

# 'EVERYONE COUNTS' IN NEW BRUNSWICK

HIGHLIGHTS FROM THE 2018 POINT IN TIME COUNT



Canada



#### About the Human Development Council:

The Human Development Council identifies and addresses social issues in Greater Saint John through research, information, coordination, and networking.

It can be found on the 3rd floor of the Social Enterprise Hub. 139 Prince Edward St. Saint John, NB. E2L-3S3.

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Thanks are extended to the hundreds of volunteers, community partners, and survey participants in Bathurst, Fredericton, Moncton, and Saint John, without whom the 2018 Point in Time Counts would not have been possible. In particular, the contributions of the Greater Moncton Homelessness Steering Committee, the Fredericton Community Action Group on Homelessness, and the Saint John Community Council on Homelessness were invaluable.

This report is dedicated to those who face homelessness in our communities- thank you for sharing your stories with us.

#### INTRODUCTION

This report highlights New Brunswick findings from the national 2018 Point-in-Time (PiT) Count, "Everyone Counts". The count, which took place in Fredericton, Moncton, Saint John, and Bathurst, occurred on March 15th, 2018. This was the second nationally coordinated PiT Count under the Government of Canada's Homelessness Partnering Strategy (HPS). The first, conducted in 2016, included 32 cities nationwide. In 2018, this expanded to more than 60 cities. In New Brunswick, counts were planned in close consultation with the cities' Community Advisory Boards on Homelessness (CABs), and the four cities worked in partnership to ensure consistency across the region. The findings presented in this report, based on surveys conducted with 269 people, include basic demographic information, common reasons for housing loss, and most needed social services. Beyond the highlights presented here, the data gathered through this project offers the opportunity for greater analysis in the months and years to come.

#### WHAT IS A POINT-IN-TIME-COUNT?

A Point in Time Count provides a community with a snapshot of homelessness over a 24-hour period. It is particularly helpful in estimating the minimum number of people experiencing homelessness in emergency shelters, transitional housing, and unsheltered locations on the day of the count. It may also include people in public systems (e.g., hospitals or corrections facilities) who do not have a place to go when they are released. A PiT Count, however, is not just a "count", it also includes a survey component. Conducting a survey allows us to collect valuable information on those who are experiencing homelessness in our community. When done repeatedly, over a number of years, a PiT Count can help communities evaluate their progress in reducing homelessness and track changes in the demographics and service needs of their homeless population. When considered alongside other measurement tools such as local progress reports and shelter statistics, the findings of a PiT Count can help to provide a better understanding a community's homeless population.

## 2 Components of a PiT Count

#### Enumeration

Survey

The total **number** of individuals who were identified as homeless based on a count of all individuals staying in emergency shelters, domestic violence shelters, transitional housing, or sleeping rough (e.g., on the street, in a vehicle, in a park, etc.) during the count.

A series of **questions** posed to individuals experiencing homelessness during the count. With this information, communities can gain a better understanding of the characteristics of their homeless population, including demographics, reasons for housing loss, and service needs.

Point in Time Count 2018 Page 2

#### LIMITATIONS OF A PIT COUNT

A PiT Count can be very helpful in measuring a particular kind of homelessness\* at a particular point in time. It does not, however, paint a complete picture of homelessness in a community – nor can it be generalized to other populations, geographic regions, or points in time. One notable limitation of a PiT Count is its inability to adequately enumerate hidden homelessness (e.g., people couch surfing or staying with family or friends). Also, it is important to consider that a PiT Count focuses specifically on one 24-hour period rather than tracking indicators over a prolonged period of time. Given these limitations, a PiT Count should be used to complement other sources of information such as local homelessness progress reports, shelter statistics, and housing wait-lists.

#### **OVERVIEW**

The communities of Bathurst, Fredericton, Moncton, and Saint John are designated communities under the Homelessness Partnering Strategy (HPS); they are regions that have been identified by the federal government as having a homelessness issue. These designated communities applied for PiT count funding through HPS and were successful. The funding guidelines indicated a two-month window within which to do the counts: March and April of 2018. March 15th was chosen in all 4 communities.

In the lead up to the count, the local CABs worked collaboratively with PiT staff to create an action plan for the day of the count. Communities were divided geographically into zones that volunteers would use as boundaries for their street counts. Hot spots, where people facing homelessness are more likely to be located, were identified by key informants. Service providers including emergency shelters, violence against women shelters, drop ins, community meals, harm reduction organizations, amongst others were invited to take part. In order to promote participation, some organizations planned events for the day of the count. Service providers were given the option of having their staff or PiT volunteers administer the survey on site; all surveyors were trained.

All communities were obligated to ask 14 core questions. Additional questions could be added based on local concerns or interest (See Schedule D for a full list of survey questions). The survey itself was designed through community consultation and with local context in mind.

Those who participated in the survey were offered a modest gift card. They were given the option of skipping questions they did not wish to answer and of partially completing a survey. All responses were included in the survey results.

\*Pit Counts are designed to measure "absolute homelessness" which includes people who are sleeping in shelters, transitional apartments or on the streets. Hidden homelessness, which PiT Counts are not designed to measure, includes those who are couch surfing (e.g., staying with family or friends)



Point in Time Count 2018

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#### **KEY HIGHLIGHTS**

### The PiT count in 2018 saw a 65% increase in survey respondents.

Annual progress reports on emergency shelter use in NB suggest only modest change in the homeless population over the last two years. The increase in the number of completed surveys from the 2016 count to the 2018 count are largely understood to be the result of increased community

involvement. Because this was the second count to occur in New Brunswick, there was better overall buy-in from community members. An additional 10 service providers participated in the 2018 count; they likely encountered more people experiencing homelessness.

## One in every 5 survey respondents (22%) was a youth aged 16-24

Youth homelessness continues to stand out as an issue requiring further attention and action. It is generally understood that homeless youth have a higher risk of being victimized, experiencing mental health and addiction symptoms, and becoming chronically homeless. In designing

local responses to homelessness, we must take the specific needs of homeless youth into account.

# Most people facing homelessness were adults aged 25-49 (49% of respondents).

This is more than double the prevalence of those aged 50-64 (23%). We see a significant reduction in people experiencing homelessness who are aged 65 or older- only 3% of survey respondents are senior citizens. While there may

be several reasons for this, many experts attribute the increase in housing stability for people in this age bracket to additional income guaranteed through old age security benefits.

30% of respondents indicated that they had been in either foster care or a group home.

Of those who indicated having been in care, 37% indicated that they became homeless in the first year, and 20% in the first 3 months, after leaving foster care or a group home. This suggests that many people transitioning out of care have difficulty finding and maintaining housing.

## Homeless individuals frequently interact with police and emergency services

59% of participants had been to an emergency room in the past year, while 32% had been hospitalized. 41% of respondents had at least 1 interaction with police, and 22% indicated that they had gone to prison/jail in the past 12

months. Alleviating the demand on a community's emergency services to allow for more efficient use of resources is often cited as one of the many benefits for preventing and reducing homelessness in a community.



# Indigenous people continue to be over-represented in our homeless population.

While 4% of New Brunswickers identified as having indigenous identity in the 2016 census, 23%

of individuals surveyed in the 2018 PiT count reported indigenous identity or ancestry. These findings are consistent with national trends and are a startling indicator of over-representation.

Men made up a majority of the population surveyed at 59%.

In contrast, women represented 38% of the surveyed population in NB. It is generally understood that

women tend to face more hidden homelessness and are therefore not adequately captured by PiT counts. 3% of respondents were transgender, two-spirit, or genderqueer.

Indigenous peoples in Canada have clarified that their experiences with homelessness are distinct-that their support systems and connections to land, culture, language, spirituality and the environment have been eroded by colonialism spurring a unique lack of home. For more, see the Definition of Indigenous Homelessness in Canada (Thistle, 2017).

17% of the respondents identified as being LGBTQ2S+.

Those who are LGBTQ2S+ are understood to be at an increased risk of facing homelessness; however, because we do not gather statistics on sexual orientation in the general population, this is difficult to confirm. Our local figure could very well be conservative. There are no specialized

LGBTQ2S+ shelter options in NB- and very few specific support programs. Most shelters are gendered, serving either women or men, which can be problematic for those who are transgender.

Mental health and substance abuse were the two most commonly identified health issues experienced by survey respondents.

Mental Health and or addiction is a commonly cited reason for people's housing loss, and typically homelessness only further complicates in an individual's road to recovery. 51% of those who responded said they were currently experiencing challenges with their mental health and 41%

were suffering from an active addiction. These findings point to the importance of programs that can quickly move homeless people into permanent, affordable and adequate housing while providing them with the necessary supports to achieve stability in both their housing and quality of life.

Survey participants continue to attribute their homelessness to an inability to pay rent, and to struggles with domestic violence, mental health, and addictions. A majority of respondents, stated they would like to have housing (92%) and identified income as the number one barrier in attaining it. These results largely confirmed communities' understanding of the demographics, root causes, and every day challenges faced by those experiencing homelessness in New Brunswick. The following infographs present the key findings: first for New Brunswick collectively and then for the four communities that participated in the 2018 Point in Time count.



# TIME C

### 24-HOUR HOMELESS COUNT NEW BRUNSWICK

The Point-in-Time (PiT) Count is a strategy to help determine the extent of homelessness in a community at a single point in time. PiT counts allow a community to better understand the nature of homelessness and the demographics of the homeless population. Conducting a PiT count is a first step in creating future measures towards reducing homelessness. This project was funded in part by the Government of Canada's Homelessness Partnering Strategy. The count occurred in Bathurst, Fredericton, Moncton, and Saint John.



Volunteers







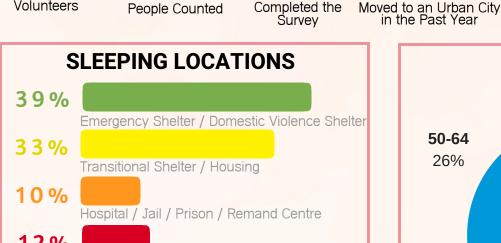
in the Past Year



**59%** Male 38% Female 3% Transgender, Two-Spirit, or Genderaueer



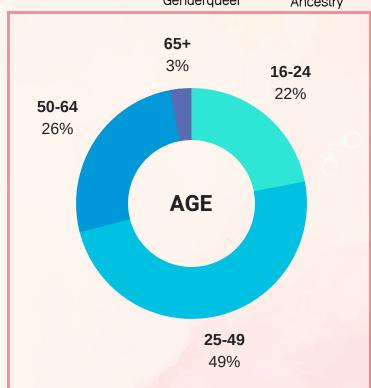
Identified as Indigenous or of Indigenous Ancestry





Respondent Doesn't Know (LIkely Homeless) 1%

Motel / Hotel



#### REASON FOR HOUSING LOSS



Addiction / Substance Úse



Conflict with Spouse/Partner



Incarceration

#### **MOST REQUESTED SERVICES**



Mental Health Counseling



Addiction /Substance Use Supports



Interventions for Serious Medical Conditions















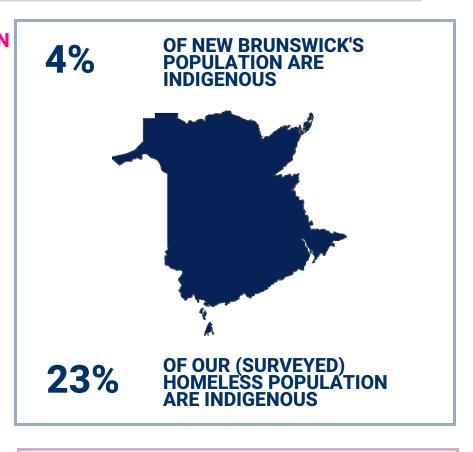


## **YOUTH • WOMEN • INDIGENOUS**

24-HOUR HOMELESS COUNT NEW BRUNSWICK

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OF OUR (SURVEYED) HOMELESS POPULÁTION



22%

OF OUR (SURVEYED) HOMELESS POPULATION ARE 1 YOUTH AGES 16-24



AT LEAST 50 CHILDREN UNDER 14 WERE HOMELESS.<sup>2</sup>



1. Youth are considered as 16-24 and not attached to a parent or guardian

2. Children are considered as 18 and under and attached to a parent or guardian.















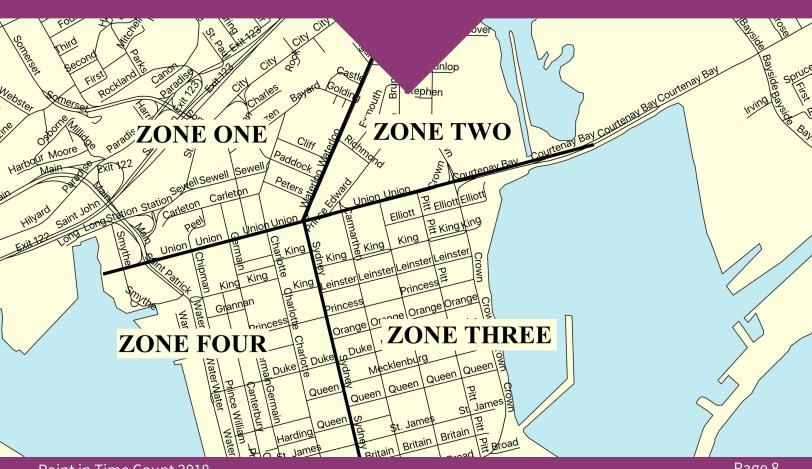
# NT IN TIME COUNT

### 24-HOUR HOMELESS COUNT SAINT JOHN, NB MARCH 15 2018

On PiT day in Saint John, 117 individuals experiencing absolute homelessness were counted, 92 of whom completed a survey. Additionally, 21 individuals facing hidden homelessness (couch surfing) completed surveys making for a total of 113. This is a significant increase over 2016, when 60 people were counted. It is important to note that we are comparing the state of homelessness on two isolated days- the increase could be due to any number of confounding factors. Changes can also be attributed to how the count was administered- in 2016, hidden homelessness was not included; there were more service providers involved in 2018.

In 2018, 13 service providers took part in the count, as did 48 volunteers.

Saint John Service Provider Locations MP Wayne Long's Office Avenue B Harm Reduction Inc. Outflow Men's Shelter Coverdale Centre Romero House First Steps Housing Project Safe Harbour House Fresh Start Services for Women/YWCA The Salvation Army Hestia House The Teen Resource Centre John Howard Society 2nd Stage Housing



# POINT IN TIME COUNT

24-HOUR HOMELESS COUNT SAINT JOHN, NB
MARCH 15 2018



Volunteers



People Counted

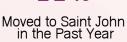


Completed the

Survey



22%





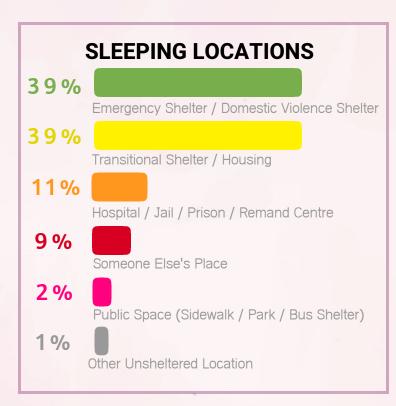
54% Male

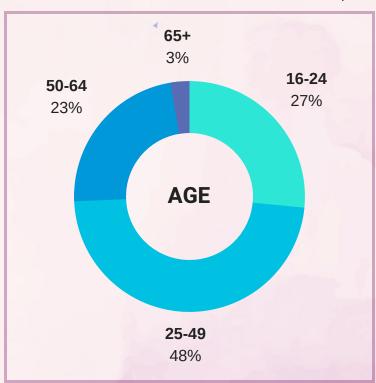
44% Female 2% Transgender, Two-Spirit, or Genderqueer



25%

Identified as Indigenous or of Indigenous Ancestry





#### **REASON FOR HOUSING LOSS**



Incarceration



Addiction / Substance Abuse



Domestic Abuse

#### **MOST REQUESTED SERVICES**



Mental Health Counseling



Addiction/Substance Use Supports



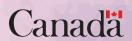
Interventions for Serious Medical Conditions

The Point-in-Time (PiT) Count is a strategy to help determine the extent of homelessness in a community at a single point in time. PiT counts allow a community to better understand the nature of homelessness and the demographics of the homeless population. Conducting a PiT count is a first step in creating future measures towards reducing homelessness. This project was funded in part by the Government of Canada Homelessness Partnering Strategy. The count occurred in Bathurst, Fredericton, Moncton, and Saint John.









# POINT IN TIME COUNT 24-HOUR HOMELESS COUNT MONCTON, NB MARCH 15 2018

On PiT day in Moncton, 113 individuals experiencing absolute homelessness were counted, 66 of whom completed a survey. Additionally, 30 individuals facing hidden homelessness (couch surfing) completed surveys making for a total of 96. This is a significant increase over 2016, when 77 people were counted. It is important to note that here we are comparing the state of homelessness on two isolated days- the increase could be due to any number of confounding factors. Changes can also be attributed to how the count was administered- in 2016, hidden homelessness was not included; there were more service providers involved in 2018.

In 2018, 12 service providers took part in the count, as did 30 volunteers.

Karing Kitchen

#### **Moncton Service Provider Locations**

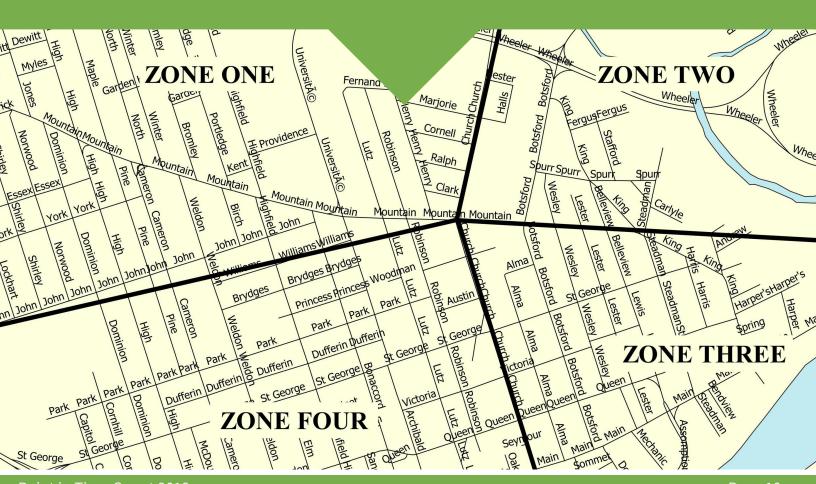
Harvest House Atlantic Greenfield House

Ray of Hope Soup Kitchen Crossroads for Women Inc.

Youth Q.U.E.S.T.
YMCA
Youth Impact

The Humanity Project Cannell House

Moncton Hospital House of Nazareth



# POINT IN TIME COUNT

24-HOUR HOMELESS COUNT MONCTON, NB



Volunteers





9 6 Completed the Survey



12.5% Moved to Moncton in the Past Year

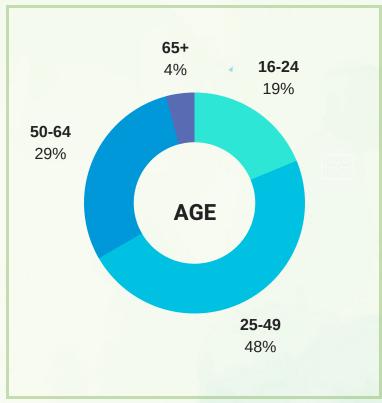


61% Male 35% Female 4% Transgender, Two-Spirit, or Genderqueer



28%
Identified as
Indigenous or of
Indigenous
Ancestry





#### **REASON FOR HOUSING LOSS**



Unable to Pay Rent/Mortgage



Conflict with Spouse/Partner



Job Loss

#### **MOST REQUESTED SERVICES**



Mental Health Counseling



Addiction /Substance Use Supports



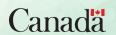
Interventions for Serious Medical Conditions

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# POINT IN TIME COUNT 24-HOUR HOMELESS COUNT MARCH 15 2018 FREDERICTON, NB

On PiT day in Fredericton, 70 individuals experiencing absolute homelessness were counted, 44 of whom completed a survey. Additionally, 6 individuals facing hidden homelessness (couch surfing) completed surveys making for a total of 50. This is a significant increase over 2016, when 50 people were counted. It is important to note that here we are comparing the state of homelessness on two isolated days- the increase could be due to any number of confounding factors. Changes can also be attributed to how the count was administered- in 2016, hidden homelessness was not included; there were more service providers involved in 2018. While Saint John and Moncton both did their street counts in the evening, Fredericton conducted theirs in the morning.

In 2018, 10 service providers took part in the count, as did 42 volunteers.

#### **Fredericton Service Provider Locations**

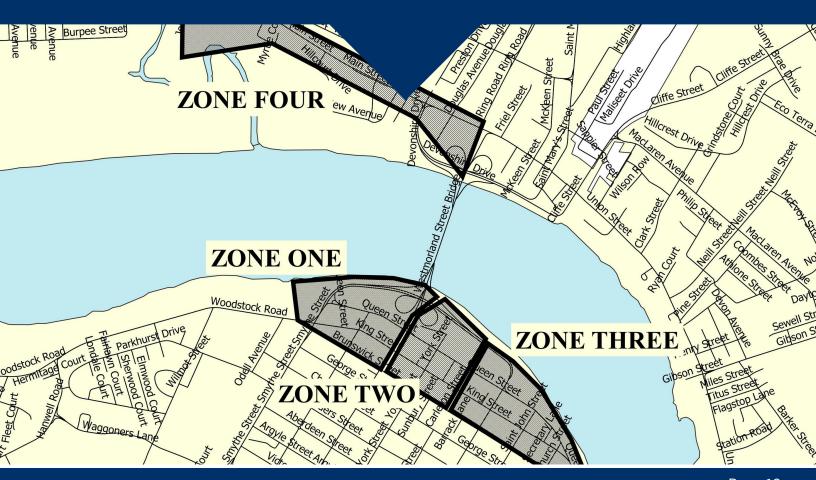
St. John House Fredericton Public Library
Grace House for Women Victoria Health Centre

Chrysalis House Fredericton Community Kitchen

Women in Transition House King's Place

Fredericton Downtown Community Health Center

Liberty Lane



FREDERICTON, NB ELESS COUNT MARCH 15 2018



Volunteers



People Counted



Completed the Survey



48%





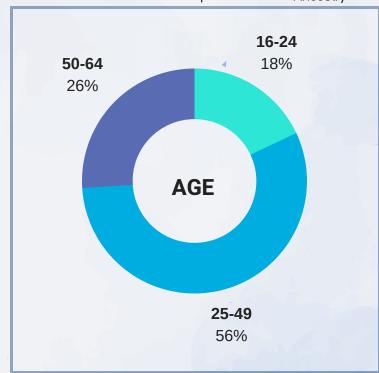
66% Male 28% Female 6% Transgender, Two-Spirit, or Genderqueer



17%

Identified as Indigenous or of Indigenous Ancestry





#### REASON FOR HOUSING LOSS



Addiction / Substance Abuse



Conflict with Parent/Guardian Spouse/Partner



#### **MOST REQUESTED SERVICES**



Mental Health Counseling



Addiction / Substance Úse Supports



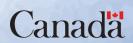
Interventions for Serious Medical Conditions

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# POINT IN TIME COUNT

24-HOUR HOMELESS COUNT BATHURST, NB







Moved to Bathurst in the Past Year



50% Male 50% Female



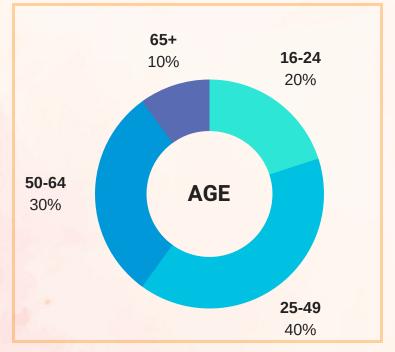
Identified as Indigenous or of Indigenous Ancestry

#### **SLEEPING LOCATIONS**

7 0 %

Emergency Shelter / Domestic Violence Shelter
3 0 %

Transitional Shelter / Housing



#### **REASON FOR HOUSING LOSS**







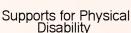
Unable to Pay Rent/Mortgage

Conflict or Abuse with Parent/Guardian

Unsafe Housing Conditions

#### **MOST REQUESTED SERVICES**







Interventions for Serious Medical Condition



Supports for Learning Disability

Mental Health Counseling

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#### Conclusion

On March 15th, 315 people were found to be homeless in the 4 participating cities in New Brunswick. The initial results of the 2018 Point in Time count largely confirm the shared understanding communities have of the general demographics, root causes, and experiences of those who are experiencing absolute homelessness. Males made up 59% of this group, females 38%, and 3% were either transgender, two-spirit, or genderqueer. Those who experienced the greatest prevalence of homelessness were those aged 25-49 years. However, youth homelessness continues to be a major concern; 22% of respondents were youth aged 16-24. Those identifying as Indigenous or LGBTQ2S+ continue to be over represented among the homeless population. While there were few surprises in the initial findings, the 2018 Point in Time Count continues to provide opportunity for deeper understanding through further analysis.

Of interest to the community are Individuals whose experiences with homelessness are more persistent, often lasting several months or years. These individuals are particularly vulnerable, often have more complex needs, and as a result tend to require more emergency interventions (and experience higher morbidity rates). Information gleaned from Point in Time counts along with other activities can assist the effort in helping homeless individuals attain a higher quality of life while reducing the burden on public systems.

In addition to the results captured in this Point in Time Count, the process of engaging in a shared project was of benefit to the community. By working in partnership, community based agencies, government departments, and the general public developed a shared understanding of the homeless population. This collaboration is in itself beneficial, as is having data that all stakeholders are confident in. Better data can assist in keeping vulnerable people from exiting systems into homelessness, prevent people from becoming entrenched in homelessness, and help to ensure that homelessness occurs for the least amount of time to the fewest amount of people and can ultimately enrich a community.



Schedule A Comparative Analysis of 2016 to 2018 Schedule B Service Provider Statistics of Interest 2018 Schedule C Policy Makers Statistics of Interest 2018 Schedule D What Was Asked?

#### SCHEDULE A: COMPARISON OF CITY STATISTICS 2016 - 2018

#### SAINT JOHN FREDERICTON MONCTON

		2016	2018	2016	2018	2016	2018
DEMOGRAPHICS	Number of People Counted	60	117	50	70	77	113
	Completed Surveys	60	113	34	50	59	96
	Gender Breakdown	55% Male 45% Female	54% Male 44% Female 2% Trans- gendered, Two- spirited, or Genderqueer.	71% Male 26% Female 3% Declined	66% Male 28% Female 6% Trans- gendered, Two- spirited, or Genderqueer.	70% Male 29% Female 1% Trans- gendered	61% Male 35% Female 4% Trans- gendered, Two- spirited, or Genderqueer.
٥	Moved to the City in the Past Year	31%	22%	44%	48%	41%	12.5%
	Identified as Indigenous	28%	25%	18%	17%	21%	28%
SNS	Shelter / Transitional Housing	56	102	44	66	53	90
EPII ATI(	Sleeping Rough	2	3	4	2	21	6
SLEEPING LOCATIONS	Next Sleeping Location Unknown	2	0	2	2	3	2
REASON	Domestic Abuse & Family Conflict	32%	26%	36%	34%	45%	28%
	Domestic Abuse by Spouse or Partner	18%	14%	6%	12%	14%	8%
TIME	Chronic Homelessness +6 months/ year	20%	22%	24%	18%	46%	31%
	Episodic Homelessness +3 times/ year	20%	44%	44%	63%	41%	17%

#### **SCHEDULE B: STATISTICS OF INTEREST FOR SERVICE PROVIDERS**

	SAINT JOHN	FREDERICTON	MONCTON	BATHURST
How many were staying in an				
How many were staying in an emergency shelter?	44 (n=113)	20 (n=50)	33 (n=96)	7 (n=10)
How many adults were staying in Violence Against Women Shelters?	17	14	12	2
How many were staying in transitional housing?	44	20	25	0
How many were sleeping rough (car, stairwell, park, tent, vacant building)?	3	2	6	0
How many immigrants or refugees were there?	3 (n=113)	1 (n=50)	0 (n=89)	0 (n=10)
What racial identity do you identify with (respondents could choose all that apply)?	111 Total Responses  White/European: 97 Indigenous: 3 Asian: 1 Black/African Canadian: 5 Human Race: 1 South Asian: 1 South-East Asian: 1 Blank Response: 1	47 Total Responses  White/European: 36 Indigenous: 3 British: 1 Canadian: 1 Italian: 1 Scottish: 1 Everybody: 1 Don't Know: 1 Blank Response: 2	102 Total Responses  White/European: 84 Indigenous: 13 Acadian: 1 Black/African Canadian: 1 French: 1 Native: 1 Welsh: 1	9 Total Responses White/European: 6 Indigenous: 3
How many people would like to get into permanent housing?	Yes: 100 No: 4	Yes: 47 No: 1	Yes: 90 No: 3	Yes: 10 No: 0
Top 3 services people wanted to access:	1. Mental health counselling (54)  2. Addiction substance use (35)  3. Serious medical condition (22)  n=159 total service needs	1. Mental health counselling (26)  2. Addiction substance use (16), serious medical condition (16)  n=84 total service needs	1. Mental health counselling (47)  2. Addiction substance use (43)  3. Serious medical condition (29)  n=165 total service needs	1. Physical disability (6)  2. Serious medical condition (3), Mental health/ counselling (3), learning disability (3)  n=16 total service needs

n = number of responses



#### SCHEDULE B: STATISTICS OF INTEREST FOR SERVICE PROVIDERS

	SAINT JOHN	FREDERICTON	MONCTON	BATHURST
Do you feel safe where you are staying?	Yes: 90 No: 14 No reply: 5 Decline to answer: 1	Yes: 41 No: 5 No reply: 3 Decline to answer: 1	Yes: 77 No: 12 No reply: 6 Don't know: 1	Yes: 8 No: 1 No reply: 1
Have you experienced abuse?	Financial: 57 Physical: 67 Psychological: 73 Sexual: 42 Spiritual: 16 Verbal: 86 Don't know: 1 Decline to answer: 7 Blank/no reply: 8 n=98 replies	Financial: 24 Physical: 26 Psychological: 28 Sexual: 14 Spiritual: 12 Verbal: 31 Decline to answer: 3 Blank/no reply: 4	Financial: 54 Physical: 58 Psychological: 56 Sexual: 42 Spiritual: 26 Verbal: 73 Decline to answer: 1 Blank/no reply: 16	Financial: 8 Physical: 9 Psychological: 8 Sexual: 4 Spiritual: 2 Verbal: 8 Blank/no reply: 1  n=9 replies
Do you have a healthcare provider?	Yes: 72 No: 37 Don't know/ Decline/ Blank: 4	N/A	Yes: 59 No: 21 Don't know/ Decline/ Blank: 16	Yes: 7 No: 3

n = number of responses

#### SCHEDULE C: STATISTICS OF INTEREST FOR POLICY MAKERS

	SAINT JOHN	FREDERICTON	MONCTON	BATHURST
What is the total homeless population?	117	70	113	15
How many children are homeless (under the care of a parent/guardian)?	23	10	17	2
How many youth (24 and under) were homeless on their own?	30 (n=113)	9 (n=50)	18 (n=96)	2 (n=10)
What are your sources of income?  EI = Employment Insurance GST = Goods and Services Tax Refund	Incomes reported (153)  1. Social Assistance (74 reports) 2. GST (23 reports) 3. Employment (14 reports) 4. Informal/selfemployment (7 reports)	Incomes reported (51)  1. Social Assistance (28 reports)  2. Employment/EI (6 reports)  3. GST (5 reports)  4. Child and family tax (4 reports)	Incomes reported (109)  1. Social Assistance (46 reports) 2. GST (12 reports) 3. Child and Family Tax Benefit (10 reports) 4. Employment/EI (9 reports)	Incomes reported (23)  1. GST (8 reports) 2. Social Assistance (6 reports) 3. EI (3 reports) 4. Child and family tax (2 reports)
What is your highest level of education?  G = Graduate Degree PS = Post-secondary PS (IP) = Post-secondary in progress HS/GED = High school/General Equivalency Diploma Primary = Primary School	110 people total  G: 0 PS: 14 PS (IP): 13 HS/GED: 40 Some HS/GED: 38 Primary: 5	49 people total  G: 1 PS: 7 PS (IP): 7 HS/GED: 14 Some HS/GED: 15 Primary: 5	95 people total  G: 2 PS: 12 PS (IP): 5 HS/GED: 26 Some HS/GED: 33 Primary: 17	10 people total  G: 0 PS: 0 PS (IP): 2 HS/GED: 2 Some HS/GED: 5 Primary: 1
Have you ever been in a group home or foster care?	111 people total Yes: 47 No: 64	95 people total Yes: 25 No: 70	50 people total Yes: 9 No: 41	10 people total Yes: 1 No: 9
How long after leaving foster or group care did you become homeless?	Median = 365 days	Median = 3,650 days	Median = 547.5 days	Median = 14 days
Usage of health and correctional services	Trip to ER: 163 (49 people)  Day in hospital: 490 (24 people)  Interactions with police: 72 (33 people)	Trip to ER: 91 (29 people)  Day in hospital: 150 (10 people)  Interactions with police: 62 (19 people)	Trip to ER: 179 (47 people)  Days in hospital: 665 (27 people)  Interactions with police: 110 (33 people)	Trip to ER: 61 (6 people)  Day in hospital: 42 (3 people)  Interactions with police: 7 (3 people)

n = number of responses



#### **SCHEDULE C: STATISTICS OF INTEREST FOR POLICY MAKERS**

	SAINT JOHN	FREDERICTON	MONCTON	BATHURST
Top 3 services people wanted to access	1. Mental health counselling (54)	1. Mental health counselling (26)	1. Mental health counselling (47)	1. Physical disability (6)
	2. Addiction substance use (35)  3. Serious medical condition (22)  n=159 total service needs	2. Addiction substance use (16), serious medical condition (16) n=84 total service needs	2. Addiction substance use (43)  3. Serious medical condition (29)  n=165 total service needs	2. Serious medical condition (3), Mental health/counselling (3), learning disability (3) n=16 total service needs
What challenges have you experienced trying to find housing?	1. Low income (70) 2. Rents too high (65) 3. Family conflict and domestic violence (32)	47 people  1. Rents too high (29) 2. Low income (28) 3. Family conflict and domestic violence (12)	90 people  1. Low income (65) 2. Rents too high (50) 3. No income assistance (28)	10 people  1. Low income (10) 2. Rents too high (6) 3. Family conflict and domestic violence (4)
Have you had to engage in risky behaviour/bad situations in order to keep your housing?	104 people total Yes: 35 No: 69	49 people total Yes: 26 No: 23	89 people total Yes: 36 No: 53	10 people total  Yes: 3 No: 7
Have you experienced abuse?	Financial: 57 Physical: 67 Psychological: 73 Sexual: 42 Spiritual: 16 Verbal: 86 Don't know: 1 Decline to answer: 7 Blank/no reply: 8	Financial: 24 Physical: 26 Psychological: 28 Sexual: 14 Spiritual: 12 Verbal: 31 Decline to answer: 3 Blank/no reply: 4	Financial: 54 Physical: 58 Psychological: 56 Sexual: 42 Spiritual: 26 Verbal: 73 Decline to answer: 1 Blank/no reply: 16	Financial: 8 Physical: 9 Psychological: 8 Sexual: 4 Spiritual: 2 Verbal: 8 Blank/no reply: 1
	n=98 replies	n=46 replies	n=80 replies	n=9 replies
Health issues people are facing	1. Mental health (54) 2. Addictions (38) 3. Joint/muscle problems (33) 4. High blood pressure (21)	N/A	1. Mental health (46) 2. Addictions (43) 3. Joint/muscle problems (37) 4. High blood pressure (19)	1. Mental health (4) 2. Joint/muscle problems (4) 3. No health issues (4) 4. Diabetes (3)
	n=215 total health issues reported		n=207 total health issues reported	n=23 total health issues reported
Access to health care	Yes: 72 No: 37	N/A	Yes: 59 No: 21	Yes: 7 No: 3
	n=109	6	n=80	n=10
In what language, do you feel best able to express yourself?	uage, do you e to express 266 responded - English: (246) - French: (7) - Neither: (4) - Both English and French: (9)			



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#### SCHEDULE D: WHAT WAS ASKED?

**Core Questions** were developed by the Government of Canada's Homelessness Partnering Strategy, in consultation with community partners. These questions were asked in every community that took part in Everyone Counts and solicited the following information:

- whether respondents had a permanent residence;
- where they were staying on the night of the count;
- whether respondents were experiencing family homelessness;
- what their age was;
- What their age was when they first experienced homelessness;
- what gender they identified with;
- How they describe their sexual orientation;
- How long they've been in the community;
- whether they identified as Indigenous or have Indigenous ancestry;
- whether they had served in the Canadian Armed Forces or Royal Canadian Mounted Police;
- whether they came to Canada as an immigrant or refugee;
- what length of time they spent homeless over the past year;
- what number of distinct homeless episodes they had over the past year;
- whether they used an emergency shelter over the past year;
- what the reasons were for their most recent housing loss; and
- what sources of income they had.

**COH (Canadian Observatory on Homelessness) Questions** were developed to complement the core questions and gather more detailed information on the participant's experience of homelessness. Communities could choose whether to include the questions or not. The COH questions solicited the following information:

- the main reason they came to the community;
- if they were a Canadian citizen;
- if Indigenous, which community they were from;
- the highest level of education they completed;
- whether they had ever been in foster care and/or group home;
- how long after leaving foster care and/or group home they became homeless;
- what racialized identity they identify with;
- how many times they have: been to an emergency room; been hospitalized; interacted with police; and/or been to prison/jail;
- whether they want to get into permanent housing;
- what challenges or problems they have experienced when trying to find housing;
- what would help them find permanent, stable housing;
- what kind of services they have a need for;
- in what language they feel best able to express themselves



**Local questions** were developed by local PiT Count organizers, in consultation with community partners. All questions, with a few exceptions, were asked in each New Brunswick community. Local questions solicited the following information:

- (if staying in a shelter) What type of shelter (VAW or emergency);
- (if staying with friends or family) Whether they could stay there as long as they wanted;
- If they felt safe where they were staying;
- If they would still choose to stay there if they felt they had any other option;
- If they had friends, family, or community organizations in their lives to support them;
- If they had ever felt discriminated against or taken advantage of by a housing provider because of their gender;
- if they had ever engaged in risky behaviour to keep their housing;
- if they had ever worried about losing their children because of their housing difficulty;
- what types of abuse they had experienced (if any);
- what health issues they were currently experiencing;
- whether they had a regular health care provider;
- whether they had anything else they wanted to share about their housing needs.