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PEEL POVERTY ACTION GROUP (PPAG) ENCAMPMENTS SURVEY REPORT

hub
solutions

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Acknowledgements

Table of Contents

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.

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 encampment and unsheltered residesnts across Peel from November to December of 2022.

Purpose and Scope of the Research

With assistance from the Peel Alliance to End Homelessness and community partners, PPAG collaborated with Canadian Mental Health Association (CMHA) Dufferin/Peel Street Outreach, Moyo Health & Community Services (formerly known as Peel HIV/AIDS Network), 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). Details on the methods of the research are described in the next section.

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 questions 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. Quantitative data was descriptively analyzed, and qualitative data was thematically analyzed.

Findings

A summary and interpretation of findings from the survey are detailed in this section and divided into the following sub-sections: 1) Participant Demographic, 2) Current Living Conditions, and 3) Participant Perspectives on Better Living Condition

PARTICIPANT DEMOGRAPHIC

Among the 179 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 years constituted only 3.91%, and those who were older than 55 years made up 18.75%. (See Table 1 and Table 2). Looking at gender and age breakdowns, the largest proportion of women were between the ages of 25 to 44 (32%), while the largest proportion of men were over the age of 55 (16.28%)

Table 1: Gender Identity of Participants

Gender Identity	Participants (%)
Women	27.93
Men	72.07
Non-binary	0.00

Table 2: Age Range of Participants

Age range (years)	Participants (%)
Under 18	0.56
18-24	3.35
25-34	23.46
35-44	30.17
45-54	24.02
55-64	12.85
65+	5.59

CURRENT LIVING CONDITION

Participants were asked about their current area of encampment residence in Peel Region. Slightly more than half of the participants (54.4%) were situated in Brampton, followed by Mississauga (35.56%) and Malton (4.4%) (Table 3). In response to the question about their current living or sleeping environment, about half (52.2%) of the respondents mentioned that they spent their nights in multiple locations and often changed over time. One participant expressed that they had to change their location almost *"three times every night".* The participants explained that the locations they chose are often based on *"whatever is warm"* and *"wherever they can find".*

Participants were currently living in parks (45.56%), streets and alleyways (34.45%), building surroundings including staircases, storefronts and accessible rooftops (31.11%), forests (26.67%), bus and train stations and parking lots (10.00%), under the bridge (6.67%), and campsite tents (6.67%). Participants also mentioned broken or abandoned vehicles, public bathrooms, clothing or donation bins, and sheds or backyards of friends' houses as places for sleeping (See Table 4).

Table 3: Current Living Area in Peel Region

Peel Region Area	Participants (%)
Brampton	54.44
Mississauga	35.56
Malton	4.44
Multiple places	4.44
Not comfortable answering	1.11

Table 4: Current Living Environment

	Participants (%)
Park	45.56
Buildings	31.11
Street	28.89
Forest	26.67
Bus/Train Station/Parking lots	10.00
Under the bridge	6.67
Campsite tent	6.67
Alley	5.56
Other	13.33

Causes Behind Current Living Conditions

Participants were asked to share their thoughts on what brought them to sleeping outside or being unsheltered. We itemize below the contributors to participants' current living conditions. It is essential to acknowledge that there is usually a combination of these factors for one to experience homelessness and this has been the case for almost all participants who mentioned more than one factor that brought them into unsheltered living.

1.   **Inability to afford and maintain housing:** A large number of participants (42.07%) mentioned that they could not afford housing for themselves and their families. Participants described a low household income, unemployment and loss of a job as contributors to their inability to pay monthly rent which eventually led them to become unsheltered. The increase in housing expenses over time also made maintaining housing difficult. For example, the majority (82.61%) of those who were over the age of 55 noted their inability to afford housing due to limited income (e.g., pension, Old Age Security).

About one-quarter (26.83%) of respondents shared that they were removed from their previous housing either by family and friends or as a result of eviction. Among those who experienced eviction due to their inability to pay rent, 9 (5.03%) participants mentioned that they lost their rental housing because of changes in ownership where the new owners did not wish to rent out their units to the participants. The absence of a written and legal lease agreement also played a role in maintaining housing in the occurrence of evictions.

2.   **Physical, mental health and substance use challenges:** A little less than half (41.46%) of respondents shared that they endured physical, mental health, and substance use challenges, often in combination, which contributed to their unsheltered housing status. Physical health challenges included previous accidents, chronic pain, and mobility issues, that affected employment, income, and, eventually, the ability to pay rent. Similarly, participants' use of different substances (i.e., alcohol, opioids, methadone etc.) influenced their financial ability to afford housing. Substance use and mental health challenges were the most commonly listed reasons for being unsheltered for both males and females of almost all ages.

"I lost my housing because I ended up not paying my rent and getting too far behind on rent because of my substance use. Opiates cost too much money." "- Survey Participant

Lack of insurance coverage and inaccessibility to necessary support (i.e., due to lack of knowledge about available support, lack of transportation facilities to treatment centers.

Stigma etc.) often made it harder for participants to receive the help they needed to maintain a healthy and stable life, creating a cycle of homelessness. One participant mentioned that they had been living with *"schizophrenia with no medicine for three years"*. In the words of another participant:

'[I was] living with mom-in-law and got kicked out. [I was involved in a] car accident nine months ago [which] make[s] it hard to get up due to arthritis. Insurance doesn't cover physio[therapy]."

3. **Individual and relational factors:** Breakdowns in family relationships, incidents of abuse and neglect, and past trauma were identified as common interpersonal factors behind unsheltered living conditions for 21.34% of respondents. Participants reported that conflicts within the family often escalated to the point where they were asked to leave their residence. Twenty-three (12.85%) participants reported that incidents of intimate partner violence and abuse from other family members engendered their experience of homelessness. Past trauma included the loss of a family member or spouse and adverse life experiences that evoked mental health challenges, substance use, and difficulty maintaining employment and housing.

4. **Systemic and structural challenges:** Twenty-one (11.73%) respondents identified a combination of systemic and structural challenges behind their unsheltered living. Among them, a little more than half emphasized that a history of incarceration and/or run-ins with the law hindered their access to employment and affordable housing. In some cases, they were removed from their previous housing after their release from custody with no option for affordable housing. A lack of support and representation generated a sense of hopelessness and a barrier to housing.

"I went to jail and lost my apartment and all of my stuff got thrown out, so essentially I lost absolutely everything when I went to jail"- Survey Participant.

Some respondents (2.4%) said they experienced racism and stigmatization while looking for housing. Others noted that their lack of formal identification prevented them from being employed and housed. Participants also shared that a lack of support in accessing medical assistance, mental health and substance use treatment, representation in the judicial system, and help in recovery from traumatic events often led to a cycle of homelessness for them.

5. **Shelter challenges:** Unsafe shelter environments and incidents of discrimination and stigmatization from shelter staff led 6.1% of respondents to live outside. Some of

them expressed that they had been prohibited from different shelters due to their dependency on substances, exposure to COVID-19, and interpersonal conflict with other shelter residents. Some respondents said they avoided shelters because they *"have heard bad things about shelters",* and feel uncomfortable in the shelter environment due to the overcrowding, ongoing use of drugs among residents, the prevalence of people with mental health challenges, lower quality of food, etc.

PARTICIPANT PERSPECTIVE ON BETTER LIVING CONDITIONS

Participants were asked about their perspectives on better living conditions, that is: what would 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. We categorized the responses to these questions into the following sections:

Support to Make Staying Outside Better

1.   **Safe place to stay**: About three-quarters (73.01%) of respondents identified the need for a safe place to stay and spend the night. For some, a safe place would be somewhere that is "*inside and warm*" and "*a welcoming, respectful, and safe shelter environment*". For others, it would be a safe and better tent condition. More than one-third (39.37%) of respondents mentioned that they needed the necessary tent equipment for a safer and relatively stronger structure. For example, they would require heating equipment (i.e., winterized tents, electric heater, insulation etc.), sleeping equipment (i.e., sleeping bags, pump for sleeping bags etc.), camping gear (i.e., tarp, rope, stove for cooking outside, recharge lights etc.) and so on. Some common problems that tent occupants face include a sense of insecurity, removal of tents by security officials, loss of belongings, and emergence of wild animals in the encampment areas. Participants want authorities to take measures to ensure safety around the encampment, which would protect them from those challenges. Two participants suggested making changes in policy that would give them a legal right to sleep outside in tents.

2.   **Access to essential needs:** In addition to access to a safe structure, participants would benefit from access to essential needs. For example, more than half of respondents (61.37%) expressed their need for basic and essential supplies, such as food, clothing, warm clothing to survive winter, washrooms, showers, hygiene products, heating, and medication. Many of them labelled these supplies as "survival supplies".

3.   **Outreach support and continued care:** Some respondents (2.44%) feel that there is a lack of overall support available in the community, and they would benefit from

additional community-based programs. Additionally, 4.91% of respondents believe that more visibility or presence of outreach workers in the community, frequent visits and communication would help them get access to other available support services. The participants wish for enhanced access to and assistance from affordable housing support, health and mental healthcare, harm reduction supply and support, and financial support that would help them in obtaining and maintaining affordable housing permanently.

Support to Obtain and Maintain Permanent Houing

Participants mentioned affordable housing options, financial stability, wrap-around care, and advocacy as some of the core supports that they needed to obtain and maintain permanent housing.

1. **Affordable housing support:** Affordable housing options are the most required support by participants of all genders across all age groups. A little less than half (43.83%) of respondents expressed the need for more affordable units, and 17.9% expressed that they would require additional support to get access to affordable housing units. Participants want housing support workers to help with housing searches and guide the entire process by accompanying clients to visit housing units, arranging for transportation, helping with the application process and required paperwork, and supporting in communicating with landlords (i.e., rent negotiation, lease agreement, rent payment through social assistance, etc.). Participants mentioned that they would appreciate a chance from landlords who are willing to rent housing units to them, as participants often feel discriminated against due to their experiences of homelessness.

Participants may also require guidance on maintaining housing after obtaining it. Some participants (5.63%) mentioned that they would require assistance in coming up with a system to pay the full rent on time. The most common type of payment plan suggested by participants is a direct deposit to landlords from their earnings which can prevent them from *"relapsing and spending the money [on something else]"* and can *"avoid losing the housing for non-payment"*. Other than rent payments, some participants would also benefit from acquiring the necessary life skills to maintain housing, such as keeping the unit clean, maintaining amicable relationships with landlords and housemates, etc.

2. **Financial support:** About one-quarter (26.49%) of respondents expressed that they needed immediate financial support to obtain housing, and 13.13% mentioned that they would require continuous financial support to retain housing. Approximately thirteen percent (12.5%) noted that they needed access to stable employment to afford rent and build their credit to maintain housing. These participants also require assistance with searching for employment and preparing for interviews and budgeting with their income. Those who are unable to secure steady employment would require support with social

assistance(i.e., Ontario Works and Ontario Disability Support Program). For example, support in applying for social assistance, switching from one type of assistance to the other (i.e., from Ontario Works to Ontario Disability Support Program), and increasing their income through social assistance.

3.   **Continuum of care:** Participants shared that continued physical and mental healthcare support, and substance use support, would help them address some of their prolonged health challenges and ensure stability in their lives. Support for mental health and substance use challenges were the most prevalent needs for participants across all ages. Participants shared that they needed access to addiction treatment for alcohol and drug use, therapy and counselling to cope with daily struggles, treatment for mental health disorders, and trauma-informed care, to name a few. They also shared that access to healthcare would help them receive proper treatment for their medical conditions, often chronic, that interfere with their ability to maintain employment. Some respondents expressed that they needed access to medication for their diagnosed physical and mental health care challenges (e.g., arthritis, schizophrenia etc.).

Some respondents (14.38%) said they needed continuous case management services for enhanced access to available services in the community, reuniting with family and friends, and helping with the necessary paperwork for employment and permanent housing. Others (9.26%) needed assistance with obtaining identification, applying for banking, and filing for taxes.

4.   **Advocacy and policy changes:** Research participants believe that advocacy is an important tool for ending homelessness. Ten percent (10.49%) of respondents wanted stakeholders to advocate for people experiencing homelessness. According to one participant: *"[We need] Help from anyone who has the capacity (a voice) that's heard and respected throughout the community because homelessness is a pandemic".* Participants need people to advocate for their legal 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 and racism in obtaining housing. They believe these policies would lead landlords to set any biases aside and rent out to people from all demographics. They also believe that a restructured social service system can help them break out of the cycle of homelessness.

" [We need] a restructured social services system. In order to be stable, I need a job and if someone chooses to employ me despite my appearance, my inability to provide contact information, my lack of transportation or [my] inability to feed myself and take care of myself; if despite ALL of those factors I get a job, welfare will take 50% of it, and then my rent will take 30% of it which will continue to entrap me in survival. If I get hurt [or] lose my job or take out a load or get a fine or get a ticket, [it] will cause me to lose everything and start back from the street waiting on another miracle. It's so vicious."- Survey participant.

Interpretation and Recommendations

The results from this survey demonstrate the scope of encampments and the needs of encampment residents across Peel Region. Participants were primarily men between the ages of 25 to 54, and the majority were either residing in Brampton or Mississauga. It is important to note that at least one participant was under the age of 18 and close to 20% were over the age of 54. This indicates a need for targeted responses for both age groups. Although there were fewer women residing in encampments, domestic violence was listed by several participants as a cause of their homelessness. This also provides evidence for the need for targeted services for women residing in encampments.

> **Recommendation**. 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.

The causes of participants' homelessness and strategies to exit homelessness largely mirrored that of previous research. We know that homelessness results from structural, systemic, and intrapersonal and relational factors (Gaetz et al,, 2016). Participants noted the impacts of the lack of affordable housing in Peel Region, experiencing evictions due to financial strain, employment loss due to physical and mental health challenges, experiences of interpersonal violence, and exiting the criminal justice system. These factors often interplay with one another, resulting in a person experiencing homelessness. It reinforces the need for increases in affordable housing, stronger eviction prevention measures, enhanced provincial income supports (i.e., Ontario Works and Ontario Disability Support Program), harm reduction and substance use supports, supports for domestic violence survivors, and transitional supports for people exiting institutions. As outlined in in the National Protocol for Homeless Encampments in Canada (Farha &

Schwan, 2020), encampment residents must be meaningfully engaged in any discussions related to relocation or exiting an encampment.

> **Recommendation**. 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.

> **Recommenation.** 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 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.

In some cases, participants were residing in encampment due to not feeling safe in the shelter system, feeling discriminated against by staff, or being barred. These responses reflect the importance of emergency shelters to operate from a low-barrier approaches to services. The National Alliance to End Homelessness (2018) defines a low-barrier emergency shelter as one that:

> Ensures immediate and easy access to shelter by lowering barriers to entry and staying open 24/7. Eliminates sobriety and income requirements and other policies that make it difficult to enter shelter, stay in shelter, or access housing and income opportunities.

> **Recommendation**. 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.

The support needs identified by participants while in the encampments were a safe place to stay, essential needs, and outreach support. These needs align with recommendations outlined in the National Protocol for Homeless Encampments in Canada (Farha & Schwan, 2020). Principle six of the Protocol states that governments should ensure that encampment residents have their basic needs met. This includes: (1) access to safe and clean drinking water, (2) access to hygiene and facilitation facilities, (3) resources and support to ensure fire safety, (4) waste management systems, (5) social supports and services, and guarantee of personal safety of residents, (6) facilities and resources that support food safety, (7) resources to support harm reduction, and (8) rodent and pest prevention.

> **Recommendation**. 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.

As is always the case with survey design, it is difficult to acquire in-depth information and follow up with participants for elaboration and clarification. In the future, attempts should be made to conduct in-depth interviews and/or focus group discussions with relevant stakeholders, to draw upon the perspectives of key informants and conduct a scientific literature review to corroborate best practices.

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