

GUELPH-WELLINGTON REGISTRY WEEK 2016

ACKNOWLEDGEMENTS

Working in collaboration, organizations and community leaders in Guelph-Wellington have come together with a shared commitment to end homelessness. Registry Week 2016 could not have been undertaken without the involvement of partners. This included planning for Registry Week, administering surveys and leading teams of volunteers, providing logistical support and other resources, and responding to those in urgent need of assistance. Special acknowledgement is extended to the Guelph-Wellington 20,000 Homes Leadership Committee, as well as the key homeless support organizations that participated during Registry Week.

Guelph-Wellington 20,000 Homes Leadership Committee

Co-Chairs:

- Lori Richer, Special Services Manager, County of Wellington
- Randalin Ellery, Coordinator, Guelph & Wellington Task Force for Poverty Elimination

- Eddie Alton, Social Services Administrator, County of Wellington
- Roy Jason Ashdown, Chief Operating Officer, Skyline
- Stuart Beumer, Director of Ontario Works, County of Wellington
- Rev. John Borthwick, St. Andrew's Presbyterian Church
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- Chief Jeff DeRuyter, Guelph Police Service
- Raechelle Devereaux, Director of Programs and Services, Guelph Community Health Centre
- Helen Fishburn, Director of Service, Canadian Mental Health Association Waterloo Wellington Dufferin
- Mayor Cam Guthrie, City of Guelph
- Gail Hoekstra, Executive Director, Welcome-in Drop In Centre
- Paul Holyoke, Chair, Centre Wellington Social Justice Group
- Karen Kawakami, Social Services Policy and Program Liaison, City of Guelph
- Ross Kirkonnell, Executive Director, Guelph Family Health Team
- Tom Lammer, J. Lammer Developments Ltd.
- Inspector Scott Lawson, Detachment Commander, County of Wellington OPP
- Jane Londerville, Chair, Community Advisory Board
- Lloyd Longfield, Member of Parliament - Guelph
- Dr. Nicola Mercer, Medical Officer of Health, Wellington-Dufferin-Guelph Public Health
- Ryan Pettipiere, Director of Housing, County of Wellington
- Liz Sandals, Member of Provincial Parliament – Guelph
- Shakiba Shayani, Community Investment Manager, United Way Guelph Wellington Dufferin
- John Small, Resource and Information Specialist, Anishnabeg Outreach
- David Thornley, Executive Director, Guelph Community Health Centre
- Suzanne Trivers, Executive Director, Mount Forest Family Health Team
- Frank Valeriotte, Lawyer, Smith Valeriotte
- Brenda Whiteside, Associate Vice President Student Affairs, University of Guelph
- Marty Williams, Executive Director, Downtown Guelph Business Association

Homeless support organizations that participated during Registry Week

- Centre Wellington Food Bank
- Community Resource Centre of North and Centre Wellington
- The Door Centre Wellington
- East Wellington Community Services
- Fresh Start Resource Centre
- Guelph Community Health Centre
- Guelph-Wellington Women in Crisis
- Lakeside HOPE House
- Mount Forest Family Health Team
- Royal City Church
- Welcome In Drop In Centre
- Wellington County Learning Centre
- Wyndham House

The national 20,000 Homes campaign is led by the Canadian Alliance to End Homelessness. Leadership for the Guelph-Wellington 20,000 Homes Campaign comes from the Guelph & Wellington Task Force for Poverty Elimination and the County of Wellington Social Services. Special acknowledgement is provided to Tim Richter, President & CEO of the Canadian Alliance to End Homelessness and Andi Broffman, Solutions Advisor, Knowledge Sharing at Community Solutions, Inc., for their ongoing support and guidance.

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The Guelph & Wellington 20,000 Homes campaign would also like to thank all of the volunteers that assisted with administering surveys during Registry Week. Without their tireless energy and commitment, this work would not have been possible.

Finally, the campaign would like to extend our appreciation to all of the community members experiencing homelessness for their willingness to share their stories.

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EXECUTIVE SUMMARY

The 20,000 Homes Campaign is “national movement of communities working together to permanently house 20,000 of Canada’s most vulnerable homeless people by July 1, 2018.”ⁱ As a 20,000 Homes participating community, Guelph-Wellington hosted a Registry Week from April 25th to April 29th. During this week, trained volunteers administered a health and housing survey with individuals experiencing homelessness in Guelph-Wellington. This report describes the outcomes of Guelph-Wellington Registry Week 2016.

The methodology used during Registry Week, where individuals vulnerability is assessed through survey collection, was developed by the 20,000 Homes Campaign, and inspired by the successful 100,000 Homes Campaign in the United States. In communities across Canada, this methodology has introduced a targeted approach to move the most vulnerable homeless people into long-term housing using a Housing First approach.

In addition to the Registry Week survey, participants were invited to participate in a second survey as part of the Government of Canada’s first ever coordinated point-in-time count.

During Guelph-Wellington Registry Week 2016, 295 individuals in our community were found to be experiencing homelessness during a three-day period (April 25th to April 27th). This includes 14 families, comprised of 15 parents/guardians and 19 dependents. Due to the limitations of point-in-time counts, this number should be considered the minimum number of people experiencing homelessness.

In total, 29% of surveyed individuals were youth between 16 and 24 years, and 71% were adults aged 25 years and older. None of the individuals surveyed were under the age of 16 and the oldest respondent was 73 years old. Overall, the average age of surveyed individuals was 34.5 years old.

Other demographic information found that 22% of respondents identified as Aboriginal or have Aboriginal ancestry, 2% have served in the Canadian Military or RCMP, 24% moved to Guelph-Wellington within the past year, and 3% came to Canada as an immigrant or refugee within the past 5 years.

The primary reason for losing their housing most recently among youth was family conflict with a parent or guardian (40%), and for adults it was eviction for reasons other than not being able to pay rent (23%). The median number of months since respondents had lived in permanent stable housing was 8 for adults and 10 for youth. The majority (53%) of total respondents had been without permanent stable housing for less than 1 year.

Nearly half of youth (46%) reported that they most frequently sleep in an emergency shelter, while a significant number of adults (47%) most frequently couch surf or stay with friends (often referred to as “hidden homelessness”). When asked if they had used an emergency shelter within the past year, 74% of youth and 52% of adults said they had.

A considerable number of youth (69%) and adults (60%) were experiencing chronic homelessness (homeless for six months or more in the past year), while 25% of youth and 30% of adults were facing episodic homelessness (three or more episodes of homelessness within the past year). A number of youth (18%) and adults (30%) were both chronically and episodically homeless.

Respondents were asked a series of questions about their use of emergency health services and interactions with police and incarceration. Frequent users (3 or more uses/interactions in the past

six months) accounted for 57% of emergency health service use among all respondents, and 89% of interactions with police and incarceration.

In terms of socialization and daily functioning, over half of youth (55%) and adults (65%) indicated that they have planned activities that make them happy and fulfilled, while the majority of youth (86%) and adults (83%) reported being able to take care of their basic needs.

Respondents indicated that welfare/income assistance is the main source of income for youth (50%) and adults (46%). This was followed by disability benefits for adults (34%) and no income source for youth (21%).

Related to physical health, 18% of youth and 21% of adult respondents said their physical health has caused them to lose their housing. Over a quarter (31% of youth and 35% of adults) indicated they have a chronic health issue, and a high number (64% of youth and 57% of adults) said they avoid getting help when sick or not feeling well.

In total, 39% of youth and 31% of adults said they had lost their housing as a result of their drinking and drug use, and 18% of youth and 17% of adults said it would be difficult for them to stay housed because of their substance use. Respondents also indicated that they had lost their housing because of a mental health issue or concern (38% of youth and 36% adults), a past head injury (14% of youth and 22% of adults), or a learning disability, developmental disability, or other impairment (23% of youth and 25% of adults).

Analysis demonstrates that 30% of youth and 23% of adult respondents were tri-morbid, meaning they were living with physical health, mental health, and substance use issues.

Information from Registry Week is collected to help determine the best type of support and housing intervention for an individual by providing a score based on overall vulnerability and acuity (depth of need). Among adults, 7% scored low (no housing intervention or case management needed), 38% scored medium (recommended for rapid re-housing), and 57% scored high (permanent supportive housing needed). Among youth, 0% scored low, 34% scored medium, and 66% scored high.

The Guelph-Wellington 20,000 Homes Campaign has set a local target of housing 30 of the most vulnerable from Registry Week by November 2016. Six month targets will be continually set by the 20,000 Homes Leadership Committee until July 2018, when the campaign ends.

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INTRODUCTION

The Guelph & Wellington Task Force for Poverty Elimination and the County of Wellington (“the County”) share a vision that everyone in Guelph-Wellington “can find and maintain an appropriate, safe, and affordable place to call home.”ⁱⁱⁱ Encouraged by action taken in other communities to end homelessness, the Poverty Task Force (PTF) and the County made a strategic decision to co-lead a local movement in support of the 20,000 Homes Campaign. The 20,000 Homes Campaign is a “national movement of communities working together to permanently house 20,000 of Canada’s most vulnerable homeless people by July 1, 2018.”^{iv}

In an effort to gain an in-depth understanding of the needs and experiences of the homeless population, local 20,000 Homes campaigns typically begin with a Registry Week. During Registry Week, trained volunteers administer a short health and housing survey with community members identified as experiencing homelessness. The survey collects person-specific information to understand the level of vulnerability and acuity (or depth of need).^v The data collected helps communities to prioritize and house the most vulnerable, as well as to track progress toward ending homelessness. The Guelph-Wellington 20,000 Homes Campaign conducted its Registry Week from April 25th to April 29th.

This report provides background information, including an overview of the 20,000 Homes Campaign and how it aligns with local priorities and point-in-time counts. This report also covers the methods used during Registry Week and the limitations of the approach. Finally, the findings from Guelph-Wellington Registry Week 2016 are reported.

BACKGROUND

OVERVIEW OF THE 20,000 HOMES CAMPAIGN

The 20,000 Homes Campaign is “a national movement of communities working together to permanently house 20,000 of Canada’s most vulnerable homeless people by July 1, 2018.”^{vi} Organized by the Canadian Alliance to End Homelessness (CAEH), communities from across the country are encouraged to participate by coordinating local campaigns based on a set of guiding principles. The principles that guide the campaign are:

- **Housing First.** Permanent, safe, appropriate and affordable housing with the support necessary to sustain it, happens first and fast. We believe housing is a right for all Canadians.
- **Knowing who’s out there.** Every homeless person is known by name because someone has deliberately gone out onto the streets, into shelters and wherever necessary to find them, assess their needs and meet them where they are at.
- **Tracking our progress.** Local teams and the national campaign will use regularly collected, person-specific data to accurately track progress toward our goal. We will be transparent in our progress through good times and bad.

- **Improving local systems.** We will seek to build coordinated housing and support systems that are simple to navigate, while targeting resources quickly and efficiently to the people who need it the most.
- **Resolutely focused on our mission.** We are not interested in who gets credit or who gets blame. We are only interested in achieving our objective and ending homelessness.
- **Taking action.** We favour action over perfection and will find a way to meet our objectives, despite the challenges that will come.

ALIGNMENT WITH LOCAL PRIORITIES

In 2011, the new Housing Services Act came into effect, requiring all Service Managers in Ontario to develop a 10-year plan to address housing and homelessness within their service area. Plans needed to identify objectives and targets related to housing and homelessness, as well as actions proposed to meet those objectives.^{vii}

As the Consolidated Municipal Service Manager (CMSM) for Guelph and Wellington, the County worked in close consultation with local community stakeholders to develop a 10-year (2014-2024) Housing and Homelessness Plan (HHP). The plan was released in 2014 and describes goals and actions to achieve a common vision that “everyone in Guelph Wellington can find and maintain an appropriate, safe and affordable place to call home.”^{viii}

The Guelph-Wellington HHP includes several goals specifically related to homelessness that led the County to the develop a 5-year Homelessness Strategy. The Homelessness Strategy is designed to shift service delivery away from an emergency response, to focus on prevention, as well as accommodation and supports.^{ix} This change is informed by a Housing First approach, which is “a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.”^x

Beyond plans and strategies developed by the CMSM, community stakeholders and homelessness support partners were monitoring the state of homelessness in the community, as well as progress toward ending homelessness in other areas. Inspired by reports out of Medicine Hat, Alberta, that chronic homelessness had been eliminated, the Poverty Task Force (PTF) directed staff to explore the approach taken in Medicine Hat, as well as other communities across Canada that were working on ending homelessness. After a review of different approaches and campaigns, the PTF decided to explore signing on as a participating community with the 20,000 Homes campaign.

Ultimately, a strategic decision was made in December 2015 for the PTF to sign onto the 20,000 Homes Campaign in partnership with the County of Wellington. The intention was to build on the strengths of each organization’s capacity to implement the guiding principles of 20,000 Homes, and to maximize impact at a local level.

ALIGNMENT WITH POINT-IN-TIME COUNTS

In April 2015, the County conducted a Point-in-Time (PiT) count in Guelph and Wellington to better understand the nature and extent of homelessness by measuring the number of people experiencing homelessness on a specific day. The April 2015 PiT count also represented the introduction of the County's commitment to conduct an annual PiT count.^{xi}

In 2015, the Government of Canada announced that it would support the first coordinated PiT count among communities across Canada. Communities were encouraged to participate and administer a common measurement tool from January 1 to April 30, 2016.

To capitalize on resources and energy, the Guelph-Wellington 20,000 Homes campaign aligned Registry Week 2016 with the County's annual PiT count, as well as the Government of Canada's coordinated PiT count. Guelph-Wellington Registry Week took place from April 25th to April 29th, 2016.

METHODS & LIMITATIONS

SURVEY TOOL

Three survey tools were administered during Guelph-Wellington Registry Week 2016, including one for the coordinated PiT count, and two for Registry Week as part of the 20,000 Homes Campaign.

The coordinated PiT count survey was provided by the Government of Canada and included Core Screening and Survey Questions (Appendix 1). The Core Questions included items intended to identify whether the respondent was experiencing homelessness, to provide some demographic information about the homeless population, and to highlight potential service needs.

The two surveys for the 20,000 Homes Registry Week were versions of the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Separate versions of the tool were used for adults (25 years and older) (Appendix 2), and for youth (24 years and younger) (Appendix 3). The VI-SPDAT is considered a pre-screening tool for the full SPDAT, which is “an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first.”^{xii} The VI-SPDAT provides a score for individuals that complete the survey, which helps identify the best type of support and housing intervention needed, based on three categories:

- **Low score - Affordable Housing:** Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized housing but no specific intervention drawn uniquely from the homeless services world. (In most cases, this amounts to saying simply, “no case management.”).
- **Medium score - Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.

- **High score - Permanent Supportive Housing:** Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.^{xiii}

Participation in both surveys was voluntary. Respondents could choose to participate in the PiT count and not the VI-SPDAT, or vice versa. Names were not recorded for the PiT count and verbal consent was obtained. Names were, however, recorded for the VI-SPDAT and written consent was required from respondents. Efforts have been made at a local level to ensure data collected as part of the PiT count remains anonymized if the respondent also participated in the VI-SPDAT.

The survey tools were administered by volunteers over a three-day period from April 25th to April 28th. Over 125 volunteers were recruited through the Guelph-Wellington 20,000 Homes Leadership Committee networks and the PTF social media channels. Volunteer roles included Survey Team Lead, Survey Team Member, Data Entry, and Registry Week Headquarter Support. The majority of volunteers participated in a training session to learn about the campaign, the survey tool, and how to approach a person experiencing homelessness. Volunteers identified as Survey Team Lead had front-line experience with the homeless population, and were provided the option to complete the training online. Each volunteer signed an oath of confidentiality to confirm they would not share any information gathered from survey participants.

SURVEY METHODS

The 20,000 Homes Leadership Committee, as well as staff from agencies within the homelessness support system from Guelph and Wellington, provided input into the survey approach based on best practices learned from other 20,000 Homes participating communities. Survey locations were selected based on places the homeless population frequented for programs and services. In total, 16 survey sites were used, including 10 in Guelph, and 6 in the County. In addition, a Street Team canvassed the downtown core in Guelph and one agency in the County was permitted to conduct surveys over the phone with clients they knew to be experiencing homelessness. A full list of survey locations is included in Appendix 3.

A week before Registry Week, flyers were posted across survey sites, as well as in the general community, notifying people experiencing homelessness of the upcoming Registry Week. Survey sites, dates, and times were listed on the poster. In addition, staff within the homelessness support system were encouraged to let clients know about Registry Week.

Teams of 4 volunteers, including 2 Survey Team Leads and 2 Survey Team Members, administered the surveys at the survey sites between 6am and 10pm from April 25th to April 28th. On April 25th, a Street Team conducted surveys during an additional shift from 10pm to 2am the next day. Survey teams approached people experiencing homelessness, asked them to participate in the survey, and obtained their consent. Participants that declined to participate or were observed but not approached by volunteers, were tracked on a tally sheet. Those that did participate received a \$5 gift card to thank them for their time. Completed surveys and other materials were returned to Registry Week Headquarters (Welcome In Drop In Centre).

Completed surveys were entered into a secure Google database by volunteers, PTF staff, and County of Wellington staff. Once preliminary analysis was completed, initial findings were

presented to the public at a Community Debrief event on April 29th. Following this event, a deeper level analysis of the findings was conducted by PTF and County of Wellington staff to ensure integrity, including an effort to identify and delete duplicates. Analysis of the findings was led by PTF staff, with support from the PTF Research & Knowledge Mobilization Committee, including County of Wellington staff.

LIMITATIONS

There are four important limitations of the approach used during Guelph-Wellington Registry Week 2016 that may impact presented results. The first is related to the inherent limitations of any Point-in-Time count. A PiT count “relies on the ability of volunteers to find those experiencing homelessness in public areas, and may miss some who do not appear to be homeless, who are well-hidden, or who are actively avoiding being counted.”^{xiv} It is particularly difficult for a PiT count to capture those experiencing “hidden homelessness” (e.g. couch surfing, living in a hotel room) or those not accessing homeless supports and services. As a result, findings from PiT counts should always be considered the minimum number of people experiencing homelessness.^{xv}

A second limitation was the result of local circumstances during Registry Week. During the period of time the survey was administered, Family and Children’s Services of Guelph and Wellington County (F&CS) were in their third week of a strike, limiting their ability to participate in Registry Week. As a result, it is assumed that a number of youth and families experiencing homelessness and connected to F&CS may not have been captured during Registry Week. In addition, the Stepping Stone, the lone shelter for men experiencing homelessness in Guelph, was temporarily closed during Registry Week. While efforts were made to reach out to the men that were staying at the shelter prior to its closure, it is understood that some may have been missed.

A third limitation is related to challenges in identifying and enumerating those experiencing homelessness in the rural areas of Wellington County. A 2011 report, *Rural Homelessness Study*, looked at the homeless population in East, Centre, and North Wellington. Among the findings, the report noted that individuals experiencing homelessness in the County were hesitant to self-identify as being homeless, and were reluctant to access emergency shelters in the city.^{xvi} The approach used during Registry Week 2016 depended on individuals self-identifying, and relied heavily on homelessness support system partners, such as emergency shelters, to connect volunteers with potential participants. Therefore, it is understood that the approach taken during Registry Week had additional limitations for capturing those experiencing homelessness in Wellington County.

Finally, it is recognized that individuals may have been counted more than once and presented in the findings. As part of the screening process, volunteers asked respondents if they had already completed the survey. However, some individuals indicated they had not in order to receive another \$5 gift card incentive. Duplicates that completed the VI-SPDAT and provided the same name and birth date were identified during analysis and only responses to their first survey were kept. However, there is no way to identify those that completed the PiT count more than once since it did not require respondents to provide their names. Additionally, those included on the tally sheet as “observed homeless” may have been counted more than once by different volunteers.

Based on these limitations, two important decisions were made during analysis and are important to keep in mind when reviewing the presentation of findings in this report. First, child and adult

dependents, along with those observed to be experiencing homelessness, were counted toward the overall number of individuals found to be experiencing homelessness. However, since they were not directly surveyed, they are not included in the analysis of individuals.

Second, the data collected using the VI-SPDAT is considered more reliable, since names were provided, making it easier to identify and delete duplicates, as compared to the PiT count survey. As a result, in instances where the same or similar question was asked in both surveys, the findings from the VI-SPDAT are presented.

FINDINGS

During Guelph-Wellington Registry Week, a total of 295 people were identified as experiencing homelessness from April 25th to April 28th, 2016.

Research clearly demonstrates that youth homelessness is distinct from adult homelessness and that “solutions and pathways off the streets must also reflect a clear understanding of the unique conditions and circumstances of youth homelessness.”^{xvii} In an effort to help use the findings from Registry Week 2016 to develop location solutions, the diagrams show percentages of youth versus adults.

REGISTRY WEEK PARTICIPATION

Of the 295 people identified as experiencing homelessness during Registry Week, the majority (85%) completed a survey, while the remaining were child or adult dependents of individuals surveyed (8%), and individuals observed to be experiencing homelessness (6%). The following table provides a summary of Registry Week participation, including a breakdown of the surveys completed:

Table 1: Registry Week Participation

	Children (15 years and younger)	Youth (16 – 24 years)	Adults (25 years and older)	Total
Point in Time Count ONLY		10	48	58
Point in Time Count & VI-SPDAT		55	137	192
VI-SPDAT ONLY		1	1	2
Observed (not directly surveyed)			24	24
Child & Adult Dependents (not directly surveyed)	13	4	2	19
Total	13	70	212	295

In total, 95% of surveys were completed in Guelph and 5% were completed in Wellington County. Due to the limitations outlined earlier in this report related to identifying and enumerating those

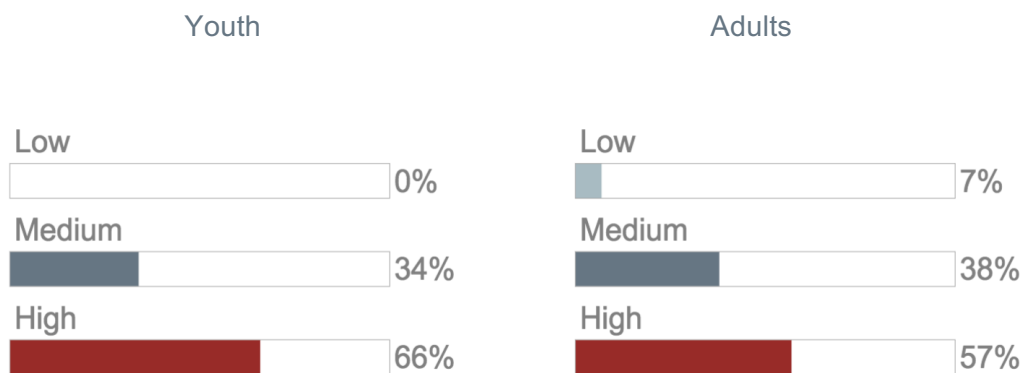
experiencing homelessness in the rural areas of Wellington County, it is important to highlight that this finding only identifies the survey site, and not where the individual lives or is from.

ACUITY OF HOUSING NEED

As discussed under Survey Methods earlier in this report, the VI-SPDAT helps determine the best type of support and housing intervention for an individual by providing a score based on overall vulnerability and acuity (depth of need). Individuals that score low require no housing intervention or case management, medium scores indicate an assessment for rapid re-housing, and high scores signal the need for permanent supportive housing.

Overall, 57% of individuals found to be experiencing homelessness in Guelph-Wellington during Registry Week scored high. Figure 1 shows that among youth, 66% scored high, 34% scored medium, and 0% scored low. Among adults, 57% scored high, 38% scored medium, and 7% scored low.

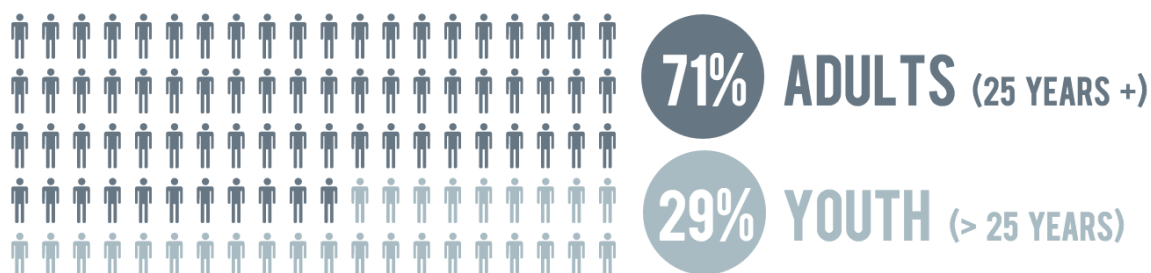
Figure 1: Acuity of housing need (SPDAT, n=194)



DEMOGRAPHIC INFORMATION

In total, 29% of surveyed individuals were youth between 16 and 24 years, and 71% were adults aged 25 years and older (Figure 2). This is higher than nationally available data, which estimates that young people aged 16 – 24 make up about 20% of the homeless population.^{xviii}

Figure 2: Age categories of surveyed individuals (VI-SPDAT, n=194)



More than half (54%) of the surveyed individuals fell between the ages of 25 and 49 years. None of the individuals surveyed were under the age of 16 and the oldest respondent was 73 years old. Overall, the average age of surveyed individuals was 34.5 years old.

Analysis of gender demonstrates that among youth, a higher percentage (53%) identify as female, while 44% identify as male, 2% as transgender, and 2% as gender fluid. A different picture is presented of gender among adults, of whom the majority (61%) identify as male, while 38% identify as female, and 1% as transgender (Table 2).

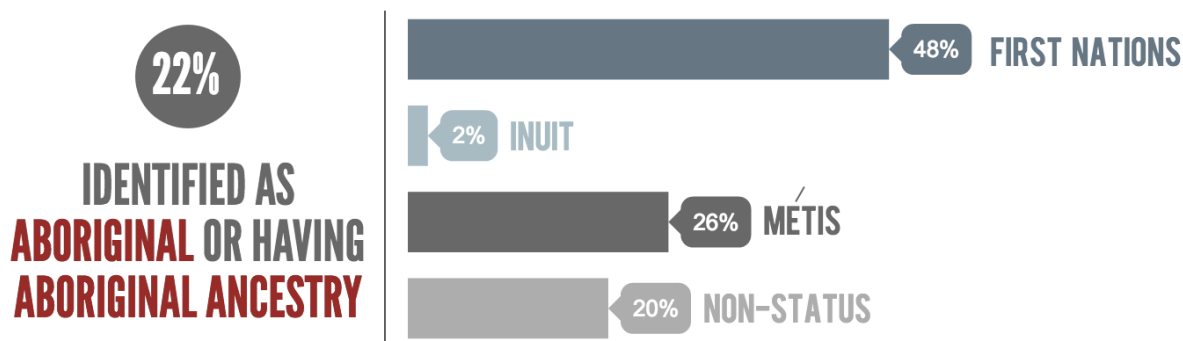
Table 2: Gender categories of surveyed individuals (PiT, n=249)

	Youth (n=59)	Adult (n=190)
Female	53%	38%
Male	44%	61%
Transgender	2%	1%
Gender fluid	2%	0%

Nearly a quarter (22%) of respondents said they identified as Aboriginal or have Aboriginal ancestry. Nearly half (48%) of those individuals identified as First Nations, while the remaining identified as Inuit, Métis, or non-status (Figure 3). A small percentage (4%) that answered yes to being Aboriginal or having Aboriginal ancestry did not specify which group they identified as belonging to.

The 2011 National Household Survey reports that just 3% of individuals in Wellington County (including the City of Guelph) have Aboriginal origins.^{xi} Thus, it would seem as though a disproportionate number of individuals that identify as Aboriginal or having Aboriginal ancestry are experiencing homelessness. However, this is reflective of national trends, which report that 1 in 15 Aboriginal people in urban centres experience homelessness, compared to 1 in 128 for the general population.^{xx}

Figure 3: Aboriginal and Aboriginal ancestry of surveyed individuals (PiT, n=249)



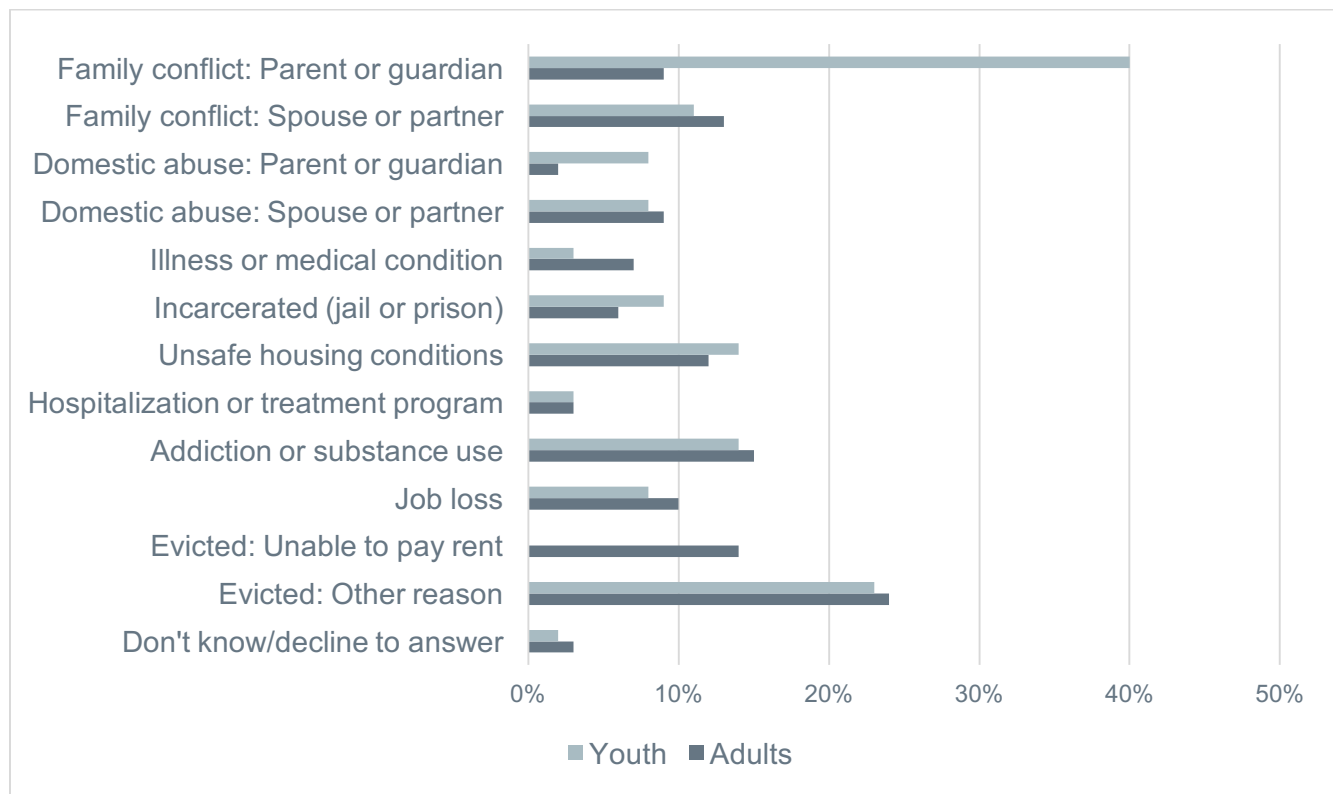
The PiT count survey asked respondents if they had ever served in the Canadian Military or RCMP. A small percentage (2%) indicated that they had.

Finally, respondents were asked a couple of questions about where they came from before arriving in Guelph-Wellington. Nearly a quarter (24%) indicated that they moved to Guelph-Wellington within the past year and a small percentage (3%) identified as having come to Canada as an immigrant or refugee within the past 5 years. Information about where they came from or whether they had moved within the Guelph-Wellington area was not captured.

HISTORY OF HOUSING & HOMELESSNESS

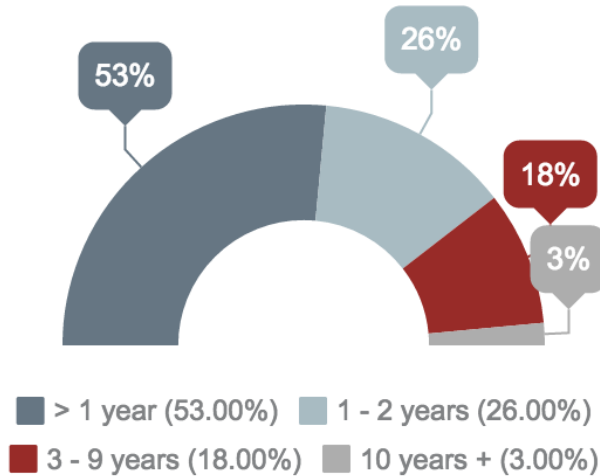
Individuals found to be experiencing homelessness during Registry Week 2016 were asked a number of questions related to their history of housing and homelessness. To begin, the PiT count survey asked individuals what happened that caused them to lose their housing most recently. The volunteer survey administrators were instructed to select from a list all options that applied. A significant number of youth (40%) indicated that they lost their housing as a result of family conflict with their parent or guardian. This was followed by eviction for any other reason than they were unable to pay rent (23%), and addiction or substance use (14%), and unsafe housing conditions (14%). The main reasons adults selected were eviction for any other reason than unable to pay rent (24%), followed by addiction or substance use (15%), and eviction because they were unable to pay rent (14%). A summary of the results to this question are available in Figure 4.

Figure 4: Reasons housing lost (PiT, n=239)



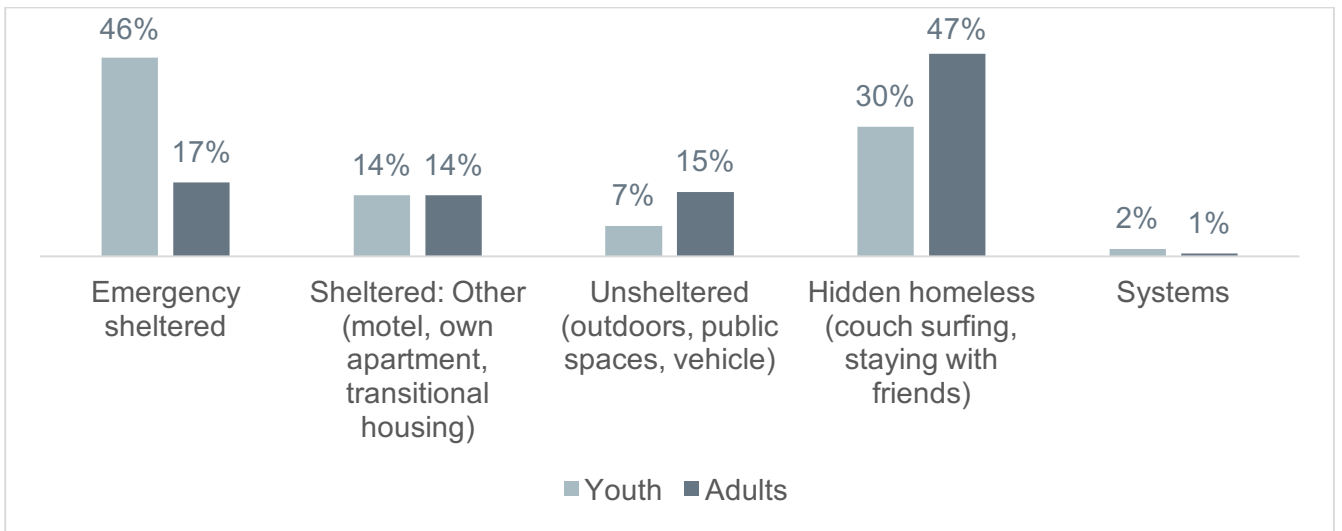
Respondents were asked how long it had been since they lived in permanent stable housing. The median number of months for an adult was 8, while slightly higher for youth at 10 months. Further analysis demonstrated for just over half (53%) of the total respondents, it had been less than 1 year since they lived in permanent stable housing. A small percentage (3%) had been without permanent stable housing for 10 years or more (see Figure 5).

Figure 5: Number of months since permanent stable housing (VI-SPDAT, n=189)



The VI-SPDAT asked survey respondents to indicate where they sleep most frequently and their responses were categorized. Among youth, nearly half (46%) indicated an emergency shelter, while 30% said couch surfing or staying with friends (hidden homelessness). The opposite was evident among adults, with nearly half (47%) couch surfing or staying with friends. Figure 5 provides a summary of the results to this question.

Figure 6: Frequent sleeping locations (VI-SPDAT, n=189)¹



¹ There are two important factors to consider when reviewing this figure. Under "Sheltered: Other," a small percentage indicated that they most frequently stayed in their own apartment. These individuals were experiencing homelessness, but were very recently evicted. Another consideration is that the individuals that fall under the category "systems," were identified and surveyed by a front-line worker. Individuals staying in systems were not intentionally targeted.

A similar question in the PiT count survey asked respondents where they were staying that evening. While the responses are similar to the question about where they sleep most frequently, it should be noted 17% of adults and 5% of youth reported that they did not know where they would be sleeping that night.

Additionally, the PiT count survey asked if respondents if they had used an emergency shelter in the past year. A majority (74%) of youth indicated they had, and over half (52%) of adults had as well.

While it is widely acknowledged that homelessness is difficult for anyone that experiences it, the length and severity of experience are useful ways to differentiate the homeless population. Chronically homeless individuals are defined by some experts as individuals who are homeless for a year or more^{xxi}, while others, including the Government of Canada, define it as those who are currently homeless and have been homeless for six months or more in the past year.^{xxii} Table 3 shows the percentage of youth and adult respondents experiencing chronic homelessness based on both definitions.

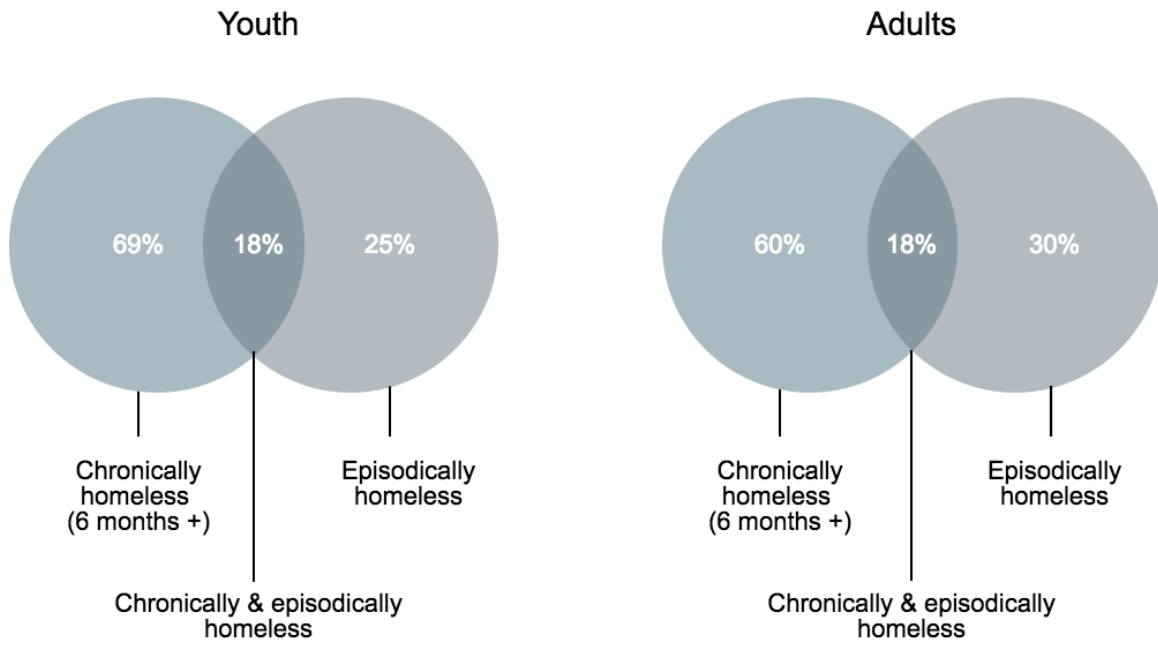
Table 3: Chronic homelessness (VI-SPDAT, n=189)

	Youth (n=)	Adult (n=)
Chronic homelessness (6 months +)	69%	60%
Chronic homelessness (1 year +)	47%	46%

Another way to differentiate the homeless population based on length and severity of experience, is to examine episodic homelessness. Episodically homeless refers to individuals who are currently homeless and have experienced three or more episodes of homelessness in the past year.^{xxiii} Both chronic and episodic homelessness are sometimes used as indicators of target populations. For example, the Government of Canada directives under the Homelessness Partnering Strategy² suggests that “once a community has housed 90% of its chronic and episodic homeless population, it may focus the Housing First interventions on the group with the next highest needs.”^{xxiv} Figure 6 shows a summary of those experiencing chronic homelessness (6 months or more), episodic homelessness, and both chronic and episodic homelessness among the respondents of Guelph-Wellington Registry Week 2016.

² The Homelessness Partnering Strategy (HPS) is a community-based program of the Government of Canada aimed at preventing and reducing homelessness by providing direct support and funding to designated communities, including the County of Wellington, and to organizations that address Aboriginal homelessness across Canada.

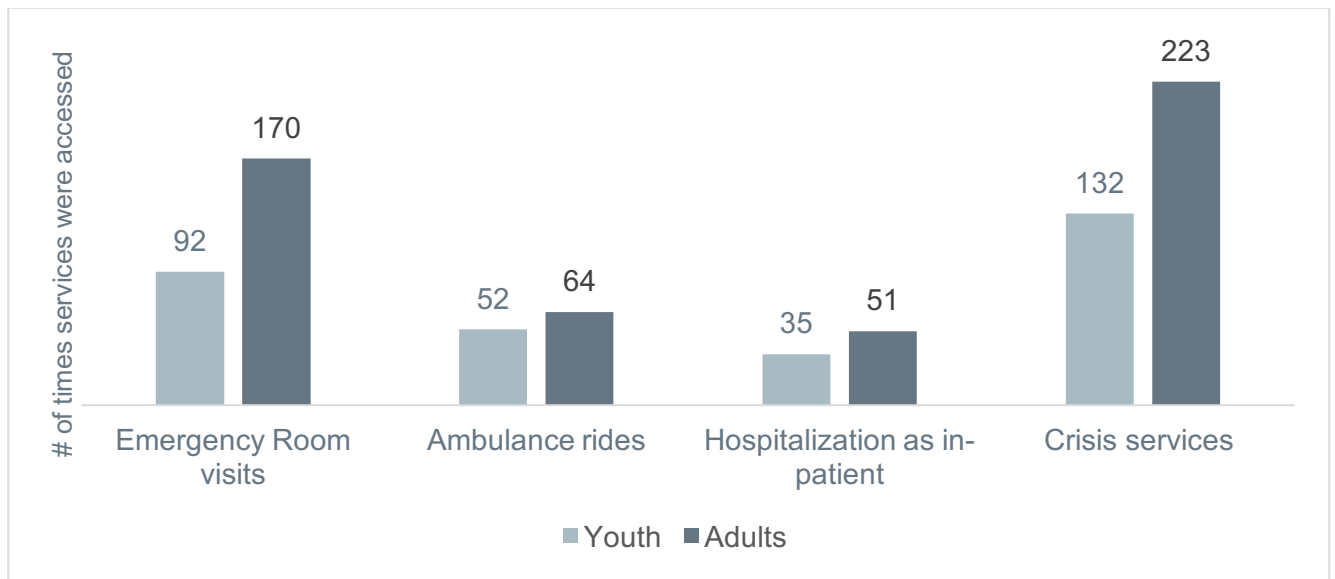
Figure 7: Chronic and episodic homelessness (VI-SPDAT, n=189)



AT-RISK FACTORS

Co-occurring social and medical factors are the primary factors that contribute to homelessness, and the VI-SPDAT attempts to capture this by asking questions that cover medical and social risk factors.^{xxv} Respondents were asked to estimate the number of times they used a variety of emergency health services in the previous six month period, including receiving healthcare at an emergency room, taking an ambulance to to the hospital, hospitalization as an in-patient, and using a crisis service.³ Analysis of the data collected from youth and adults is presented in Figure 7.

Figure 8: Emergency health service use (VI-SPDAT, n=189)



³ Crisis services included sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines.

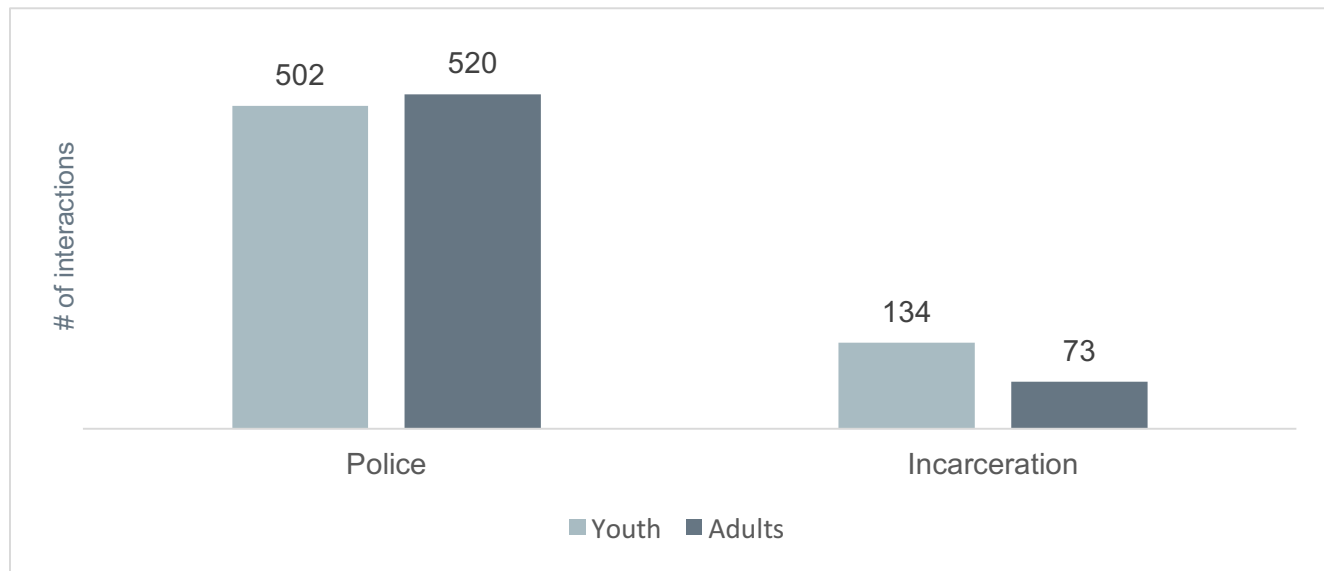
A report from Perth, Australia’s 2016 Registry Week defines “frequent use” as 3 or more interactions in the past six months.^{xxvi} Using this definition to identify frequent users, analysis of data from Guelph-Wellington Registry Week 2016 demonstrates frequent users account for 57% of emergency health service use among all respondents. Further, 34 respondents accounted for 323 interactions with crisis services in the previous six months, an average of 10 visits each. A small number of respondents also said they used other health services more than three times in six months as shown in Table 4.

Table 4: Frequency of Emergency Health Service Use (VI-SPDAT)

	# of frequent users	# of interactions	Average # of interactions per frequent user
Emergency Room visits	31	57	5
Ambulance rides	9	58	6
Hospitalization as an in-patient	8	32	4
Crisis services	34	323	10

Respondents were also asked about the number of interactions with police and incarceration in the previous six months. Figure 8 provides a summary of the results, including a breakdown of youth and adults.

Figure 9: Interactions with police and incarceration (VI-SPDAT, n=189)



Further analysis looked at frequent users of these services who had 3 or more interactions within the past 6 months. This analysis demonstrates that 47 frequent users accounted for 945 interactions with police in the previous six months, an average of 20 interactions each. A smaller group of frequent users accounted for 152 instances of incarceration. The results of this analysis are provided in Table 5.

Table 5: Frequency of Interactions with police and incarceration (VI-SPDAT)

	# of people	# of interactions	Average # of interactions per frequent user
Police	47	945	20
Incarceration	16	152	10

In total, frequent users accounted for 89% of interactions with police or incarceration among all respondents. For example, respondents had 1022 interactions with police, because they witnessed a crime, were the victim of a crime, or because police told them that they had to move along. Of those interactions, 1022 (92%) were accounted for by frequent users.

Youth were also asked if they had been incarcerated before the age of 18, and 40% said they had.

Respondents were also asked a series of questions related to other risk factors. Individuals were identified as being at risk of harm if they had been attacked or beaten up since they became homeless, or if they had threatened to or tried to harm themselves or someone else in the last year. Respondents were also asked if they had any “legal stuff” going on right now that may result in them being locked up, having to pay fines, or making it more difficult to rent a place to live. Finally, respondents were deemed to be at risk of exploitation if they identified as engaging in risky behaviour, such as exchanging sex for money, running drugs for someone else, having unprotected sex with someone they didn’t know, or sharing a needle. Respondents were also at risk of exploitation if they identified that anybody tried to force or trick them into doing things they did not want to do. A summary of the results from these questions is outlined in Table 6.

Table 6: Risk Factors (VI-SPDAT, n=189)

	Youth (n=56)	Adult (n=138)
Attacked or beaten up	43%	27%
Harmed or threatened to harm	52%	28%
Legal issues	32%	40%
Engaged in risky behaviour	34%	28%
Forced or tricked into doing things they didn’t want to do	38%	22%

SOCIALIZATION, DAILY FUNCTIONING & MONEY MANAGEMENT

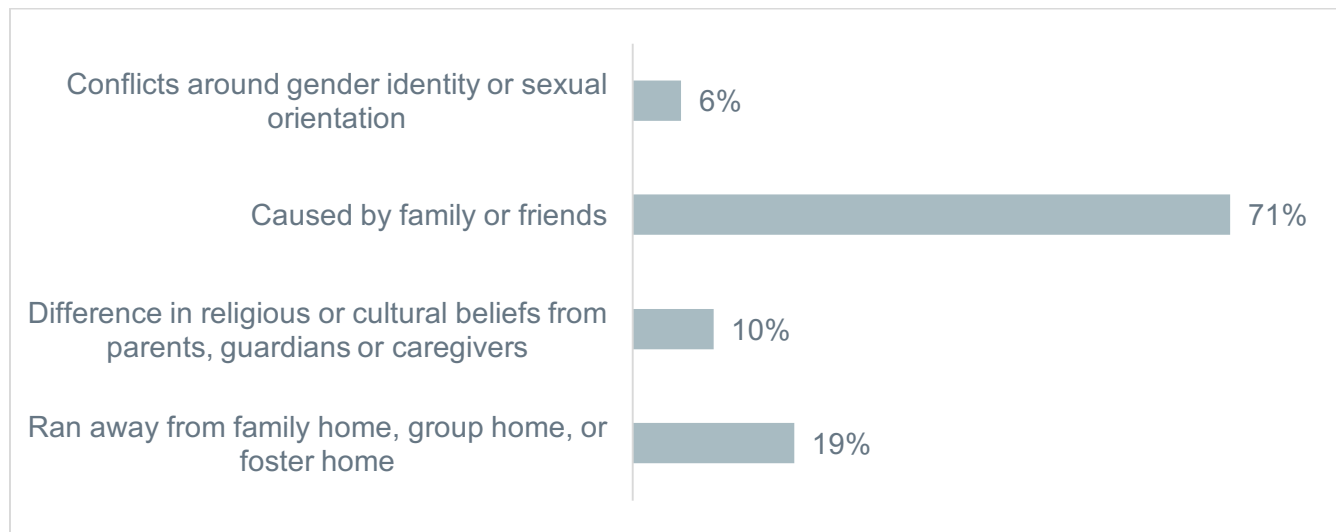
Respondents were asked questions to determine whether they were engaged in meaningful daily activity and self-care. When asked if they have planned activities, other than just surviving, that make them feel happy and fulfilled, 55% of youth, and 65% of adults said yes. When asked if they were able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, 86% of youth and 83% of adults said they could.

Respondents were also asked whether their social relationships caused their current state of homelessness, although the question was slightly different for adults and youth. Adult respondents were asked if their current state of homelessness was caused in any way by a relationship that

broke down, an unhealthy or abusive relationship, or because family or friends caused it. A total of 67% of adult respondents answered yes to this question.

Rather than a single question, youth were asked if their current lack of stable housing was the result of a number of different factors related to social relationships. Figure 9 provides a summary of the responses provided.

Figure 10: Youth social relationships (VI-SPDAT, youth n=52)



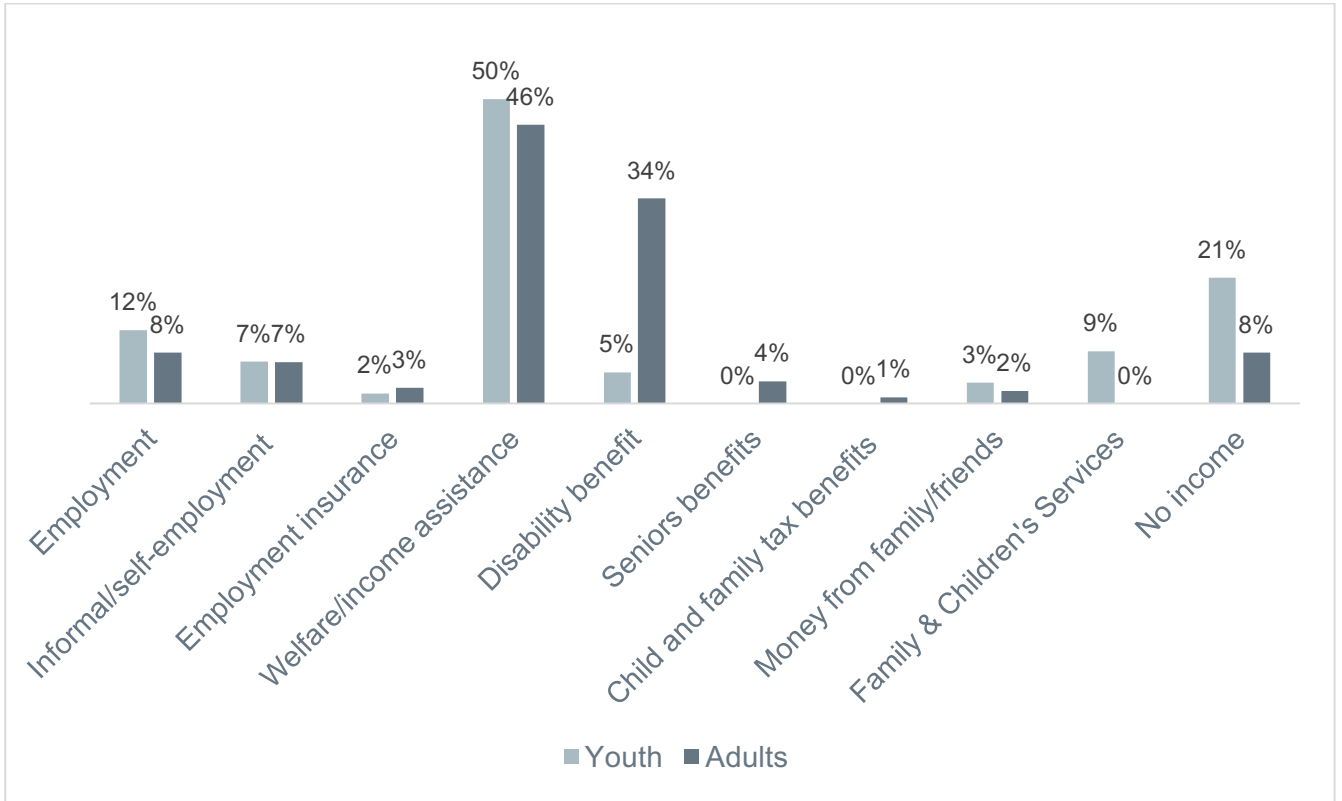
Respondents were also asked questions about their experiences with abuse and trauma. Again, the questions for adults and youth were slightly different. A total of 59% of adults indicated that their current period of homelessness was caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma they had experienced. Youth were asked if their current lack of stable housing was the result of violence at home between family members, or because of an unhealthy or abusive relationship, either at home or elsewhere. Table 7 summarizes the results.

Table 7: Abuse/Trauma (SPDAT, n=189)

	Youth (n=52)	Adults (n=137)
Violence at home between family members	54%	n/d
Unhealthy or abusive relationship	63%	n/d
Abuse or trauma	n/d	59%

Finally, respondents were asked questions about money and money management. The PiT count survey asked individuals where they get their money from. Volunteers administering the survey were provided a list of options that they could provide, and respondents could select all that applied. Welfare/income assistance was identified as the main source of income for both youth (50%) and adults (46%). For adults, this was followed by disability benefits (34%), and for youth it was no income (21%). Figure 10 provides a summary of the full results.

Figure 11: Income sources (VI-SPDAT, n=189)

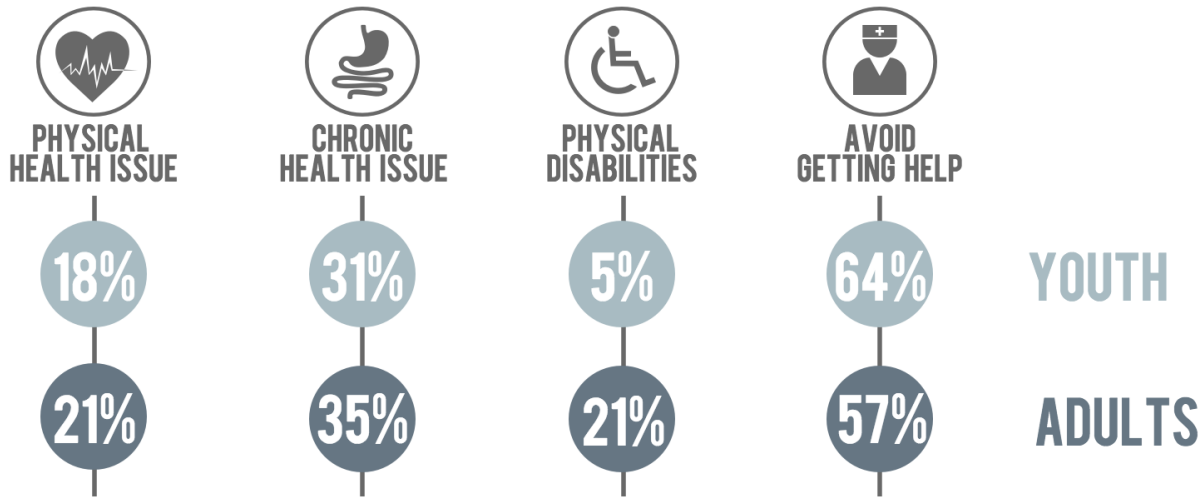


The VI-SPDAT asked respondents questions about money management. According to the data collected, 63% of youth and 75% of adults get money from the government, an inheritance, an allowance, working under the table, or a regular job. Respondents, including 43% of youth and 44% of adults, also noted that there is a person or group that thinks they owe them money.

WELLNESS

In the last section of the VI-SPDAT, respondents were asked a series of questions about their wellness, including physical health, substance use, mental health, and medications. Related to physical health, 18% of youth and 21% of adult respondents said their physical health has caused them to leave an apartment, shelter program, or other place they were staying. Over a quarter of respondents, (31% of youth and 35% of adults) identified as having chronic health issues, and a high number of respondents (64% of youth and 57% of adults) indicated that they avoid getting medical help when they are sick or not feeling well. Finally, 5% of youth and 21% of adults indicated they have a physical disability that would limit the type of housing they could access, or would make it hard to live independently because they need help. These results are summarized in Figure 11.

Figure 12: Physical health (VI-SPDAT, n=189)



Respondents were also questioned about pregnancy. Of female adult respondents, 2% indicated they were currently pregnant. All youth (regardless of gender) were asked if they were currently pregnant, have ever been pregnant, or have gotten someone pregnant. A total of 29% of youth said yes to this question.

Respondents were asked about their substance use, but only as it relates to their history of housing and homelessness. Respondents were asked if their drinking or drug use had led them to be kicked out of a place they were staying in the past, as well as whether it would make it difficult for them to stay housed or afford housing in the future. In addition, youth were asked if they had used marijuana, if they tried it at age 12 or younger. The results of these questions are summarized in Table 8.

Table 8: Substance use (VI-SPDAT, n=194)

	Youth (n=56)	Adults (n=138)
Kicked out for drinking or drug use	39%	31%
Difficult to stay housed due to drinking or drug use	18%	17%
Tried marijuana at age 12 or younger	50%	n/d

Respondents were also asked a series of questions about their mental health, primarily related to their history of housing and homelessness. Individuals were asked to indicate if they ever had trouble maintaining housing, or been kicked out of a place they were staying because of a mental health issue or concern, a past head injury, or a learning disability, developmental disability, or other impairment. The results from this series of question are in Table 9.

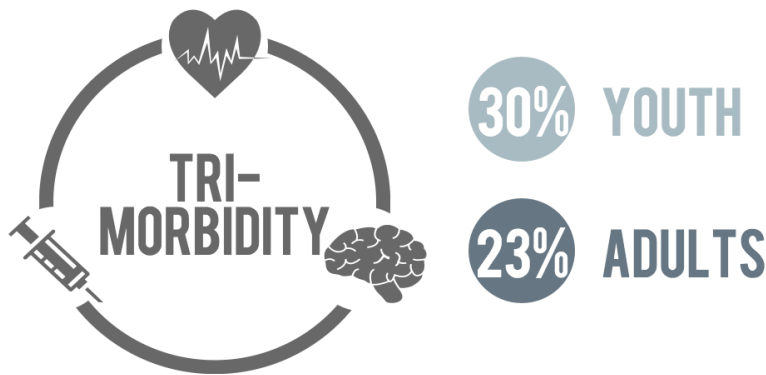
Table 9: Mental health (VI-SPDAT, n=194)

	Youth (n=56)	Adults (n=138)
Mental health issue or concern	38%	36%
Past head injury	14%	22%
Learning disability, developmental disability, or other impairment	23%	25%

Additionally, 23% of youth and 21% of adult respondents said they had mental health or brain issues that would make it hard for them to live independently because they would need help.

Persons living with physical health, mental health, and substance use issues, or “tri-morbidity,” have complex health needs. Analysis demonstrates that 30% of youth and 23% of adults found to be experiencing homelessness during Registry Week were tri-morbid (Figure 12).

Figure 13: Tri-morbidity (VI-SPDAT, n=189)



To conclude the wellness section of the VI-SPDAT, respondents were asked two questions about prescription medications. Research has found that marginalized populations, such as those experiencing homelessness, may face substantial barriers to medical adherence, which is an important determinant of successful medical treatment. Common reasons for non-adherence include side-effects, cost, and lack of access to a physician.^{xxvii} When respondents were asked if there were any medications that a doctor said they should be taking that, for whatever reason, they are not taking, 34% of youth and 33% of adults said yes. A second question asked respondents if there were any medications that they weren’t taking the way the doctor prescribed or that they were selling, 18% of youth and 14% of adults said yes (Table 10).

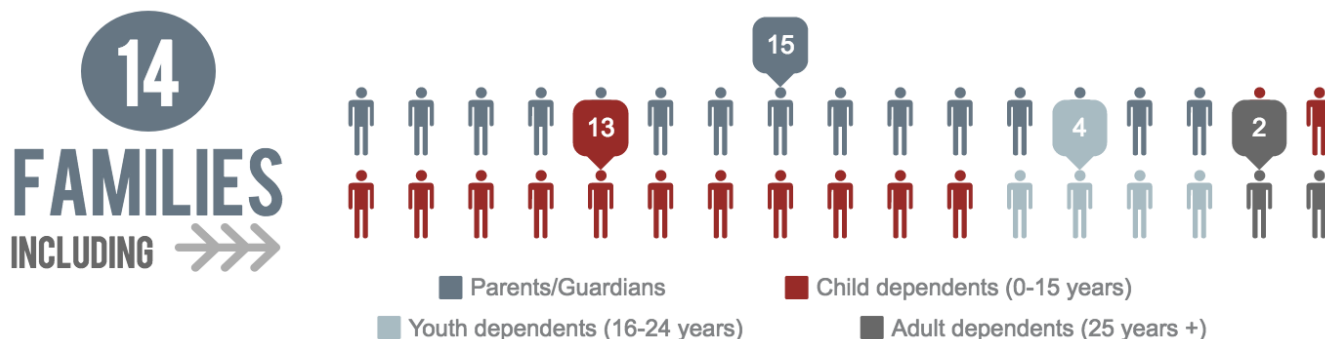
Table 10: Medications (VI-SPDAT, n=194)

	Youth (n=56)	Adults (n=138)
Not taking prescribed medications	34%	33%
Misusing or selling prescribed medications	18%	14%

FAMILIES EXPERIENCING HOMELESSNESS

A minimum amount of information was collected about families experiencing homelessness. For the purposes of this report, a family is defined as an adult living with at least one child/dependent. In the PiT count survey, individuals were asked to indicate the family members that live with them. If respondents had children or dependents living with them, they were asked to share the age and gender for each child/dependent. In total, 14 families were identified, including 15 adults, 13 child dependents (0-15 years), 13 youth dependents (16-24 years), and 2 adult dependents, accounting for a total of 34 individuals experiencing homelessness (Figure 13).

Figure 14: Families experiencing homelessness (PiT, n=248)



NEXT STEPS

The Guelph-Wellington 20,000 Homes Campaign has set a local target of housing 30 of the most vulnerable from Registry Week by November 2016. Six month targets will be continually set by the 20,000 Homes Leadership Committee until July 2018, when the campaign ends.

As a participating community of 20,000 Homes, Guelph-Wellington has committed to a number of promising practices, including: using a common assessment tool, prioritizing supports to people identified as the “most vulnerable,” utilizing a Housing First approach, reporting monthly on the number of people who secured housing, conducting a community self-assessment, and sharing ideas with participating communities.^{xxviii}

¹ (Canadian Alliance to End Homelessness)
¹ (Guelph & Wellington Task Force for Poverty Elimination)
¹ (County of Wellington)
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¹ (Region of Waterloo Community Services)
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- ¹ (County of Wellington)
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- ¹ (Ruah Community Services)
- ¹ (Hunter)
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