

Community Needs
ASSESSMENT
Summary Report

2019

**DETAILED REPORT
OF FINDINGS:**
Housing and
Homelessness



Acknowledgements

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The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about housing and homelessness prevention.

Community Profile

Population

- 109,787 residents live in Haldimand and Norfolk counties combined (41.5% in Haldimand County and 58.3% in Norfolk County).¹
- Haldimand and Norfolk counties are defined as rural regions because over 50% of the population in each county live in rural communities (i.e. <150 persons per square kilometer).
- The population density in Haldimand County is 36.4 people per km² and in Norfolk County it is 39.9 people per km², compared to Ontario, where the population density is 14.8 people per km² and Canada, where the population density is 3.9 people per km².¹

Housing

- The majority of residents in Haldimand County (84.8%), Norfolk County (83.1%), and Ontario (54.3%) live in single family detached homes. The proportion of residents living in apartments (i.e. greater than and less than 5 stories) is lower in Haldimand and Norfolk than Ontario.¹

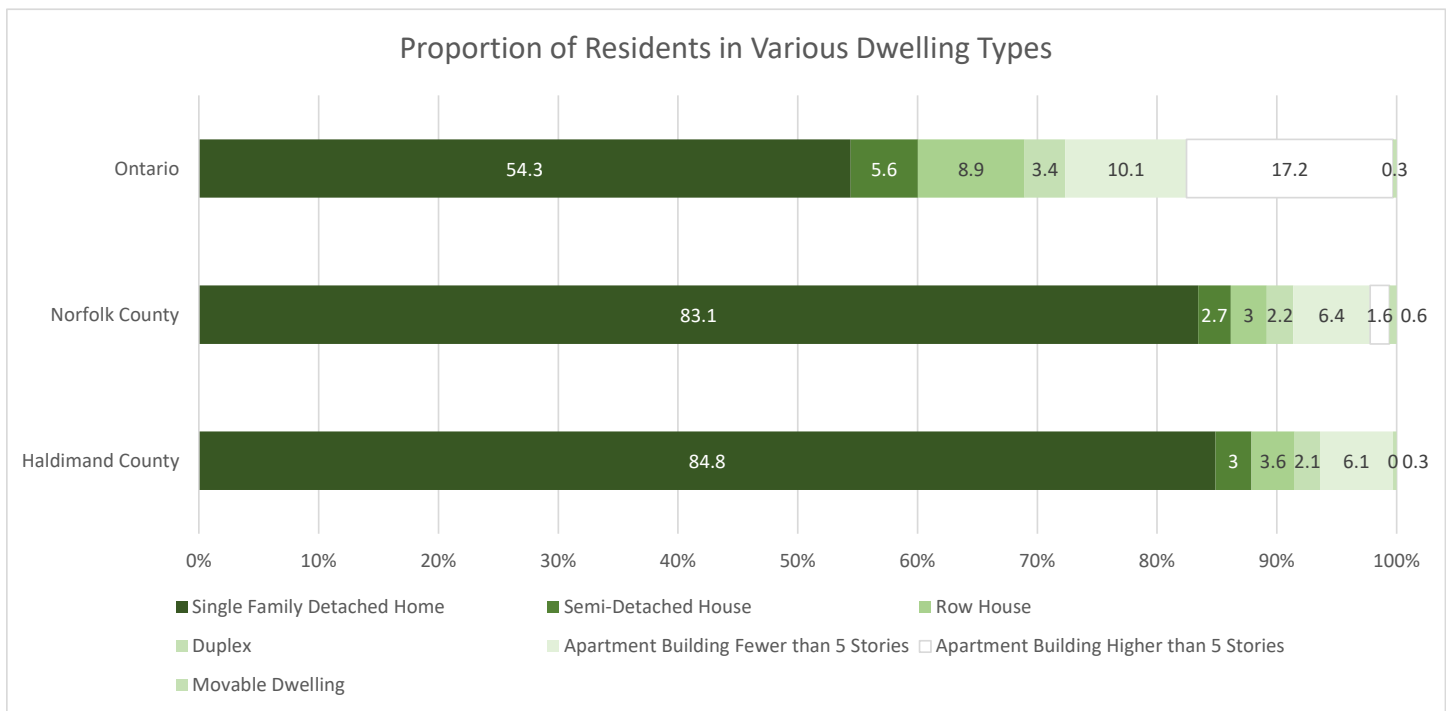


Figure 1. Proportion of residents in various dwelling types in Haldimand, Norfolk, and Ontario.¹

- The average household size was similar in Haldimand (mean=2.6 people), Norfolk (mean=2.4 people), and Ontario (mean=2.6 people).¹

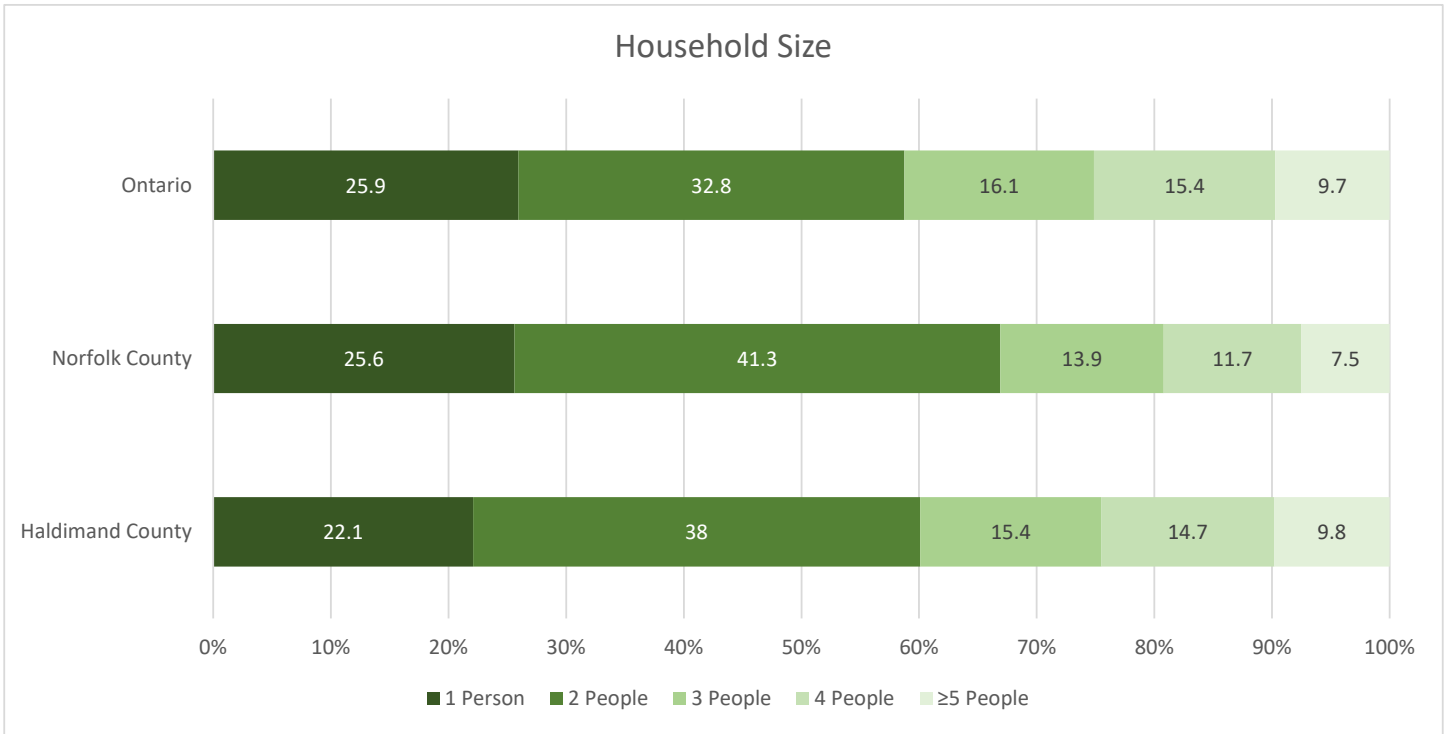


Figure 2. Household size in Haldimand, Norfolk, and Ontario.¹

- The majority of homes in Haldimand County (73.8%), Norfolk County (70.6%), and Ontario (67.4%) included only one census family.¹

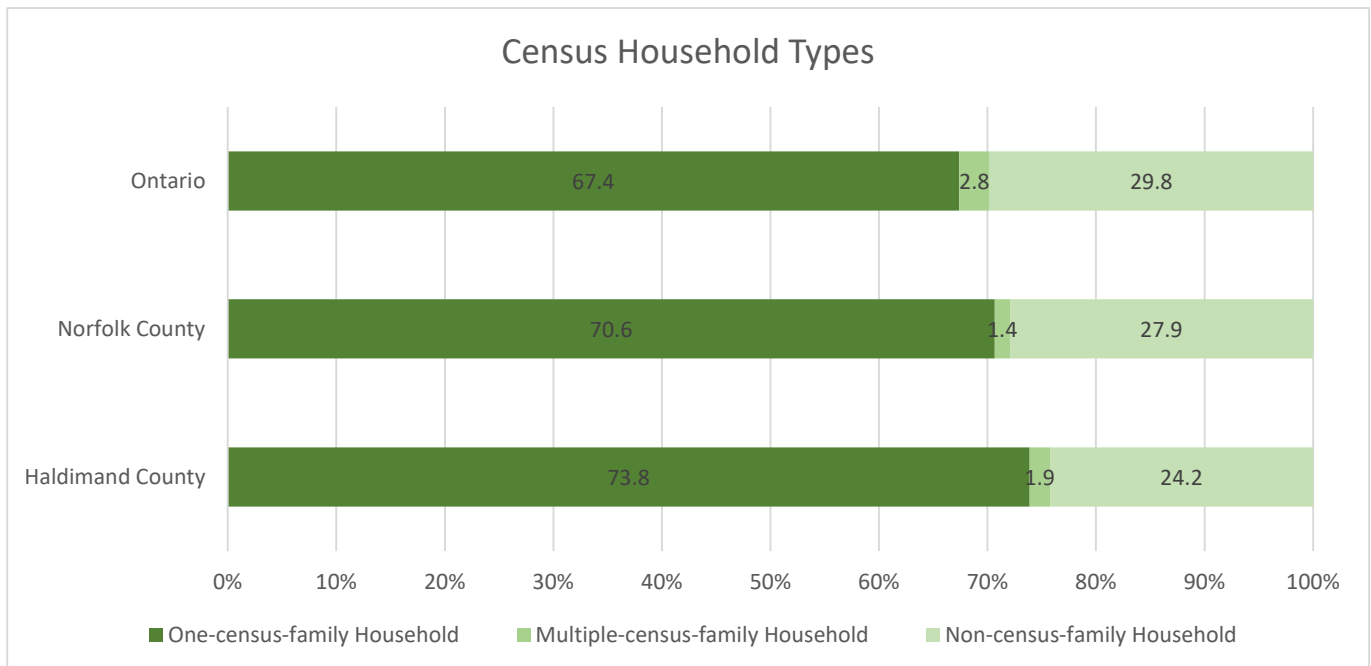


Figure 3. Census household types in Haldimand, Norfolk, and Ontario.¹

- There were more owners than renters in Haldimand and Norfolk counties and proportionally more owners than in Ontario.

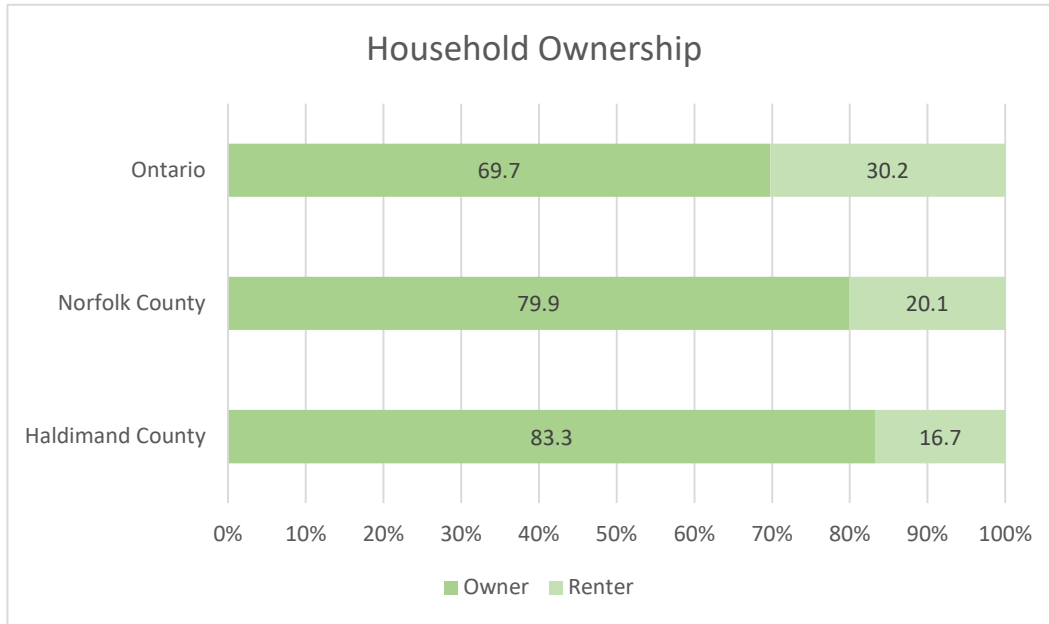


Figure 4. Household ownership status in Haldimand, Norfolk, and Ontario.¹

- There were fewer households with ≤2 bedrooms in Haldimand and Norfolk counties than in Ontario.

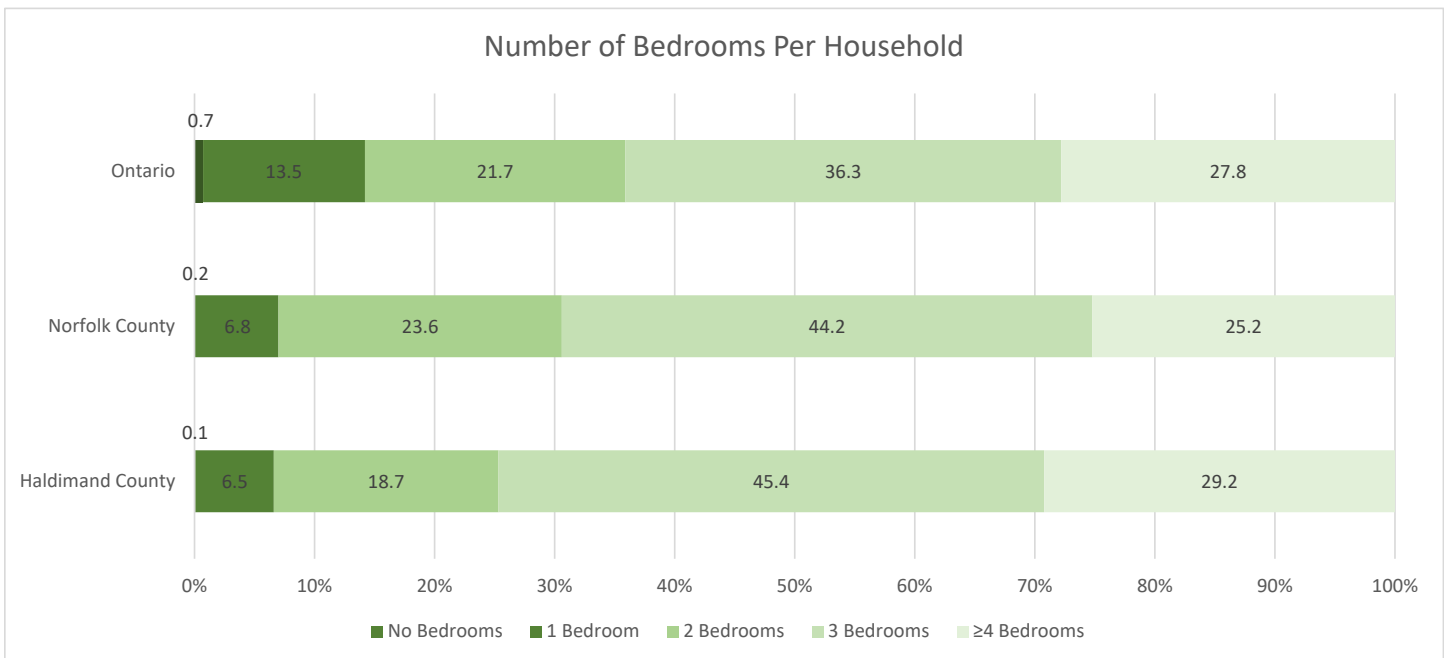


Figure 5. Number of bedrooms per household in Haldimand, Norfolk, and Ontario.¹

- The majority of households in private dwellings had one person or fewer per room in the house in Haldimand County, Norfolk County, and Ontario.¹

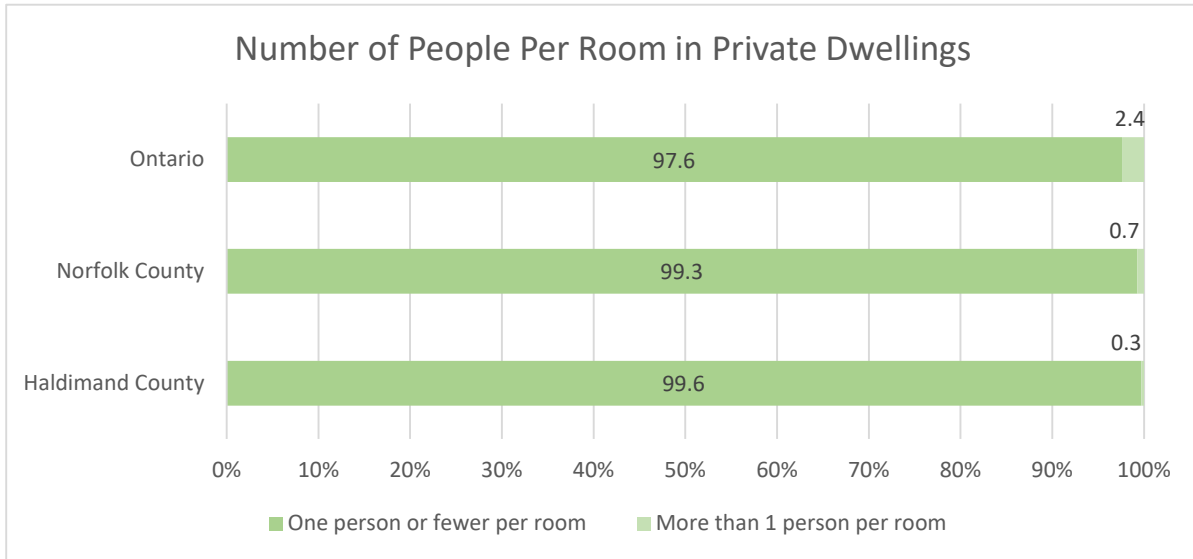


Figure 6. Number of people per room in private dwellings in Haldimand, Norfolk, and Ontario.¹

- Private dwellings in Haldimand and Norfolk counties were typically older than private dwellings in Ontario.¹

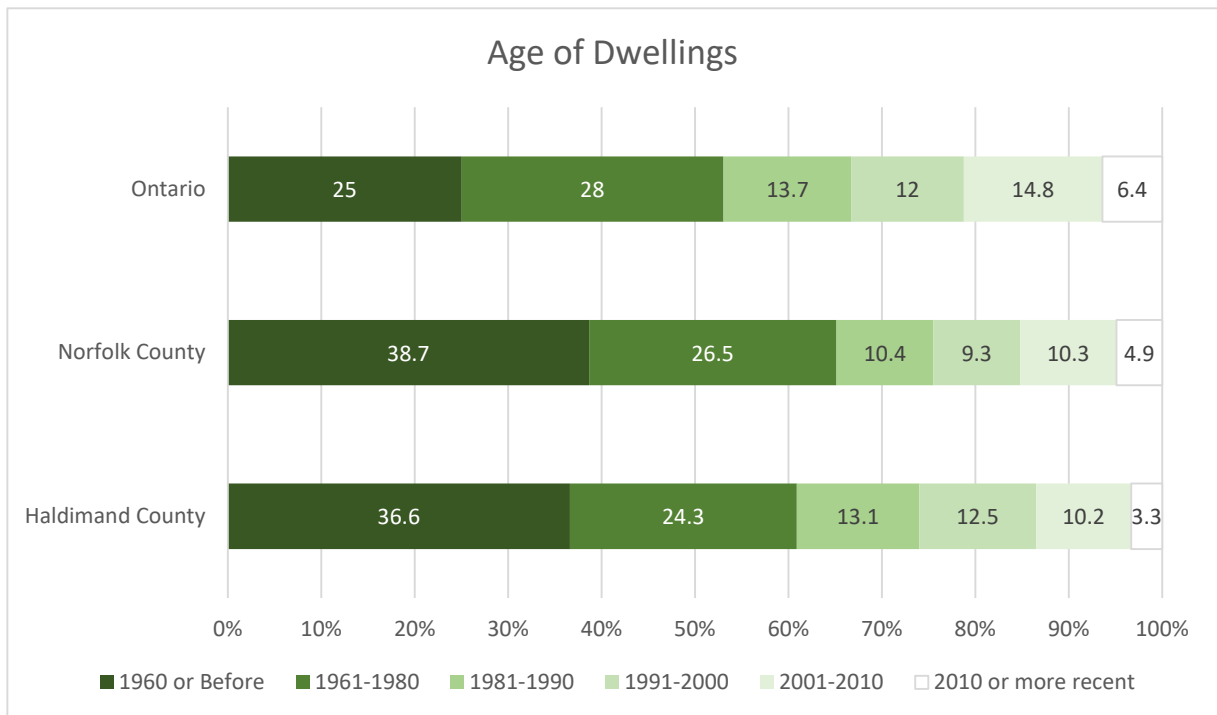


Figure 7. Age of private dwellings in Haldimand, Norfolk, and Ontario.¹

- More dwellings in Haldimand (6.7%) and Norfolk (6.5%) counties were reported to need major repairs compared to Ontario (6.1%).¹
- The proportion of the population spending $\geq 30\%$ of their income on shelter was lower in Haldimand County (19.7) and Norfolk County (20.3%) than in Ontario (27.7%).¹

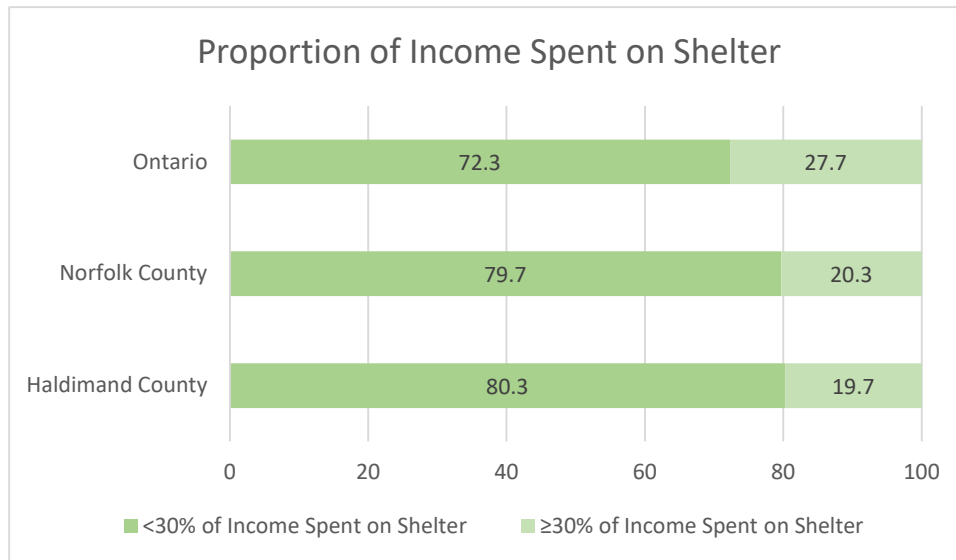


Figure 8. Proportion of the population spending greater than and less than 30% of their income on shelter in Haldimand, Norfolk, and Ontario.

- The proportion of the homeowners with a mortgage was lower in Norfolk County (53.7%) than in Haldimand County (62.7%) and Ontario (61.0%).¹
- The average monthly cost of owned shelter in Haldimand County (\$1,219.00) and in Norfolk County (\$1,061.00) was lower than in Ontario (\$1,463.00). However, the median income in Norfolk County (\$67,338.00) was \$6,949 lower than the provincial median income (\$74,287.00).¹
- The average value of private dwellings in Haldimand County (\$336,774) was higher than in Norfolk County (\$297,434), however both were lower than in Ontario (\$506,406).¹
- The average monthly cost of rented shelter in Haldimand County (\$883.00) and in Norfolk County (\$837.00) was lower than in Ontario (\$1,109.00).¹
- The estimated housing and related costs (rent, utilities, tenant insurance, phone, and internet) for a working family of four is \$1,176 in Haldimand and Norfolk counties. Based on these costs, for a two-income household, the living wage for Haldimand and Norfolk is \$16.58 per hour in 2019.²

- A lower proportion of residents in Haldimand and Norfolk counties moved in the previous 12 months than in Ontario.¹

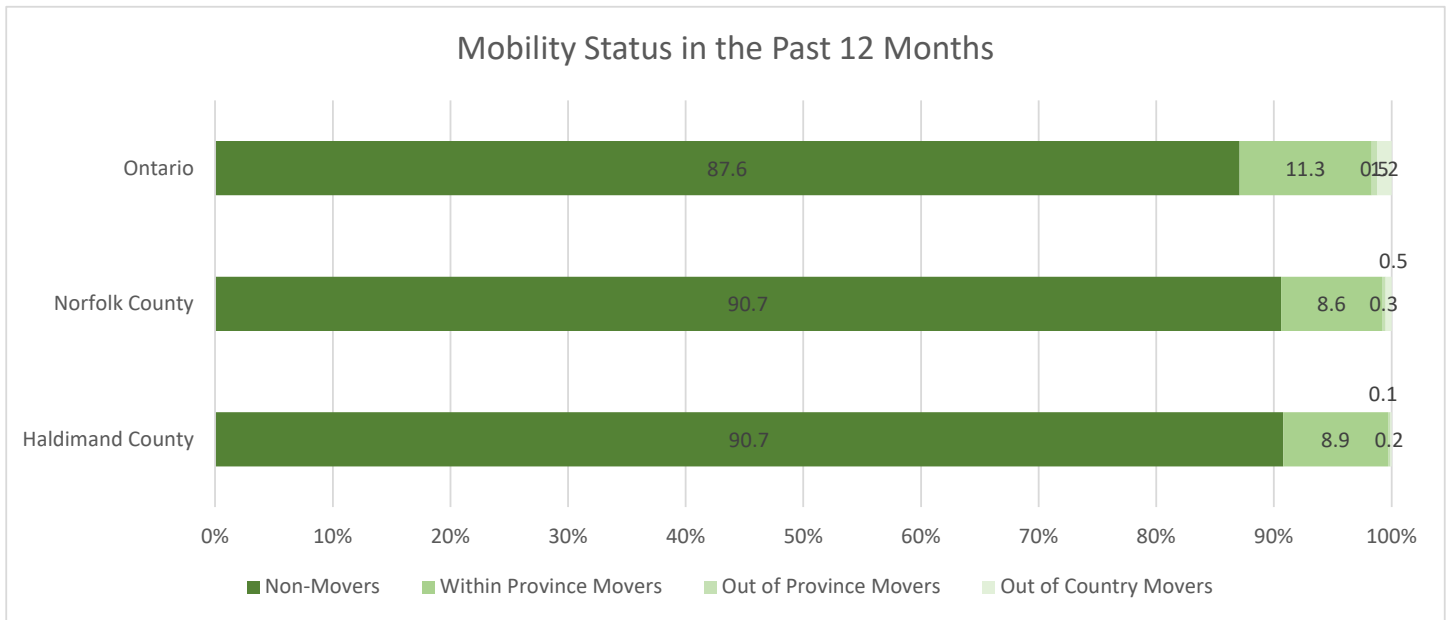


Figure 9. Proportion of the population who have moved in the past 12 months in Haldimand, Norfolk, and Ontario.¹

Homelessness

- There are 25 rooms available for emergency housing supports in Haldimand and Norfolk. The length of stay in these rooms ranged from 0-136 nights. The vacancy rates for these rooms were low.³
- The 2018 Homeless Enumeration identified 79 homeless residents in Haldimand and Norfolk, with a higher proportion of residents experiencing homelessness in Norfolk (68%) compared to Haldimand (32%).³
- Of the individuals who were enumerated as homeless in 2018, 14 (18%) were young adults, 58 were middle-aged adults (i.e. 25-54 years, 73%), and 5 (6%) were older adults (i.e. 55-64 years, 6%).³
- The majority of homeless people in Haldimand and Norfolk were hidden homeless (i.e. had somewhere to go to e.g. stay with a family or friend) or sheltered homeless (i.e. in shelters).

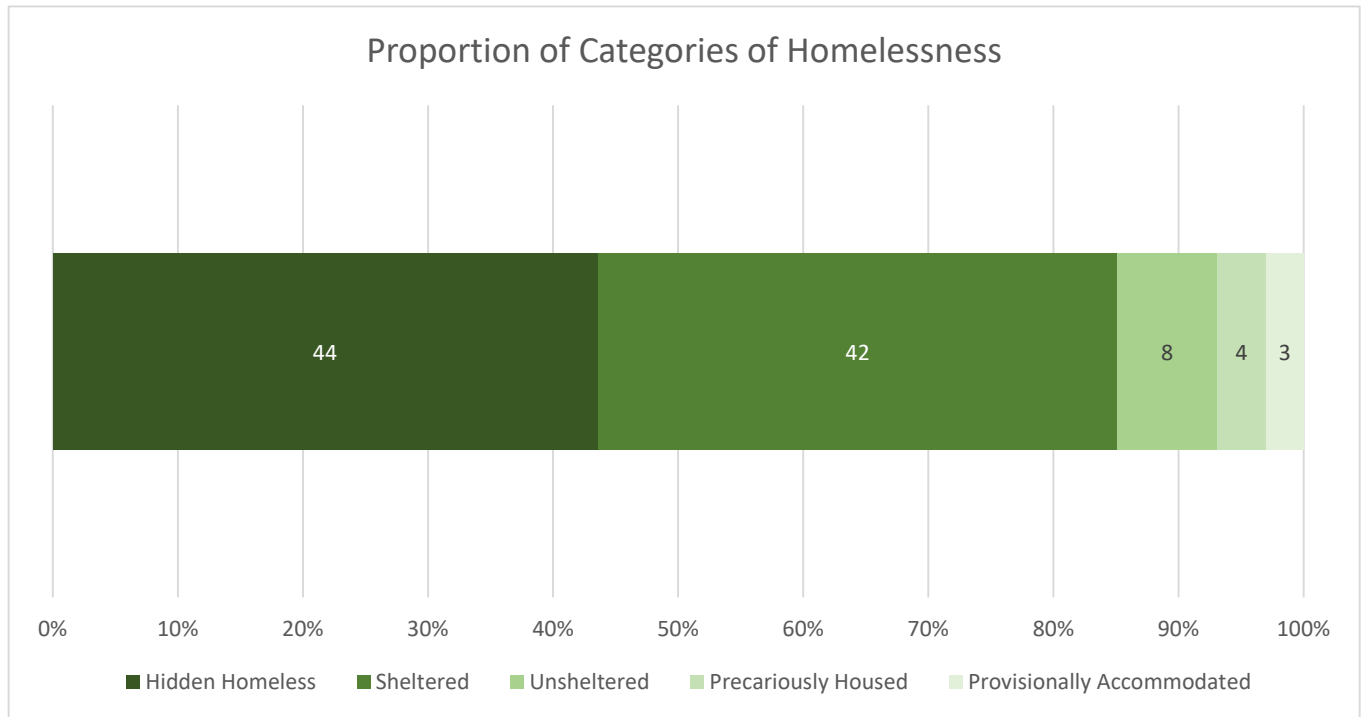


Figure 10. Proportion of enumerated homeless in Haldimand and Norfolk by category of homelessness.³

- Of the enumerated homeless population in Haldimand and Norfolk, 70% (n=55) identified two or more health factors that influenced their daily life, including chronic (n=37), acute (n=32), and addictions and mental health (n=57) conditions.³

Education

- There are 25 public elementary schools and 12 Catholic elementary schools in Haldimand and Norfolk. There are also three faith-based private elementary schools and there is one French-language private elementary school in Haldimand and Norfolk.²
- There are eight public high schools and there is one Catholic high school in Haldimand and Norfolk.²
- The adult low-literacy rate (i.e. literacy issues that impact their day-to-day life) in Haldimand and Norfolk is 48%, which is about 2% higher than Ontario (46%).¹
- Adult literacy centres in Haldimand and Norfolk report that the most common barrier to accessing services is lack of transportation.
- Adult literacy centres in Haldimand and Norfolk report that contributing factors to the low-literacy levels in the region are homeschooling, interrupted education, and undiagnosed learning disabilities.
- Many individuals with low literacy also experience mental health issues, addictions, and poverty.
- The proportion of people with less than a high school diploma in Haldimand (20.9%) and Norfolk (24.1%) is higher than in Ontario (17.5%), while the proportion of college diplomas or university degrees is lower than in Ontario (55.1%).¹
- Overall, the levels of educational attainment are lower in Haldimand and Norfolk than in Ontario.

Community Survey Results

Demographics

- More survey respondents lived in Simcoe, Caledonia, and Dunnville than the other communities across the counties.

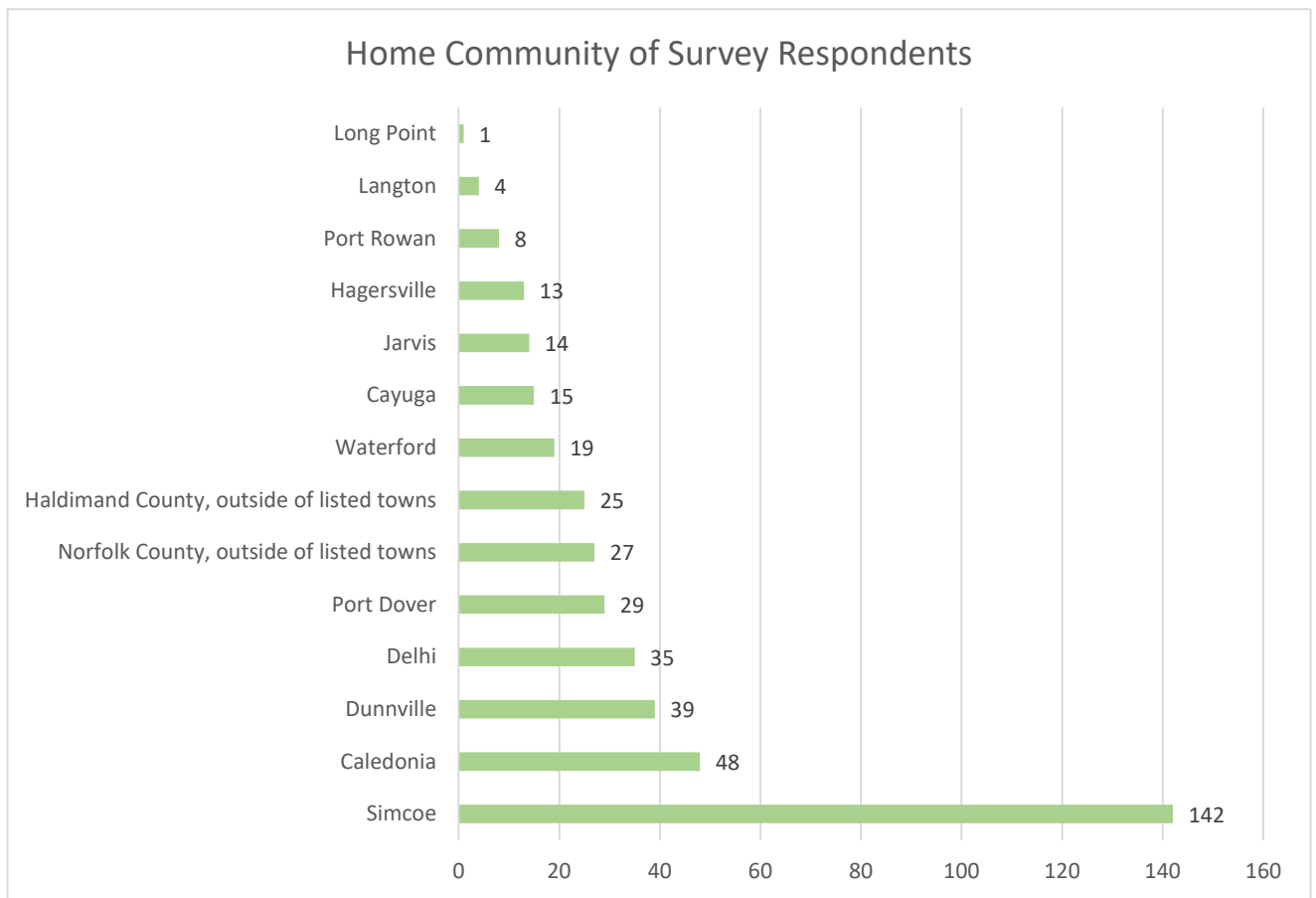


Figure 11. Community locations of survey respondents.

Housing

- In the past 12 months, 5% (n=20) of survey respondents reported accessing affordable or social housing.
- Of the 20 survey respondents who reported accessing affordable or social housing, 55% identified as a person with a disability, 15% as a visible minority, 10% as a religious minority, 5% as an Indigenous person, and none as LGBTQ2S+.

- Of the 20 survey respondents who reported accessing affordable or social housing, 45% reported an addiction to one or more of alcohol, drugs, and tobacco.
- Of the 20 survey respondents who reported accessing affordable or social housing, 50% reported having experienced sexual or domestic abuse.
- Of the 20 survey respondents who reported accessing affordable or social housing, 60% reported experiences with depression or anxiety, and 45% reported other, non-depression, mental illnesses.
- In the past 12 months, 5% (n=21) of survey respondents reported requiring affordable or social housing but being waitlisted.
- One third of participants (34%, n=102) ranked affordable housing services as a top three most important social support or service they need to keep their family healthy.
- Nearly one half of participants (48%, n=151) ranked additional housing supports as one of the top three services needed to improve the social health of their family.
- 25% (n=75) of survey respondents reported wanting more education or information about financial aid for housing.
- 10% (n=31) of survey respondents reported wanting more education or information about safe housing supports.
- The most commonly desired supports or help to find and maintain housing on a long-term basis were financial help to afford rent, financial help to afford utilities, and help finding housing.

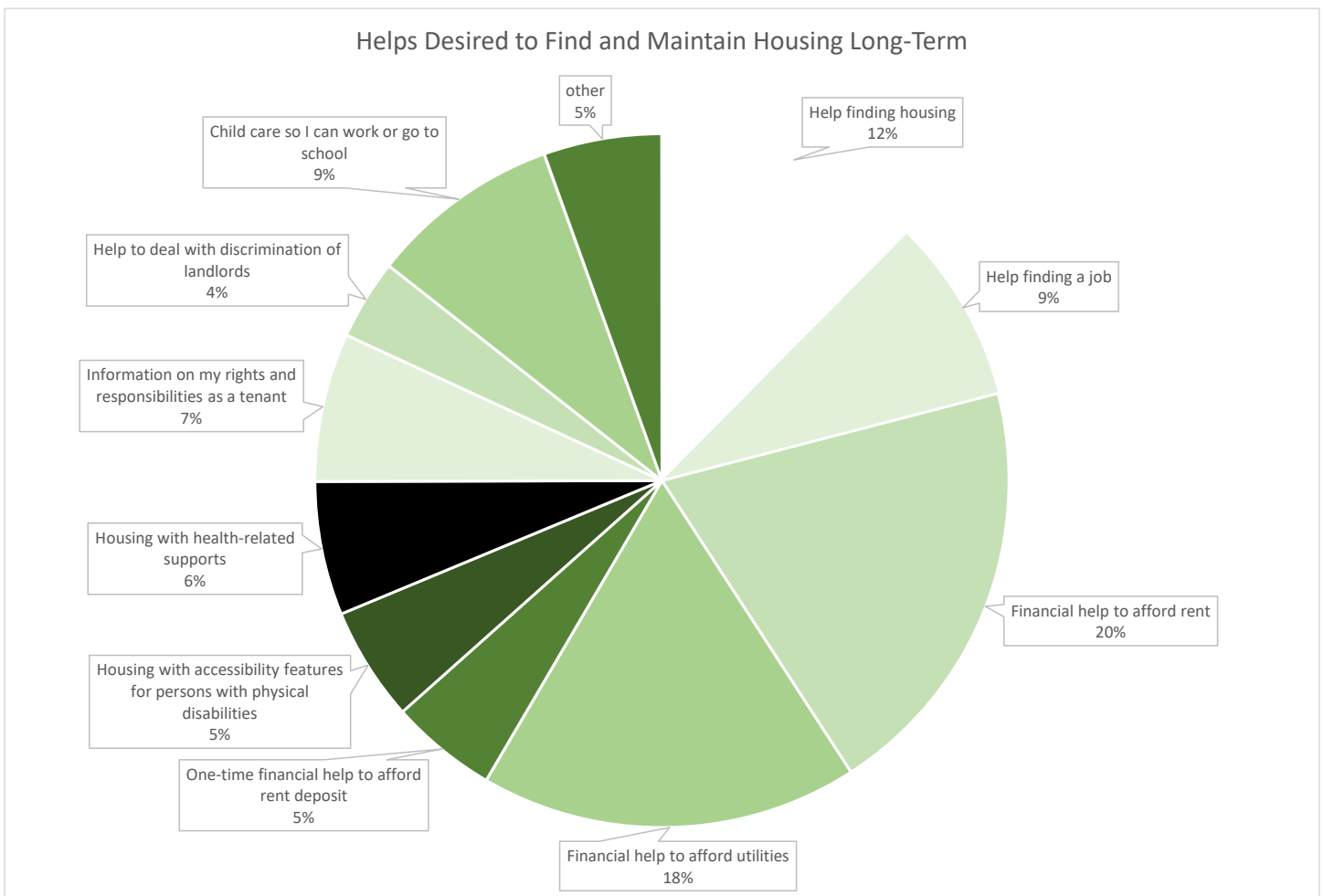


Figure 12. Proportions of types of help desired to find and maintain housing long-term.

- Other responses for needs to maintain a home were: supports for homeowners who become disabled without additional benefits, grants or assistance to support maintaining a home (e.g. roofing, etc.), more home upgrade programs for low-income families, support with saving for a down-payment of a home, increased in-home supports for seniors, allowing alternative housing (e.g. Tiny Houses), reducing the costs of childcare, safer streets, and increased housing allowances from government assistance programs (e.g. Ontario Disability Support Program, Canadian Pension Plan).
- 82% (n=233) of survey respondents agreed or strongly agreed that they could access safe housing for themselves and their families.
- 70% (n=201) of survey respondents agreed or strongly agreed that they could access affordable housing for themselves and their family.
- 82% (n=233) of survey respondents agreed or strongly agreed that Haldimand and Norfolk needs more affordable housing.
- In the past 12 months, 6% (n=17) of survey respondents reported having accessed housing support services from HNHSS.

Homelessness

- 13% (n=38) of survey respondents ranked more homeless prevention services as a top three most important social support or service they need to keep their family healthy.
- In the past 12 months, 3% (n=10) of survey respondents reported being homeless or forced to couch surf, and 5% (n=21) of survey respondents reported being forced to live with family or friends because they had nowhere else to go.
- 13% (n=38) of survey respondents reported wanting more education or information about homeless prevention services.
- 72% (n=207) of survey respondents agreed or strongly agreed that Haldimand and Norfolk needs more social housing shelter spaces.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on Housing and Homelessness discusses the key themes associated with this topic.

Mental Health and Addictions

One of the most commonly co-occurring themes (i.e. two issues that were discussed simultaneously) was the idea of mental health and addictions and the need for affordable housing. Many participants simply listed these two issues as the two greatest needs in the community; however, several others drew direct links between the two ideas. Several participants described how the complexities, nuances, and traumas of addiction may lead someone to be in desperate need of housing that is not available locally:

(K124) "I think that there are very limited housing options in Norfolk County and with the reality of what people are receiving on their ODSP cheque or their OW cheque is just difficult to find housing that is safe and affordable for them. And like people who have ongoing challenges and all those kinds of things. And the complexities that addiction and trauma brings with it too."

(K148) "What else does our community need? I don't know. Affordable housing definitely is the first and foremost without affordable housing all these people that are experiencing homelessness are going to continue to experience homelessness and we aren't going to be able to solve any problems [such as their addictions]."

(K127) "Or their housing costs are so high that they cannot afford where they are living. They don't pay their bills. Without that kind of support you have a lot of people that are lost in the chaos. They are in crisis mode..."

(K110) "The three priority areas are sort of linked together. When you don't have housing, live below the poverty line, you can have different forms of mental health and addiction challenges which lead to all of those things combined. Our numbers are just high unfortunately in Haldimand and Norfolk and our stats can demonstrate that. And it's not always those people on the poverty line, sometimes someone just comes up with bad luck and they lose their job. You can quickly become homeless."

The point that many participants made was clear: housing and mental health and addictions are major issues locally, and one cannot be well addressed without addressing the other.

As described above, the issue of housing, and specifically homelessness was described as being exacerbated by the mental health crisis in the region. A participant (K12) explained that addressing the mental health issue was the best and only way to tackle the homelessness prevalence in Haldimand and Norfolk, describing, "But the mental health piece is

the biggest portion because if we address mental health I believe it would address the addictions, it would address the homelessness. It's the mental health portion and having that support directly with the person and being able to walk along side." Relatedly, another participant (K14) explained the viciousness of the cycle that results in addictions and homelessness often co-existing,

"Addiction is a vicious disease where that is the primary focus. So you see people who are so focused on getting high that other things are not important to them- their family, their children, their housing, their income become less important to a point where they neglect it. And these are things that people wouldn't normally neglect. This is a bad disease. Nobody says 'I'm going to choose heroine over my children'. It just shows you how detrimental it can be, how dangerous it is. It is beyond that person's capability. So now you find yourself homeless, you lost all your friends and family, so what do you do? You support through addictions."

Poverty

Unsurprisingly, poverty and affordable (or lack thereof) housing were also often discussed together. Poverty and affordable housing were discussed in two ways, different sides of the same coin. First, poverty was described as preventing people from purchasing or renting a home, and second, poverty was described as a result of trying to pay rent or a mortgage for a home. As an example, one participant (K110) explained, "There is limited housing and also its expensive and unaffordable. With the poverty, we have 11-12% living below the poverty line, so it's really difficult for people to be able to afford the current housing stock." For the reverse, one participant (K127) said, "Or their housing costs are so high that they cannot afford where they are living. They don't pay their bills. Without that kind of support you have a lot of people that are lost in the chaos."

Housing

Housing was a very prominent issue in the focus group and interview discussions, similarly to the weight of the issue in the survey responses. Housing was primarily discussed in context of lack of available affordable housing stock, poor quality of housing, and homelessness.

Shortage of Available, Affordable Housing

The first major discussion theme or topic with regards to housing was a shortage of available affordable housing stock in Haldimand and Norfolk counties. When discussing their needs or the greatest needs in the community, many participants shared that housing was their greatest concern:

(FG3) "Safe and affordable housing- clean, affordable."

(K126) "More housing! It is always a big one. They waitlist for housing is huge."

(K137) "There is a humongous need for affordable housing. And that's not just poor people who are living in poverty. I have a son that makes more money, which gets paid more an hour than I get paid, and he doesn't think he'll ever be in a position where he can own a home. So affordable housing would definitely be a benefit. Maslow's hierarchy of needs, right?"

Other issues about the stock of available affordable housing also arose. For example, the affordable housing that was potentially available was not always in the areas of the community where clients had existing relationships and support networks, as one participant (FG3) explained, “[We need] homes near where we live and have systems and supports.” Another issue that was discussed was the availability of affordable housing stock for aging clients and those with physical disabilities, as one participant (KI40) shared, “[housing is not] meeting the needs for affordable housing or for these retirement age individuals.” This participant (KI40) continued by saying that what was available was nearly always being designed for the same homeowners, “In Caledonia, we have Empire Homes going off that are more geared to younger families. We have condos that are supposed to be going up in Dunnville. But they’re not necessarily meant for the retirement community specifically.”

Additionally, participants explained how the responsibility to house residents in Haldimand and Norfolk counties was shared across scales of government. This participant (KI40) also explained how the lack of supports for available housing could, and likely would, have additional impacts on other social systems,

“We’re seeing just a shortfall of housing. And all levels of government are connected. And we’re all taxpayers in some regard. So I think that the problem with the short shortage of housing in the community for retirement couples or for assisted living or anything like that ends up falling back on other supports. So family members that have to support their parents are aging or try to have other agencies come and do that for them.”

Quality of Housing

The second major discussion theme or topic with regards to housing, was the quality of affordable housing. In general, participants described that the affordable housing stock that was available was not in good condition. For example, one participant (KI67) explained, “So I think if we’re looking at health promotion, then we need to be looking at the quality of housing that people are living in and working collectively as a community to make sure that there is a standard that we’re setting with this community.” This participant was further discussing how these poorer standards of living in affordable housing had negative impacts on the quality of life and health that people experienced as a result. Another participant (KI24) shared similar sentiments, “And just kind of like the [negative] impact that it has on somebody to live in poor quality housing.”

Relatedly, quality of housing discussions sometimes also involved the housing available to certain priority population groups, such as Indigenous peoples and seasonal agricultural workers. One participant (KI43) explained that, “Indigenous peoples in the region have substantial troubles with housing, [such as] no water.” Several participants explained that the conditions in the bunkhouses for seasonal agricultural workers were not good, such as uncomfortable beds, crowded spaces, insufficient bathrooms, and small kitchens.

Beyond quality of housing, there were also discussions about the safety of these poorly maintained homes. One participant (KI42) added, “Precarious housing is also an issue: safety, affordability, etc.”

Emergency Housing and Homelessness

The final major discussion theme or topic with regards to housing was homelessness. Prevention of a seemingly growing, or more visible, homelessness problem in the region was considered by many to be the greatest need in the region. One

participant (K12) shared, “[The greatest need] would be mental health, addictions and homeless, homelessness prevention.”

The issue of homelessness in Haldimand and Norfolk was sometimes described to be growing and disproportionately high for the region. One participant (K127) explained that the issue of homelessness was much bigger than it appeared in the community, saying “Housing is a huge barrier as well. Because we have a lot of people that are living in what we could consider a homeless situation. They are couch-surfing, they are sleeping in a hotel, or motel or staying with a buddy.” Another participant (K114) echoed these thoughts,

“We have a lot of people who come to us in the fall, like September, October-ish. Because that is when it starts to get really cold and they can make do in a tent where ever they can find, they will stay outside. We have got a lot of unknown homeless who couch surf too. It’s not only people who don’t have a place, but people who don’t have stable place.”

As was described above, the issues of housing and homelessness were often comorbidities alongside mental health and addictions issues. Many participants explained how they felt that addressing homelessness meant first addressing mental health and addictions in the community (see above for more).



Conclusions

Housing and homelessness was one of the most commonly discussed needs in the entire CNA process. The issues of lack of affordable housing stock, quality of affordable housing, inappropriate dwelling types for affordable housing, and increasingly visible homelessness were ranked highly in the survey and discussed regularly in the focus group and interview discussions. Participants explained how housing was a major issue locally and how the issue de-stabilized the livelihoods of many residents. As a result, discussions of housing and homelessness can be found in many of the other chapters of this report.

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