training sessions to community service providers.
- Work with community service providers to provide additional mental health and addictions services. Provide additional service provider/shelter staff training around mental health and addictions.
- Work with Rural and Remote Advisory Board on Homelessness to explore options for increasing supports to rural PEI.
- Provide a gradual stepped model of transitional care for clients as required assisting them in a return to long-term, permanent housing.

There is a need to engage the broader community in innovative partnerships, cross-disciplinary planning and an intersectoral approach.

Broader community consultation and partnerships will be required. The THTT could, on an annual basis invite departments, federal government representatives, municipalities, community service providers and non-profits who work with vulnerable populations, to meet to foster collaboration, undertake cross-disciplinary/multi-sectoral planning and provide a forum for continued understanding of community needs. The following actions are recommended:

- Invest in community capacity building and partnerships to help foster new partnerships (for example like new UPEI-Bedford MacDonald partnership).
- Develop a communications strategy to educate community and government service providers and individuals at risk of or experiencing homelessness on available programs and supports in an accessible, easy to understand way (including the Housing Tree).
- Expand public education around de-stigmatizing homelessness.
- Continue implementation of the *Poverty Reduction Action Plan* and new AccessAbility Supports.

- Continue development of a provincial transportation strategy as recommended in the *Climate Change Strategy and Poverty Reduction Action Plan*.

Recommendation #3: Develop standard data collection approaches and common reporting

Coordinated access, common data collection standards and definitions, common indicators and common reporting will assist in understanding community need and improving future programming and supports to address these needs.

As a core element of *Reaching Home* is Coordinated Access, there is an opportunity currently for the provincial government to engage with the federal government and community organizations to work together over the coming three years to develop these common approaches to data collection and common reporting. The following actions are recommended:

- Engage community partners to create coordinated access.
- Include in provincial funding agreements a requirement for shelters to provide a standard data set and common reporting protocols and procedures.
- Undertake a facilitated process in collaboration with efforts under *Reaching Home* to work with government programs and community service partners to develop common indicators, standard data collection approaches and definitions, and common reporting templates.
- Work with communities and federal government on the adoption of the new HFIS4 infrastructure or another data management system with common reporting requirements and information sharing.

Conclusion

In the long term, an adequate supply of safe, affordable and appropriate housing is a prerequisite to addressing homelessness. Increasing the housing supply is critical for addressing the needs of vulnerable populations such as seniors and youth, persons with disabilities, women fleeing family violence and Indigenous Peoples. This includes ensuring that people who are chronically and episodically homeless are prioritized and that systems are in place to enable such persons to receive housing and supports.

The recommendations in this report will require a response that is greater than one government program or department, one level of government or one community organization. Implementing these recommendations will require cooperation and collaboration by all to achieve the vision of safe, accessible, appropriate and affordable housing that meets the diversity of their needs and maximizes their ability to be healthy, productive and successful.²⁹

²⁹ PEI Housing Action Plan

TEMPORARY SHELTER SUPPORT RESOURCES

Toll-free: 1 833 220 4722

RESOURCES as of October 1, 2019

EMERGENCY SHELTER

MALE:

Deacon House 902-368-4036

- 130 Deacon Grove Lane, Charlottetown
- 6 beds
- First come, first serve
- Opens daily 7pm to 7am
- Harm reduction

MALE IDENTIFYING:

Bedford MacDonald House Salvation Army 902-892-9242

- 184 Weymouth Street, Charlottetown
- 10 beds, accessible
24/7 service

FEMALE IDENTIFYING

Non-binary individuals

Chief Mary Bernard Memorial Shelter 902-831-2332

Toll-free: 1-855-297-2332

- Lennox Island
- 5 beds, accessible
- Stay up to 6 days
- Offers transport to and from other services
- Harm reduction
- Serves both Indigenous and non-Indigenous families

FEMALE IDENTIFYING

Trans Men and Women Non-binary Individuals

Anderson House Business line: 902-368-8658 Crisis line: 902-892-0960 or toll-free 1-800-240-9894

- Charlottetown
- 18 beds, accessible
- Stay up to 3 weeks
- Offers transport to other services
- Harm reduction
- Services families

FEMALE IDENTIFYING

Blooming House Reserve a bed (9am-5pm): 902-482-0680

Check availability (8pm-8am): 902-367-0848

- Charlottetown
- 8 beds
- No ID required
- Harm reduction
- Unlimited stay
- No children



OTHER PROGRAMS AND SERVICES

Housing Office: General Inquiries 902-368-5770

Social Programs: Toll-free 1-877-569-0546

Child Protection: During business hours: 1-877-341-3101
After hours: 1-800-341-6868

Community and Correctional Services:
General Inquiries: 902-620-3115

Adult Protection: Contact your local Home Care office or
Charlottetown Home Care office at 902-368-4722

Dial 8-1-1 to access non-emergency health information.
Dial 7-1-1 (TTY), if you are hearing impaired.

MENTAL HEALTH:

The Island Helpline
1-800-218-2885 (toll-free)
Available 24-hours, seven days a week

Kids Help Phone
1-800-668-6868 (toll-free)
Available 24 hours, seven days a week

COMMUNITY MENTAL HEALTH:

Montague 902-838-0960

Charlottetown
McGill Community Mental Health 902-368-4911
Richmond Centre 902-368-4430

Summerside 902-888-8180

ADDICTIONS:

Provincial Addiction Treatment (for alcohol, drugs, prescription medication) 1-888-299-8399

PEI Gambling Support Line: 1-855-255-4255

Appendix B: Summary of Temporary Shelter Support Pilot Project Results

In December 2018, in response to community needs, Social Development and Housing partnered with local area hotels to provide shelter to those individuals most in need. This temporary pilot project was intended for those at imminent risk of homelessness with no other available options.

The hotel stay was unsupervised. Individuals could not be actively using and needed to abide by hotel policies or risk eviction from the hotel. Individuals who were housed in the temporary shelter pilot were assessed by a Housing Officer the morning after being admitted to determine immediate need. Referrals to Social Assistance and Mental Health and Addictions Services were made as required.

USE OF TEMPORARY SHELTER PILOT

The data below covers the period of December 2018 to the end of May 2019.

Total night stays	2446
Total number of unique individuals housed	127
Average nights per stay per person	16
Number of children involved	19

LEARNINGS

Many individuals who accessed the temporary shelter pilot had complex challenges and unmet needs. Many individuals had mental health and addictions issues which interfered with their ability to remain in the hotel. The pilot underlined the need for harm reduction approaches and client centred services. In particular, the need for a single point of contact with a streamlined process to access supports individuals need.

The pilot also strengthened relations between the Department and community partners and led to government financial support for expanded programs and services, including increasing hours of operation and daytime programming.

Appendix C: Bibliography

1. Canadian Observatory on Homelessness. Canadian Definition of Ending Homelessness: Measuring Functional and Absolut Zero. https://www.homelesshub.ca/sites/default/files/attachments/Ending_Homelessness_Definition.pdf accessed June 10 accessed June 5, 2019.
2. 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.
3. Gaetz, Stephen, Scott, Fiona, & Gulliver, Tanya (Eds.) (2013): Housing First in Canada: Supporting Communities to End Homelessness. Toronto: Canadian Homelessness Research Network Press.
4. Gaetz, S., Dej, E., Richter, T., and Redman, M. (2014). The State of Homelessness in Canada 2014. Toronto, ON: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/resource/state-homelessness-canada-2014>.
5. Gaetz, Stephen, Dej, Erin, Richter, Tim, & Redman, Melanie (2016): The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press.
6. Gaetz, S., & Dej, E., (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press. <http://homelesshub.ca/ANewDirection>.
7. Gaetz, S., Dej, E., Donaldson, J., & Ali, N. (2017). Leading the Way: Reimagining Federal Leadership on Preventing Homelessness. Toronto: Canadian Observatory on Homelessness Press.
8. Gaetz, S., O'Grady, B., Kidd, S. & Schwan, K. (2016). Without a Home: The National Youth Homelessness Survey. Toronto: Canadian Observatory on Homelessness Press.
9. Government of Canada. Employment and Social Development Canada. Backgrounder: Reaching Home <https://www.canada.ca/en/employment-social-development/news/2018/06/backgrounder-reaching-home.html> accessed April 6, 2019.
10. Government of Canada. Employment and Social Development Canada. Reaching Home: Canada's Homelessness Strategy Directives. <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html#h2.2> accessed April 25, 2019.
11. Government of Canada. Public Health Agency of Canada. Trauma and violence-informed approaches to policy and practice. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html> accessed April 4, 2019.
12. Government of Canada. Statistics Canada Population Estimates. Website <https://www.statcan.gc.ca/eng/start> accessed June 21, 2019.
13. Randall, Jim. Population Characteristics on Prince Edward Island as a Small Island: Setting the Stage, Institute of Island Studies, UPEI, January 21, 2016.
14. Randall, James E., Desserud, Don, MacDonald, Katharine. State of Rural Canada Report, 2015.

15. The Province of Prince Edward Island. Community Advisory Board on Homelessness, Executive Summary, Point-in-Time Count, 2018.
16. The Province of Prince Edward Island. Poverty Reduction Action Plan Backgrounder: Housing Data and Trends, May 2018.
17. The Province of Prince Edward Island. PEI Statistics Bureau, Department of Finance, Population Report, 2018.

Appendix D: Best Practices in Other Jurisdictions

As part of this project, a request was sent to housing contacts in other provinces to ask the following questions:

1. How temporary housing is defined in their jurisdiction?
 - a. Are there any restrictions around the duration of temporary housing in your jurisdiction? i.e., 30 days or less
2. Who administers temporary housing in your jurisdiction?
3. How is the service delivered?
4. Have any special considerations been made to consider transportation supports in the provision of temporary housing? If yes, can you please provide detailed information, e.g., taxi vouchers, law enforcement assistance.
5. Has your jurisdiction been involved in developing any innovative approaches to providing temporary housing? e.g., partnerships/service delivery models/pilot projects?
6. What, if any, best practices have your jurisdiction created/contributed to in the provision of temporary housing?
 - a. What, if any, best practices have your jurisdiction implemented in the provision of temporary housing? (if the best practice implemented has originated within another jurisdiction, could you please provide the source—this will allow follow up)

Summarized responses are below.

How is housing defined

Most of the responses received indicated that their jurisdiction does not have an official definition, but in most cases the accepted definition includes “emergency situations”—those individuals who may be fleeing family violence and those who regularly live in precarious housing situations.

Ontario, through the Community Homeless Prevention Initiative (CHPI) defines emergency shelter as a facility designed to meet the immediate needs of people who are homeless. Emergency shelters may target specific sub-populations, including women, families, youth or Aboriginal persons. These shelters typically have minimal eligibility criteria, may offer shared sleeping facilities and amenities, and may expect clients to leave in the morning. They may offer food, clothing or other services. This would include hotel and motel stays, where no emergency shelters exist or in overflow situations. This does not include extreme weather shelters, such as Out of the Cold programs and crash beds.

Alberta provided a list of “draft” definitions they are considering for use in policy and programs.

Restrictions around duration of stay in temporary housing

In general, emergency scenarios stays are 30 days or less, and for program-based offerings (such as supportive housing and second stage housing) 2-3 years was the recommended maximum stay.

Administering temporary housing

In most jurisdictions non-government partners are delivering services with funding assistance from the provincial/territorial government agencies. Many jurisdictions are also utilizing hotels/motels for emergency lodging with administration/organization through NGO partners.

How service is delivered

Service delivery is by NGO partners with referral services through various partner organizations, and some jurisdictions indicated program criteria for acceptance and expectations during stays.

Transportation supports

One NGO service provider noted that in the Winnipeg Street Health Survey a lack of transportation to view rental units was noted as a barrier. Some NGO service providers provide outreach vans to address this barrier.

In the Yukon the Department of Health and Social Services has an Outreach Support Team that provides transportation to clients, while clients receiving income assistance receive a bus pass monthly. Public transit tokens are also provided by some NGO service providers.

Innovative approaches

Resource Assistance for Youth (RaY) notes that the success of initiatives such as a tri-partnership demonstration projects for kids coming out of care, the RaY Optional Occupancy Mentorship (ROOM) project which offers 12 units with 7 rooms and 5 safe suites to youth aged 17–21 as well as the RaY Emergency Shelter and Transition (REST) which was established in 2010 provides services to youth aged 18–29 hinges on the RaY Hub model—wrap around services and collaboration with partners.

Best practices

RaY created the ROOM concept to address legislative changes which prohibit youth under the care of Child and Family Services from being allowed to live in hotels (provided to address temporary housing situations). RaY is also involved in discussions with the Province of Manitoba to expand transitional housing programs.

In the Yukon, government is working to create more supportive housing options including the creation of a Housing and Community Outreach Services Unit—a wrap around/intensive case management team. Yukon is also opening in a youth transitional home to support youth transitioning out of care.

Alberta has helped to refine the Housing First model and was the first province to implement it on a large scale in the province's major cities. Since 2015/16 Alberta has funded Intensive Case Management teams in Women's Emergency Shelters, Second Stage Shelters and in the community. These teams provide outreach supports to women and families and include case managers and child trauma workers.

In Ontario, in 2013, the Ministry of Municipal Affairs and Housing implemented the Community Homelessness Prevention Initiative (CHPI) which includes a standards framework for "Housing with Related Supports".

The Winnipeg Bell Hotel Project—a long term supported living housing project

aimed at those hardest to house—saw an infamous hotel re-developed into 42 studio suites, with 6 units fully accessible, and rent based on rent-geared-to-income model. Agreements have been signed for 15 years. Location is accessible and close to many community service providers.

In Alberta some temporary housing options offer a harm reduction approach which aligns with Housing First.

In Ontario, a “housing first” approach is used in all CHPI funded homelessness prevention programs.

Appendix E: Key Informants

Name	Organization
Danielle Annand	Executive Director, Lennox Island First Nation/Chief Mary Bernard Memorial Women's Shelter
Marilyn Birch	Director of Child and Family Services, Mi'kmaq Confederacy of PEI
Rebekah Condon	Active Executive Director, Peers Alliance
Michelle Harris-Genge	Director, Interministerial Women's Secretariat
Tavie Ingersoll	Co-ordinator, Blooming House
Lori Johnson	Housing Navigator, Department of Social Development and Housing
Donna Keenan	Homelessness Partnering Strategy Coordinator PEI, The John Howard Society of PEI
Tina Lowther	Manager of Administration and Finance Health PEI, Mental Health and Addictions Services
Matthew MacDonald	Policy Analyst, Native Council of PEI
Danya O'Malley	Executive Director, Anderson House/PEI Family Violence Prevention
Wendi James-Poirier	Community Housing Liaison, Department of Social Development and Housing
Mike Redmond	Residential Manager, Bedford MacDonald House
Major Daniel Roode	Salvation Army/Bedford MacDonald House
Les Wagner	Housing First, West Prince, Canadian Mental Health Association
Chantal Worrell	Program Manager, Wrap-Around Housing First, John Howard Society
Diane Young	Founder, Lennon House

Appendix F: Lived Experience: Magnet Event Survey Responses

In May 2019, a Magnet Event was held for individuals experiencing or at risk of homelessness. A survey was conducted during the Magnet Event to gather some of the experiences of Islanders. Sponsored by the John Howard Society of PEI, the annual Magnet Event started in 2016 as part of the Point in Time Homelessness Count under the federal Homelessness Partnering Strategy as a means of reaching the hidden homeless on Prince Edward Island and providing them with access to resources.

The Magnet Event in 2019 was held from 11am to 2:30pm and provided a hot meal, access to healthcare, assistance with tax filing, nail care, free clothing, haircuts, and access to resources such as Income Support Services and Housing Services. The event is advertised largely by word of mouth, promoted by community service providers and a few posters in locations such as the food bank.

Every second year the Magnet Event continues to be held in conjunction with the national Point in Time Homelessness Count survey. In years such as 2019 when the Point in Time Count is not taking place a modified version of the survey is administered. This year's survey was administered in a one-on-one interview with a UPEI nursing student.

DATA LIMITATIONS

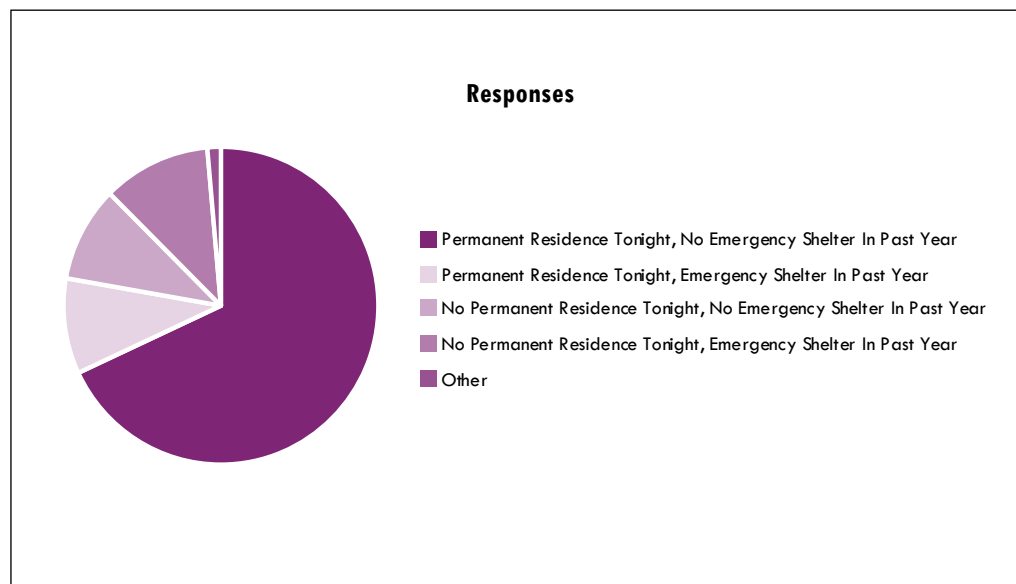
There were 72 respondents, and of those, well over half reported they were staying in a permanent residence that night and had not stayed in an emergency shelter in the past year. A total of 52 respondents indicated that they normally reside in Charlottetown.

Also, it should be noted that responses may be representative of client acuity as well as interviewer prompts and interpretation.

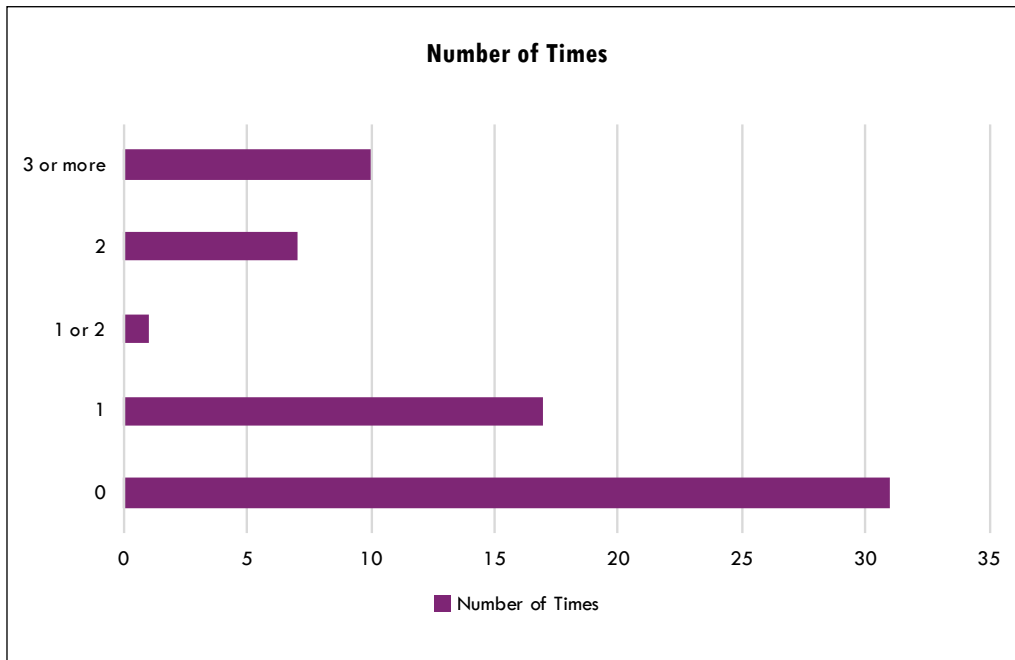
For these reasons the results are not necessarily an authoritative representation of the needs of Islanders or their experience; however, results are included to share the lived experience of these Islanders.

NUMBER OF SURVEY RESPONSES:

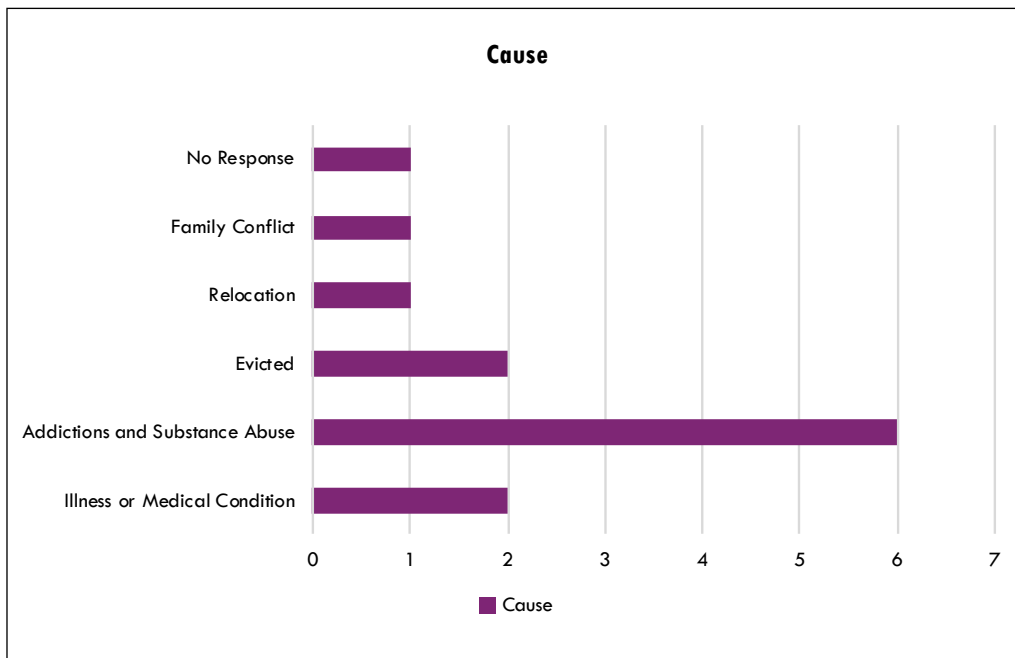
72



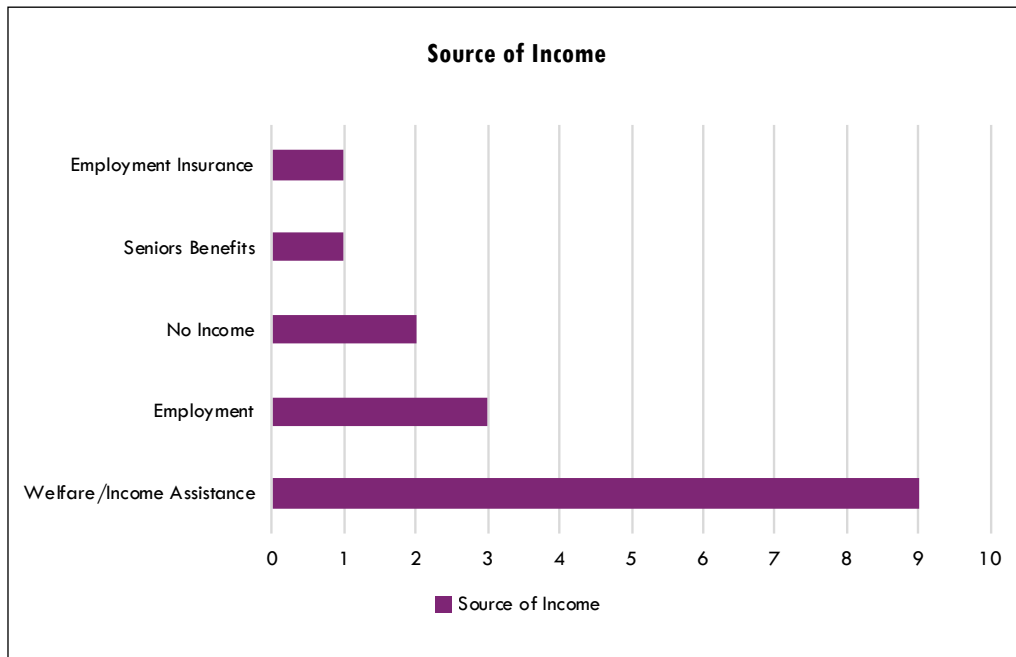
NUMBER OF TIMES HOMELESS IN THE PAST YEAR:



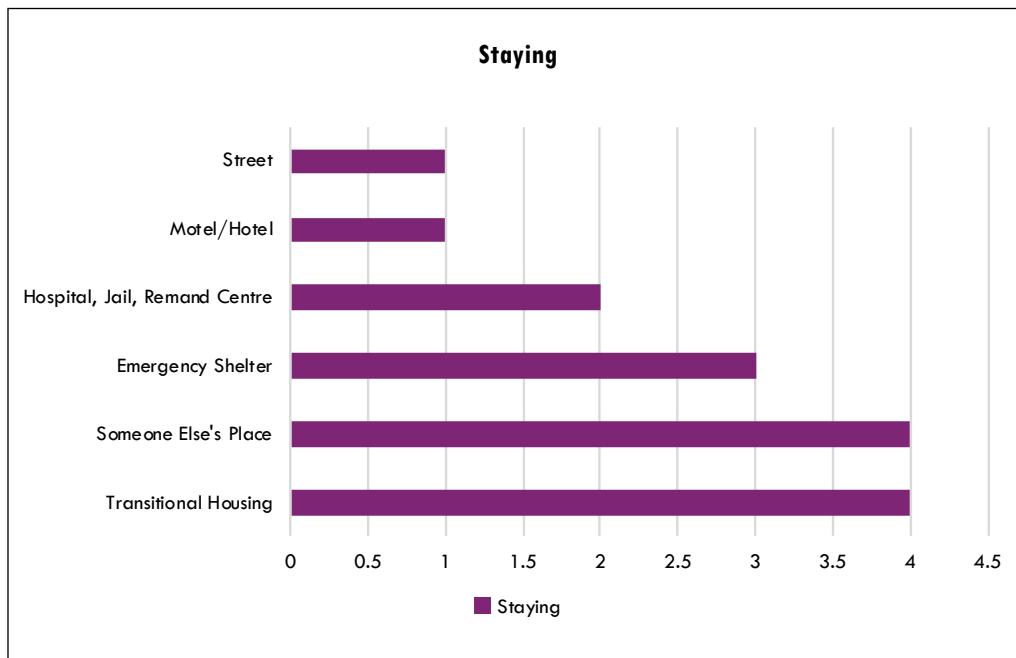
CAUSE OF HOMELESSNESS AMONG THOSE WHO STATED THEY HAD USED EMERGENCY SHELTER IN THE PAST YEAR (COULD PROVIDE MORE THAN ONE RESPONSE):



SOURCE OF INCOME AMONG THE RESPONDENTS THAT STATED THEY HAD USED EMERGENCY SHELTER IN THE PAST YEAR:



WHERE RESPONDENTS WHO HAD NO PERMANENT RESIDENCE THAT NIGHT WERE STAYING:



RESPONSES TO “HOW CAN WE HELP YOU?”

There were 50 responses to this question. For those who responded, 50% identified the need for affordable housing or more emergency shelters. Several others identified the need for accessible housing for those with disabilities.

A total of 20% of the responses identified the need for mental health and/or addictions resources and supports.

Higher income, especially for those with disabilities was cited by 10% of respondents. Access to doctors, medical resources or a family doctor were cited by 10% of respondents. More community resources and outreach, including more similar events, were cited by 10% of respondents.

The need for better transportation to emergency shelters or medical appointments was cited by 6% respondents.

Appendix G: Community Consultation Participants

Name	Organization
Mike MacDonald	Upper Room
Lise Thibeau	Manger East, Mental Health and Addictions East
Cheryl Roche	The Reach Foundation
Michelle Harris-Genge	Director, Interministerial Women's Secretariat
Tavie Ingersoll	Co-ordinator, Blooming House
Liz Corney	Blooming House
Donna Keenan	Homelessness Partnering Strategy Coordinator PEI, The John Howard Society of PEI
Tina Lowther	Manager of Administration and Finance Health PEI, Mental Health and Addictions Services
Matthew MacDonald	Policy Analyst, Native Council of PEI
Lynn Bradley	Aboriginal Mental Health and Addictions Program Coordinator, Native Council of PEI
Tami MacIntyre	Bedford MacDonald House
Bev Lewis	Bedford MacDonald House
Aleida Tweten	Mi'kmaq Confederacy of PEI
Danya O'Malley	Executive Director, Anderson House/PEI Family Violence Prevention
Mike Redmond	Residential Manager, Bedford MacDonald House
Les Wagner	Housing First, West Prince, Canadian Mental Health Association
Megan MacDonald	Social Programs, Social Development and Housing
Diane Young	Founder, Lennon House
Bob Doyle	John Howard Society of PEI
Kathy Neily	Harvest House
Mayor Phillip Brown	City of Charlottetown
Alanna Jankov	City of Charlottetown
Jen Coughlin	Spinal Cord Association
Wendy Hawbolt	Open Door Ministries
Sister Laura Kelly	SAFE
Tracey Craig	St. Eleanor's House
Arie Hoogerbrugge	Chaplaincy work with Sleepy Hollow
Janis Maclellan-Peters	UPEI, Community Advisory Board on Homelessness
Dr. Wendy Verhoek-Oftedahl	Family Violence Prevention Coordinator, Social Development and Housing
Michelle Coyle	AccessAbility Supports Supervisor East, Social Development and Housing
Jason MacDonald	Social Programs, Social Development and Housing
Mary MacDonald-Pickering	AccessAbility Supports Supervisor West, Social Development and Housing
Sonya Cobb	Director Housing Services, Social Development and Housing
Deborah Bradley	Assistant Deputy Minister, Social Development and Housing

Community Consultation Participants Continued

Name	Organization
Pat Davis	Housing Action Plan Management Team, Social Development and Housing
Shelley Cole	Housing Action Plan Management Team, Social Development and Housing
Karen MacDonald	Director, Justice and Public Safety, Temporary Housing Task Team
Hailey Arsenault	Child and Family Services
Karen McCaffrey	Director Social Programs, Temporary Housing Task Team