Child and Family Homelessness:
Building a comprehensive framework to address child and family homelessness in Canada: Phase I, an environmental scan

By Amanda Noble
Acknowledgements

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Foreword

We all remember the game of Jenga – the tower of wooden pieces delicately put together. Remove the wrong part and the tower comes crumbling down, breaking into numerous pieces. It’s a crude metaphor, but our current approach to solving family homelessness in Canada has much in common with the collapsed Jenga tower. While innovative programs and initiatives exist across Canada and individual organizations are doing some amazing work, these efforts have not been put together in a strategic, holistic way. After 30 years of removing the ‘pieces’ of our social safety net, the ‘tower’ has collapsed.

While homelessness has been caused by a variety of structural, systemic, and individual factors, our response has largely been addressed at the individual level, often by an overburdened homelessness sector. If we are to end family homelessness (or homelessness in general), it is time to put the pieces together to form a strategic, coordinated response that puts the responsibility for solving the problem where it should be – across all sectors of society.

Raising the Roof’s Child and Family Homelessness Initiative aims to do just that – put the pieces together to create a comprehensive framework for early intervention and prevention of family homelessness. This report marks the first step. It outlines our preliminary framework, discusses our upcoming project, and reviews the results of an environmental scan that includes interviews with over forty service providers, advocates and researchers about the work they do to address family homelessness.

Background

Family homelessness continues to be a major concern in Canada. Based on a recently released National Shelter Study (Segaert, 2012), 9,500 children under the age of 16 – or 6.5% of all shelter users – stayed in emergency shelters in 2009. This represents a 50% increase from 2005. In fact, family shelters experienced the sharpest increase in usage, with close to a 40% increase in beds used between the years 2008-2009, and with an operating capacity averaging over 100%. Families are also staying at emergency shelters for longer periods of time. Between 2005 and 2009, median lengths of stay tripled. These numbers do not include the families residing in the 593 violence against women shelters (VAW) across Canada, where approximately 75% of residents are accompanied by an average of two children each (Burczycka & Cotter, 2011).

Yet homelessness is really just the tip of the iceberg – the most obvious sign of a much larger problem in Canada, or the most visible example of how we have failed Canadian families. The true extent of this problem remains largely hidden from view. Families are much more likely to experience ‘hidden’ homelessness, meaning they are residing in temporary accommodations with families or friends, or staying in motels, with no immediate prospect of obtaining permanent housing. Furthermore, an even greater number of families are at risk of homelessness, as they are living in poverty or cannot access suitable, affordable housing.
Causes of Family Homelessness

Homelessness does not occur in a vacuum. It is the result of various combinations of individual, systemic, and structural factors.

**Familial/Individual Causes**

Breakdown in familial relationships, including divorce or domestic violence, can cause household members to separate, or to flee their homes in search of safety. These situations can result in homelessness, particularly if a family lacks community and social supports and networks. Families who have parents with a disability or critical illness also often struggle to make ends meet. Although the literature generally suggests that mental health and addiction challenges are lower with families than other homeless populations (Frankish, Hwant, & Quantz, 2005; Roll, Toro, & Ortola, 1999), these concerns can also pose challenges to families in maintaining their income and/or housing. The Canadian literature has found that in many cases there is a precipitating event, or a “trigger” that causes a family to become homeless. Kraus & Dowling (2003) report that these events can include violence, family breakdown, job loss, unsafe housing, sudden illness or injury, problems with roommates, or an unexpected major expense.

**Systems Failure**

The experience of homelessness can result from the failure of our institutions to provide the necessary support to vulnerable families, such as those who live in poverty, who experience domestic conflict and/or violence, have addictions or mental health concerns, or are attempting to re-settle in Canada. Complex system requirements can prolong the period of homelessness by focusing on emergency services and/or enforcing criteria that must be met before a family is ‘ready’ to be housed. Likewise, difficulties in navigating through a complex network of uncoordinated systems such as housing, income, legal, child welfare, can increase the barriers to escaping homelessness.

**Structural Causes**

Finally, to truly address and prevent family homelessness, many structural barriers must be addressed. At the forefront of this is family poverty, which results from a combination of low wages and precarious employment, a deteriorating social safety net, a shortage of affordable housing, and a lack of universal programs that assist with childcare and post-secondary education costs. Family poverty remains alarmingly high in Canada. For instance, nearly 1 in 7 children in Canada, or 967,000, are living in poverty. For Indigenous children, this number jumps to 1 in 4 (Campaign 2000, 2013). What’s worse is these numbers most likely underestimate the depth of the problem, as we have no reliable method of tracking poverty rates in Canada since the federal government cancelled the long-form census in 2010. One in 9 households, or 3.2 million Canadians are in core housing need1 (Citizens for Public Justice, 2013). Social housing wait lists continue to grow, as does food bank usage. In Ontario alone, 158,445 individuals were waiting for social housing in 2012 (ONPHA, 2013) and in March of 2013, 833,098 households relied on food banks in Canada (Food Banks of Canada, 2012). The link between family poverty and homelessness is clear – with limited financial and social supports available to them, many are at imminent risk of experiencing homelessness.

Particular sub-populations of families must also contend with discrimination based on gender, race, sexuality, and ability. Although domestic violence occurs in individual households and is listed above as a relational factor, domestic violence is often rooted in structures that support sexism, and the consequences of such violence are often more dire for women than men (Taylor-Butts, 2007). There is also evidence that new Canadians, particularly those without status, face exceptional challenges in securing housing and a living wage (Paradis et al., 2008).

Finally, a history of colonization and discriminatory practices has created enormous barriers for First Nation, Inuit and Métis families.

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1 Core housing need refers to household paying more than they can afford on housing, generally more than 30%; living in homes that require major repairs; or are living in housing that is overcrowded (CPJ, 2013).
Impact on Children

While the effects of poverty and homelessness vary among children, there is evidence to suggest that precarious housing is linked to poorer physical/mental health and developmental outcomes (Anucha & Jeyapal, 2009). Precarious housing is also associated with multiple school interruptions and challenges in academic success (Toronto Social Planning Council, 2006).

Many children have also been exposed to traumatic events that preceded their homeless episode (such as witnessing violence), and/or they experience trauma as a result of homelessness. This means that efforts must be made to prevent homelessness, and when this is not possible, to reduce the length of time a family is homeless to lessen the negative effects on children.

Raising the Roof’s Child and Family Homelessness Initiative

There are three main goals of Raising the Roof’s Child and Family Homelessness Initiative. Our first goal is to learn about current initiatives and programs that work to address family homelessness across Canada, as well as in several other countries. To this end we have conducted an environmental scan and interviewed over 40 service providers, advocates and researchers. Other innovative programs were researched online2. This report highlights many of the agencies interviewed in the research. We have developed lists of agencies both in Canada and internationally that are working to address family homelessness, either through front-line services, research, or prevention. Both the Canadian list, with 147 organizations, and the international list, with 52, can be found on our website.

The second goal is to create a comprehensive early intervention and prevention framework that looks at solutions to family homelessness at three levels: primary prevention, systems-based responses, and individual/familial factors. The framework will include core principles, or fundamental values that should be part of any initiative to address family homelessness. These principles will help assure that services are effective and are provided in a respectful manner that promotes the dignity and autonomy of families.

We will partner with eight community initiatives and agencies across Canada that address the areas of focus described in our framework. It should be noted that although we have categorized organizations as working within certain focus areas of our framework, they often address other areas as well (for instance working at both primary prevention and systems-level responses). Through research with service providers, advocates, researchers and service users, we will test and strengthen this framework. Once this stage of the research is complete, we will host a summit where key stakeholders from across Canada will be invited to evaluate and provide feedback on the framework.

Finally, through this work we hope to develop practical tools and resources that can be used by community organizations and government to encourage promising practices and generate recommendations.

Our final report will include a summary detailing how some initiatives are addressing the overall wellbeing and mental health of children, and outlining specific recommendations.

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2 We would like to acknowledge the many organizations working to address the issue of Child and Family Homeless who are not specifically included in this environmental scan.
**Featured Organizations**

**Port Cares – Port Colborne, ON**

Port Cares is a community organization that provides leadership, support, and resources to individuals and families to help them achieve a higher quality of life. The agency provides housing, food, healthcare, employment, and children’s programming all under one roof.

Port Cares has two central locations and several satellite programs, including the Niagara Youth Justice program, an Ontario Early Years drop-in centre, a food bank, after school homework clubs, legal services, and cooking and nutrition classes.

Port Cares’ satellite programs include mental health services. Pathstone Mental Health is the leading provider of child and youth mental health services in the Niagara region. A representative from Pathstone is stationed at Port Cares every Monday to provide help and referrals to children involved with Port Cares. Mental health professionals from The Canadian Mental Health Association are also on site three days a week.

**National Center on Family Homelessness, USA**

The National Center on Family Homelessness was developed in the late 1980s in response to the growing problem of family homelessness in Boston. The organization was founded by Dr. Ellen Bassuk who has conducted groundbreaking research on the effects of homelessness on women and children, and David Jordan, the then editor-in-chief of Better Homes and Gardens magazine who utilized his public forum to educate the public about the pressing social issue.

The National Center has worked for over 25 years to improve the lives of families and children experiencing homelessness. Their work includes research, advocacy, public education campaigns, and developing solutions to ending family homelessness in the United States. They have published reports on family violence, the effects of homelessness on children (*America's Youngest Outcasts*), and most recently the Service and Housing Intervention for Families in Transitions study (SHIFT study), a longitudinal study examining various housing and service models for families experiencing homelessness.

One of the areas for which they are perhaps best known, is their promotion of trauma-informed care. Evidence suggests that many women experiencing homelessness have been subjected to trauma at some points in their lives, and hence require interventions that address this trauma so they may move forward in their lives and be the best parents they can.
A Framework for Intervention/Prevention

In Canada, some outstanding work has recently been done to address the homelessness crisis. Of particular note are the efforts of the Calgary Homelessness Foundation, the Province of Alberta, and the Canadian Alliance to End Homelessness who have been instrumental in implementing 10-year plans to end homelessness across many communities. Also, the Mental Health Commission funded At-Home/Chez Soi, the largest study ever conducted on Housing First, across five Canadian cities.

Much of this work has focused on providing Housing First for the most vulnerable people in Canada, such as the ‘chronically’ homeless, and those who are suffering from serious mental illness and/or addiction concerns. This approach is both logical and necessary as this population faces the most barriers to remaining housed, and also utilizes the most public and social services. In light of the struggle to secure funding across Canada, it makes sense to focus scarce resources where they will have the greatest impact.

The problem, however, is that the majority of individuals and families that experience homelessness do not fit into the ‘chronically homeless’ category. Most families experience homelessness once, for a relatively brief period, and do not have recurrent episodes (Kuhn & Culhane, 1998). While at first glance this appears to be a good thing, unless we begin to address the structural causes of homelessness, there will always be new homeless families to replace those who have been housed. This is because a family that lives in poverty is at continued risk of homelessness. All it takes is one significant event, such as an injury, illness or sudden unemployment to thrust these families into homelessness.

In essence, the homelessness sector is running around in circles attempting to serve these families. Long term or permanent solutions are dependent on those efforts being extended to primary and systemic levels, preventing homelessness from occurring in the first place.

Prevention and Early Intervention Framework

[Diagram of Prevention and Early Intervention Framework]

Family Homelessness

Primary Prevention

Systems-Based Response

Early Intervention

Core Principles
Listed below is our preliminary framework, which outlines the multiple areas that must be targeted in order to obtain a genuine solution to family homelessness in Canada.

1. **Primary Prevention**

Primary Prevention involves addressing concerns before homelessness occurs or addressing the root causes of homelessness well in advance of families becoming at risk. As discussed above, this necessarily entails addressing family poverty and discrimination. The following areas are of primary importance:

- Affordable housing/social housing
- Income supports (social assistance, disability insurance, employment insurance, child benefits, etc.)
- Employment – addressing the expansion of precarious positions with low wages, part-time hours and no benefits
- Universal access to post-secondary education and childcare/early education
- Discrimination – based on gender, race, ability, sexuality, immigration status, etc.
- Addressing the needs of sub-populations, including Aboriginal families, new Canadians, and young families
- Responding to mental illness and/or addiction issues before they threaten housing security

Primary prevention also requires interventions that strengthen the individual family members’, including children’s ‘protective factors’ or resilience. Protective factors are qualities that allow individuals to cope with stress and trauma in healthy ways, acquire problem solving and planning skills, increase self-esteem, become engaged in school and recreational activities, and develop and maintain positive relationships with peers and family. Protective factors are essential in that they contribute to the overall wellbeing of a family.

There are multiple forums where this type of primary prevention can occur. Community-based services and schools are of particular importance. Community agencies can provide interventions in many areas including parental support and education, anger management, conflict resolution skills, early childhood education, recreational activities such as sports and art, and necessary nutrition. Schools can also play a vital role in promoting the resilience and wellbeing of families. Teachers are in a unique position to recognize students that are exposed to risks that can potentially lead to (or point to) homelessness, including poverty, trauma, and educational disengagement. Ideally, non-profit organizations should work closely with schools or be located directly in educational facilities so they can be readily available to provide resources, support, and crisis management. Some schools also have community workers who are available to visit families in their homes when they are in crisis or at risk of homelessness.

Finally, since domestic violence has been identified as one of the contributing causes of homelessness, preventing homelessness also means preventing domestic violence. Much of the research and discussions around domestic violence focuses on who is most likely to be a victim and/or a perpetrator, as well as how to respond to emergency situations. While this is important work, we also need to look at which social structures support domestic violence, and how we can work to prevent it.
Featured Organizations

**Campaign 2000: End Child and Family Poverty in Canada**

Campaign 2000 was developed in an attempt to hold the House of Commons accountable for the all-party resolution they made in 1989 to end child poverty by the year 2000. Every year Campaign 2000 publishes a national report card that outlines current rates of child poverty in Canada, as well as its consequences.

Campaign 2000 works in partnership with over 120 national, provincial and community partners to raise awareness of child poverty and develop policy recommendations. Several partners across Canada also publish provincial report cards. Campaign 2000 works with their partners to provide consultations and lobby the government to address child poverty. The primary policy areas they address include affordable housing, childcare, the child tax benefit, employment and community services.

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**The First Nations Child & Family Caring Society of Canada** *(The Caring Society)*

The Caring Society is a national organization that works to promote equity and social justice for First Nations children, youth and families. The organization conducts research, provides public education, and informs policy on issues pertaining to First Nations families. They also provide resources to empower First Nations communities.

The Caring Society, led by Dr. Cindy Blackstock, is part of the First Nations Children’s Action Research and Education Service (FNCARES), an organization that works to translate research on the structural barriers faced by First Nations children and families. The Caring Society founded a national child welfare group in response to the disproportionate number of Aboriginal children who are taken into care. This group works to raise awareness of the often treacherous conditions that First Nations’ families are subjected to (poverty, inadequate housing, substance use) and which interfere with their ability to parent.

The Caring Society is known for three public education campaigns:

1. **I’m a Witness** – The Caring Society and The Assembly of First Nations filed a complaint against the federal government claiming that, due to racial and ethnic discrimination, they have failed to provide adequate, culturally-based child welfare services to children on reserve. The case is still in court, despite the federal governments repeated attempts to have it dismissed.

2. **Shannon’s Dream Campaign** – Named after an advocate for safe, culturally relevant schools for First Nations children and youth, Shannon’s Dream Campaign calls on the federal government to provide more funding to First Nations schools that are often subjected to unsanitary conditions including mould, sewage fumes, and high levels of carbon dioxide

3. **Jordan’s Principle** – This campaign is in memory of Jordan River Anderson, a First Nations child who spent two years in the hospital while the federal and provincial governments fought over who was responsible for his care. Jordan later died in the hospital at age five. The principle calls on whichever government is contacted first to pay for medical care, and then be reimbursed by the other levels so that disputes may arise after, rather than during the time the patient receives care.
Family Enrichment and Counselling Service Fredericton Inc., NB

Family Enrichment and Counselling Service Fredericton Inc. is a not-for-profit, community agency providing counselling services, educational programs, and mediation in Fredericton and surrounding area. FECS provides services to: children (play-based therapy); individuals, families, and couples; to employees through EAP and to employers through on-site consultation and training; and to the community through personal and professional development programs and advocacy.

Therapists and facilitators help with challenges involving abuse (physical, emotional, mental), anger, anxiety, bullying (at work or at school), depression, separation and divorce, conflict resolution, fears, grief, panic attacks, parenting, relationships, self-esteem, stress, suicide, and more. FECS is a member of Family Services Atlantic, Family Services Canada, and Family Service Employee Assistance Program.

The agency’s primary goals are to:

• promote, encourage and assist in the attainment of fuller and stronger family life in the community;

• provide educational services to the public in relation to the recognition and resolution of difficulties in family life;

• provide programs, courses, projects, counselling and therapeutic services to parents and families.

YWCA of Canada

The YWCA is a global organization that works to end violence and promote the wellbeing of women. In Canada, the YWCA has 32 satellite organizations that provide front-line services for women and children fleeing domestic violence. The national office runs various prevention programs that are grounded in over a decade of research. Their research topics include best practices for running violence against women shelters, domestic violence and homelessness, and homelessness and violence in the territories, to name a few.

One of YWCA’s prevention programs is the Rose Campaign, which was developed in response to the shooting death of 14 women in Quebec in 1989. A strong lobby was formed to enact various gun controls that remain in effect today. The Rose Campaign is a public awareness campaign that invites people to take action on violence against women. They can do so by purchasing and wearing a rose pin, hosting a local community event, or mailing a pre-written letter to either their MP or the prime minister. Every year the YWCA promotes a week to end violence to commemorate the victims of the Quebec massacre, ending on December 6th, the anniversary of the tragedy.
2. Systems-Level Prevention

Families who experience homelessness must navigate through a complex network of systems including, but not limited to:

- Emergency/violence against women shelters
- Education
- Social housing
- Income supports (social assistance, disability insurance, employment supports, child benefits)
- Immigration
- Employment assistance
- Child welfare
- Legal (particularly for women fleeing domestic violence)
- Health/mental health care (for all family members including children)
- Addiction services

It is clear that the shelter system is only one system among many. This means that to effectively address homelessness, all of these systems must be better coordinated to provide the most efficient care, and gaps between the systems must be addressed. In many cases families are left to navigate through these complex systems themselves, resulting in many families ‘falling through the cracks’, or not receiving support and becoming homeless.

This research will explore system-level interventions in three ways. First, we will partner with agencies that are working within a ‘system of care’. Systems of care can occur in local communities, or on a larger scale, such as provincially and federally. Second, we will conduct case studies in three regions of Ontario. We will look at the various services that are available locally, how they interact with one another, and how this coordination can be improved. We will also investigate how these organizations connect with provincial systems and identify current barriers to integration. We chose to do three case studies in Ontario because much of the aforementioned systems that families encounter fall under provincial jurisdiction. As Ontario is Canada’s largest province, and still has much work to do in developing a system of care, research in this area is urgently needed.

Finally, we will speak to service providers and service users to learn, from their perspective, which systems families must frequently navigate through, the support they receive in doing so, what is helpful to address their circumstances, and what challenges they experience. A focus will be placed on which elements of these systems need reform, and how these systems can become better integrated to support families in becoming re-housed as quickly as possible in a respectful way.

Featured Organizations

The Calgary Homelessness Foundation (CHF) – Calgary, AB

In partnership with government, other foundations, homeless service agencies and the private sector, the Calgary Homelessness Foundation (CHF) has been instrumental in implementing Calgary’s 10-year Plan to End Homelessness. The CHF works with front-line agencies that provide case management to tenants in affordable housing units, provides funding to local agencies for prevention and re-housing programs, conducts research and informs policy.
Although their mandate is much wider than working with families, their innovative work provides a ground-breaking example of how to develop and implement a system of care. While developing the 10-year plan, it was clear that there was a need to coordinate the work being done by the more than 130 agencies providing services to those experiencing homelessness in Calgary.

According to CHF’s website, a system of care:

> Coordinates resources to ensure community-level results align with 10-Year Plan goals and meet client needs effectively. Rather than relying on an organization-by-organization approach, system planning uses a framework to provide consistent services in purposeful and strategic way (www.calgaryhomeless.com).

This system of care requires careful planning including a common intake/assessment centre (defined later in this report), sharing of information across services and funders using the Homeless Management Information System (HMIS), continuous monitoring and evaluation, and the consistent use of common tools.

The system requires that each program type be clearly defined by service model, target population, eligibility criteria, and performance indicators. The programs include affordable housing, prevention, outreach, emergency shelters, coordinated access and assessment, rapid re-housing, short-term supportive housing, housing and intensive supports, permanent supportive housing and support services.

Calgary’s system of care allows the CHF to monitor programs, reduce duplication in services, target appropriate services for clients, ensure service providers work together toward common goals, establish standards of service quality, and keep programs accountable to funders.

Since the development of Calgary’s 10-year plan, the Province of Alberta has developed its own plan, which involves coordinating funding and systems across seven cities in the province.

**Oolagen Community Services – Toronto, ON**

Young Parents with No Fixed Address (YPNFA), a program of Oolagen Community Services, is a network of Toronto-based service providers for youth experiencing homelessness who are pregnant and/or have children. YPNFA works to coordinate a network of 32 agencies including youth shelters, public health and transitional housing, among others. This network provides general advocacy and community engagement to address the needs of this high-risk group. The coordination of this network ensures that young parents are able to have their needs met quickly and efficiently.

The network meets monthly to discuss current trends in the city and any gaps in services provided in Toronto. They then work to develop appropriate programs to address these gaps. Their first program, Passport to Parenting, was developed at St. Michael’s Hospital in an attempt to ensure that young women experiencing homelessness were receiving suitable pre-natal care. Social workers, nurses and doctors provide wrap-around services to women who come to the hospital with nowhere to go, including providing incentives for them to continue their prenatal care such as bus tokens, clothing, hygiene products and gift cards. To date, 80% of babies born from women in this program have been born full-term, and at a healthy weight.

YPNFA has also worked with Toronto Community Housing to develop a 27-unit apartment building for young single mothers. Their apartments are subsidized, and they are allowed to stay for four years, with the expectation that they are working on furthering their education or career.
Ending Violence Association of British Columbia – Vancouver, BC

The Ending Violence Association of BC works to coordinate a network of 240 front-line programs that provide support for victims of sexual assault, domestic violence, criminal harassment and child abuse. They also serve as a liaison with a variety of provincial organizations including government, policy makers and legislators. They provide training and support for victim-based services, conduct research, develop resources and tools, establish and maintain standards for service provision and provide education about violence to both the public and government.

As a system-based response, the Ending Violence Association of BC works to develop coordination and collaboration with various sectors in the province. Recently, the organization developed an innovative relationship with the BC Lions, a CFL team, to raise awareness of domestic violence.

The organization formed after a number of homicides in BC related to domestic violence occurred. It became clear that a coordinated response was necessary as various sectors such as schools, anti-violence associations and police were working with fragments of information, and sharing vital information could have prevented many of these homicides. Subsequently, memorandums of understanding were developed which provided guidelines for when information could be shared and when it could not. They are currently in the process of developing a best practices guide.

Recently, the Ending Violence Association of BC has launched an App, called SOS, for women who are living in high-risk environments. The App acts as a home alarm system. Various types of information can be stored with a security company, including a profile of the offender, whether there is a protection order, addresses, and schools attended by children. If a victim sees the perpetrator, she can press the App and the security company calls back. If they are not able to reach the victim, police are contacted by security, and all information available is given to the police.

3. Early Intervention

Gaetz (2013) defines early intervention as the means of “identifying and addressing the physical, emotional, material, interpersonal, social and educational needs of [families and children] who are at imminent risk of, or who have just become homeless” (p. 44).

The vast majority of services offered in Canada for families fall under this category. They include emergency shelter, second-stage housing, crisis counselling, case management, advocacy, referrals and safety planning.

The ultimate goal of the organizations offering these services is to ensure that families have the necessary supports so that their experience of homelessness is as brief as possible and ideally, non-recurrent. Reducing the length of time that families experience homelessness will hopefully reduce the negative impact this stressful state can have on individuals and children. Listed below are seven potential avenues for early intervention.

a. **Coordinated intake** – This is a standardized assessment of a family’s situation including the services and supports they require. Ideally there is one central intake (or key workers in the system that can identify families at-risk) that can develop a plan to assist the family in escaping homelessness and coordinate with other institutions to ensure the family’s needs are met. Information is shared with other agencies to avoid duplicate assessments and allow families to move through the system rapidly. A well-coordinated system of care is necessary to support a coordinated intake.

b. **Case management** – Case management is a form of service provision where a caseworker works with each family to create a plan geared to their particular needs. This includes assessing needs and coordinating service delivery, and advocating for the family when necessary. It is important that this is a collaborative process where each family is able to articulate their own needs and plans for service delivery.
c. **Shelter diversion** – This involves providing alternative temporary accommodation for families so they do not need to stay at an emergency shelter (this may be with family, friends, religious institutions, respite housing, etc.). Shelter diversion is typically coordinated with common intake and case management. This is an ideal strategy when a family is not in danger of violence, or when they do not have an emergency shelter locally, so they can remain in their own communities.

d. **Housing and accommodation** – Finding safe, adequate and affordable housing should be the number one priority in providing interventions for families who have become homeless. Whenever possible, Housing First (both as a philosophy and intervention) should be implemented. For families who have requested alternative accommodations (such as transitional or supportive housing), this should be made available as quickly as possible. Housing is provided without any conditions or criteria.

e. **Eviction prevention** – For families who are at imminent risk of becoming homeless, emergency funds should be available. This includes rent subsidies, and emergency costs to address energy poverty (for example when hydro bills become too expensive and unmanageable). Mediation services must also be available so that tenants can work through concerns/problems with landlords in an attempt to avoid eviction. In the most literal sense, this is often framed as ‘prevention’ of homelessness. However, it is not listed as a method of primary prevention, as its point of intervention is not until a family is already at imminent risk of homelessness.

f. **Income supports** – Many families who experience homelessness require assistance in acquiring the income necessary to support themselves. For instance, many women who flee domestic violence have previously been isolated from social networks as well as potential sources of income (through employment, for example). Other reasons can include low wages, sudden unemployment, or barriers in receiving public income support. Services should be available to support families in obtaining an adequate income. This may be by providing assistance in upgrading skills, searching for employment, or in navigating through the various forms of public assistance. Other measures that reduce costs to families in need should also be provided if possible, such as advocating for social housing or subsidized daycare.

g. **Food security and adequate nutrition** – The importance of providing nutritional food to families in poverty or experiencing homelessness is often overlooked in interventions. Yet an adequate diet rich in nutrients and minerals is crucial for family members to function, to maintain their health, and for developing children. Often social services must rely on donated foods, which are not necessarily healthy or sufficient to cover the nutritional needs of families. Family members should be provided with access to three complete meals a day as well as resources to purchase healthy foods.

### Featured Organizations

**YWCA Yellowknife, NT**

While all of Canada is experiencing a housing crisis, this is particularly true in Northern Canada, or in the territories. The YWCA in Yellowknife was developed in response to the growing number of women moving to Yellowknife who had no safe place to stay once they arrived. They offer both emergency and transitional housing in a 39-unit building. Half of the units are designated for single women, and the remainder are for couple-led families, many of whom are new Canadians. This summer they will be opening a new 18-unit housing facility with rent geared-to-income, and where energy costs will be covered.

The YWCA also runs an emergency shelter for women and children who are fleeing domestic violence, and a RBC funded program for children who witness violence.
Core Principles

To ensure families are treated with dignity and respect and the negative impacts of homelessness are reduced as much as possible, the following principles should be adhered to in any intervention:

• **Safety and wellbeing as a priority** – Unfortunately, a large number of families become homeless because they must flee domestic violence. If this is the case, the safety of the family must be the number one priority. Families must then have the supports needed to heal, receive counselling, and gather the resources necessary to live safely without abuse (ICPH, 2012). Wellbeing is a broad term that encompasses meeting the basic needs of families, as well working to preserve/enhance the physical, mental, and spiritual health of families.

• **Keeping families together (when possible)** – Families can be separated during an episode of homelessness for several reasons. Some emergency shelters (or other temporary accommodations) may not be able to accommodate large families, or some services may not allow males who are above a certain age (including adolescents) to become residents (particularly in violence against women shelters). Families may also be separated due to child apprehension by child welfare services. When the safety of a child is not in jeopardy, every effort must be placed on supporting primary caregivers to parent their own children. This support includes ensuring they have the ability to meet their basic needs, as child welfare concerns can arise from poverty and precarious housing. If it is not possible for a child to stay with their primary caregivers, efforts should be made to engage the extended family.

• **Providing services/housing to families in their own communities** – When safety is not a concern, efforts should be made to support families to stay in their communities (if desired). Often families must leave their communities to receive shelter and services, potentially leaving their social networks, and for children, their schools and trusted adult figures (such as teachers, religious leaders, etc.). Children may have to leave their schools when they stay in an emergency shelter, and then transfer again once housing is obtained. This can lead to interruptions in learning, difficulty forming peer relationships, and lower levels of school engagement. Social isolation can undermine housing stability – therefore, if it is not possible to remain in their communities of origin, initiatives must support families to integrate into new communities and participate in meaningful activities.

• **Housing First as a priority** – Longer experiences of homelessness are more likely to increase the negative impacts on the family. Every effort should be made to ensure that an episode of homelessness is as short as possible (less than a month). Assistance in finding housing should be provided without any criteria or agreement to receive support. This is the philosophy of Housing First – a philosophy that recognizes housing as a fundamental human right.

• **Choice and empowerment** – Similar to the philosophy of Housing First, this principle states that families should be able to choose the type of housing they would like as well as the neighbourhood they live in. Housing availability and affordability can place some restraints on the choices available to families. Family members also have the right to provide input into their plan of service delivery (or case management). Forums should be provided so that family members can provide feedback to service providers (Paradis et al., 2012).

• **Working from an anti-oppressive (AOP) standpoint** – An AOP framework begins with an understanding of power relations and various types of oppression in society. Some families have been subjected to oppression as a result of their gender, race, sexuality, ability, or a history of colonization. Some families have also been subjected to violence and trauma. Recognizing this, any staff involved in an initiative that addresses family poverty/homelessness must ensure they do not act to mimic these power dynamics and act as agents of surveillance rather than empowerment. This means promoting the “dignity, autonomy and self-determination of families experiencing homelessness” (Paradis et al., 2012, report title).

• **Providing additional supports for sub-populations** – Compositions of families are diverse, and some families may require additional services and considerations. For example, the disproportionate number of Aboriginal and new Canadian families experiencing homelessness requires services that are culturally specific or sensitive, including translators that can communicate with the families in their native languages.
New Canadians who are fleeing domestic violence may require specialized legal services, depending on their status. For instance, some women who have been sponsored by someone that is abusing them may not seek assistance for fear of being deported. Young families may also need additional support, as due to their youthful age, they may not have the earning potential of an older family. They may also need assistance in developing life skills, as well as mentoring.

- **Working to alleviate poverty** – If a family has housing and is still living in poverty, they remain at risk of experiencing homelessness. All too often, women fleeing domestic violence must choose between experiencing violence or leaving and living in poverty. Some families will return to abusive households to avoid living in poverty. Some families may also find it difficult to find meaningful employment that provides benefits for their families and provides a wage that covers both housing and childcare costs. This can cause some families to be “better off” on social assistance, or even in a shelter where their basic needs are met (Paradis et al., 2008).

- **Lifelong educational engagement** – Key to long-term poverty reduction is ensuring that individuals at every age have access to education. This includes early childhood education, mainstream elementary and secondary schools, post-secondary education, and programs that allow adults to update their skills and/or adapt to shifts in the labour market. In regards to children experiencing homelessness, continued academic engagement and achievement is important in promoting resilience. At school children have access to trusted adults and peer relationships, as well as opportunities for achievement and mastery. All of these factors can foster a sense of competency in children as well as raise their self-esteem (Keogh, Halpenny, & Gilligan, 2006). Strategies must be developed at the school board level, as well as at each individual school and classroom to support the needs of children experiencing poverty and/or homelessness.

- **Harm Reduction** – Harm reduction is a non-judgemental approach to working with individuals who use substances so that they can reduce the harms of use (Paradis et al., 2012). This principle may be somewhat controversial, and it in no means suggests that there should not be abstinence-based programs for families. The problem is that many families will not seek assistance if they are afraid they will lose their children. While programs should ideally work in conjunction with child welfare agencies, there has to be a forum where parents who are using substances can receive services and identify areas of change they wish to make (Paradis et al., 2012).

### Featured Organizations

**Homeward Trust Edmonton, AB**

Homeward Trust Edmonton emerged as part of Edmonton’s 10-year Plan to End Homelessness. Previously, there were no family shelters in Edmonton, and families were being placed in hotels or motels. With 30-90 families requiring placement at the same time, however, there was often great pressure for the families to find housing.

Homeward Trust became a pivotal access point for these families, as they lead and fund seven teams who provide Housing First services with intensive case management. Three of these teams work to rapidly rehouse families; two provide Assertive Community Treatment (ACT); and two work to find families permanent supportive housing. Many of the families they serve are Aboriginal or new Canadians.

In addition to facilitating important services, Homeward Trust works in various partnerships to develop new affordable housing units and access market rentals. They facilitate community planning and research and raise awareness of homelessness (and the plan to end homelessness) in Edmonton.
The United Kingdom’s “Housing Duty”

The United Kingdom has passed legislation that states that citizens have a right to housing. Under the Housing Act 1996 and the Homelessness Act 2002, local governments are required to provide housing for households facing homelessness. Households who are either homeless or at imminent risk can consult their local housing authority and make a formal application to receive the main homelessness duty. This duty requires the government to provide temporary accommodation for households while their application is being considered, and permanent accommodation if accepted. It also requires that authorities take measures to prevent homelessness in their municipalities, which may include rental deposits, victim support services, and or general assistance in maintaining housing (Busch-Geertsema & Fitzpatrick, 2008).

When first contacted, potential applicants must participate in an interview and receive housing advice. Households must explore all potential avenues in which to be housed before making a formal application. This may include liaisons with landlords or family mediation (Busch-Geertsema & Fitzpatrick, 2008).

The Housing Duty is not without problems, however. There are eligibility requirements (when eligible this is called ‘statutorily’ homeless) that exclude many people, including single adults living in hostels. Households must also prove they did not become homeless ‘intentionally’. Yet while there are areas that need improvement, the United Kingdom provides an example of inscribing into law that housing is a basic human right, and that the government has a duty to respond to homelessness.

Wabano Centre for Aboriginal Health – Ottawa, ON

The Wabano Centre for Aboriginal Health provides a variety of programs and services to First Nations, Metis, and Inuit communities in the Ottawa area. Families also travel from Northern Ontario to access their services. The Centre offers a variety of programs for children and families including outreach programs, HIV/AIDS education, several fitness and exercise programs, Cree language classes, pre- and post-natal programming, an interactive parent/child program, and after school clubs. The Awashishak Project provides services to families impacted by Fetal Alcohol Spectrum Disorder (FASD) through support groups, nutrition programs, a community garden, and various events.

Wabano’s mental health division includes the Working Hope Program, a counselling program for Aboriginal children and youth ages 5-21, and the Circle of Care program that supports children and families through their involvement with the Children’s Aid Society (CAS). They also offer group and individual counselling for Aboriginal adults and their families.

Homeward Bound – Toronto, ON

Homeward Bound is a four-year program for single mothers, run out of Woodgreen Community Centre. It provides affordable housing, childcare, education, life skills, and facilitates employment for women who are living in poverty and/or experiencing homelessness.

There are four phases in Homeward Bound. When women first join the program, they move into the facility and begin to work with a case manager and settle into their new lives. During this phase they attend life skills workshops and are required to upgrade their English and math skills, as many of the mothers are new Canadians or have been out of school for some time. During phase two, the women obtain a college diploma, for which the tuition is paid. Phase three entails a 3-16 week internship, and in phase four the participants obtain employment and exit the program. Homeward Bound works with members of the private sector who guarantee the women employment if they are successful in college. Leases are also transferable if the women wish to remain in their housing unit, and staff at Homeward Bound work to find a new affordable unit for their new clients. Women may also choose to maintain their spot in the daycare program.
**Maxxine Wright Shelter – Surrey, BC**

The Atira Women’s Resource Society, an organization that provides direct services, advocacy and public education to end violence against women, runs the Maxxine Wright Shelter. This shelter provides services for women who are pregnant or have a newborn and who need a safe place to stay. The shelter provides the opportunity for women to remain with their babies rather than having them apprehended at birth. They offer a variety of services including parenting support, emotional support, advocacy, childcare and referral services, among others. They work in partnership with a community health centre to run groups on parenting, including feeding, attachment and infant development.
Preliminary Findings – Recommendations for Canada

Based on our interviews with service providers, researchers and advocates, Canada must address the following areas in order to genuinely address family homelessness:

1. **Housing First/Rapid Re-Housing**
   In many communities families are staying in shelters for extended periods of time. Living in congregate settings, regardless of the quality of service, generally causes tremendous stress for families and limits their autonomy. There is a need for more Housing First and rapid re-housing programs so that families can either avoid the shelter system completely, or gain access to housing as soon as possible. Several participants argued that families should not have to enter the shelter system at all in order to obtain housing.

2. **Affordable Housing/Housing Strategy**
   Of course families cannot receive Housing First services if there is no affordable housing for them to go to. Many cities in Canada have very low vacancy rates, long social housing wait lists and skyrocketing rental rates. Simply put, a substantial number of affordable housing units must be built to meet the current need in Canada. This ultimately means that all, but particularly senior, levels of government must work together to build new housing.

   a. **Creating a definition of ‘affordable’**
      Unfortunately, the definition of ‘affordable’ varies tremendously. For some, affordable housing is synonymous with social housing or rent geared-to-income, while in the private market affordable housing means that units are priced at market value. In urban areas across Canada, market value can be very expensive. As the gap between wages and housing costs continue to widen, the number of people who pay too much rent (more than 30% of their income) increases. There is a need for a consistent definition, such as one-third of average market value, so that housing that is deemed affordable is just that.

3. **Funding structure – difficult to work together**
   Most community agencies and initiatives operate without core funding, meaning they must scramble for funds from a variety of sources. While a genuine solution to family homelessness requires system integration, the current funding structure in most places in Canada makes coordination very difficult. This is because organizations are placed in direct competition with one another, as they must apply for money from the same funders. Many communities that have committed to a system of care address this problem by having a central ‘hub’ or funder that coordinates services. However, this model is the exception rather than the rule, and most agencies must contend with piecemeal funding structures.

4. **No supportive housing for couples/dads, only for women**
   The majority of services, particularly emergency shelters, are designed for women and children rather than ‘families’ per se. In many cases, dads and adolescent males must find independent services and/or accommodations. This means that male-headed families often struggle to find services that will accommodate them, and families are separated.

5. **Mental health support for children**
   As many families that become homeless are fleeing domestic violence or have otherwise experienced great hardship, a large gap in our response to family homelessness is trauma-informed services, particular for children and youth. In general, front-line service providers must address this informally, yet many do not have the capacity or expertise to do so. Formal institutions that address children’s mental health generally require a formal diagnosis, and obtaining this is often fraught with barriers. Those who are able to obtain a formal diagnosis, are placed on long waiting lists or are simply prescribed medication. More services must be available for children with mental health challenges, particularly those who have experienced trauma and are struggling in some way, but do not have a formal diagnosis.
Conclusion

This report has highlighted many innovative and high quality initiatives across Canada and internationally that are working to improve the lives of families and children so that they may live free from poverty and homelessness. However, the report also illustrates that, for the most part, these initiatives operate in an independent and piecemeal fashion, just like the blocks in the broken Jenga tower.

In addition, the majority of these initiatives operate exclusively within the poverty and homelessness sector, despite the fact that social problems often result from the failure of, and structural barriers within many different sectors. Moreover, most service organizations have limited funds, are overburdened, and have neither the capacity to address the root causes of homelessness, nor the qualifications necessary to respond to the complex depth, breadth and continuum of needs of the families seeking their services.

If we wish to address family homelessness – effectively and for the long-term – we must bring all the government and system ‘pieces’ together to form a cohesive, coordinated and accessible response.

This is the only way we will succeed in building a society that supports families when they need it most, and ensures that children thrive into healthy, successful adults.
References


Ontario Non-Profit Housing Association of Ontario (ONPHA). *Waiting list survey 2013*. Ottawa, ON: ONPHA.


