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PEEL POVERTY ACTION GROUP (PPAG) ENCAMPMENTS SURVEY

Executive Summary

Background

In recent years, Peel Region has experienced a growing number of encampments. Although they vary in size and structure, the term ‘encampment’ is used to describe any location where an individual or a group of people experiencing homelessness live together, usually in tents or other temporary structures (Farha & Schwan, 2020). This rise in encampment numbers is due to a number of factors, including a lack of affordable housing, emergency shelter overflows and overcrowding, and limited options for people who do not wish to stay in emergency shelters. The end of the provincial government’s pandemic Social Service Relief emergency funding in May 2022 has also contributed to the number of encampment residents, as people who were previously accommodated in hotel or motel rooms and housing units through that funding were left with few options but to return to encampments.

Research Purpose

In the summer of 2022, the Peel Poverty Action Group (PPAG), a community grassroots group advocating for issues surrounding poverty and homelessness in Peel Region, identified the need to conduct a needs assessment in the Peel Region to better understand the growing encampment situation in the community. Through the help of the Peel Alliance to End Homelessness (PAEH) and its community partners, PPAG carried out the survey with the encampment and unsheltered residents across Peel from November to December of 2022.

With assistance from the Peel Alliance to End Homelessness, PPAG collaborated with Canadian Mental Health Association (CMHA) Dufferin/Peel Street Outreach, Moyo Health & Community Services (formerly known as Peel HIV/AIDS Network), and Regeneration and Wellfort Bloom Clinic to carry out a study to understand and address the needs of people living in encampments in Peel Region. The study was inspired by the environmental scan on encampments conducted in Kitchener, Waterloo (Brown et al., 2022). PPAG contracted Hub Solutions, the social enterprise of the Canadian Observatory on Homelessness (COH), to conduct an analysis of the information collected through the survey and to develop a final report.

Methodology

PPAG developed a survey that focused on participants’ experiences living in encampments in Peel Region. The survey elicited responses about the environment

where participants lived, the causes behind their current living situation, and what would help them obtain and retain permanent housing. CMHA, Moyo, Regeneration and Wellfort Bloom Clinic staff recruited participants by going to known encampment areas in Peel Region. Surveyors approached encampment residents and described the intent of the survey. For encampment residents who agreed to participate, the surveys were conducted on paper or electronically via Survey Monkey. Information collected on the paper-based survey was later entered into Survey Monkey. The survey was active from November 7 to December 10, 2022, and a total of 179 individuals participated. All participants were compensated with a \$15 Tim Horton's Gift Card each for their time.

Findings

The summary of survey findings is divided into the following categories: 1) Participant Demographics; 2) Current Living Conditions; 3) Reasons for Current Living Condition; and 4) Participant Perspectives on Better Living Condition.

PARTICIPANT DEMOGRAPHIC

Among the survey participants, 27.93% identified as women and 72.07% as men. Most participants (30.17%) were between 35 and 44 years old. Those under the age of 24 constituted only 3.91%, and those who were older than 55 years made up 18.75%. Most women were between the ages of 25 and 44 (32.0%), and most men were over 55 (16.28%).

CURRENT LIVING CONDITION

Slightly more than half of the participants (54.4%) were situated in Brampton, followed by Mississauga (35.6%) and Malton (4.4%). About half (52.2%) of respondents had spent their nights in multiple locations, which often changed over time. As of the time of the survey, participants were living in a range of locations not meant for habitation, including parks (45.6%), streets and alleyways (34.5%), building surroundings such as staircases, storefronts, and accessible rooftops (31.1%), forests (26.7%), bus and train stations and parking lots (10.0%), under the bridge (6.7%), and campsite tents (6.7%). Other places that participants lived included broken or abandoned vehicles, public bathrooms, clothing or donation bins, and sheds or backyards of friends' houses as places for sleeping.

REASONS FOR CURRENT LIVING CONDITION

This research found that a combination of factors was responsible for the participants' current living conditions. These included:

- **Inability to afford and maintain housing** resulting from low household income, unemployment, and an increase in housing expenses;

- **Physical health, mental health, and substance use challenges** resulting from previous accidents, chronic pain, and mobility issues, as well as alcohol, opioid, and methadone use, which affected employment, income, and the ability to pay rent;
- **Personal and relational factors** that included breakdowns in family relationships, abuse, neglect, and past trauma;
- **Systemic and structural challenges** that included histories of incarceration and run-ins with the law leading to unemployment; and
- **Homeless Shelter factors** that included unsafe shelter environments, discrimination and stigmatization, prohibition from shelters, and a lower quality of food.

PARTICIPANT PERSPECTIVES ON BETTER LIVING CONDITIONS

This research sought to understand participants' perspectives on what might help them attain a better living condition, vis-à-vis what might make their stay outside better; the support they would need to move into permanent housing; and the support they would require to maintain permanent housing. The majority (73.01%) of participants need a **safe place** to stay—warm, welcoming, respectful, and safe shelter environment. Participants also require **access to essentials** such as food, clothing, warm clothing to survive winter, washrooms, showers, hygiene products, heating, and medication. Some participants mentioned their need for increased **outreach support and continued care** through community-based programs, which could be in the form of frequent visits by outreach workers. They believe that this could enhance their access to affordable housing support, health and mental healthcare, harm reduction supply and support, and financial support.

Many participants expressed their need for **support in securing affordable housing**. Participants wanted housing support workers to help them with house searches and support them through the entire process, including accompanying them to visit vacant units, arranging for transportation, helping with the application process, and supporting them in rent negotiation, lease agreements, and rent payment through social assistance. **Financial support** is another area where participants need assistance. Many participants require assistance with searching for employment, preparing for interviews, budgeting, building credit history, applying for banking, and filing for taxes to be able to retain housing. Those who are unable to secure steady employment would require support with applying for social assistance and switching from one type of assistance to the other. Participants noted that **access to continuum of care** and case management services including those related to physical and mental healthcare, substance use, addiction treatment, therapy and counselling, and trauma-informed care would help them address some of their prolonged health challenges and ensure stability in their lives.

Participants believed that **advocacy for policy change** is vital to ending homelessness and wanted stakeholders to advocate for their rights as tenants and provide them with legal support and guidance to navigate the justice system. Participants also stressed the

need for the government to make changes to existing policies and ensure that these policies address the unaffordability of housing, as well as racism in obtaining housing.

Recommendations

Based on the experiences and perspectives of encampment residents in this study, Hub Solutions curated the following 6 recommendations:

1. Services for encampment residents should be provided with an age and gender lens, meaning that agencies that specifically work with young people, older adults, and women should be brought in. Although Indigenous identity was not reported, encampment residents who are Indigenous should be referred to Indigenous services.
2. A comprehensive approach to addressing homelessness, which includes the development of new, and protection of existing, affordable housing, increases to social assistance that are tied to rising inflation, eviction prevention supports, supports provided through a harm reduction approach, supports for people experiencing domestic violence, and supports for people exiting institutions, will have a significant impact on encampments.. A comprehensive response to homelessness will provide people with options and supports to prevent homelessness from occurring and allow for quick and sustained exits from homelessness.
3. The Region of Peel should invest in Housing First programs that adhere to the Pathways model of Housing First. The model is low-barrier, meaning that there are no pre-conditions for someone to be housed (e.g., medication adherence, substance use) (Aubry, Nelson, & Tsemberis, 2015). Clients are provided with a rent supplement so that they pay less than 30% of their income on rent. Clients indicate the type of housing that would best fit their needs, either independent scattered-site housing or permanent supportive housing. The model also provides community-based supports via an Assertive Community Treatment (ACT) team or an Intensive Case Management (ICM) team. This model would address the survey participants' needs related to attaining affordable and permanent housing.
4. Shelters should ensure immediate and easy access by lowering barriers to entry and staying open 24/7. They should eliminate sobriety and income requirements and other policies that hinder shelter entry, shelter stay, or access to housing and income opportunities.

5. Emergency shelters in Peel Region should review their policies to ensure that they are offering low-barrier access. There are several resources provided by the National Alliance to End Homelessness to support this process.
6. The Region of Peel should abide by the principles outlined in the National Protocol for Homeless Encampments in Canada in order to support the safety and well-being of encampment residents.

Limitations

It is important to highlight that this research was conducted to describe the perspectives of encampment residents only. With this limitation, the study is missing valuable inputs from key service providers and stakeholders and is unable to depict a full picture (i.e., challenges in service provision, reasons for those challenges, recommendations for improvement, etc.).

Additionally, the report does not include a scientific and evidence-based literature review. As a result, the study cannot definitively offer a justification for the outcome information. However, the research gives stakeholders, service providers, and policymakers an overview of where the specific population stands and provides suggestions and recommendations to address their existing and emerging needs.

References

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