



2021 REGINA HOMELESSNESS COUNT

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Reaching Home: Canada's Homelessness Strategy



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LAND ACKNOWLEDGEMENT

The 2021 Point-in-Time Count of Homelessness took place in Regina, Saskatchewan, Canada. Regina is situated on Treaty 4 lands with a presence in Treaty 6.

These are the territories of the nêhiyawak, Anihšināpēk, Dakota, Lakota, and Nakoda, and the homeland of the Métis/Michif Nation. Today, these lands continue to be the shared Territory of many diverse peoples from near and far.

ACKNOWLEDGEMENTS

A Special Thanks to:

- The 115 volunteers who generously donated their time to help enumerate and administer surveys in the community.
- The staff at the māmawêyatitân centre for being such gracious hosts for the 2021 Point-in-Time Count (PiT Count) events. The māmawêyatitân centre was where the PiT Count headquarters were located on the night of the count as well as for where the post-day magnet event was hosted.
- The Regina Food Bank, for preparing and serving hearty meals for the Street Count volunteers on the night of the count and for individuals experiencing homelessness coming through the magnet event the following day. The Regina Food Bank also prepared to-go bags of sandwiches that survey teams could take with them to hand out on the night of the PiT Count.

A Special Thanks to the Community Capacity and Innovations (CCI) Group

The CCI Group is a collection of representation from various stakeholders in the community. The CCI group oversees and advises on the development of the PiT Count and Coordinated Access Projects. Thank you to all members, who devoted a great deal of time, on top of your already busy schedules, to make the PiT Count happen. It could not have happened without you.

A Special Thanks to the Facilities that Participated in the 2021 PiT Count

Facility	Agency/Organization
Isabel Johnson Shelter	YWCA of Regina
Kikinaw	YWCA of Regina
My Aunt's Place	YWCA of Regina
Men's Emergency Shelter	Soul's Harbour Rescue Mission
Men's Transitional Housing	Salvation Army
Waterston Shelter	Salvation Army
Kate's Place	Salvation Army
WISH Safe House	TFHQ Safe Shelters Inc.
Tuhk Sih Nowin	Street Culture Project Inc.
Sofia House	Sofia House Inc.
Regina Transition House	Regina Transition Women's Society
Lulu's Lodge	John Howard Society
Sr. Justice Discharge Program	John Howard Society
Brief Detox	Saskatchewan Health Authority -



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The Regina Point-in-Time Count Project was managed locally by Flow Community Projects.

HelpSeeker Technologies conducted data validation and analysis, and collaborated on writing the final report.



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ABOUT THIS REPORT

This report contains analysis and findings for the Point-in-Time Count of Regina Homelessness that occurred on September 22, 2021. A Point-in-Time (PiT) Count is a strategy to help determine the extent of homelessness in a community on a given night, or at a single point in time, in which individuals and families experiencing homelessness are enumerated and given the opportunity to participate in an anonymous survey.

This report presents findings from the enumeration and survey, and includes additional research and findings that provide context for the pandemic's impact on homelessness, as well as economic factors, social dynamics, and case studies of the mechanics of Regina's homeless-serving sector operations contributing to the current state of homelessness in the community.

This report does not aim to serve any type of political bias, and information is presented to highlight all factors contributing to the state of homelessness in Regina.

Benefits of conducting a PiT Count

A PiT Count should serve as a critical part of a community's response to homelessness. This is especially true for communities like Regina that do not yet have real-time aggregate systematic client data through the shared use of a Homeless Management Information System (HMIS). Until an HMIS is implemented, PiT Counts will be the primary means to measure progress in reducing homelessness, year over year.

Counts can significantly increase a community's ability to take action toward ending homelessness by:

- Identifying the characteristics of the local population.
- Increasing capacity to undertake a local needs assessment.
- Enhancing system planning and program development.
- Measuring progress toward ending homelessness.
- Increasing public awareness about homelessness.
- Enhancing the ability to test the efficacy of programs and interventions aimed at ending homelessness.

BACKGROUND

On September 22, 2021, Flow Community Projects and community partners organized the Regina communities' third Point-in-Time (PiT) Count of Homelessness. It was found that at least 488 individuals were experiencing some form of homelessness.

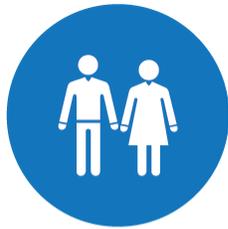
The 2021 PiT Count included three primary components. The first two, a street count and a sheltered count, took place on September 22, 2021 from 8:00 p.m. to 11:00 p.m. During the street count, over 115 volunteers from the Regina community participated, taking to the streets in Survey Teams of 2 or 3 individuals, offering an anonymous housing survey to anyone they saw. Along with offering the survey, the street count survey teams used tally sheets to enumerate people who were experiencing homelessness, but were not surveyed (including those sleeping on/under benches, located in alleys or encampments, or who declined to be surveyed, but disclosed homelessness).

For the sheltered count, the same survey was offered by staff to people staying in their facilities. In addition to the survey, participating shelter agencies were asked to provide administrative facility data (capacity, occupancy rates and non-personally identifiable demographics) to the Flow Community Projects to help make the count as accurate as possible.

The third component, a magnet event, was hosted at the māmawêyatitân centre from 11:30 a.m. – 2:00 p.m., on September 23, 2021. A Magnet Event is an event to draw in a specific population to be enumerated and surveyed during a PiT Count. The target population for the magnet event was First Nations individuals and families experiencing homelessness living in North Central, who may have been missed during the count the night before. The event included a free chili and buns luncheon (food provided and prepared by the Regina Food Bank), a COVID-19 vaccine clinic (delivered by Saskatchewan Health Authority, Four Directions), and a services fair (offered by multiple agencies). The PiT Count Survey from the night before was also offered to those attending the Magnet Event, however, survey participants were asked where they stayed the night before, to align their answers with data for September 22, 2021.

PiT Count Surveys were entered by CCI Group members (PiT Count Advisory) in the weeks following the PiT Count. Once entered, the PiT Count data (raw survey data, administrative facility data, and tally sheet data) was sent to a third party, HelpSeeker Technologies, for further validation, analysis and report preparation.

Key Findings from the 2021 PiT Count¹



AT LEAST

488

individuals were found to be experiencing homelessness during the 2021 Regina PiT Count.



This is a major increase compared to the prior 2018 PiT Count, in which 286 people were enumerated.



of those enumerated were provisionally accommodated.

AMONG THESE



were staying in transitional housing facilities



were staying at someone else's home

Characteristics of people experiencing homelessness in Regina



Experiences of homelessness were reported by individuals of all ages.

In addition, participant responses to their first experiences of homelessness showed that the onset of homelessness can occur at any age.



A greater proportion of men compared to women were reported to be staying unsheltered in public spaces, as well as at emergency shelters.



However, a greater proportion of women compared to men were reported to be staying at transitional housing facilities.

¹ Note: It is worth mentioning that the 2021 PiT Count included Observed Homelessness and the 2018 PiT Count did not. In 2018, there was a volunteer-training error on how to properly use the Tally Sheets to account for Observed Homelessness, and thus no data was collected. Since the 2018 count did not collect some data collected in 2021, the apparent increase in the number of people experiencing homelessness in 2021 compared with 2018 is not accurate, as the 2018 number represents an underreporting of the true number. However, there was still a very large increase in the actual number of people experiencing homelessness in Regina between 2018 and 2021.



A large proportion of survey respondents (79%, n=191) identified as being Indigenous.

Among these respondents,



Experiences of homelessness

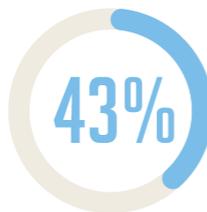


Over 50% of survey respondents met the definition of chronic homelessness, that is, experiencing homelessness for a period of 6 or more months within the past 12 months.



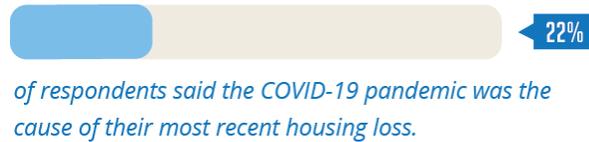
The most common reason for housing loss was not having enough income for housing.
 This was reported by about 53% of those who responded to this question.

Other reasons for housing loss commonly included conflict (e.g., with a spouse or partner, or with a landlord), substance use issues/mental health challenges, unsafe housing conditions, or experiences of discrimination.

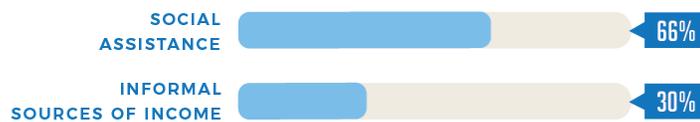


reported losing housing within the past year.

ADDITIONALLY,



The majority who reported having a source of income indicated these are their primary sources.



Barriers and challenges

Participants reported common barriers to finding housing included financial barriers, such as



Other commonly reported barriers included addiction and mental health challenges, poor housing conditions, discrimination, and conflict, including domestic violence.

Among the 220 respondents experiencing at least one of the listed five health challenges



ILLNESS OR
MEDICAL CONDITION



PHYSICAL
LIMITATION



LEARNING OR
COGNITIVE LIMITATION



MENTAL HEALTH
ISSUE



SUBSTANCE USE
ISSUE



reported experiencing three or more of these health conditions.

Key Considerations and Limitations

While the PiT Count provides insight on homelessness in Regina, key considerations and limitations of counts need to be explained.

PiT Counts are part of the Government of Canada's Reaching Home program's bi-annual effort to capture the state of homelessness nationally. PiT Counts take place in many communities across the country at around the same time. The data collected informs participating communities about local homelessness, and the data collected from each community across the country is then compiled to shed light on the national state of homelessness. Typically, the Government of Canada's Reaching Home program mandates that communities execute their PiT Counts in March or April, to standardize methodology and logistics. However, as a result of constraints created by COVID-19, communities were allowed more flexibility as to when the count could take place. The Regina PiT Count was originally scheduled for March 2020, but was postponed once then and on two additional times (fall 2020 and spring 2021) due to health and safety concerns relating to COVID-19. Having the count in the fall, instead of in the spring, means the total number of people experiencing homelessness may not be affected, but the change in season may affect where they are staying. The number of sheltered people might be expected to be lower during the nicer weather of a fall count, with the unsheltered number correspondingly higher. However, for the 2021 PiT Count, both sheltered and unsheltered numbers were higher, as compared to past counts. While the sheltered number increased from 172 in 2018 to 185 in 2021, the number of unsheltered people increased dramatically from 6 in 2018 to 71 in 2021. This was reflected as part of a very large jump in overall homelessness, from 286 in 2018 to 488 in 2021.

No PiT Count will perfectly capture the exact number of individuals experiencing homelessness in a community, due to the constraints of the methodology. A count is merely a snapshot of the homelessness situation in a community at a given time. Because efforts like this occur on only one date and for a short time frame, it is important to understand they greatly under count homelessness in a city.

Planning and logistics to execute the PiT Count during a pandemic meant that a scaled-down version of the count was organized. One result of this scaling down meant fewer volunteers were needed. Reduced calls for volunteers, in turn, created a lower volunteer turnout (230+ in 2018 compared to 115 in 2021). This is important, because, in general, the more volunteers a PiT Count has, the more parts of a city can be canvassed. The 2021 lower volunteer turnout translated into less of the geographic area of the city

being canvassed for individuals and families experiencing homelessness. This may have resulted in an undercount.

The count was strategically set to take place just after mid-month and during the middle of the week, to factor in social assistance payment schedules, when individuals experiencing homelessness may no longer be temporarily housed in alternative accommodations (hotels, motels, and other locations). The priority was to enumerate and capture additional information for those who were unsheltered, in sheltered facilities, or were experiencing hidden homelessness. While Detox provided its bed capacity for the PiT Count, we were unable to capture information on people experiencing homelessness who were staying in other public systems like hospitals, police cells, correctional facilities, and others.

The count relies on volunteers and staff at service provider locations to enumerate and administer surveys, which can result in errors and omissions that may not be caught through data validation and cleaning mechanisms. It is also impossible for volunteers and service provider staff to know whether clients are giving entirely truthful answers as they participate in the survey.

Despite the limitations, the benefits of conducting a PiT Count heavily outweigh the drawbacks when considering the community capacity that is built and institutional knowledge gained by counts, in addition to the data collected that helps Regina better understand the scope of the issue and the characteristics of the population..

Understanding Homelessness

As interpretations of homelessness may vary, presented here are the definitions used for the purposes of this PiT Count and report. Reaching Home defines homelessness, and the Canadian Observatory on Homelessness (COH) defines typologies of homelessness.

Definition of Homelessness

“Homelessness is the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.” – Reaching Home, 2021

Typology of Homelessness

The COH categorizes four typologies of accommodations that people without permanent housing may experience. These four typologies are unsheltered, emergency sheltered, provisionally accommodated, and at risk of homelessness. Typologies one through three are the categories of homelessness enumerated and surveyed in the 2021 PiT Count.

- 1. Unsheltered:** This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed or fit for human habitation.
- 2. Emergency sheltered:** This refers to people who cannot secure permanent housing, and as a result are accessing emergency shelter and system support.
- 3. Provisionally accommodated:** This describes situations in which people who are technically homeless and without permanent shelter access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by the government or the nonprofit sector, or may have independently made arrangements for short-term accommodation.
- 4. At risk of homelessness:** Although not technically homeless, these individuals or families have current housing situations that are dangerously lacking security or stability, and so they are considered to be at risk of homelessness.

Who Experiences Homelessness?

Despite clear and compartmentalized definitions, people experiencing homelessness are not a homogeneous group, and their experiences of homelessness are not always easily categorized. While it is true that some populations (such as Indigenous) are overrepresented in homelessness, people from all demographic groups can and do experience homelessness, including:

- Men and women
- Single parents and families
- Individuals of all ages
- Individuals with physical health issues
- Rural and city residents
- Individuals with high and low income
- Varying educational levels and occupational statuses
- People from all racial and ethnic backgrounds
- Immigrants
- Current and former criminal offenders
- Street workers
- Individuals that both are or are not struggling with mental health and/or addictions

The diversity of experiences with homelessness complicates understanding the factors that lead to homelessness. However, any analysis of homelessness must take into account the distinct challenges specific subpopulations face. Considerations for subpopulations are included in a later section of this report, which provides some context for homelessness in Regina.

Pathways to Homelessness

Pathways to homelessness describe how and why individuals and families are experiencing homelessness and housing instability. Some examples of pathways to homelessness include low income, unemployment, family conflicts (e.g., abuse by spouse or parent, being asked to leave, running away), mental and physical health challenges, addictions, frequent interactions with public systems e.g., (jail, hospital), lack of affordable housing options and shortcomings of the social safety net (specifically income assistance). For many individuals and families experiencing homelessness, there are a number of pathways to homelessness in their situation, creating a multitude of barriers to finding and maintaining stable housing.

Pathways to homelessness are included in the 2021 PiT Count Survey under [Reasons for Most Recent Housing Loss](#).

Homelessness Risk Factors and Protective Factors

While being a member of certain subpopulations and experiencing one or more of the known pathways to homelessness increase the risk, homelessness is even more likely to occur when there is a predictable combination of risk factors present and protective factors are absent.

Table 1. Homeless Risk and Protective Factors.

Risk Factors	Protective Factors
Imbalance of income and housing costs	Healthy relationships
Chronic health issues (mental, physical, etc)	Education
Substance abuse and addiction	Access to affordable housing
Experiences of abuse and trauma	Adequate income
Interaction with public systems, particularly correctional and child service systems	Access to adequate supports to meet needs

Challenges and Barriers to Resolving Homelessness

Resolving homelessness is made more difficult because of attitudinal, individual, and systemic barriers. Attitudinal barriers refer to just that: attitudes, beliefs and perceptions society at large has about people individuals experiencing homelessness, and further how these attitudes impede progress. An individual barrier refers to the specific challenges, such as, for example, a mental health issue or an inability to find work, which constrain being able to acquire and maintain housing. Systemic barriers often refer to bigger-picture influences, like lack of affordable housing or shortages in programming in communities. All these barriers are intertwined and influence one another.

The next section gives examples of these different types of barriers, but it is not a complete list. Barriers to finding stable housing are noted in the PiT Count Survey Findings section under [Barriers to Finding Housing](#).

Stigma Barriers

John R. Belcher and Bruce R. DeForge (2012) outline how stigmatizing people experiencing homelessness limits the capacity for social change on both the individual and systemic levels. Understanding stigmas about homelessness and the people experiencing homelessness is the foundation for how a community responds to homelessness. Some of Belcher and DeForge's points can be seen in Table 2.

Table 2. Stigma associated with homelessness.

Stigma associated with homelessness
Society focuses solely on the individual as the cause of their current state, and does not focus on larger economic and social trends (housing affordability, poverty, institutional racism, etc). By focusing on the individual, this legitimates inequality.
In a capitalist society, people who experience homelessness are considered to be of no use or function, since they do not actively participate in the system. They are thought to freeload off the government.
Stigma causes individuals who are experiencing homelessness to feel lesser than, or great shame, which reduces their likelihood of seeking help or assistance, marginalizing themselves further.
Individuals experiencing homelessness are often demonized and viewed as inherently violent or dangerous.
Individuals experiencing homelessness are thought to all have addictions and abuse substances, and thus society should not give them money or assistance.

Something that also needs to be considered when discussing stigma and discrimination toward those experiencing homelessness is the compounding effect of intersectionality. In a social context, intersectionality identifies multiple factors of advantage and disadvantage. Examples of these factors include gender, sex, race, ethnicity, class, sexuality, religion, disability, weight, physical appearance, and height. These intersecting and overlapping social identities may be both empowering and oppressing. Seeing homelessness through the lens of intersectionality also reinforces that individuals experiencing homelessness are not a homogeneous group. Intersectionality means that stigmas are often layered. For example, a person who is Indigenous and experiencing homelessness will have to deal with stigmas from both identities. The more layered stigmatized identities there are, the more complicated it can be to address that person's situation.

Ultimately, on an interpersonal and human level, these stigmas create a sense of separation between the homeless population and the general population. This separation inhibits empathy felt by others for people experiencing homelessness. This leads to seeing people experiencing homelessness as not deserving of respect, dignity, and support. It leads to seeing them as less than human.

Individual Barriers

Many of the pathways to homelessness also act as barriers for people experiencing homelessness who are trying to find and maintain stable housing. For example, while someone's mental health and addictions may be the reasons why they lost housing, they may also be barriers to finding housing once they have become homeless. According to Gaetz, Gulliver, & Richter (2014), homelessness and inadequate housing continue to be harsh realities for many Canadians with mental illness and addictions issues. People who lose housing due to mental health issues and addiction have plummeted into a world where those issues are often exacerbated by being homeless. In Regina, it was found that over 75% of 2021 PiT Count survey respondents indicated they were experiencing substance use issues, and over 50% were experiencing mental health issues. The combination of these factors complicates securing housing, as people with mental health and addiction issues cite needing additional support once they are housed, in order to remain housed. This means that in most cases, finding housing alone may not be sufficient to solve their crisis, as case management will also be required. In the absence of additional support, people experiencing homelessness with concurrent issues often use emergency services like hospitals, and correctional and detox facilities (Gilmer, Manning, & Ettner, 2009).

When a person presents with physical health issues, in addition to mental health issues and addictions, it is called tri-morbidity. People with tri-morbidity are less likely to access the support they need, for a variety of reasons. Those with tri-morbidity are often the people most entrenched in street homelessness, and have an exponentially higher risk of death compared to the general population.

Some other individual barriers include:

- Low/no income (unable to pay for basic necessities like rent, food, and clothing)
- Trouble finding and/or maintaining employment
- Family dysfunction (abuse)
- Discrimination
- Trauma
- Lack of transportation to get from place to place
- Lack of awareness of programs and services
- Landlord conflicts

Systemic Barriers

One of the most notable systemic barriers in Canada for those experiencing homelessness is the lack of affordable housing options, as is seen in Regina. In fact, 52% of PiT Count survey respondents identified rent being too high as the top barrier to finding housing, with another 49% noting they had a low income. These findings support the need for more affordable-housing options.

Another systemic barrier is having to find support in systems that often have fragmented programming, with general lack of coordination between service providers in the homeless-serving sector, as well as in peripheral sectors like health, mental health and addictions, policing and corrections, child welfare, and income assistance. This often means that clients have to go to multiple places to receive support, and retell their story, which can be re-traumatizing. Additionally, people experiencing homelessness often have the individual barrier of being without transportation to get from place to place, compounding the challenges of navigating a fragmented system.

Within sectors, efforts are often made to coordinate systems, but coordination is also needed across -sectors. While governments support the concept of service integration and coordination, they often do not invest in the infrastructure and mechanisms needed to make it happen. Across Canada, the Government of Canada's Reaching Home program has commissioned the development of a Coordinated Access System (CAS) in all communities receiving Reaching Home dollars. Regina is one of those communities receiving Reaching Home funds, and the design and development of a CAS is underway by Flow Community Projects, in partnership with Namerind Housing Corporation. As the CAS is implemented and then expanded in Regina, it should help the community move toward a more coordinated homeless-serving sector and peripheral sectors.

A lack of available supportive housing options inhibits addressing homelessness systemically. Across Canada, this is mainly true for permanent supportive housing options, programming that targets communities that are hardest to house, and can be classified as long-term care. While Regina could also use more of the programming it already has, the city does not have any permanent supportive housing, which has a cascade of negative effects on the homeless-serving sector. See an analysis of the supportive housing program salutation in Regina, and its effects on the homelessness sector in a [later section of this report](#).

Homelessness and The Housing Continuum

The range of experiences of homelessness are vast and varied, which complicates programming needs in a community. This is true for specific subpopulations and program needs, but also true for the ranges in the depth of client needs. For example, some people experience homelessness only once, and for a brief period. They may present with fewer issues or barriers to finding stable housing, and are able to resolve their homelessness on their own, without any interaction with the homeless-serving sector. On the other end of the spectrum, some clients present with many concurrent issues, and have a number of barriers to acquiring stable housing, needing additional support from case managers to maintain housing. In fact, there are some people who will never be able to live independently. Ideally, then, a community's homeless-serving sector should have a variety of programs to offer people with complex needs experiencing homelessness, ranging in type (e.g., emergency, transitional, supportive housing, subpopulation-specific), and in depth of need (low, medium, high, very high).

The Housing Continuum



Photo/Graphic: Canadian Mortgage and Housing Corporation (2021)

A housing continuum is a range of housing types available in a community. There are many variations of the housing continuum, and each has a different language that often describes the same types of housing resources. Looking at the image above, on one end of the housing continuum there is homelessness (left) and on the other end of the continuum is market housing (right). In between are emergency shelters, transitional housing, supportive housing, community/social housing, and affordable housing.

Emergency shelters are typically for shorter stays (up to 30 days in most cases), and are available for people experiencing emergencies/crises. While someone is staying at an emergency shelter, shelter support staff may help them stabilize and find housing, clothing and food. It is not expected of shelters to become permanent residences for clients.

Transitional housing refers to a supportive, temporary (lasting 3 months to 3 years) accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support (for addictions and mental health issues, for instance), life skills and, in some cases, education and training (homelesshub.ca, 2021). Transitional housing is often best characterized as an intermediate step between emergency crisis shelter and permanent housing, and is suitable for clients who are not ready for independent living. Transitional housing is usually operated in a single location; however, new variations on transitional housing have been created.

Supportive housing refers to programs that offer varying levels of case management (e.g., support) to clients while they are housed, connecting them to necessary additional supports while in the program's care. Supportive housing can be provided in a single location or building, or in scattered sites through partnerships with landlords (social housing, affordable housing, private market, nonprofit-owned) for space and non-profits for case management support. Supportive housing has a continuum of program types because there are clients with low needs ranging to clients with very high needs, so different intensities of interventions and supports are offered. The most common examples of supportive housing programs are rapid rehousing (low-acuity clients needing shorter-term supports), intensive case management (medium/high acuity clients needing medium-term supports), and permanent supportive housing (very high acuity clients needing long-term supports, and can be classified as assisted living or residential care).

Social housing is low-income housing typically provided directly or subsidized by a government body for low-income individuals and families. Social housing typically prioritizes families and seniors.

Affordable housing is a much broader category, and includes housing provided by the private, public and not-for-profit sectors, as well as all forms of housing tenure (e.g., rental, ownership and cooperative ownership) intended to be affordable.

Market (private) rental housing is owned by a private individual or company, and is rented to tenants who pay market rates. Rental housing can refer to any type of housing style available on the market, including apartments, townhouses, duplexes, detached dwellings, and more

Market (private) home ownership is when housing is owned by those who live in it (or who own a home they have rented to tenants). There are many types of housing, including condos, townhouses, duplexes, detached dwellings, and more.

The Housing Continuum and Program Graduation

One of the central ideas behind a housing continuum as it relates to homelessness, is that with robust options for supports, clients can move along the continuum toward more independent living (moving from left to right along the housing continuum shown on the graphic). For example, imagine that a client presents at an emergency shelter after sleeping a few nights outside in a park. They stay at the shelter for a few nights and ask the shelter support workers to help them find housing. Shelter support workers administer an intake/assessment and determine this client is not ready for completely independent living, but is low acuity and would benefit from a rapid rehousing supportive housing program. They connect the client with such a program, which takes the client into their caseload, finds them an apartment in the private market, and provides short-term case management to help them stabilize. After six months, the client no longer needs the support, and moves to independent living in that first apartment they moved into. In this example, the client moved along the housing continuum from homelessness, to emergency shelter, to supportive housing, to private market rental. This idea of program graduation is paramount to a healthy homeless-serving sector, as graduations see people moving out of homelessness and into either less intensive supportive housing programming or into independent living (outflows), making way for new clients (inflows) to get the support they need.

The housing continuum also works in the opposite direction, when some clients may need to move from less supportive interventions on the continuum to more supportive interventions in order to maintain stable housing.

Inflows to and Outflows out of Homelessness

Inflows refer to new clients experiencing homelessness. Outflows refer to clients who were experiencing homelessness, but as a result of getting the interventions they needed, are exiting homelessness, or at least moving along the continuum of supports from more to less support. In the simplest terms, if a community's homelessness inflows are higher than their outflows, the total number of people experiencing homelessness will increase over time. Conversely, if a community's outflows are higher than their inflows, the total number of people experiencing homelessness will decrease. If inflows and outflows are the same, the number will remain stable.

Case Study: What happens When There is a Lack of Supportive Housing Options for Clients?

This next section will provide context for Regina's PiT Count findings with a perspective on how the homeless-serving sector currently operates, gaps in services, and challenges in referring and matching clients to supportive housing options through the Centralized Housing Intake Process (CHIP) in Regina.

Homeless Serving Sector System Mechanisms in Regina

System mechanics refer to how the homeless-serving sector serves clients from an operational perspective. This requires zooming out and looking at the entire sector, and analyzing, for example, how clients navigate getting help, which agencies are serving clients and why, what the program gaps are, and how these gaps contribute to the current state of homelessness in the community. Although we do not currently have real-time aggregate community-level data tracking inflows and outflows, the jump from 286 people experiencing homelessness in the 2018 PiT Count to 488 in the 2021 PiT Count indicates the community's inflows over the past few years have exceeded its outflows.

The next section of this report will closely examine one of the specific mechanisms in Regina's homeless-serving sector, and shed light on gaps in services that partly explain how inflows to homelessness have exceeded outflows. To be clear, the specifics are shared in the following sections not to shame, blame or condemn individuals and organizations working in the homeless-serving sector. Regina's homeless-serving sector is filled with incredible people and organizations devoting a great deal of time and energy to serving clients. They do an amazing job, and there are countless success stories as a result of their dedication. However, often overlooked by outside observers are all the barriers preventing front-line organizations from serving clients more fully. Information shared here is intended to highlight the urgent need for more action, investment, and attention, to create a sector in which front-line organizations have the resources to adequately serve clients.

What Is Happening in Regina?

Currently, many of Regina's supportive housing programs participate as referral partners in the Centralized Housing Intake Process (CHIP), facilitated by Phoenix Residential Society. CHIP is a centralized triage, assessment and referral process that matches clients from a centralized list to a number of supportive housing programs in Regina, funded under the [Reaching Home program](#). CHIP referral partners offer case management services to

referred clients they have housed. The common assessment tool used by CHIP and its partners is the Service Prioritization Decision Assessment Tool (SPDAT). The SPDAT is a long-form assessment tool that collects in-depth information about a client’s situation. The SPDAT produces a score of 1-60, and the higher the score, the higher the level of acuity, meaning the client has more concurrent issues and faces more barriers to finding and maintaining stable permanent housing, and requires more support. Though every assessment tool has its shortcomings, one benefit of using the SPDAT is that it recommends different types of supportive housing programs depending on scores obtained. Using the SPDAT means recommendations are based on standardized criteria, which helps identify, on an operational level, what programs are desperately needed in Regina. Table 3 illustrates the recommended program needs, based on SPDAT scores, under ideal circumstances.

Table 3: SPDAT Scores Relative to Recommended Program Matching - Ideal State for Communities.

Client SPDAT Score	Recommended Supportive Housing Program Type in an Ideal State	Does Regina/CHIP Have This Program Type?
Level 1: <24 Low acuity	No formal intervention needed (NFIN)/Light homeless-serving sector assistance/Diversion Services	Yes
Level 2: 25-34 Low/mid acuity	Rapid rehousing (RRH)	Yes
Level 3: 35-49 Mid/high acuity	Intensive case management (ICM)	Yes (one program)
Level 4: 50-60 Very high acuity	Permanent supportive housing (PSH)/Long-term care/Assisted living	No

In terms of Supportive Housing programs clients can be matched with through CHIP, the process has a handful of Rapid Housing programs, one intensive case management program and no permanent supportive Housing. Because there is limited intensive case management and no permanent supportive housing in Regina, the supportive housing programs through the CHIP process have accommodated to serve clients with the highest needs by, in my cases, taking referrals for clients beyond their capacity to serve, as seen in

Table 4. In this report, programs serving clients above their capacity will be referred to as up-serving.

Table 4. SPDAT Scores Relative to Program Matching - Current State in Regina.

Program Type	Ideal State - Referrals Based on SPDAT Score Range	Current State – Supportive Housing Programming Matching Through CHIP Referrals Based on SPDAT Score Range	Increase in SPDAT Score Served due to Up-Serving
No or light homeless sector interaction/intervention/assistance	<24	<34	+10
Rapid Rehousing	25-34	35-44	+10
Intensive case Management	35-49	60	+10-11
Permanent Supportive Housing	50-60	N/A	N/A

Evidently, there are no supportive housing programs involved in CHIP where the ideal situation and current situation align. Furthermore, all types of supportive housing are currently up-serving and taking on clients who would traditionally be matched to more intensive programs if those were available. Rapid rehousing programs are currently taking on intensive case management-level clients (up to 44 on the SPDAT) and intensive case management programs are currently taking on clients who, ideally, would be matched to permanent supportive housing.

Each of these supportive housing program types have different parameters for both service provision and capacity for case managers. From program type to program type, case managers and support workers might require vastly different skill sets, resources, training, and knowledge bases to support clients. Furthermore, the structure of rapid rehousing programs is not an adequate intervention for clients better served in intensive case management. The same can be said for intensive case management programs taking on permanent supportive housing-level clients.

The consequences of up-serving are that many clients housed through the CHIP process routinely return to homelessness as a result of not getting the interventions and support they need. Conversely, many of the clients who are successfully housed require longer-term support than the programs are structured for, and these clients remain

housed and use supports, creating bottlenecks that limit or prohibit support for new inflows. With that said, many housed clients are not graduating to less intensive interventions or out of homelessness altogether. Additionally, clients who are housed and then return to homelessness are simply joining the pool of new inflows competing for the same limited support. And thus, the homeless population grows. Granted, even in a system with ample supportive housing options, there will still be situations where clients return to homelessness or need extended in-program support, but In Regina, because of the deficit in program options and capacity, these situations happen far too frequently.

Another consequence to having supportive housing programs up-serve clients is that case managers and support workers have to reduce their caseloads, because higher-acuity clients require more attention and support. This means that, overall, fewer clients at a time can be served in the sector.

Why are supportive housing programs up-serving, rather than only taking clients that fit their program mandates? There has been much discussion in the community about what would happen if supportive housing programs took only clients who match the SPDAT ranges the tool recommends for those programs. In that case managers would not have to reduce their caseload, and more clients could be served simultaneously. The community would, potentially, be helping more homeless people, and the outflows to inflows ratio would improve. The response from many in the homeless-serving sector is that if they do this, the absence and capacity limitations of key programs mean more homeless clients with the highest acuity would not be served and die. This is therefore not just about operational decisions on service provision. It is a moral dilemma for the community's nonprofits. They are forced to ask themselves: **Do we *serve within our capacity, serving more clients, but risking the death of high-acuity clients? Or do we continue to up-serve, struggling to support a smaller number of clients, prioritizing high-acuity clients in programs meant for others, thus having to shrink caseloads, while watching lower-acuity clients develop increasing acuity as they wait to be helped?***

One of the best insights into the drastic extent of current up-serving in Regina is shown in the CHIP programs' By-Name List (an Excel spreadsheet). It is updated at least bi-weekly, and is a list of clients that CHIP staff and referral partners know by name, who are currently housed in a supportive housing program or are waiting to be matched to a CHIP supportive housing inventory partner. Among other pieces of information, the CHIP By-Name List contains clients' SPDAT scores for individuals that have come through the process.

Along with facilitating the CHIP process, Phoenix Residential Society also operates the community's single intensive case management program, called Homes. In the absence of permanent supportive housing, Homes has taken on the task of serving clients with the highest needs. Homes, whose current SPDAT range due to up-serving is 45-60, has not housed a client through their program with less than a SPDAT Score of 57 since 2017, and have not taken any clients with a score less than 60 since summer 2020. Additional clients with SPDAT scores of 60 on the By-Name List are waiting to be housed in their program. Since a SPDAT score of 60 is the highest score produced using that assessment tool, this means a client presenting with nearly every barrier or obstacle to attaining and maintaining stable housing remains on a waitlist. Ideally, Homes, as an intensive case management program, should be serving clients in the 35-49 SPDAT range.

With Rapid Rehousing only able to take clients with a SPDAT score of up to 44, and Homes currently taking 60's, the program gaps are so severe that if a client presents through the CHIP process and is assessed as being between 45 and 59 on the SPDAT, there is no supportive housing program that can take them. At one point during summer 2021, there was a waitlist of 126 clients scoring in this range. Some of these clients have been on the CHIP By-Name List waiting to be matched to the Homes program for over two years, with no other viable options available. Significantly, clients who have to wait long periods for services typically do not remain at the same level of acuity. Instead, they often come back months or years after initial assessment with higher SPDAT scores, because the absence of support means many clients' situations grow more acute over time. Therefore, not only is Regina's homeless population steadily growing, but due to the lack of supportive housing options, the number of high-acuity clients is increasing in size relative to total population as well.

One of the best illustrations to show how the community's high acuity population has increased is by further analyzing the CHIP By-Name List. Table 5 (following page) summarizes the number and percentage of clients that have come through CHIP that have been assessed within certain SPDAT Ranges and in turn, what the recommended supportive housing program type would have been for those clients. The table is structured to compare the time-periods of 2016-February 2021 and then February 2021-February 2022, to show how programming needs have changed over time.

Table 5. SPDAT Client SPDAT Score Ranges – All-Time and Past Year.

CHIP Client SPDAT Score Ranges – All-Time and Past Year						
Ranges	Recommended Programming	2016-Feb 2021 #	2016-Feb 2021 %	Feb 2021-Feb 2022	Feb 2021-Feb 2022	Change
<25	No/Light Homeless Serving Sector Interactions	31	3.56%	7	3.72%	+0.16
25-34	Rapid Rehousing	246	28.21%	32	17.02%	-11.19%
35-49	Intensive Case Management	372	42.66%	104	55.32%	+12.66%
50-60	Permanent Supportive Housing/Long-Term Care	223	25.57%	45	23.94%	-1.63%
Totals		872	100%	188	100%	**

As one can see in Table 5, the amount of CHIP clients that are recommended for rapid rehousing has decreased by 11.19% (red colored cell), and the amount for intensive case management has increased by 12.66% (blue colored cell) when comparing 2016-February 2021 to February 2021-February 2022. All the while, the program types of no/light homeless serving sector interactions and permanent supportive housing have remained relatively stable².

Table 6 looks at SPDAT score averages and consolidated percentages for intensive case management and permanent supportive housing clients, comparing 2016-February 2021 to February 2021-February 2022. Furthermore, SPDAT score averages have marginally increased by 1%, from 41.5 to 42.45, which suggests the average client that has come through CHIP would be recommended for Intensive Case Management, a program type for high acuity clients. In total, the number of clients that would qualify for intensive case management or permanent supportive housing has jumped 11.2% from 68.23% to 79.26%. This is significant, again, because the community only has one intensive management program (Homes) and no permanent supportive housing, and nearly 80% of clients that are assessed would be recommended for these program types.

² Low acuity clients that would need no or light homeless serving sector interactions are underrepresented in CHIP client tallies, due to the fact that they likely did not need to connect to CHIP to resolve their housing needs. Alternatively, clients that need permanent supportive housing would likely be underrepresented on the CHIP BNL as well. However, this would be due to the fact that clients at this acuity level often struggle to connect with services.

Table 6. CHIP Client SPDAT Scores – Averages and Consolidated %'s – All-Time and Past Year.

CHIP SPDAT Scores – Averages and Consolidated %'s – All-Time and Last Year			
Date Range	2016-Feb 2021	Feb 2021-Feb 2022	Change
Clients Qualifying for ICM/PSH Programming	68.23%	79.26%	+11.03%
Average SPDAT Score	41.45	42.45	+1 Point

Solving this problem is not as straightforward as CHIP programs shifting mandates and offering less rapid rehousing and more Intensive Case Management or Permanent Supportive Housing. Further, the community needs all of the current rapid rehousing programs, as they house and support additional individuals experiencing homelessness that do not come through the CHIP process. Therefore, the sector is in need of significant targeted and strategic investment for missing programs in order to curb these alarming trends.

Lack of Supportive Housing Options: Impact on Client Locating and Engagement

If up-serving was not challenging enough, CHIP partners noted maintaining contact and known whereabouts for clients adds another layer of complexity to solving the issue. How this connects to the case study is that similar to up-serving, losing touch with clients is exacerbated by having shortages of supportive housing options and short-term accommodations (emergency shelter and transitional shelters). Moreover, having a shortage of supportive housing and short-term accommodations means that instead of being able to promptly help clients stabilize through connections to a network of housing and wrap around support programs, clients are instead added to waitlists or turned-away altogether. For many clients, they need help immediately, which is something Regina’s homeless sector often cannot accommodate due to lack of programming options. The reality is, any amount of time outside of when a client is physically present at a service provider’s location looking for help, decreases the likelihood that service providers will be able to reconnect when a program match has become available. This is particularly true for high acuity clients that do not have a place they regularly frequent where they can be found, have reliable alternative contacts that can be reached, have cell phones or participate in any other conventional means of communication. If a client cannot be found, they cannot be provided service. Therefore, by adding more programming, the community may be able to shorten the time between a client presenting for services and when they

are provided stabilizing services (housing and wrap around supports). This will decrease the likelihood of clients falling through cracks in the system, which will reduce the accumulation of acuity while clients sit on waitlists and increase engagement with clients to support successful stabilization.

Additional Barriers to Housing Clients Noted By Homeless-Serving Sector Front-line Workers in Regina:

The previous section zoomed in on how the lack of supportive housing options contributes to the increase in homelessness in Regina. Adequately assessing how the mechanics of other parts of the sector contribute to the increase in homelessness, would require zooming in on those, too. But while space limitations prevent providing that in this report, a number of community engagements gave front-line staff within agencies in Regina's homeless-serving sector opportunities to provide additional insights into the gaps, barriers and challenges they have experienced while trying to help find clients housing. These gaps, barriers and challenges ultimately contributed to the rise in homelessness. Some of their insights include:

- There is a lack of coordination in the homeless-serving sector and with peripheral public systems, particularly with social services income assistance and mental health and addictions programs.
- There are unmet key programming needs. Aside from what was mentioned in the case study, there is a need for more low-barrier Indigenous-run emergency shelters in North Central, safe injection sites, street outreach, hybrid emergency-transitional housing, domestic-violence shelters, and affordable housing options.
- There are challenges helping clients obtain bank accounts, legal identification, birth certificates, copies of notice of assessments (taxes), and these challenges in completing such seemingly small tasks create massive barriers to helping clients acquire housing. Working with clients to obtain this documentation was noted as an extremely underappreciated barrier to housing clients. .
- Helping clients settle rental and utility arrears is time-consuming and delays housing, as many landlords will not take tenants with outstanding arrears.
- Challenges helping clients connect with Government of Saskatchewan Social Services - Income Assistance
- Challenges with policy change in the Saskatchewan Income Support (SIS) program, and specifically, that SIS discontinued the option for direct payments to landlords on behalf of clients.

This last point was noted by community members as a devastating policy change that created an enormous barrier for clients and for front-line organizations being able to house clients in the rental market. Many landlords refused to house clients receiving SIS, due to justified fears that clients would not be able to pay rent on their own. This drastically reduced available housing. As a direct result of some landlords refusing to take clients receiving SIS, people who would be able to resolve their homelessness on their own or with light support from the homeless-serving sector, were denied access to housing, prolonging their experiences of homelessness. Most supportive housing programs in Regina do not own their own buildings, and rely on relationships with market-rental landlords to house their clients. Front-line workers reported that conflicts arising from this policy change extended beyond the client-landlord dynamic to affect the service provider-landlord dynamic as well. For example, some front-line workers noted that relationships between their programs and landlords deteriorated, as some clients housed in the landlords' buildings routinely missed rent and utilities payments, creating situations in which some landlords began to refuse to work with service providers trying to house other clients.

Service providers also noted they struggled to find housing with income assistance payment amounts being inadequate relative to rental prices. There is more information on this issue later in the report.

The Non-Investment Catch-22

One of the barriers to solving homelessness is that it takes a lot of resources. This is true for financial, human capital, and innovative problem-solving resources.

The Plan to End Homelessness (The Plan), 2019, had a steep price tag of \$65 million over 5 years to reduce homelessness and work toward something called “Functional Zero.” This is the idea that a community cannot literally end homelessness, but can institute mechanisms to work toward clients spending the fewest number of days possible (toward zero) experiencing homelessness before being housed and supported in whatever way is appropriate, based on their needs. The reason the estimated price was so high is because Regina has a large pool of high/very-high acuity clients, the most expensive to support. Moreover, the supportive housing programs Regina most needs to add (intensive case management, and permanent supportive housing) are the programs that cost the most to operate.

One might surmise that with available resources, the Plan to End Homelessness would have received some initial investment. As time passes, it is clear that without investment and intervention, the homeless population in Regina has continued to increase, both the total population, and the number of high- and very high-acuity clients. What was once a \$65-million problem now likely has a much higher price tag. Herein lies the Catch-22: If the community does not invest in the problem, the problem gets worse, and the cost to solve the problem increases. And if funding was a barrier before, how can the problem be adequately addressed now that homelessness is worse?

To be clear, this is not to accuse anyone, or to suggest that individuals at policy-making and decision-making levels are deliberately ignoring the problem. There are many layers to addressing homelessness, and solutions are complex. The more complex a problem is, the longer it takes to unravel. And the more complex the solutions are, the longer they take to implement. Because homelessness is unique, in that it has a vast number of touchpoints across a community, solving the issue will require reimagining and overhauling inter-sectoral partnerships and coordination at every level of service.

CONTEXTUALIZING COUNT RESULTS AND FINDINGS

The following section provides context for homelessness as it relates to the pandemic, and to population and economic trends.

Impacts of the Pandemic on Marginalized Groups

The COVID-19 pandemic continues to impact society in nearly every way. In addition to health and safety concerns, the pandemic has affected labour markets, displacing people through job loss, who then plummet into financial instability. According to the [World Bank \(2020 & 2021\)](#), the COVID-19 pandemic pushed an estimated additional 150 million people around the globe into extreme poverty, particularly in parts of Africa and Latin America. While Canadians in general might not have been hit as hard relative to other parts of the world, marginalized groups in Canada were more impacted by the pandemic than non-marginalized populations.

In the five years preceding the pandemic, Canada actually saw a steady reduction in poverty rates across the board, though this progress will likely be stalled for some time, as the Canadian economy recovers. According to an article in the [Toronto Star \(2021\)](#), which cites data released by Statistics Canada, 10.5% of Canadians were living in poverty prior to the pandemic in 2019 - a decline from 14.5% in 2015. But poverty impacts certain subpopulations and marginalized groups more. For example, in 2019, 26.2% of single people were living in poverty, and 29.8% of children living with a single mother were living in poverty, a rate that had decreased from 2015, when it was 39.4%. In terms of marginalized groups, 22.% of First Nations and 13% of Métis people lived below the poverty line in 2019. That same year, 17.4% of recent immigrants over the age of 16 lived in poverty, while 13.5% of people living with a disability lived in poverty. While Canada is heading into a post-pandemic economic recovery phase, marginalized groups may be left behind, which could have serious implications for homelessness in the future.

In addition to marginalized groups being disproportionately impacted by pandemic-related labour issues, they have an increased risk of exposure to the virus. [Sarah Cooper of the Canadian Centre for Policy Alternatives noted \(2021\)](#), *"Vulnerability to COVID-19 is not shared equally. The past year has shown that those who are most vulnerable to COVID-19 are those who live in poverty, in overcrowded housing, or in poorly regulated privately owned and operated personal care homes."*

This sentiment is echoed in an article by the [Government of Canada \(2021\)](#), on the relationship between racialized communities and Covid-19 mortality:

“While person-level data on race are not readily accessible to researchers in Canada, proxies such as neighbourhood diversity have been used to study the disparities in COVID-19 deaths between racialized and non-racialized populations. A recent study from Statistics Canada linking provisional 2020 mortality data and data from the 2016 Census showed that COVID-19 mortality rates were approximately two times higher in Canadian neighbourhoods with the highest proportion of visible minorities compared with those with the lowest proportion.”

Contextualizing Homelessness Through a Pandemic Lens

The pandemic has resulted in less discussed effects on the human service sector, and on homelessness in particular. People experiencing homelessness are often referred to as society’s invisible people, even when there is no pandemic. It became even more true during the pandemic. The Government of Canada’s Reaching Home program has noted an increase in homelessness nationally due to the effects of COVID-19. While 24% of survey respondents in the 2021 Regina PiT Count indicated they lost their housing due to the pandemic, this still does not adequately explain the giant leap in the city’s homeless population. COVID-19 created hurdles to serving individuals and families experiencing homelessness, and likely forced more people onto the street. Below are some examples that summarize how the pandemic impacted homelessness in Regina.

Pandemic Impact on Homeless-Serving Agencies

COVID-19 recommendations for social distancing meant many sheltered facilities were required to reduce their bed capacity to meet these guidelines. With lower bed capacity, more people experiencing homelessness were forced to find other temporary and emergency accommodations, increasing the likelihood they would have to stay unsheltered. Men’s shelters were disproportionately impacted by the COVID-19 guidelines, as many facilities that serve men have cot-style dormitories with limited separation between beds, and all beds housed in a single room. For example, prior to the COVID-19 pandemic, Salvation Army Waterston Men’s Emergency Shelter had 26 emergency beds available, a capacity that dropped to 8 at one point during the pandemic, and now sits at 15 emergency beds, with additional overflow mats. Similarly, Soul’s Harbour Rescue Mission’s Men’s Emergency Shelter had 24 emergency beds available prior to the pandemic, and now operates at a capacity of 6 beds. This is a reduction from 50 men’s emergency beds available in the community to 21. Many programs that serve women have separate rooms

or suites in order to accommodate families, making the social distancing guidelines less challenging for capacity. This may help explain why more men than women were found to be sleeping unsheltered in the 2021 PiT Count.

Regardless of drops in bed capacity due to social distancing guidelines, all sheltered facilities faced the difficult task of navigating outbreaks in their facilities. Outbreaks in sheltered facilities sometimes caused temporary agency or program shut-downs, temporary halts on new intakes, or temporary reduction in staffing for quarantine purposes. Luckily, no participating sheltered facilities were experiencing a COVID-19 outbreak on the night of the PiT Count. However, program uncertainty caused by the pandemic created an inconsistent and unstable framework for clients trying to identify what services were available and might also have affected who they approached for shelter.

Some agencies have strict COVID-19 vaccination requirements, and therefore any unvaccinated individual experiencing homelessness would be refused access to programs, forcing them to find accommodation elsewhere, including unsheltered spaces.

Many homeless-serving organizations noted difficulties with individuals not complying with measures (masking, testing, social distancing) to mitigate virus spread. This made serving clients difficult and acted as a barrier for many accessing services. Organizations reported a number of people choosing to stay away from shelters. This contributed to the system losing touch with those people, leading to potentially more street homelessness and hidden homelessness.

The Pandemic's Impact on Hidden Homelessness

Every community's homelessness looks different. In Regina, there is a lot of hidden homelessness. Hidden homelessness is also known as couch surfing, staying with friends or family in the absence of safe or permanent housing. The pandemic guidelines on social distancing and household bubbles may sometimes have made couch surfing unavailable, forcing individuals and families to find accommodations elsewhere, including unsheltered spaces.

Government Pandemic Interventions

The pandemic put a strain on individuals for a variety of reasons, but mitigating efforts were taken by the governments, both provincial and federal, to decrease the risks of housing and financial instability during the pandemic. People displaced from work due to the pandemic were able to collect the federal Canada Emergency Response Benefit (CERB). At the beginning of the pandemic, the Government of Saskatchewan placed temporary protection measures so that tenants, both private and commercial, could not be evicted.

CERB Clawbacks

Clients who collected both federal CERB and provincial Saskatchewan Income Assistance (SIS) at the same time were expected to pay back money they received from SIS because of their increased income due to CERB. For many people without a steady income, paying this money back is difficult or nearly impossible. This has led many advocacy groups to suggest the need to abolish both national and provincial clawbacks related to CERB benefits and provincial income assistance programs.

Population Trends and Demographic Considerations for Homelessness

This next section discusses homelessness in the context of different population groups, and considerations for homelessness for each. All population data provided in this section is specific to Regina. However, contextual information related to population considerations is not specific to those subpopulations in Regina, and refers to broader social patterns.

Population Increase

According to Statistics Canada’s Regina Census Profile, Regina continues to grow faster than other urban areas across the country. The population had remarkable growth from 2011 to 2014 at 9.2%. This surge resulted mainly from employment opportunities in the resource extraction industry. From July 1, 2014 to June 30, 2015, the population grew by another 1.9%, increasing by another 0.7% from May 2015 to May 2016. Since 2016, the population of Regina and surrounding area grew by 7.32%, from 245,228 to an estimated 263,184 in 2020 (Statistics Canada, 2021).

Table 7. Regina Population Growth and Employment.

Time Frame	Change in Population	Total Estimated 2021 Population
2016-2020	7.32%	263,184

Considerations for Homelessness: Population Growth

As Regina’s population continues to increase, it would be expected that the total number of individuals experiencing homelessness will also increase. This is especially true if the services available do not increase relative to population growth, and more individuals and families compete for the same limited resources.

Indigenous Population in Regina

Indigenous populations are growing at faster rates in Regina than non-Indigenous populations, and have been grossly overrepresented in homeless counts in Regina. Despite making up only 9% of Regina’s population, 79% of those surveyed in the 2021 PiT Count self-identified as being First Nations, Inuit, Métis, or having some type of Indigenous ancestry. Table 8 looks at a breakdown of Regina’s Indigenous population.

Table 8. Indigenous Population in Regina (2016 National Housing Survey Focus on Geography Series).

Indigenous Population Growth			Indigenous Population Rates		
Time Frame	Increase in Population	Total Estimated 2021 Population	First Nations	Metis	Inuit
2016-2021	9.2%	21,650	60.7% (13,145)	36.8% (7,975)	0.3% (75)

Considerations for Homelessness: Indigenous Populations

Many factors account for the overrepresentation of Indigenous people experiencing homelessness. Most important are the historic trauma and oppression faced by Indigenous Peoples, who were victims of mistreatment and cultural erosion through the exploitations of colonization, residential schools and the Sixties Scoop. The residual effects of intergenerational trauma include instability in family dynamics and housing, along with other issues relating to substance use, addiction, community violence and other health issues (Homeless Hub, 2017).

Within this framework, and within Indigenous cultures, the very idea of “home” and what it means to experience homelessness is about more than having a roof over one’s head. A sense of home versus homelessness includes variables such as relationships and connection to human kinship, earth, lands, waters, animals, plants, spirits, elements, traditional songs, teaching, ancestors and names.

As noted by the Canadian Observatory on Homelessness (2017), because of these variables, Indigenous homelessness does not fit conveniently into the four Canadian categories of homelessness (unsheltered, emergency sheltered, provisionally accommodated and at risk of homelessness).

Visible Minority Population in Regina (Non-Indigenous)

The visible minority population consists of both new Canadians and Canadian-born people. According to Regina Census Data (2016), visible minorities accounted for 19.2% of Regina’s population. Table 9 summarizes the visible minority population in Regina.

Table 9. Visible Minority Population in Regina.

Visible Minority Population (Overall)			Largest Three Minority Populations		
Time Frame	Visible Minority Population	% of Regina Population	South Asian	Filipino	Black-Canadian
2016	40,745	19.2%	30.2% (12,330)	20.6% (8,405)	15.5% (6,330)

Since 2001, as noted in Table 10, Regina has welcomed 26,725 new Canadians to the city, with 60.6% (16,195) arriving between 2011 and 2016. This has greatly contributed to Regina's overall population growth.

Table 10. Immigration Population in Regina.

Immigrant Population		Year Arrived in Regina			
Time Frame	Total Number of Immigrants	Before 2001	2001-2005	2006-2011	2011-2016
2016	36,910	10,180	2,940	7,590	16,195

Consideration for Homelessness: Racialized Communities and New Canadians

A disproportionate number of people from racialized and newcomer communities experience homelessness in Canada. For reference, racialized persons are defined as non-Caucasian. Table 11 provides links to statistics on this issue from The Homeless Hub (2016).

Table 11. Racialized communities and risk of homelessness.

Racialized Communities and Risk of Homelessness
<ul style="list-style-type: none"> • In Canada, 1 in 5 racialized families will live in poverty compared to only 1 in 20 non-racialized families. • Racialized women earn an average of 32% less in the workplace. • Youth who end up experiencing homelessness are more likely to belong to a marginalized and discriminated against group in terms of race, ethnicity, gender and sexuality. • 28.2% of those experiencing homelessness are members of racialized groups, compared to the Canadian average of 19.1%. • Indigenous Peoples make up only 4.3% of the overall Canadian population but comprise 30.6% of the youth homelessness population.

The situation for newcomers experiencing homelessness is often more complicated than for those who are Canadian-born. Newcomers also often struggle to adapt to a new language and culture, may lack social capital, and face other unique challenges with respect to housing, employment, health, and legal issues.

Newcomer homelessness is often the most difficult to track. This has been seen in Regina, with low PiT Count numbers for new Canadians year over year. Within this community, there is a prevalence of hidden homelessness, overcrowding, and precarious housing situations, which makes solving homelessness more complex. Because of their unique situations, newcomers often have to survive poor labour markets, adverse working conditions relative to Canadian-born citizens, and other challenges that leave them vulnerable to exploitation (Homelesshub.ca, 2017).

Age, Gender and Family Characteristics of the Regina Population

Age

Table 12 summarizes the ages of Regina residents generally relative to those surveyed through the PiT Count. The largest age group consists of people aged 24 and younger, at 31.1%. This age group was the second-largest in the PiT Count, at 26%. The largest age group reported in the PiT Count were people aged 30-39, at 27%; this age group is Regina’s third-largest at 15.5% of the total population.

Table 12. Age of Regina Population.

Age Range	Number	% of Regina Population	% of Homeless 2021 PiT Count Surveyed Population
24 and younger (youth)	66,995	31.1%	26%
25-29	17,745	8.2%	12%
30-39	33,290	15.5%	27%
40-49	26,395	12.3%	22%
50-64	40,940	19.0%	10%
65+	29,750	13.8%	2%
Total	215,115*	100%	100%

*Population of Regina, not including the surrounding area.

Considerations for Homelessness: Age

Youth

The causes and consequences of homelessness for young people are distinct from those that affect adults. Unlike most adults experiencing homelessness, youth come from homes

where they were in the care of adults. They typically come from homes characterized by family conflict of some kind (including, in some cases, physical, sexual and emotional abuse), disruptions to school and family life, neglect, and poverty. Many are in the midst of adolescent development, and lack life experience and the skills and support to live independently, including the ability to secure employment and housing. Unhoused youth are also more vulnerable to crimes and exploitation. All these factors increase the challenges in supporting this group, since the needs of a 16-year-old are very different from those of someone older (Homeless Hub, 2021).

Youth experiencing homelessness are often harder to track compared to others because they are more likely to be couch-surfing (e.g., hidden homeless).

Youth who identify as LGBTQ2S make up 29.5% of young people experiencing homelessness in Canada. This is important, because the persistence of homophobia plays a role in youth homelessness, with sexual minorities being overrepresented in street youth populations, a result of tension between the youth and their family, friends and community. Homophobia within the homeless sector can further oppress this population (Homeless Hub, 2021).

Adult Homelessness

While homelessness can happen to anyone at any time, Chamberlain and Johnson (2011) highlight the five most common pathways to adult homelessness. They are: housing crisis, family breakdown, substance abuse, mental health issues, and aging from youth to adult. Homeless adults experiencing a housing crisis or a family breakdown reportedly form less strong friendships in the homeless subculture and are less likely to accept homelessness as a way of life. As a result, their duration of homelessness is shorter. In contrast, adults experiencing homelessness with substance use issues, or who have been experiencing periods of homelessness since youth, often become involved and intertwined in the homeless subculture, making it more difficult to exit homelessness.

Seniors

Adults aged 55 and over (defined here as seniors) tend to have longer shelter stays compared to younger adults. Seniors experience homelessness for a variety of reasons, including inadequate income to pay for housing (resulting from low levels of government assistance, insufficient pensions, and low wages and/or savings), the shortage of affordable and secure housing, deteriorating physical and mental health, a relationship breakdown, or experiencing violence and abuse. The risk of homelessness for seniors may be increased by

the death of a spouse, social isolation, discrimination, or a lack of awareness of available benefits and services. The best way to serve seniors experiencing homelessness has been noted to be having a single service provider coordinate all their needs (Homeless Hub, 2021).

Gender

Table 13 shows the proportion of gender identities for Regina residents relative to those surveyed through the PiT Count. Note that in the census, Statistics Canada does not account for gender-diverse identities. Men account for 49% of both the Regina and PiT Count survey populations, with women accounting for 50.76% of Regina’s population and 43% of the PiT Count survey population, while 3% of PiT Count survey participants identified as gender diverse.

Table 13. Population of Regina, by Gender.

Gender	Number	% of Regina Population	% of Homeless 2021 PiT Count Surveyed Population
Male	105,915	49.24%	49%
Female	109,190	50.76%	43%
Gender Diverse	Not tracked in data	Not tracked in data	3%

Considerations for Homelessness: Gender

There are pathways to homelessness that affect both men and women. Some of these include low income, mental health issues and addictions, and lack of affordable housing. More men are typically found in street homelessness and have more visible disabilities, whereas women are often better able to utilize support networks, like family and friends.

One key difference between male and female pathways to homelessness are experiences related to gendered intimate partner and family violence. Women and transwomen are disproportionately abused by a spouse or partner. For example, 15% of 2021 PiT Count survey respondents indicated experiencing homelessness due to abuse from a spouse or partner, and of those, 84% identified as female. Another 23% of survey respondents reported a conflict with a spouse or partner as being the reason for their most recent housing loss; of those, 52.50% identified as female and 47.50% as male. As well, people

who do not identify with their biological sex often struggle to find support within mainstream services. For example, a transmale might not feel safe or welcome staying at a men’s emergency shelter.

Families

Table 14 shows family composition for Regina. A total of 18% of families in Regina are single-parent families, 14.3% led by a female and 3.7% by a male.

Table 14. Families in Regina.

Total Number of Families	Couples - Married	Couples - Common-Law	Single Parent - Male	Single Parent - Female
58,445	39,960 (68.37%)	7,965 (13.63%)	2,160 (3.7%)	8,360 (14.3%)

Considerations for Homelessness: Families

Families experiencing homelessness are diverse in structure, with some including two parents, and many headed by a single parent, usually female. Family homelessness is largely triggered by inadequate income, lack of affordable housing, and family violence. With the withdrawal of government housing programs and decreased support, more families are turning to emergency shelters. Compared to individuals accessing the shelter system, families, on average, stay twice as long (Homeless Hub, 2021).

Single-parent families are also at a greater risk of becoming homeless than dual-income households, due to low income, the cost of housing, and additional living costs. When considering the wage gap between men and women, female-led single-parent families are at even greater risk of poverty and homelessness compared to male-led single-parent families. In terms of front-end homelessness support (emergency shelters and transitional housing), communities typically have shelters for women and their children facing homelessness, but very little to offer men with children. This is true for Regina, where there are no shelters for men with children experiencing homelessness. There are also no shelters that can support two-parent mixed-gender families in Regina. Though the information was anecdotal and represented a very small sample, a number of PiT Count survey teams reported finding two-parent mixed-gender (male/female) families with children staying on the street on the night of the PiT Count. These families chose to stay on the street together to avoid splitting up to stay in different shelters, as there was no one shelter that could accommodate their family.

Contextualizing Homelessness with Economic Trends

This section discusses homelessness in the context of economic factors including employment, vacancy rates and rental costs in various markets. All findings in this section are presented with the most up-to-date data available, which for many data points is the 2016 Canadian census data. Data shared in this section is specific to Regina, unless otherwise noted.

Unemployment

Unemployment rose as high as 12.8% in Saskatchewan during parts of 2020, mainly related to labour market issues triggered by the pandemic. However, this number has gradually returned to a rate comparable to pre-pandemic unemployment, at 6.3% (Government of Saskatchewan, 2021). According to Economic Development Regina (2020), unemployment in Regina rose as high as 11.2% in 2020 and, like Saskatchewan’s unemployment, stabilized. By the time of the PiT Count, in September 2021, it was 6.1%. Indigenous unemployment was higher than the general population at 9.8%.

Table 15. Regina Unemployment Rates.

General Population, Sept 2020	General Population, Sept 2021	Change in unemployment	Indigenous Unemployment
7.4%	6.1%	-1.3%	9.8%

Considerations for Homelessness: Employment and Income

People experiencing homelessness face a number of challenges finding employment in the formal labour market, and have considerably higher rates of unemployment compared to the general population. In Regina, only 13% of survey respondents indicated they were receiving income through some type of employment (full-time, part-time, or casual). However, the stereotype that all unemployed homeless people are lazy is simply not true. Research by the National Alliance for Homeless (2013) consistently shows that people who are homeless want to work, and many diligently pursue employment opportunities or work in some capacity. However, being homeless makes it next to impossible to obtain and maintain formal employment.

Not having a home means not having an address to put on a résumé, may not have a phone number for job callbacks, and not having a safe place to prepare for job interviews.

It also means not having the opportunity to recover from a day's work in a safe environment to shower, get a good night's sleep, prepare food (including food to take to work), recover from illness or injury, rest, and maintain health. In a study conducted by the Calgary Homeless Foundation (2012), males experiencing homelessness reported feeling shame and embarrassment when providing a shelter's address to a potential employer or having to explain why they didn't have identification or a bank account. Many decide not to disclose their homelessness status from fear of being automatically disqualified as a suitable candidate. Other barriers to employment among people experiencing homelessness may include:

- Low educational attainment
- Physical disability
- Mental health issues and substance use
- Criminal record
- Limited access to transportation
- Lack of experience in the field of interest
- Lack of vocational training
- Lack of computer access
- Inadequate computer literacy for job searches and to fill out online applications

Even when a homeless person is able to find employment, it is often on the margins of the economy. Many are forced to work in unsafe and unregulated jobs or are paid under the table, and pay may be inconsistent or lower than average wages. Temporary work has also been described as a barrier to meaningful and permanent employment, as it limits relationship-building with employers while interfering with long-term career planning. Precarious work may not only be without benefits or a living wage, but may also lead to vulnerable workers being exploited as cheap labour.

Intersectionality, that is, having multiple barriers as a result of layered identities, also limits and contributes to finding and maintaining employment.

Cost of Living in Regina

This section explores the cost of goods for a basic standard of living in Regina.

Market Basket Measure

Market Basket Measure (MBM) is a concept developed by Human Resources and Skills Development Canada (HRSDC) in 2011, and is a measure of low income and poverty based

on the costs of a specified basket of goods and services that represents a modest, basic standard of living. Taken into consideration for MBM is disposable income (income after taxes plus deductions) related to costs associated for food, clothing, footwear, transportation, shelter and other expenses such as dental, birthday celebrations, and more. Individuals and families with less disposable income than the MBM threshold for their family size would be considered to be living in poverty. In Regina, the Market Basket Measures for specific family sizes can be seen in Table 16.

Table 16. Market Basket Measures for Regina.

Family Unit Size	Single Adult	Two Adults	Family of Three	Family of Four	Family of Five
Disposable Income Needed	\$18,118.5	\$25,623.43	\$31,382.16	\$36,237	\$40,514.20

Table 17 shows the minimum wage in Saskatchewan, \$11.81/hour, which equates to a before-tax full-time annual salary of \$24,564.80.

Table 17. Minimum Wage in Regina.

Minimum Wage	Equivalent to Full Time Yearly Salary (Pre-Tax)
\$11.81/hour	\$24,564.80

People experiencing homelessness not only struggle to find and maintain employment, but when they do have a job, it is often at a lower wage. Comparing the minimum wage to the MBM for poverty thresholds for various family sizes, it can be seen there is little opportunity for people at risk of or currently experiencing homelessness to adjust their lifestyle to live above the poverty threshold.

Income: Government of Saskatchewan Income Assistance Payment Amounts for Shelter

Given that many people experiencing homelessness do not have an income from employment, many rely on income assistance programs. In Regina, Government of Saskatchewan income assistance programs were the most common source of income reported by people experiencing homelessness in the 2021 PiT Count. Furthermore, 66% of

survey respondents reported relying on one of the two income assistance programs available through the Government of Saskatchewan’s Ministry of Social Services. One of these programs is the Saskatchewan Income Support (SIS) and the other is the Saskatchewan Assured Income for Disability (SAID) Benefit. Tables 18 and 19 illustrate base payment amounts, depending on a number of factors. Table 18 (SIS) does not include additional payment amounts that can be tacked on, depending on a client’s situation, such as allowances for moving, child care, utilities, and other costs. For example, a single adult would receive \$575 for shelter, and another \$285 for additional expenses.

Table 18. Ministry of Social Services Saskatchewan Income Support (SIS) Amounts (Monthly).

Saskatchewan Income Support (SIS) – Shelter Benefit (includes rent, mortgage payments, utilities, taxes and all other shelter-related costs)				
	Single person	Couples (Without Dependent Children)	Families (1-2 Children)	Families (3+ Children)
Regina	\$575	\$750	\$975	\$1150

Table 19 (SAID) showcases the Living Income Benefit amounts depending on family size. This benefit is a lump sum all encompassing payment amount for clients that gives them flexibility and more control over how they spend their money for shelter, food, clothing, basic transportation, etc.

Table 19. Ministry of Social Services Saskatchewan Assured Income for Disability (SAID) Benefit Amounts (Monthly).

Saskatchewan Assured Income for Disability Benefit (includes rent, mortgage payments, utilities, taxes and all other shelter-related costs in addition to living costs for food, clothing, etc.)				
	One Adult	Two Adults	Single Parent	Two Parents
No Children	\$1064	\$1497	**	**
1 or 2 Children	**	**	\$1316	\$1621
3 or 4 Children	**	**	\$1378	\$1683
5 or More Children	**	**	\$1454	\$1759

Income assistance payment amounts are compared to market rental prices in a later part of this section.

Regina’s Housing Market Profile

This section explores housing market trends in Regina.

Types of Household and Dwellings

Household types are generally in one of two categories: private and collective dwellings/households. A private household refers to an individual or group that lives full-time in one dwelling, and does not have other residences elsewhere in Canada or abroad (Statistics Canada, 2016). The most common examples of this are privately owned houses and rental units that individuals and families occupy as their only residence. Collective households refer to a dwelling of a commercial, institutional, or communal nature in which a person or group of persons reside or could reside. It must provide care or services or have certain common facilities, such as a kitchen, bathroom, or lobby, which are shared by the occupants. Examples of collective dwellings/housing include lodging or rooming houses, hotels, motels, tourist establishments, nursing homes, residences for senior citizens, hospitals, staff residences, military bases, work camps, correctional facilities and group homes (Statistics Canada, 2021).

While those experiencing homelessness do use collective households/dwellings for shelter, the market research in this section focuses on private households/markets.

Private Households in Regina

There are 87,415 private dwellings/households in Regina, with 59.88% of those owned dwellings and 32.12% rental units (Table 20).

Table 20. Number Of Private Households in Regina.

Total	Owned	Rented
87,415	52,340 (59.88%)	28,075 (23.12%)

The average costs for private and rental households/dwellings in Regina is shown in Table 21.

Table 21. Average Costs of Private Households in Regina.

Type	Average Value of Owned Dwellings	Average Renter Costs (Monthly)
Amount	\$363,071	\$1,161

Factoring in employment and wages, home ownership is not likely a viable option for individuals or families at risk of or experiencing homelessness. According to the CIBC mortgage calculator, an individual working at minimum wage could afford to buy a home within the \$80,000-\$90,000 price range (almost \$300,000.00 less than the average value of an owned private dwelling) if they could make a down payment of just over \$4,000. However, for those barely able to cover their basic necessities, having savings of any kind for a down payment is likely out of the question. In addition, homes within this price range are often not suitable for human habitation, putting those who live in them in core housing need.

Core Housing Need, Housing Affordability and Homelessness Risk

A household is in core housing need if its housing does not meet one or more standards for housing adequacy, suitability, or affordability in comparison to appropriately sized alternative local market housing. Adequate housing does not require any major repairs, according to residents. Suitable housing has enough bedrooms for the size and make-up of resident households. Affordable housing costs less than 30% of before-tax household income (Canadian Mortgage and Housing Corporation, 2021).

The individuals enumerated and surveyed during the night of the PiT Count were a small percentage of those who experience housing instability in Regina. According to Statistics Canada (2016), just under one-quarter (22.9%), or 20,065 of Regina’s private households, experience housing affordability challenges due primarily to high housing costs relative to income. These housing affordability challenges increase the risk of homelessness.

Table 22. Poverty and Housing Affordability in Regina: Income and Shelter Costs.

Persons Low Income Measure – After Tax	Households Overspending on Shelter, >30% of income
12.0%	22.9% (20,065 households)

Core Housing Need: Owned Versus Rental Private Households

In addition, when comparing core housing needs between owned private households to rented private households, only 12% of owned private households spend more than 30% of their income on shelter compared to 46.1% of private rental households.

Table 23. Private Households and Housing Affordability: Owned vs Rentals.

Owned Households Overspending on Shelter, >30% of income	Rental Households Overspending on Shelter, >30% of income
12.0%	46.1%

Core Housing Need: Indigenous Households Versus Non-Indigenous Households

More Indigenous households (32.7%) qualify for core housing need compared to non-Indigenous households (11.9%), which plays a role in the overrepresentation of Indigenous people experiencing homelessness.

Table 24. Core Housing Needs in Regina: Indigenous Households Compared to Non-Indigenous Households.

Indigenous Households in Core Housing Need	Non-Indigenous Households in Core Housing Need
32.7%	11.9%

Core Housing Need: Age Range of Primary Household Maintainer

Table 25 shows the age ranges of primary household maintainers, and what percentage of households in each age range are in core housing need. According to CMHC (2021), the primary household maintainer is the person or one of the people in the household responsible for major household payments, such as rent or mortgage. In Regina, households in which the primary household maintainer is aged 15-24 have the highest rate of core housing needs at 21.8%, followed by households with primary maintainers over 65 years of age, at 17.4%.

Table 25. Age Ranges of Primary Household Maintainers (PHM) in Core Housing Need.

Age Ranges of PHM	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+
% of Households in Core Housing Need	21.8%	15.1%	13.7%	12.0%	9.9%	17.4%

Extreme Core Housing Need

It is important to look beyond the PiT Count numbers to understand the broader housing affordability challenges and other factors contributing to homelessness in Regina. For example, there were 5,830 households earning less than \$20,000 per year and paying 50% or more of their before-tax income on shelter costs. Most of these were renter households earning very low incomes while competing for high-cost units in a relatively tight marketplace.

Table 26. Extreme Core Housing Needs in Regina (Households Spending 50% or more of income on shelter, incomes under 20,000) (Statistics Canada, 2016).

Income Under \$10,000	Income \$10,000-\$19,999	Total
1,800	4,030	5,830

Housing Market Trends – Vacancy Rates and Average Monthly Rental Costs

The Canadian Mortgage and Housing Corporation (CMHC) published a report in the fall of 2020 noting that vacancy rates have slightly declined in Regina over the past three years in primary rental markets. This suggests there are fewer available rental options for individuals at risk of or currently experiencing homelessness. Table 27 outlines these findings.

Table 27. Vacancy Rates in Primary Rental Markets.³

Housing Type	Vacancy Rate Oct. 2018	Vacancy Rate Oct. 2019	Vacancy Rate Oct. 2020	Change in Vacancy Rate 2018-2020
Bachelor	11.5%	11.8%	9.8%	-1.7%
1 Bedroom	9.0%	9.7%	8.3%	-.7.0%
2 Bedroom	6.7%	6.3%	7.0%	+0.3%
3 Bedroom	2.9%	5.7%	4.7%	+1.9%
Total	7.7%	7.8%	7.5%	-.2.0%

Table 28. Vacancy Rates in Secondary Rental Markets.⁴

Vacancy Rate Oct. 2018	Vacancy Rate Oct. 2019	Vacancy Rate Oct. 2020	Change in Vacancy Rate 18-20
**	5.7%	5.3%	-0.4%

As the rental vacancy rate decreased in both primary markets and secondary markets, the average rental costs in primary markets continued to climb, while those in secondary markets were marginally dropping (Table 29).

³**Primary Market:** refers to privately initiated structures that are intended to supply the rental market. The RMS specifically targets privately initiated structures with at least three rental units that have been on the market for at least three months.

⁴**Secondary Market:** includes all rented dwellings not situated in structures that have at least three rental dwellings. This encompasses a wide range of rental dwelling types that include single detached houses; semi-detached houses; duplex apartments (one above the other); freehold row/townhomes; condominiums; and other apartments in dwellings that do not have more than two separate units.

Table 29. Rental Costs in Primary and Secondary Markets in Regina.

Type	Average Rental Costs - Primary Market				Average Rental Costs - Secondary Market			
	Oct. 2018	Oct. 2019	Oct. 2020	Change in Rental Cost 18-20	Oct. 2018	Oct. 2019	Oct. 2020	Change in Rental Cost 18-20
Bachelor	\$700	\$701	\$757	+\$57	**	**	**	**
1 Bedroom	\$935	\$928	\$949	+\$14	**	\$1,125	\$1,034	+\$9
2 Bedroom	\$1,130	\$1,128	\$1,152	+\$22	**	\$1,411	\$1,345	-\$66
3 bedroom	\$1,323	\$1,269	\$1,332	+\$9	**	**	**	**
Total	\$1,041	\$1,035	\$1,161	+\$20	**	\$1,330	\$1,286	-\$34

Availability of Housing Relative to Price Ranges Over Time

Longitudinal Census data from 2006, 2011, and 2016 for available housing relative to monthly shelter cost ranges, plus change over time reveals a clear pattern. The percentage of available housing in lower cost ranges (<\$500, \$500-\$999) has decreased significantly since 2006, and available housing with costs in the mid to higher ranges (\$1,000-1,499, \$1,500-1,999, \$2,000+) has steadily increased. The availability of affordable housing has decreased in Regina significantly since 2006, which has significant implications for homelessness.

Table 30. Available Housing Relative to Monthly Shelter Costs Ranges (%) – Statistics Canada Census, 2006, 2011, 2016.

Rental Cost Ranges	Housing Available 2006	Housing Available 2011	Housing Available 2016	Change in % 06-18
<\$500	26.1%	18.5%	9.5%	-16.6
\$500-999	47.3%	37%	31.4%	-15.9%
\$1,000-1,499	19.4%	25.5%	25.8%	+6.4%
\$1,500-1,999	5.1%	12.6%	18.9%	+13.8%
\$2,000+	2.1%	6.4%	14.4%	+12.3%
Total	100%	100%	100%	

Comparing Average Rental Costs to Income Assistance Program Payments

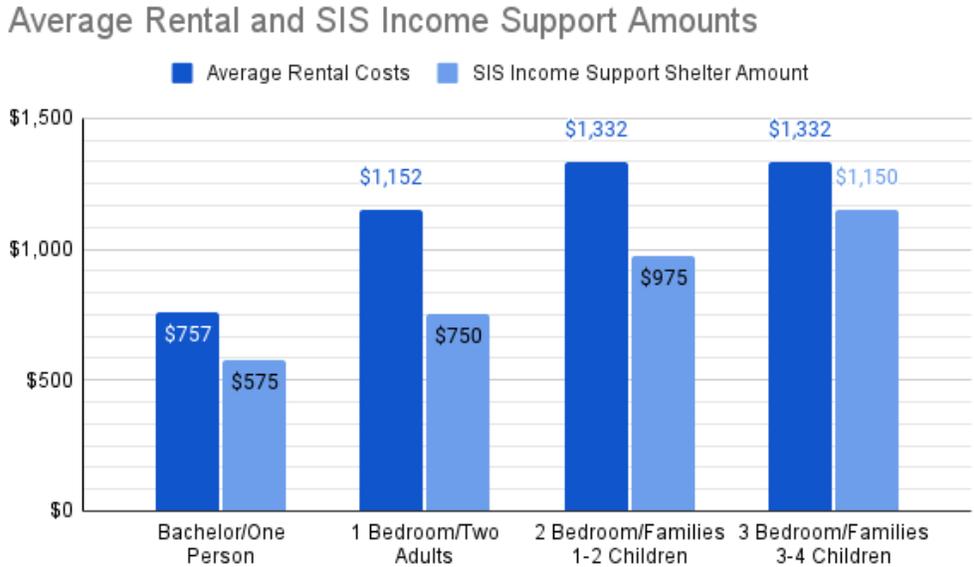
It is important to consider the cost of living for individuals and families at risk of or experiencing homelessness. As noted, for many, income assistance is their primary or only source of income. Table 31 shows that base payments for shelter costs from income assistance programs, when compared to average rental costs in Regina, demonstrate the struggle those experiencing homelessness face in trying to cover their basic needs. Like previously, the income assistance amounts shown for SIS only account for shelter specific aspects of the benefit, whereas the Living Income Benefit (SAID) amounts include additional monies associated with living (food, clothing, etc.). For the simplicity of comparison, it is assumed that one person would be housed in a bachelor, two adults a one bedroom, and so on and so forth when factoring in considerations for the core housing need for suitability (enough rooms for tenants).

Table 31. Comparing Average Rental Costs & Ministry of Social Services Saskatchewan Income Assistance Programming - Base Payment Amounts (SIS and SAID).

Rental Unit Types	Primary Market Oct. 2020	Family Unit Size	SIS Base Amounts for Shelter	SAID Base Amounts	SAID Base Amounts - One Parent	SAID Base Amounts - Two Parents
Bachelor	\$757	One Adult	\$575	\$1,064	**	**
1 Bedroom	\$1,152	Two Adults	\$750	\$1,497	**	**
2 Bedroom	\$1,332	Families 1-2 Children	\$975	**	\$1,316	\$1,621
3 Bedroom	\$1,332	Families 3-4 Children	\$1,150	**	\$1,378	\$1,683
4+ Bedroom	**	Families 5+ Children	\$1,150	**	\$1,454	\$1,759

Particularly for SIS clients, the amount allotted for shelter, regardless of family unit size, is less than the average rental cost for any specified rental unit type, when factoring in housing suitability. This is best demonstrated by viewing the figure on the following page. The figure is a bar graph that compares rental unit type side by side with SIS amounts for shelter relative to the suitable family unit sizes. The SAID benefit amounts are left out of this comparison, as those amounts account for additional costs associated with living. With that said, the margin for spending on additional costs associated with the Living Income Benefit for individuals and families on SAID after rent has been paid is still slim.

Figure: Average Rental Costs Versus SIS Income Support Amounts



The dark blue bars (positioned left) represent average rental costs for varying housing unit sizes in primary rental markets. The light blue bars (positioned right) represent the amounts allotted for the SIS programs shelter benefit.

Past Efforts to Capture the State of Homelessness in Regina

The YMCA of Regina, Flow Community Projects and various community organizations have attempted to capture the state of homelessness in the City of Regina. Below are a few of the efforts with standardized methodologies.

2015 PiT Count – Dr. Alina Turner (HelpSeeker Strategies) and Dagan Harding (ABC Grant Consulting) Project Leads, through the YMCA of Regina

On May 13, 2015, the YMCA of Regina, with the help of roughly 150 volunteers, conducted Regina's first PiT count. The count included a 33-question survey that was administered in both street and facilities counts. Regina was one of the first jurisdictions to put into action measures toward a more standardized methodology, helping pave the way in Canada. On that evening, it was found that:

- 232 (188 sheltered, 16 detox, 28 street) individuals were enumerated, and
- 66 valid surveys were able to be used for data analysis.

It should be noted that the enumerated number of 232 has been estimated to have barely scratched the surface of homelessness in Regina, as the PiT Count did not include a count of the hidden homeless.

The 2015 PiT Count was a monumental step forward in Regina's fight to understand and improve community efforts on homelessness.

2016 Shelter Census – Addison Docherty (YMCA of Regina), Project Lead

On March 7, 2016, the YMCA of Regina coordinated a shelter census of emergency and transitional housing facilities. There was no public systems or street count involvement. The purpose of focusing solely on sheltered locations was to improve methodology and logistical planning for future counts with sheltered participation. The survey included 12 questions. On that evening, it was found that:

- 126 individuals were using shelters (59 emergency shelters, 67 transitional).
- 64 valid surveys were administered.

2018 PiT Count – Addison Docherty (YMCA of Regina), Project Lead

On April 18, 2018, the YMCA of Regina coordinated Regina's second PiT Count. This effort included a street count, sheltered count, and a post-day magnet event. Over 230

volunteers participated in the street count, offering a housing survey to anyone they saw. The same survey was offered in sheltered locations. Along with data from tally sheets (street) and sheltered enumeration forms (submitted by participating sheltered facilities, along with surveys), it was found that on that evening:

- 286 individuals were experiencing homelessness.
- 155 valid surveys were administered.

Comparing Regina’s PiT Count Results

Since the first PiT Count in 2015, Regina’s homelessness number has increased by 110.34%, from 232 in 2015 to 488 in 2021.

Table 32. Comparing PiT Count Numbers from 2015, 2018, and 2021.

2015 PiT Count	2018 PiT Count	2021 PiT Count	Change in % from 2015
232	286	488	+110.34%

Turn-Away Data – April 2020 – April 2021

As part of the homeless enumeration in spring 2021, participating agencies were asked to provide turn-away data for their facilities from April 2020 to April 2021. From the report:

“Participating agencies reported that there were 3739 turn-aways in the community from April 2020-April 2021. Turn-aways refer to a situation in which an individual/family seeking service is denied, usually for capacity related reasons, but sometimes for others as well. When you adjust this turn-away figure for 15% overlap of clients that likely sought multiple services to estimate for unique clients that were turned away, that number reduces to 3178. 2742 (86.2%) of those turn-aways came from Domestic Violence Shelters, 408 (12.8%) came from Detox and 27 (0.08%) came from Men’s Emergency Shelters.

2742 women and children fleeing violence were not able to get the support they needed leaving a dangerous situation due to capacity issues. Many end up couch surfing or going back to the dangerous situation in which they came. High turn-away numbers indicate that more of these programs targeted for domestic violence victims are needed. This is true not just for emergency shelters for women and families fleeing violence, but more second stage/transitional housing so women and families have somewhere to stay that provides them longer term stability before they move onto independent living. The concept of Functional Zero does not necessarily work for women/families fleeing violence, as they need more time and grace to stabilize and recover from the additional trauma of their previous situation before moving into more independent living.”

2021 PiT COUNT METHODOLOGY

The PiT Count included three components: a street count, a facilities count, both on September 22, 2021, and a magnet event on September 23rd, 2021. All three components used the same 18-question survey to collect data from participants. The surveys were administered using only paper copies, which were returned to PiT Count headquarters (located at the m̄maw̄yatit̄an centre) by the teams of volunteers and shelter staff. The surveys were entered into the Homeless Individuals and Family Information System 4 Lite (HIFIS Lite) in the weeks following the PiT Count.

Table 33. Components of the PiT Count.

	Component		
	Sheltered	Street	Magnet Event
Targets	Emergency Shelters Transitional Housing Public Institutions (Detox)	Rough Sleepers Hidden Homeless	Rough Sleepers Hidden Homeless
Timing and Location	8:00-11:00 p.m., September 22, 2021 Various Sheltered Facilities in Regina Facilities before and after check-in	8:00-11:00 p.m., September 22, 2021 Various Priority Areas in Regina	Survey Administration: 11:30 a.m. – 2:00 p.m. September 23, 2021 m̄maw̄yatit̄an centre, multipurpose room
Weather	20 Degrees Celsius	20 Degrees Celsius	N/A
Administration	Paper survey PiT Count Shelter Enumeration Form (administrative data)	Paper Survey Tally Sheet for observed characteristics	Paper Survey Tally Sheet for observed characteristics

Street Count Search Logistics

Due to the nature of health concerns related to the COVID-19 pandemic, a scaled-down version of the PiT Count was planned by the CCI Group. This required the group to strategically consider the best use of limited volunteer resources and focus on the community's priority areas and known locations. These priority areas and known locations were determined through a number of strategies. First, through CCI Group member experiences and knowledge working in the community. Second, by looking at previous PiT Counts and seeing in what areas more individuals were found. Third, by consulting those with lived experience. These strategies led to a focus on having survey teams walking routes in the core areas of the city (North Central, Cathedral, Downtown, Heritage, etc.) and

partnering with establishments like McDonald's, 7-Eleven, and Tim Hortons to place volunteers outside those locations to catch more foot traffic.

Survey

While this report provides information about the total number enumerated, the survey results and analysis are a sample of the total enumerated. Reaching Home provides a template of 15 core questions (1-15a) that are the minimum requirement for community participation. In an attempt to determine the best methodology to increase survey participation, it was decided that going with only those 15 core questions, plus an additional 3 local questions, would provide better participation. The survey included screening questions to determine whether someone was eligible to be enumerated and surveyed, in addition to asking for a client unique identifier (first initial of first and last name and last two digits of date of birth – example: Henry Rollins, 1967 = H.R.67) for data-cleaning purposes. The survey questions can be found on the following page.

Table 34. Survey Questions.

Question #	Question
Screening Question	Where are you staying tonight?
1	Do you have any family members or anyone else staying with you tonight?
2	How old are you? [OR] What year were you born?
3	How old were you the first time you experienced homelessness?
4	In total, for <i>how much time</i> have you experienced homelessness over the PAST YEAR?
5	Have you stayed in a homeless shelter in the past year?
6	Did you come to Canada as an immigrant, refugee or a refugee claimant?
7	How long have you been in Regina?
8a	Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry?
8b	Do you identify with any of the racialized identities listed below?
9	Have you ever served in the Canadian Military or RCMP?
10	As a child or youth, were you ever in foster care or in a youth group home?
11	Do you identify as having any of the following health challenges at this time?
12	What gender do you identify with?
13	How do you describe your sexual orientation, for example: straight, gay, lesbian?
14a	What happened that caused you to lose your housing most recently?
14b	Was your most recent housing loss related to the COVID-19 pandemic?
14c	How long ago did that happen (that you lost your housing most recently)?
15a	What are your sources of income?
15b	If answered "welfare/social assistance", what program are you currently on?
16	In the past year (12 months) have you: BEEN TO AN EMERGENCY ROOM/HOSPITALIZED? BEEN HOSPITALIZED? INTERACTED WITH POLICE (Tickets, arrests, searches)? BEEN TO PRISON/JAIL? COUCH SURFED? SLEPT ROUGH? BEEN TO DETOX?
17	What challenges or problems have you experienced when trying to find housing?

Survey Participation⁵

In total, 243 surveys were completed and received by the PiT count team on the night of the count, and following the magnet event. Surveys were validated and entered by PiT Count Director Addison Docherty into the Homelessness Individuals and Family Information System (HIFIS).

The table below presents the number of surveys completed from each survey location, with the most surveys received through the street count (n=171).

Table 35. Valid Surveys by Location.

Location	Number of Valid Surveys Completed
Street Count	171
Emergency Shelter	37
Magnet Event	19
Transitional Housing	15
Hospital	1
Total	243

Defining Emergency, Transitional, and Hidden Homelessness

Emergency Shelters

Facilities providing temporary and short-term accommodation for homeless individuals and families, which may include essential services such as food, clothing, and counselling.

Transitional Housing

Provides temporary shelter, but can be differentiated from emergency shelters by the longer stay and greater intensity of support services offered to clients. Transitional housing is an intermediate step between emergency shelter and permanent housing. Support services help clients gain stability and self-sufficiency to maintain permanent housing. Lengths of stays vary, but some last up to two years.

⁵ The information from this section and further sections below are derived solely from the results of the 243 valid and completed surveys. Numbers and percentages reported in this section reflect only those from surveys and *not* enumeration forms. Therefore, these numbers are not meant to align, as they are derived from separate sources. Lastly, while the information for all 243 surveys is presented in the tables below, the total responses used for figures include only valid responses, omitting unclear and blank responses.

Hidden Homelessness

The hidden homelessness population falls under the category of provisionally accommodated. It refers specifically to people who live “temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.” Often known as couch surfing, this describes people who are staying with relatives, friends, neighbours or strangers because they have no other option. They generally are not paying rent and it is not a sustainable long-term living arrangement.

Classification of Sheltered Facilities in Regina

Table 36. Classification of sheltered locations.

Facility Name	Type of Facility	Available Beds
John Howard Society SK	Transitional Housing	5
John Howard Society SK	Transitional Housing	5
Regina Transition House	Violence Against Women Shelter	21
Salvation Army - Kate's Place	Transitional Housing	10
Salvation Army - Men's Emergency Shelter	Emergency Shelter	15
Salvation Army - Men's Supportive Living	Transitional Housing	25
Sask Health Authority Brief Detox	Treatment Facility	21
Sofia House	Transitional Housing (Second Stage Women's Domestic Violence)	55
Street Culture Project	Emergency Shelter	15
Wish Safe Shelter	Domestic Violence Shelter	14
YWCA Isabel Johnson Shelter	Violence Against Women Shelter	13
YWCA My Aunt's Place	Emergency Shelter	26
YWCA Regina Kikinaw Temp Beds	Emergency Shelter	5

Enumeration versus Survey Results

All 243 survey participants who were experiencing homelessness were staying at locations that did not represent a permanent or safe residence to return to. An individual having or not having their own permanent or safe residence to return to is a key factor in determining if someone is experiencing homelessness in some cases. For example, if two people are staying at someone else's place (couch surfing), and one has their own permanent and safe residence to return to while the other does not, the latter person would be considered to be experiencing homelessness, but the former person would not.

The goal of a PiT Count is to approach as many people as possible and offer the PiT Count survey. However, there are differences between enumeration and survey participation. There were two ways an individual or family could be enumerated during the street portion. The first method was for the survey teams to approach and ask an individual if they would like to participate in a housing survey. The screening question results would determine if they were eligible for enumeration and further survey participation. In the second, using a tally sheet, survey teams identified individuals with observed homelessness characteristics that were not surveyed. These characteristics might include the people already sleeping somewhere, in encampments, walking with all their belongings, or disclosing homelessness but declining to be surveyed.

Individuals staying in sheltered facilities could be enumerated through the survey or through a supplementary shelter enumeration form (administrative data) participating agencies were asked to submit as part of the requirements for participation. Therefore, everyone who stayed in a sheltered location on the night of the PiT Count, regardless of classification or participation in the survey, was counted.

Youth Survey Participation

Youth aged 14 to 18 were given an opportunity to participate in the survey if they were willing, and did not have an adult accompanying them during the street count. If survey teams encountered anyone under the age of 16, they were instructed to phone Mobile Crisis.

In shelter, without the presence of their legal parent or guardian, the sheltered location in which they are staying acts as a temporary proxy of guardianship.

For both the street and sheltered count portions, youth and children who had an adult accompanying them were not approached to be surveyed, but their parents/guardians were. These youth and children would still be accounted for in the final enumeration by virtue of their parents/guardians declaring them as dependent children on their survey.

Who Was Counted?

The following list summarizes briefly the typology of homelessness, as well as the key characteristics of people who were enumerated and surveyed during the PiT Count and magnet event.

1. **Unsheltered:** This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed or fit for human habitation.
2. **Emergency Sheltered:** This refers to people who cannot secure permanent housing and, as a result, are accessing emergency shelter and system supports.
3. **Provisionally Accommodated:** This describes situations in which people who are technically homeless and without permanent shelter access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by the government or the nonprofit sector, or may have independently made arrangements for short-term accommodation.

2021 PiT Count Implementation Process

PiT Count Coordinator

Flow Community Projects Inc. was awarded a sub-project agreement through the Reaching Home Program for the 2021-2022 fiscal year (April 1, 2021-March 31, 2022), for the 2021 PiT Count and the design and development of a Coordinated Access System in Regina.

Addison Docherty, Executive Director for Flow Community Projects Inc., was the project manager for the PiT Count and was responsible for overseeing stakeholder communications, volunteer management, event planning, data entry, research, report writing and results dissemination.

Advisory Committee

A project advisory committee called the Community Capacity and Innovations (CCI) Group was formed in fall 2020 to oversee the planning and implementation of the PiT Count.

A key function of the CCI was helping the project lead accurately determine local needs. This included leveraging community relationships to obtain lived experience perspective on survey administration and search locations, volunteer recruitment and management, event management, and report content and dissemination.

Volunteer Recruitment, Training, and Management

In years past, the goal of a PiT Count was to recruit as many volunteers as possible in order to expand canvassing the city for individuals and families experiencing homelessness. However, this was a goal that was not possible during the 2021 PiT Count due to health and safety concerns about the COVID-19 pandemic. It was decided it would be in the best interests of the community to plan a scaled-down version of the PiT Count. Approximately 100 to 125 volunteers were needed to be able to successfully carry out the PiT Count as planned, and 115 individuals generously donated their time.

Planning with COVID-19 in Mind:

- A goal of approx. 100-125 volunteers.
- Smaller survey teams of 2-3 volunteers each.
- Focus solely on priority areas/hot spots in the community.
- Abide by the Government of Saskatchewan recommendations for indoor gatherings.

- Though anyone could register as a volunteer, the goal was to recruit volunteers from the human services sector due to their experience working with vulnerable populations during the pandemic.
- Encourage volunteers to sign up in teams of people they already spend time with to mitigate unnecessary cross-group mingling.

With the PiT Count planned to happen in late September 2021, volunteer recruitment officially began at the beginning of August 2021. The volunteer recruitment strategy included media releases and appearances via TV, radio and print, social media advertising on Facebook and Instagram, and traditional printed poster dissemination.

Volunteers were asked to register through an Eventbrite form online. This form captured basic information about the volunteer (name and contact information) in addition to more specific information about their history working with vulnerable populations, areas of the city they were comfortable being placed in, and which of four volunteer roles they would prefer to fill.

The four volunteer roles were:

1. Team leader: Ideally with experience working with vulnerable populations, who led a survey team through a designated area.
2. Survey volunteers: Placed in a survey team, and following the direction of a team leader, offered the PiT Count survey to anyone they saw in a designated area.
3. Headquarters volunteer: Assigned to one or multiple survey teams, and stationed at PiT Count headquarters for the duration of the PiT Count. Every 30 minutes, they performed routine check-ins on their assigned group to make sure everyone was safe and to see if supplies needed to be dropped off.
4. Supplies runner: ran supplies out to survey teams as needed.

Volunteer registration closed on Tuesday, September 14, 2021, just one week before the count. Thereafter, using the information collected in the registration form, CCI Group members constructed survey teams and assigned areas deemed appropriate for that group's comfort levels in that geographic area, and their experience working with vulnerable populations. Volunteers were then informed of their survey team and area assignments the weekend prior to the count. In addition, volunteers were sent electronic packages that included a copy of the survey and training materials, event timelines, recommendations for clothing, and contact information for their survey teams, so they could coordinate any necessary logistics beforehand.

All volunteers were trained at PiT Count headquarters before taking to the streets on the night of the count. Flow Community Projects led basic PiT Count volunteer training, which was supplemented by safety training from Melinda Lalache of the Regina Police Service Community Engagement Unit.

Because volunteers were asked to show up during dinner hours, they were fed a meal on the night of the PiT Count. The meal was generously prepared and donated in kind by the Regina Food Bank.

In the days following the PiT Count, volunteers had the opportunity to participate in a feedback form (Google Forms).

Survey Administration: Street and Facilities Count

Street Count

Surveys were administered during the street count by survey teams that walked in groups of 2 to 3 people. These groups were either given a walking route in a designated residential area, or were given a “hot spot” location to occupy during the PiT Count. A “hot-spot” location was not a place that was determined as a hotbed for individuals who might be sleeping rough, like an encampment, but instead were public locations that would have more traffic than residential areas during the PiT Count time period. Examples of “hot spot” locations that were used during the PiT Count included 7-Elevens, Tim Hortons, and McDonald’s locations around the city.

Facilities Count

Participating sheltered facilities were asked to provide staff, accommodate the PiT Count workflow into their evening, and offer surveys in their respective facilities.

Regardless of whether a survey was completed during the street or sheltered portion of the count, individuals who participated were given a gift card honorarium of \$5 to one of several establishments, including Tim Hortons, 7-Eleven, McDonald's, Safeway, and Giant Tiger, among others.

Magnet Event

A magnet event is a strategy used during a PiT Count to attract a specific target group to a planned time and location. This allows a community to enumerate and survey individuals

experiencing homelessness who might otherwise might not have been counted, for whatever reason, through the sheltered or unsheltered counts.

On September 23, 2021, the day after the PiT Count, Flow Community Projects and CCI Group members hosted a magnet event at the māmawêyatitân centre, from 11:30 a.m. to 2:00 p.m. The target population for the event was Indigenous individuals and families living in North Central who may have been missed during the PiT Count the night before.

The event began with a prayer by Elder Tim Poitras, and included a complimentary chili and buns luncheon, a pop-up vaccine clinic, and a services fair. The food was prepared and donated by the Regina Food Bank and served to the community by members of the Regina Police Service’s Community Engagement Unit. The pop-up vaccine clinic was made possible through an existing community partnership with Saskatchewan Health Authority and Four Directions Health Clinic. Organizations in the North Central and Downtown communities that serve individuals at risk of or experiencing homelessness were able to set up information booths on the perimeter of the multi-purpose room and offer individuals passing through opportunities to learn about services available, based on their needs.

Table 37. Magnet Event Services Fair Partners.

Organization Name
Aids Programs South Saskatchewan
Newo Yotina Friendship Centre
Sofia House
Eagle Heart Centre
Regina Food Bank
Carmichael Outreach
YWCA of Regina
North Central Family Centre
Four Directions/SHA Vaccine Pop-up Clinic

Aside from research value, the event served as a means to continue to build community capacity on numerous fronts, including strengthening a relationship with the North Central community.

PiT Count volunteers offered the same survey that was offered the night before, with a temporal rewording of the screening question from “Where are you staying tonight?” to “Where did you stay last night?” to align data with September 22, 2021.

2021 PiT COUNT FINDINGS

The 2021 Regina PiT Count found that an estimated **488** individuals were identified to be experiencing homelessness on the night of September 22, 2021. Individuals were found to be staying in various locations throughout the community, the majority located in emergency shelters (20%, n=99) and transitional housing facilities (18%, n=86). Similar proportions of people were also noted to be staying at someone else's place, or unsheltered in public spaces.

Table 38. Total Enumeration, Regina 2021.

Type	Number	%
Emergency Shelter	99	20%
Transitional Shelter/Housing	86	18%
Public Systems	20	4%
Someone Else's Place	85	17%
Unsheltered in a Public Space	68	14%
Unsure	46	9%
Vehicle	3	1%
Motel / Hotel	3	1%
Observed Tally	78	16%
Total	488	100%

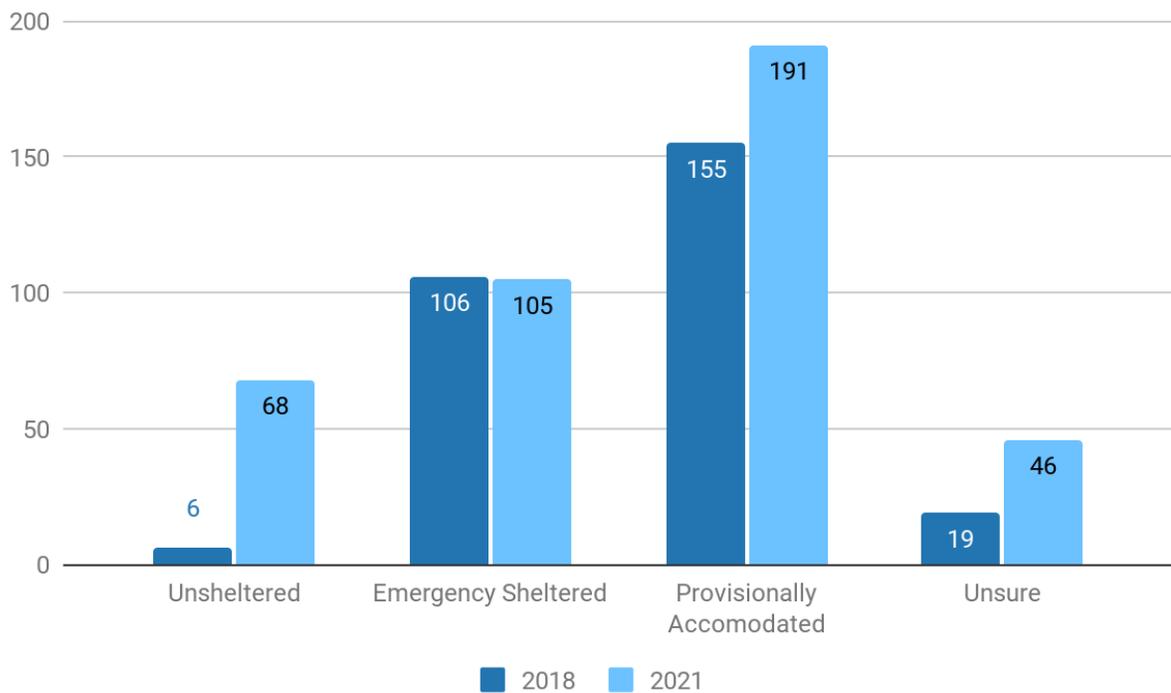
Table 39 presents a comparison of the enumerations in 2018 and 2021. This table excludes the numbers from the tally sheet for this comparison, as those values were omitted in 2018. Overall, the data demonstrated a significant increase in the total number of individuals experiencing homelessness, rising from 286 in 2018 to 410 in 2021, indicating a 43% increase.

During this count, we found that almost half (47%, n=191) of individuals were indicated to be provisionally accommodated. That is, they were found to be staying at a transitional housing facility, at someone else's place, or currently residing in public systems (e.g., hospital, jail/prison, other). This finding remains consistent with Regina's previous 2018 count. The greatest change seen for this count compared to the last was the increase in unsheltered people, rising from 6 in 2018 to 68 in 2021, accounting in 2021 for 17% of total enumerations compared to the 2% observed in 2018.

Table 39. Total Enumeration (Excluding Tally Sheet), Regina 2018 & 2021.

	2018	2018 (%)	2021	2021 (%)
Unsheltered	6	2%	68	17%
Emergency Sheltered	106	37%	105	26%
Provisionally Accommodated	155	54%	191	47%
Unsure	19	7%	46	11%
Total	286	100%	410	100%

Figure 2. Total Enumeration (Excluding Tally Sheet), Regina 2018 & 2021.

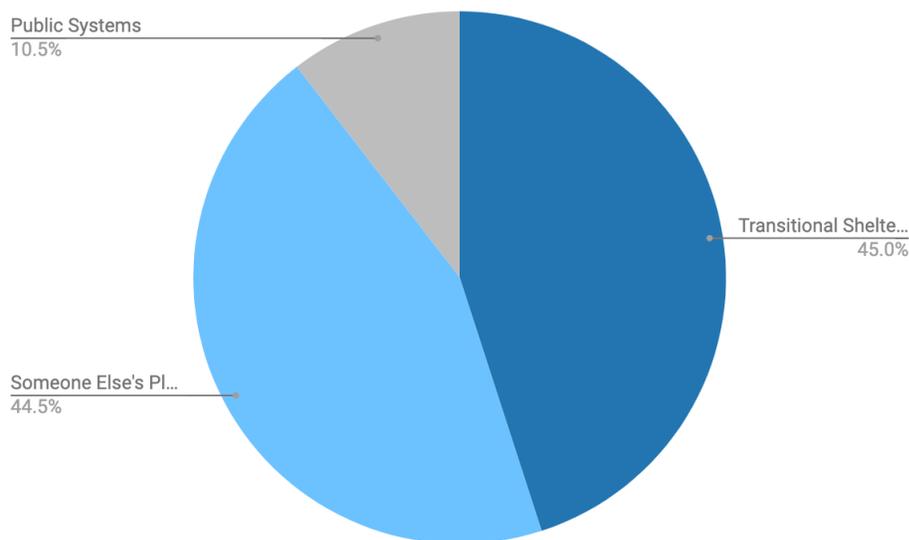


Hidden Homelessness

Hidden homelessness refers to “temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing.”⁶ More commonly known as couch surfing, this describes people who are staying with someone they may or may not know because they have no other option. This is not a sustainable long-term living arrangement, but those experiencing hidden homelessness typically do not have the ability to secure their own permanent housing immediately or in the near future. This population is considered to be "hidden" because they usually do not access homelessness support and services, even though they are improperly or inadequately housed.

According to Figure 3, among the 191 individuals who were found to be provisionally accommodated on the night of the count, about 45% were staying in transitional shelter/housing facilities, and 45% (n=85) were staying at someone else’s place (thus experiencing hidden homelessness). Obtaining a better understanding of hidden homelessness allows us to achieve a more comprehensive assessment of overall homelessness in the community.

Figure 3. Breakdown of provisionally accommodated, Regina 2021.⁷



⁶ Hidden Homelessness. Retrieved from:

<https://www.homelesshub.ca/about-homelessness/population-specific/hidden-homelessness>

⁷ Public Systems refers to hospitals, detox centres, jail or prison. For this Count, all individuals under this category happened to be enumerated in detox (treatment) centres.

Capacity and Occupancy of Transitional and Shelter Beds

Table 40 provides a breakdown of the 205 people enumerated in sheltered locations. This information was retrieved from the enumeration forms completed by participating community facilities. Note that demographic information for those individuals enumerated through these forms was not available.

Table 40. Facilities Enumeration, Regina 2021.

Type of Facility	Facility Name	Available Beds	Number Enumerated	Occupancy Rate
Transitional Housing (LGBTQ Youth)	John Howard Society SK	5	5	100%
Transitional Housing (Sr. Justice Discharge Program)	John Howard Society SK	5	4	80%
Violence Against Women Shelter	Regina Transition House	21	19	90%
Transitional Housing	Salvation Army - Kate's Place	10	10	100%
Emergency Shelter	Salvation Army - Men's Emergency Shelter	15	15	100%
Transitional Housing	Salvation Army - Men's Supportive Living	25	15	60%
Treatment Facility (Overnight Detox)	Sask Health Authority Brief Detox	21	20	95%
Transitional Housing	Sofia House	55	52	95%
Youth Emergency Shelter	Street Culture Project	15	5	33%
Domestic Violence Shelter	Wish Safe Shelter	14	14	100%
Violence Against Women Shelter	YWCA Isabel Johnson Shelter	13	13	100%
Emergency Shelter	YWCA My Aunt's Place	26	28	108%
Emergency Shelter	YWCA Regina Kikinaw Temp Beds	5	5	100%

*Additionally, two individuals were enumerated in a hotel/motel and were identified to be experiencing homelessness on the night of the count.

Characteristics of People Experiencing Homelessness in Regina

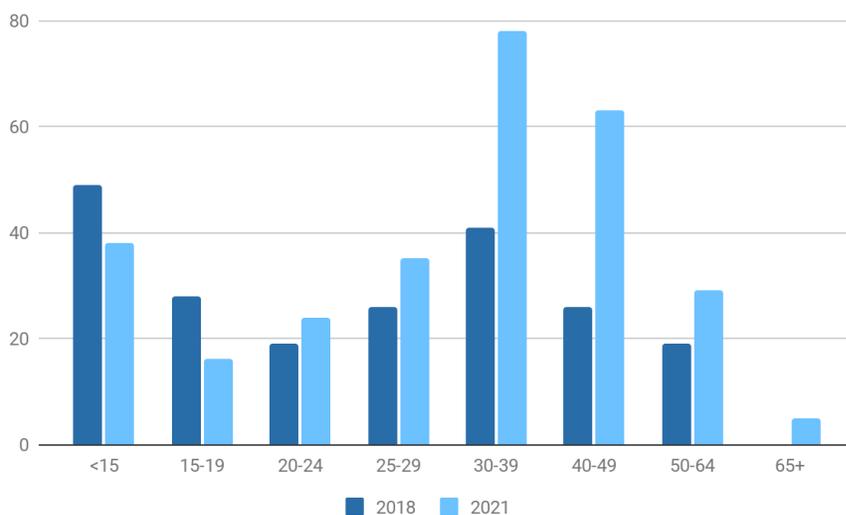
Age

Table 41 reports the ages of both surveyed adults and non-surveyed dependents. It was found that the largest age group, at almost 50%, were between the ages of 30 and 49. This finding is consistent with the results of the 2018 count.

Table 41. Age of survey respondents (including non-surveyed dependents), Regina 2018 & 2021.

Age	2018	2018 (%)	2021	2021 (%)
<15	49	2%	38	13%
15-19	28	10%	16	5%
20-24	19	9%	24	8%
25-29	26	13%	35	12%
30-39	41	20%	78	27%
40-49	26	13%	63	22%
50-64	19	9%	29	10%
65+	0	0%	5	2%
Unclear/Left Blank	0	0%	3	1%
Total	208	100%	291	100%

Figure 4. Age Distribution, Regina 2018 & 2021.

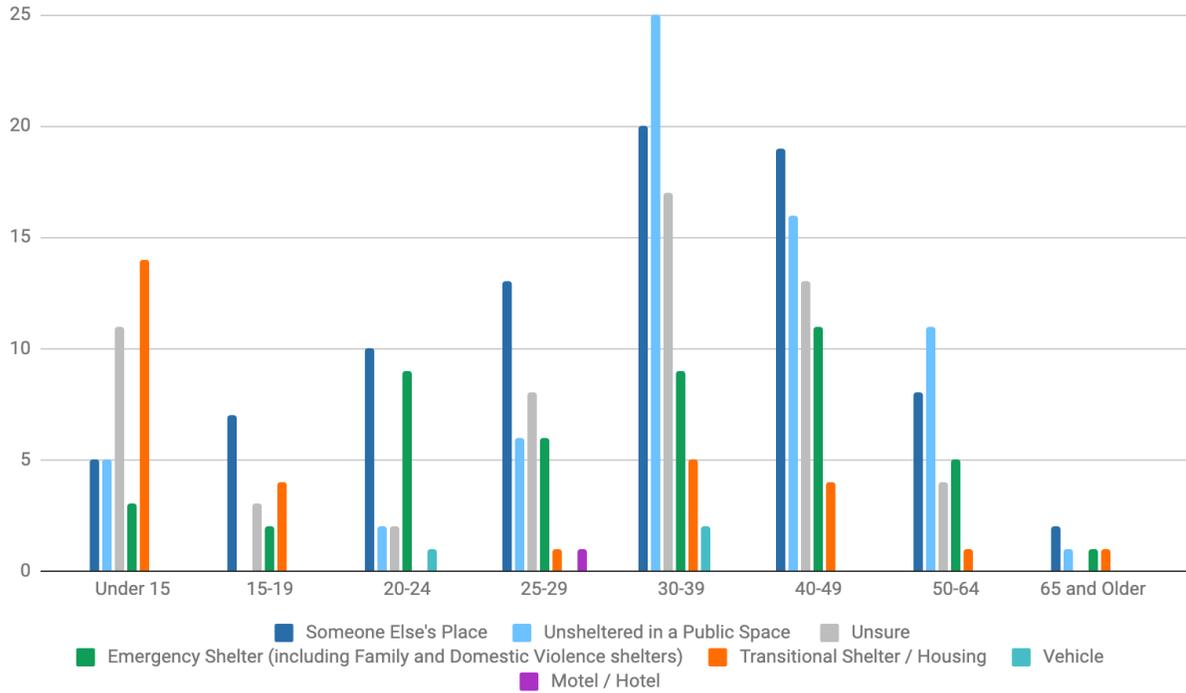


Additionally, while there was more variation in where adults stayed during the night of the count, children under 15 were most likely staying in transitional housing facilities.

Table 42. Where are you sleeping tonight? – Responses By Age

	Under 15	15-19	20-24	25-29	30-39	40-49	50-64	65 and Older	Unclear /Blank Response	Total
Someone Else's Place	5	7	10	13	20	19	8	2	1	85
Unsheltered in a Public Space	5	0	2	6	25	16	11	1	2	68
Unsure	11	3	2	8	17	13	4	0	0	58
Emergency Shelter (including Family and Domestic Violence shelters)	3	2	9	6	9	11	5	1	0	46
Transitional Shelter / Housing	14	4		1	5	4	1	1	0	30
Vehicle	0	0	1	0	2	0	0	0	0	3
Motel / Hotel	0	0	0	1	0	0	0	0	0	1
Total	38	16	24	35	78	63	29	5	3	291

Figure 5. Where are you sleeping tonight? – Based on Age



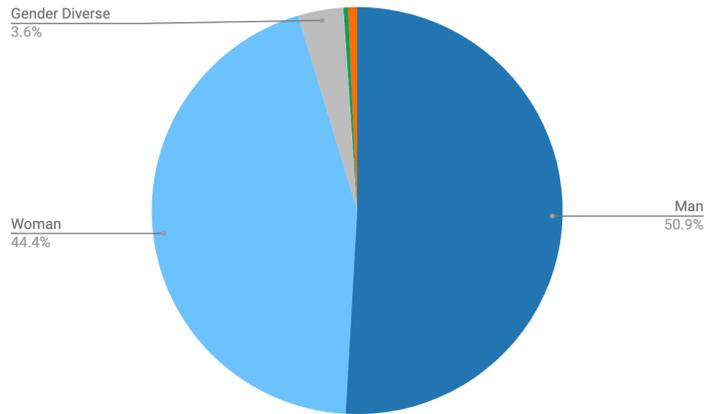
Gender Identity

The data indicates a slightly greater percentage of male-identifying respondents than female. A small number of individuals who identified neither as cis-male or cis-female were represented in survey data.

Table 43. Gender Identity.

Gender Identity	Count	%
Man	142	49%
Woman	124	43%
Gender Diverse	10	3%
Don't Know	1	0.3%
Decline to Answer	2	0.7%
Unclear / Left Blank	12	4.1%
Total	291	100.0%

Figure 6. Gender Identity.



A greater proportion of men compared to women were reported to be staying unsheltered in a public space or in emergency shelters. Women were more likely to be staying in transitional housing facilities as compared to men.

Table 44. Where are you sleeping tonight? – Based on Gender Identity.

	Man	Woman	Gender Diverse	Don't Know	Decline to Answer	Unclear / Blank Response	Total
Someone Else's Place	35	42	4	0	2	2	85
Unsheltered in a Public Space	40	19	3	0	0	6	68
Unsure	30	25	1	0	0	2	58
Emergency Shelter (including Family and Domestic Violence shelters)	27	16	0	1	0	2	46
Transitional Shelter / Housing	8	20	2	0	0	0	30
Vehicle	1	2	0	0	0	0	3
Motel / Hotel	1		0	0	0	0	1
Total	142	124	10	1	2	12	291

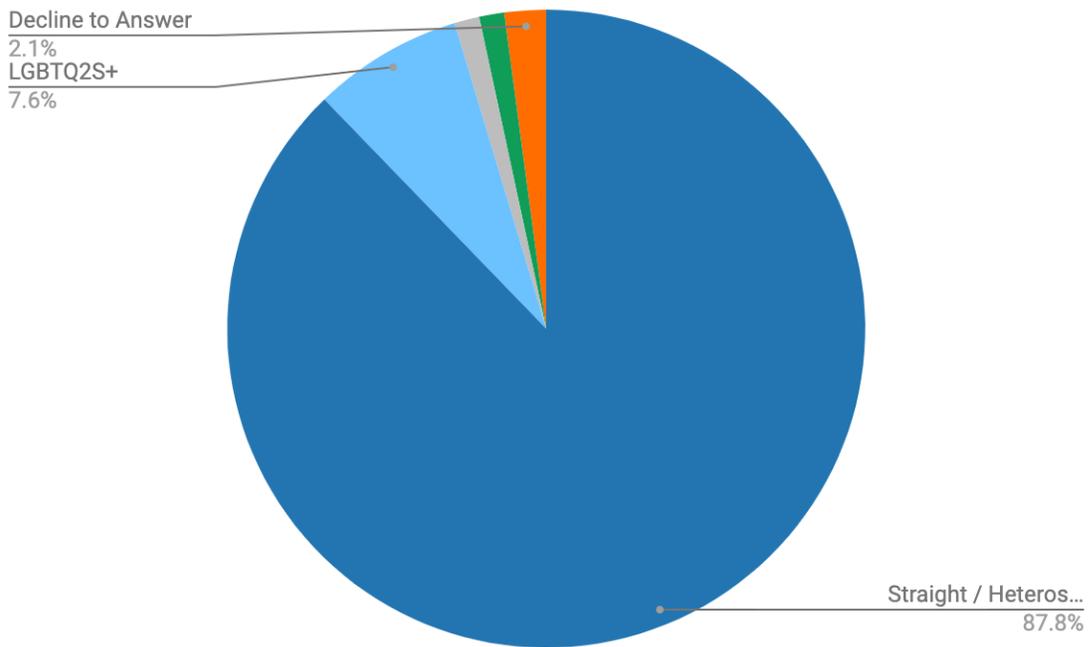
Sexual Orientation

About 86% (n=208) of those who reported their sexual orientation identified as straight/heterosexual, and 7.4% (n=18) identified with a sexual orientation grouped under LGBTQ2S+ (Table 45).

Table 45. Sexual Orientation.

	Count	%
Straight / Heterosexual	208	85.6%
LGBTQ2S+ ⁸	18	7.4%
Not Listed	3	1.2%
Don't Know	3	1.2%
Decline to Answer	5	2.1%
Unclear / Blank Response	6	2.5%
Total	243	100.0%

Figure 7. Sexual Orientation.



⁸ The sexual orientations that were included in this category for this count included: gay, bisexual, Two-Spirit, queer, questioning, and pansexual.

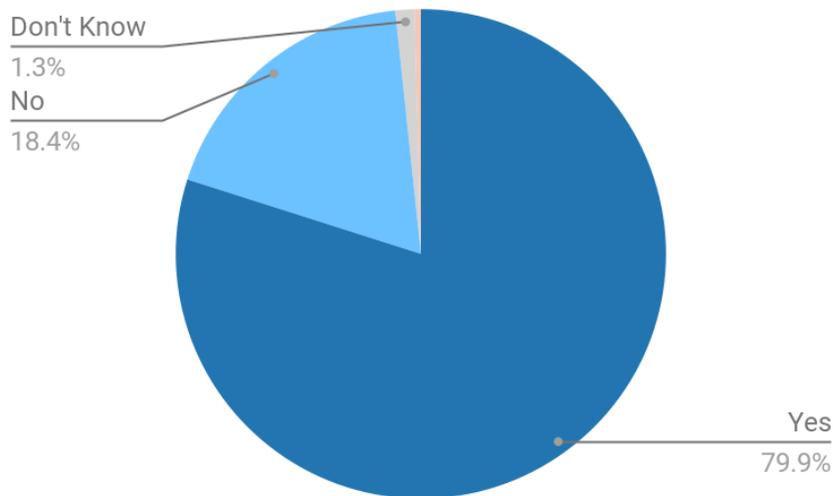
Indigenous Identity

Of the 243 people surveyed, about 79% (n=191) identified as Indigenous. This is consistent with the data from 2018, indicating Indigenous-identifying people are overrepresented among those experiencing homelessness in Regina.

Table 46. Indigenous Identity.

Indigenous Identity	2018 Count	2018 %	2021 Count	2021 %
Yes	118	80%	191	79%
No	30	20%	44	18%
Don't Know	0	0%	3	1.2%
Decline to Answer	0	0%	1	0.4%
Unclear/Left Blank	0	0%	4	1.6%
Total	148	100%	243	100%

Figure 8. Indigenous Identity.

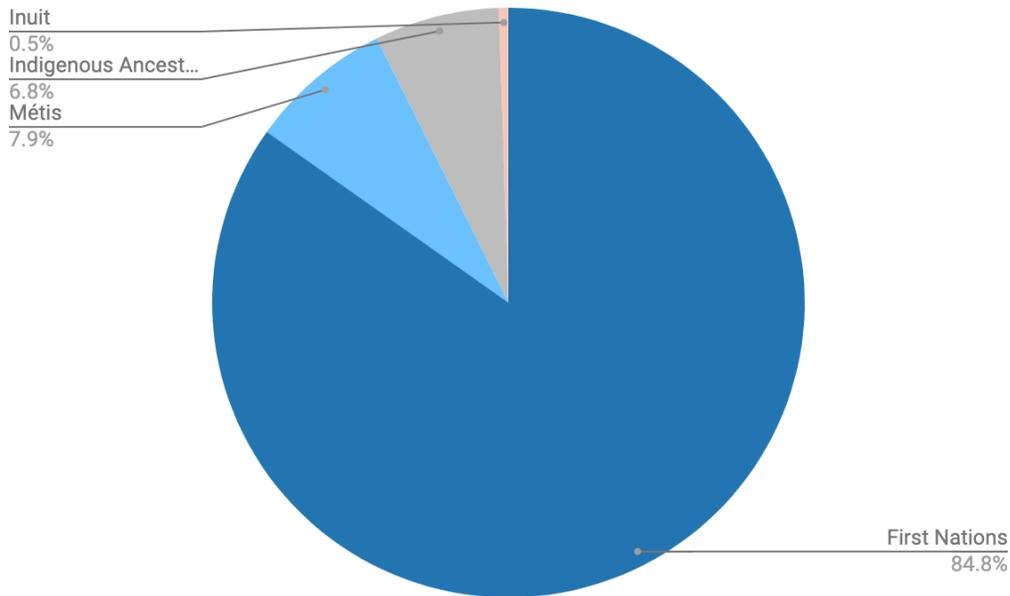


Among the 191 individuals who identified as Indigenous, most (85%, n=162) identified as First Nations, while 8% and 7% identified as Métis and Indigenous Ancestry, respectively.

Table 47. Indigenous Identification.

	2018 Count	2018 %	2021 Count	2021 %
First Nations	105	89%	162	85%
Métis	10	8%	15	8%
Indigenous Ancestry	2	2%	13	7%
Inuit	1	1%	1	1%
Total	118	100%	191	100%

Figure 9. Indigenous Identification.



Racial Identity

This section reports on the racial identity of those who did not identify as Indigenous, but as another racial identity, as well as those who identified as both Indigenous and another racial identity. Note that respondents could select more than one racial identity.

Those not identifying as Indigenous mostly identified as White (n=36), with little representation of non-White and non-Indigenous racial identified.

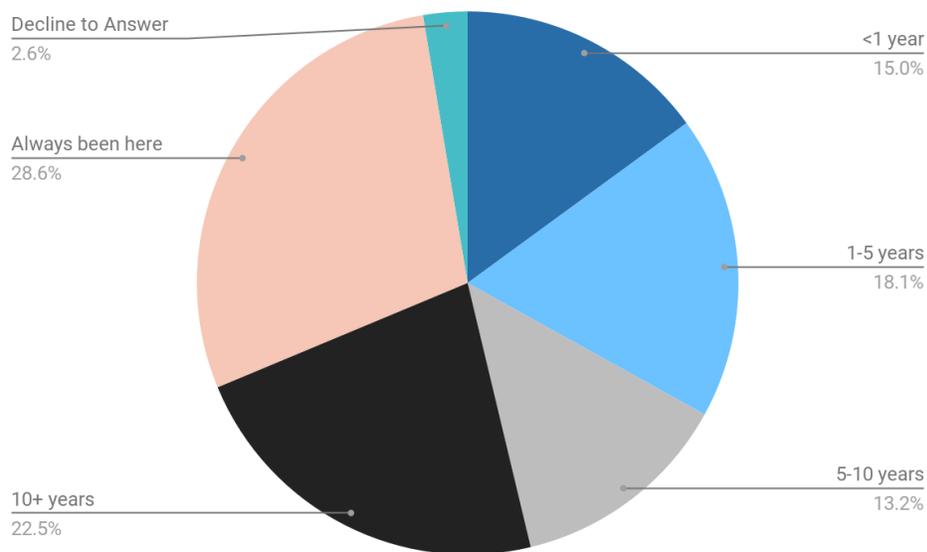
Length of time in Regina

About 27% indicated they had always been in Regina, with 31% (n=75) of respondents having been in the community from less than a year to up to 5 years.

Table 48. Length of Time in Regina.

	Count	%
<1 year	34	14%
1-5 years	41	17%
5-10 years	30	12%
10+ years	51	21%
Always been here	65	27%
Decline to Answer	6	2%
Unclear /Left Blank	16	7%
Total	243	100%

Figure 10. Length of Time in Regina



Migration to Regina

Of the 98 survey respondents who had migrated from another community in Canada, around 67% came from another community in Saskatchewan, while others came from the neighbouring provinces of Alberta or Manitoba. A few had migrated from British Columbia or provinces in Eastern Canada.

Table 49. Migration from Within Canada.

	Count	%
Saskatchewan	66	67%
Alberta	13	13%
Manitoba	7	7%
British Columbia	7	7%
Ontario	3	3%
Nova Scotia	1	1%
New Brunswick	1	1%
Total	98	100%

Migration to Canada

About 96% of survey respondents said they were not an immigrant or refugee claimant. Less than 5 indicated they were immigrants, and less than 5 indicated were refugee claimants. Similar findings were reported in the previous PiT Count.

Canadian Military or RCMP Service

Only 6 reported military service and less than 5 reported both military and RCMP service, while 97% indicated they had not served in either the Canadian military or the RCMP. Similar findings were reported in the previous PiT Count.

Family Members

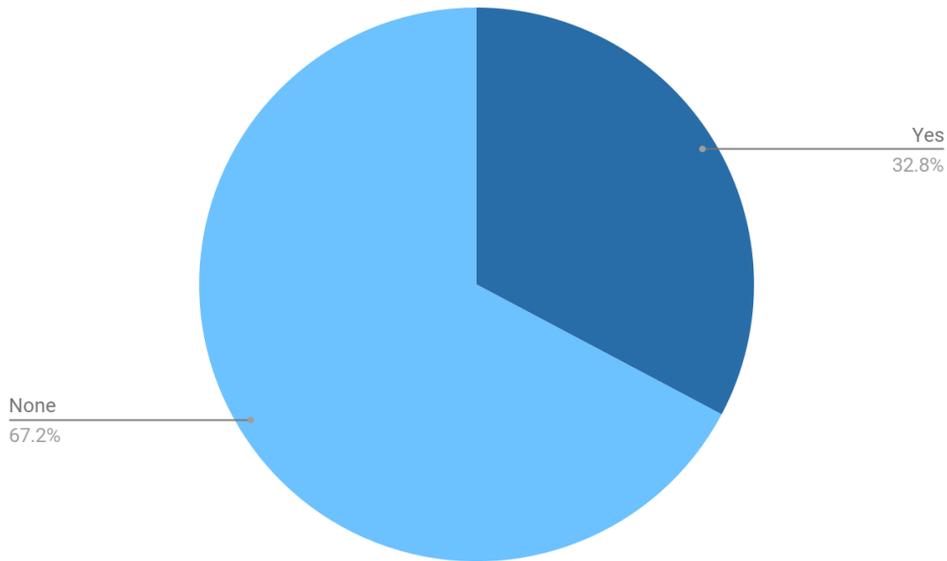
Survey participants were asked if they were accompanied by any family members on the night of the count. About 32% (n=77) indicated they were accompanied by one or more family members. The survey identified 23 families with a combined total of 48 dependents with them on the night of the count.

Among the 48 dependents, 14 were reported to be staying in a transitional housing facility, 11 in an emergency shelter, 11 at someone else’s place, 5 were unsheltered in a public space, and 7 were unsure where they were staying the night of the Count.

Table 50. Accompanied by Family Members.

	Count	%
Yes	77	32%
No	158	65%
Unclear / Left Blank	8	3%

Figure 11. Accompanied by Family Members.



Experiences of Homelessness

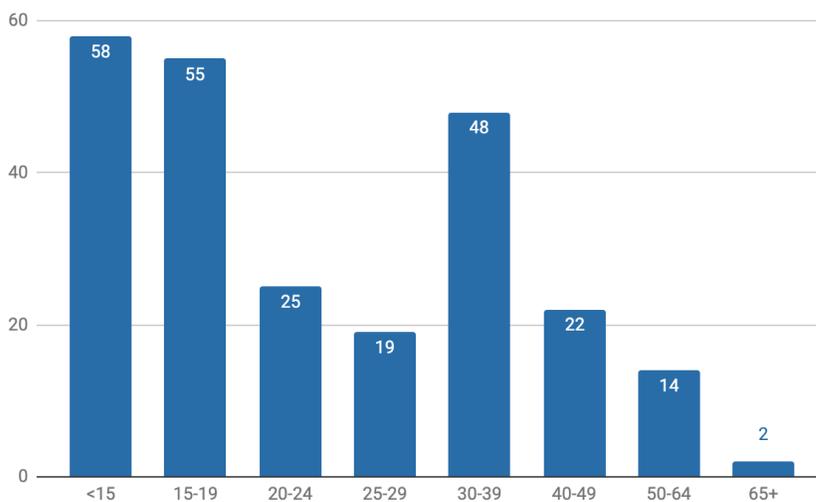
Age First Experienced Homelessness

Using the Government of Canada's definition of youth homelessness, over half (57%, n=138) of the 243 survey respondents reported their first experience of homelessness was at the age of 24 or younger. However, many individuals reported first experiencing homelessness as adults. Across all survey participants, it was found that the average age for a first experience of homelessness was 24.

Table 51. Age first experienced homelessness.

Age Range	Count	%
<15	58	24%
15-19	55	23%
20-24	25	10%
25-29	19	8%
30-39	48	20%
40-49	22	9%
50-64	14	6%
65+	2	1%
Total	243	100%

Figure 12. Age first experienced homelessness.



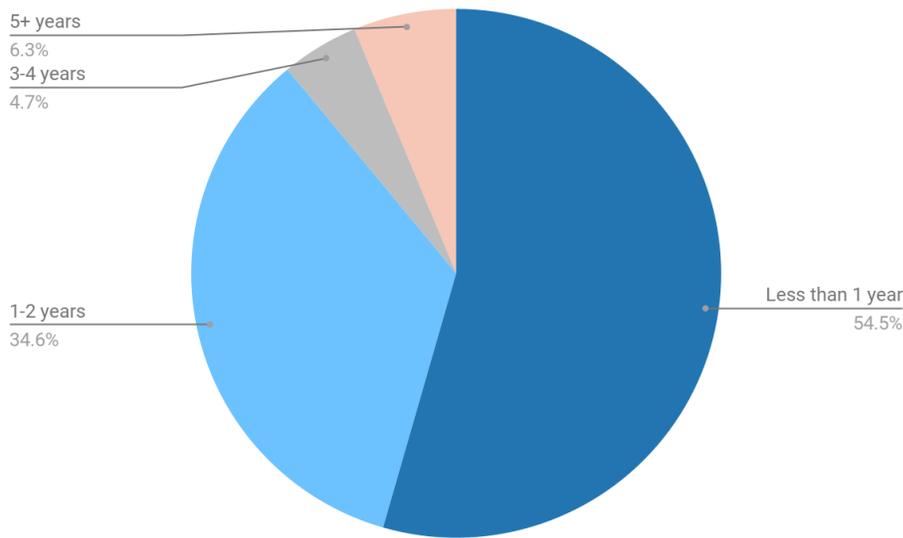
Length of Homelessness

When survey respondents were asked how long ago they experienced the loss of housing, about 43% (n=104) reported losing their housing within the past year, and 27% (n=66) within the past 1 to 3 years.

Table 52. Length of Homelessness.

	Count	%
Less than 1 year	104	43%
1-2 years	66	27%
3-4 years	9	4%
5+ years	12	5%
Unclear / Left Blank	52	21%
Total	243	100%

Figure 13. Length of Homelessness



Time Spent Homeless in the last 12 Months

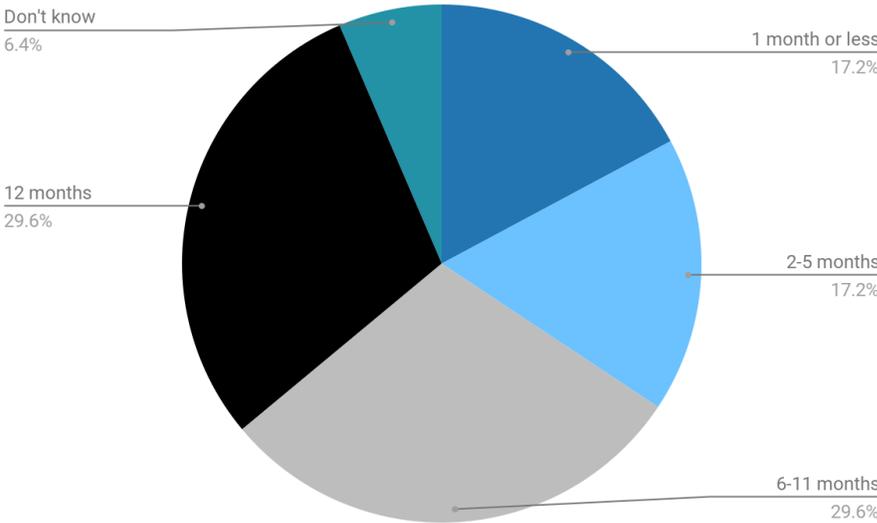
When asked how many days in the past year had they been experiencing homelessness, about 56% (n=138) reported experiencing homelessness for 6 or more months. This means that over 50% of survey respondents met the definition of chronic homelessness, that is, experiencing homelessness for a period of 6 or more months within the past 12 months.

However, the data also indicates that many individuals have had much shorter and more recent experiences of homelessness, with about 16% (n=40) having been experiencing homelessness for one month or less.

Table 53. Time Spent Homeless in the last 12 months, Regina 2021.

	Count	%
1 month or less	40	16%
2-5 months	40	16%
6-11 months	69	28%
12 months	69	28%
Don't know	15	6%
Unclear /Left Blank	10	4%
Total	243	100%

Figure 14. Time Spent Homeless in the last 12 months, Regina 2021.



Reasons for Housing Loss

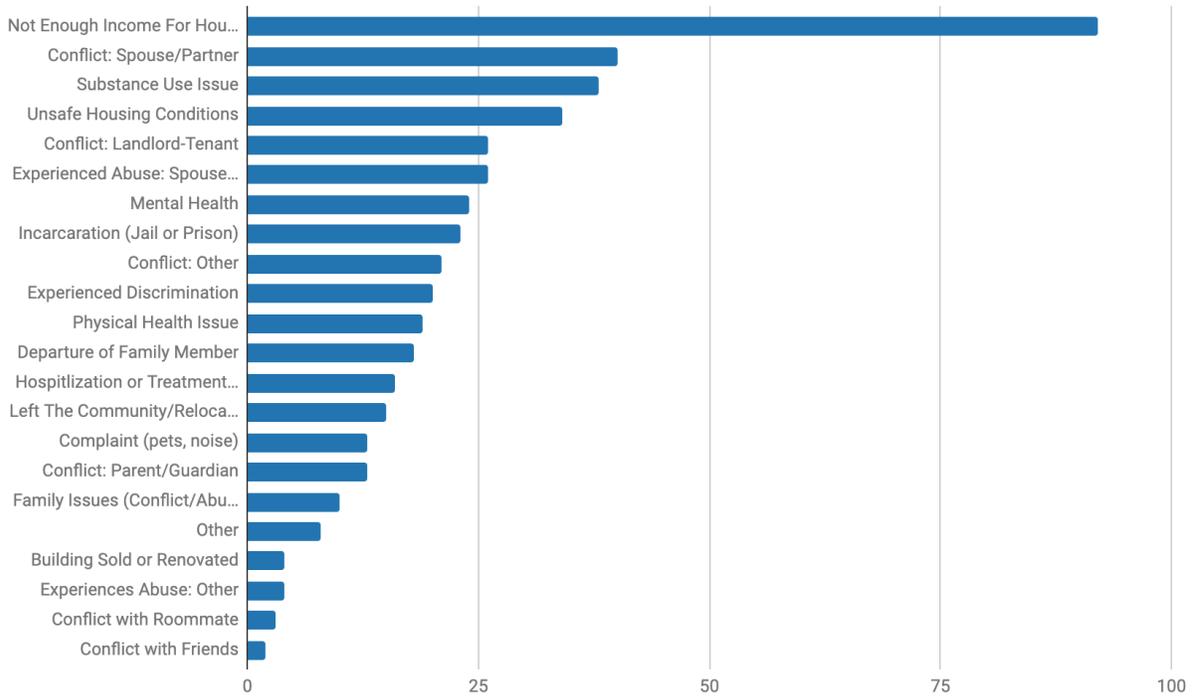
Among the 175 respondents who provided a reason for losing housing, the most common reason was inadequate income for housing. This was reported by about 53% (n=92) of those who responded to this question. Other common reasons for housing loss included

conflict (e.g., with a spouse or partner or with a landlord), substance use issues or mental health challenges, unsafe housing conditions, and experiences of discrimination.

Table 54. Reasons for Housing Loss.

	Number of Responses	% (out of 175)
Not Enough Income For Housing	92	53%
Conflict: Spouse/Partner	40	23%
Substance Use Issue	38	22%
Unsafe Housing Conditions	34	19%
Conflict: Landlord-Tenant	26	15%
Experienced Abuse: Spouse/Partner	26	15%
Mental Health Issue	24	14%
Incarceration (Jail or Prison)	23	13%
Conflict: Other	21	12%
Experienced Discrimination	20	11%
Physical Health Issue	19	11%
Departure of Family Member	18	10%
Hospitalization or Treatment Program	16	9%
Left The Community/Relocated	15	9%
Complaint (pets, noise)	13	7%
Conflict: Parent/Guardian	13	7%
Family Issues (Conflict/Abuse)	10	6%
Other	8	5%
Building Sold or Renovated	4	2%
Experiences Abuse: Other	4	2%
Conflict with Roommate	3	2%
Conflict with Friends	2	1%

Figure 15. Reasons for Housing Loss.



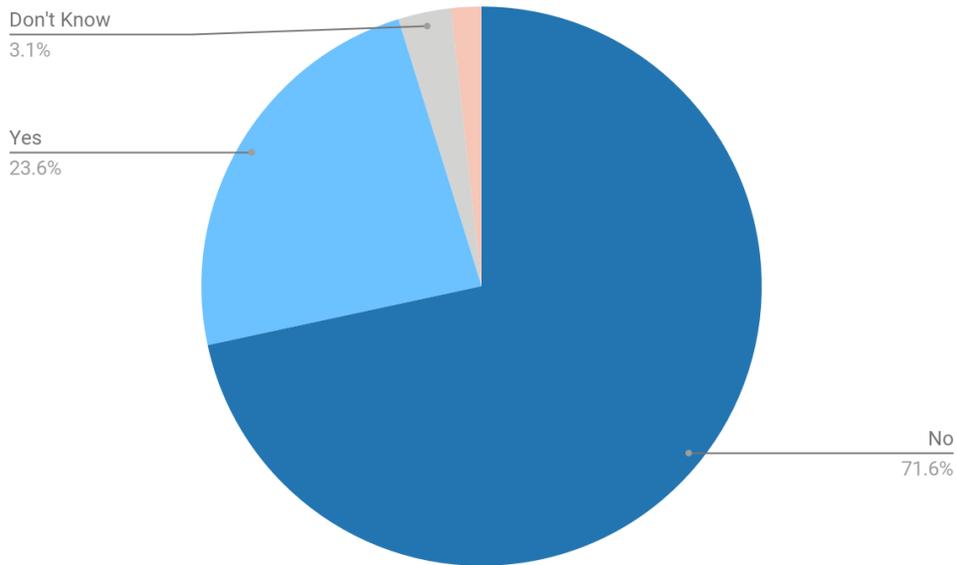
Housing Loss and COVID-19

When asked if their most recent housing loss was due to the pandemic, 67% indicated that was not the case. However, it was found that 22% said the pandemic was the cause of their most recent loss of housing.

Table 55. Housing loss due to the pandemic.

	Count	%
No	164	67%
Yes	54	22%
Don't Know	7	3%
Decline to answer	4	2%
Unclear /Left Blank	14	6%
Total	243	100%

Figure 16. Housing loss due to the pandemic.



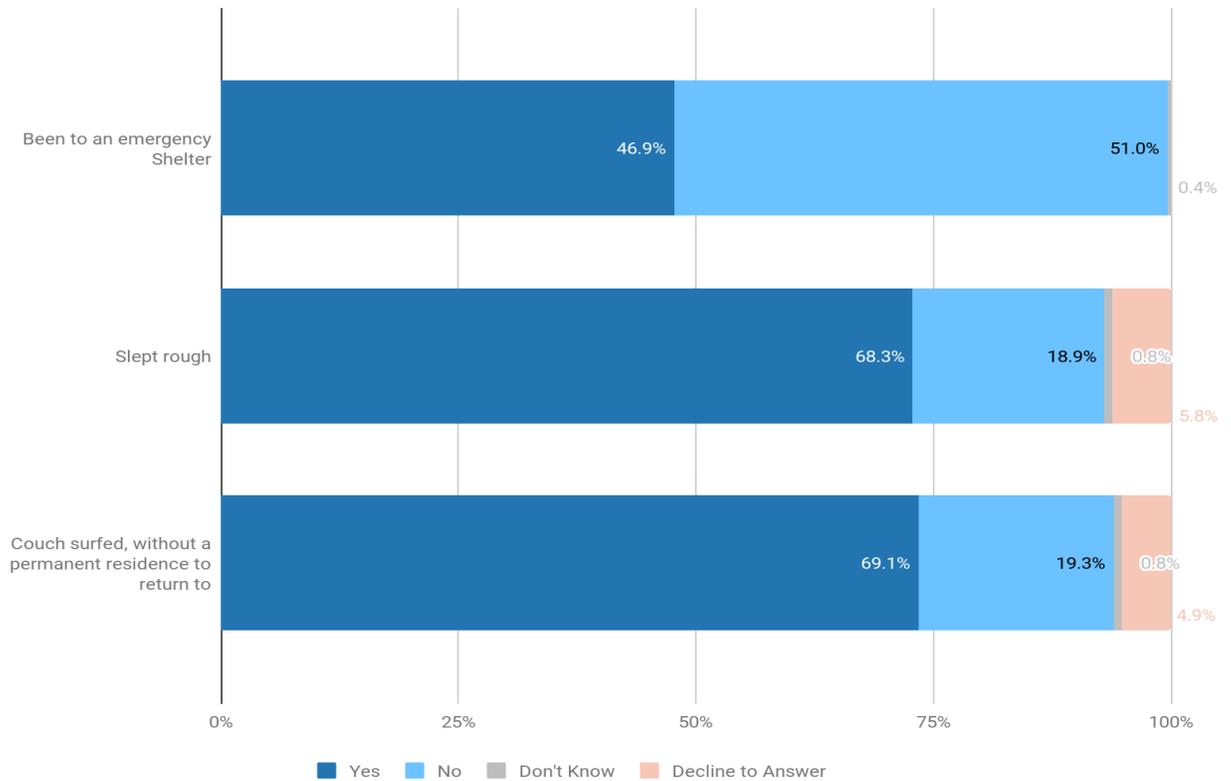
Past Year Experiences

Roughly the same amount of respondents indicated they had slept rough (68.31%) as well as couch surfed (69.14%) without a permanent residence to return to in the past year. Conversely, 46.91% of individuals stayed in an emergency shelter during the past year. This may indicate that there are barriers to accessing shelters in the community.

Table 56. In the past year, have you...

	Been to an emergency Shelter?		Slept rough?		Couch surfed, without a permanent residence to return to?	
	Count	(%)	Count	(%)	Count	(%)
Yes	114	46.91%	166	68.31%	168	69.14%
No	124	51.03%	46	18.93%	47	19.34%
Don't Know	1	0.41%	2	0.82%	2	0.82%
Decline to Answer	0	0.00%	14	5.76%	12	4.94%
Unclear/Left Blank	4	1.65%	15	6.17%	14	5.76%
Total	243	100%	243	100%	243	100%

Figure 17. In the past year, have you...



Sources of Income

Of 174 responses, 66% (n=114) indicated welfare/social assistance was a primary source of income. Informal sources of income (e.g., bottle returns) were also common for survey respondents (30%, n=53). Some also noted having part-time or full-time employment, as well as casual employment. Lastly, 22% (39 of 174) of respondents reported having multiple sources of income, that is, more than one source of income.

Table 57. Sources of Income.

Sources of Income	Count	% (out of 174)
Welfare/ Social Assistance	114	66%
Informal Sources of Income (bottle returns, etc.)	53	30%
GST/HST Refund	14	8%
Part-Time Employment	10	6%
Full-Time Employment	7	4%
Money from family/friends	7	4%
Child and family Tax Benefits	8	5%
Other money from Service Agency	7	4%
Casual Employment	5	3%
Employment Insurance	5	3%
Seniors Benefit	3	2%
Self-Employed	1	1%

Figure 18. Sources of Income.

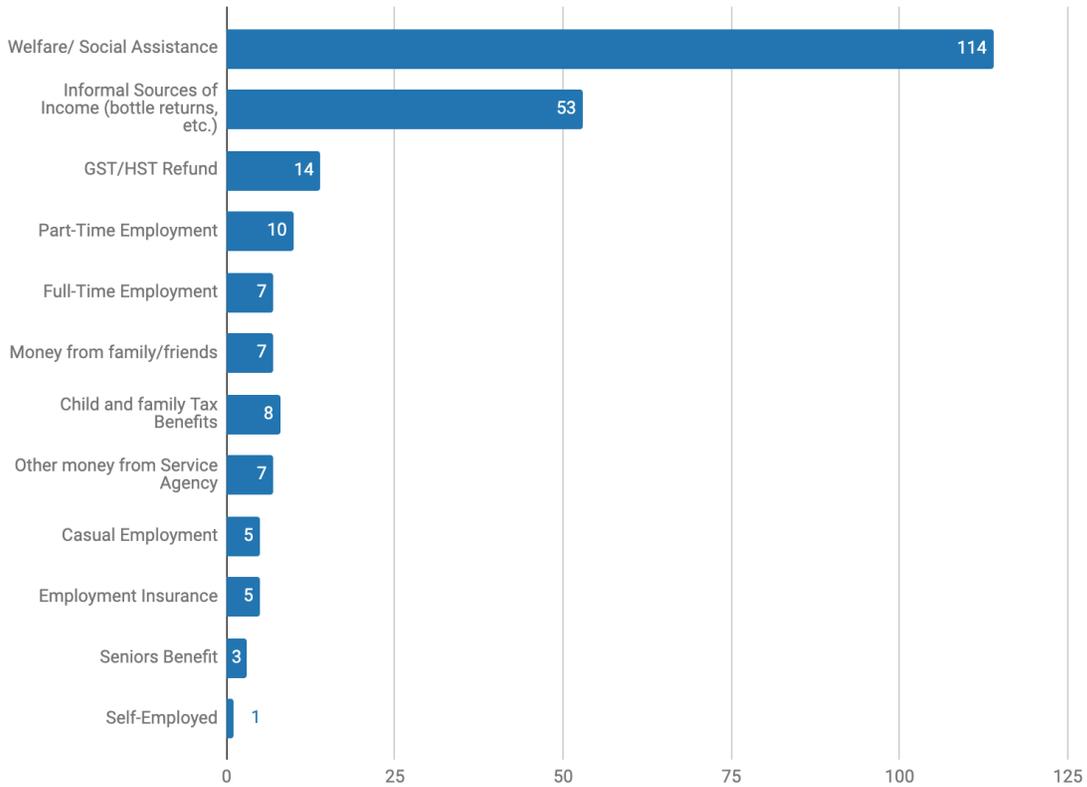


Table 58. Social Assistance.

Type of Social Assistance	Count	%
Saskatchewan Income Support (SIS),	54	49%
Saskatchewan Assured Income for Disability (SAID),	57	51%
Total	111	100%

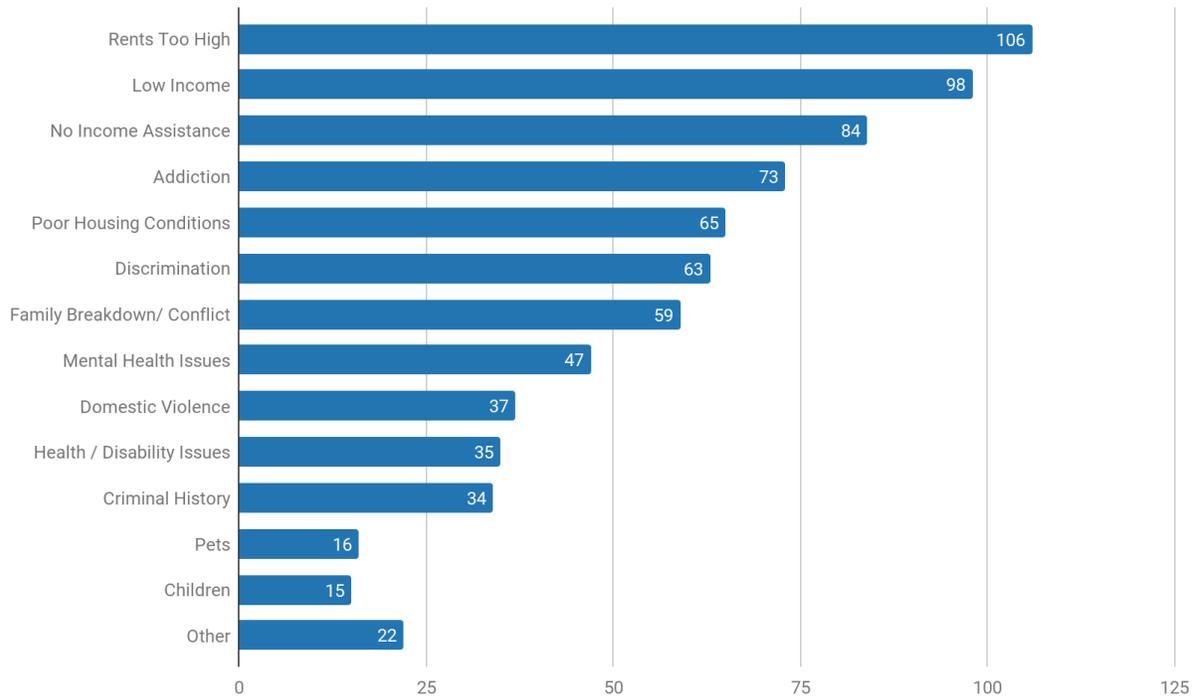
Barriers to Finding Housing

A total of 202 people reported having faced barriers to finding housing. Common barriers cited included financial barriers, such as rents being too high (52%, n=106), having a low income (49%, n=98), and not having income assistance (42%, n=84). Other commonly reported barriers included addiction and mental health challenges, poor housing conditions, discrimination, and conflict, as well as domestic violence.

Table 59. Barriers to finding housing.

	Count	% (out of 202)
Rents Too High	106	52%
Low Income	98	49%
No Income Assistance	84	42%
Addiction	73	36%
Poor Housing Conditions	65	32%
Discrimination	63	31%
Family Breakdown/ Conflict	59	29%
Mental Health Issues	47	23%
Domestic Violence	37	18%
Health / Disability Issues	35	17%
Criminal History	34	17%
Pets	16	8%
Children	15	7%
Other	22	11%

Figure 19. Barriers to finding housing.



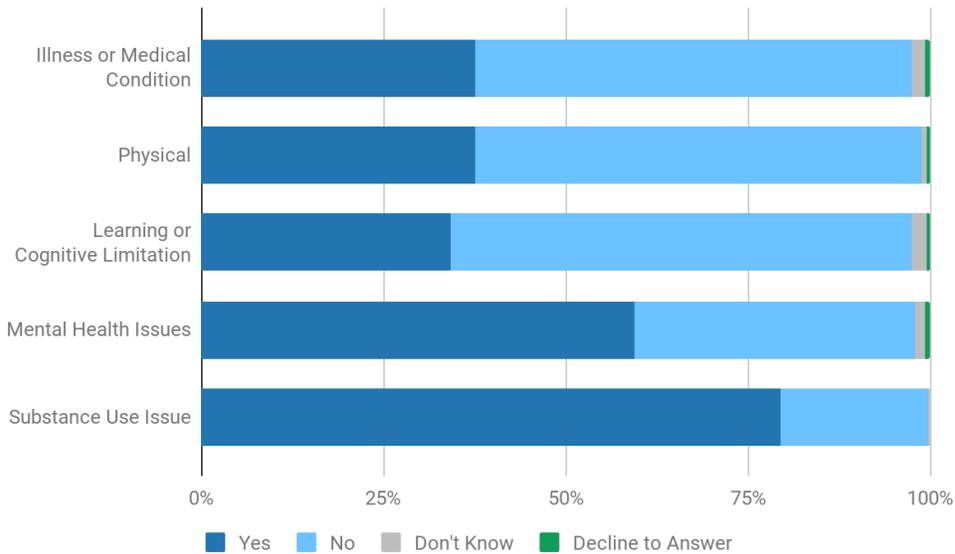
Health Challenges

Participants were asked to identify whether they were currently experiencing any of the five types of health challenges listed on the survey. Over 75% indicated they were experiencing substance use issues, and over 50% were experiencing mental health issues.

Table 60. Health challenges.

	Illness or Medical Condition	Physical	Learning or Cognitive Limitation	Mental Health Issues	Substance Use Issue
Yes	85	85	77	137	185
No	135	138	142	89	47
Don't Know	4	2	5	3	1
Decline to Answer	2	1	1	2	0
Unclear / Left Blank	17	17	18	12	10
Total	243	243	243	243	243

Figure 20. Health challenges.

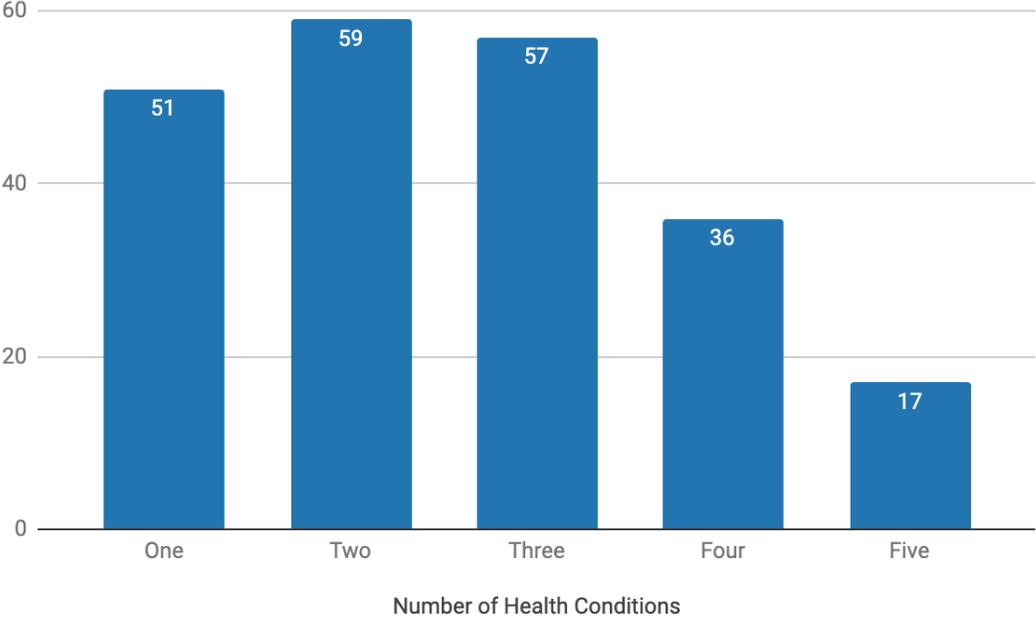


Among the 220 respondents who identified experiencing at least one of the five health challenges, about 50% were found to be experiencing three or more of the health conditions, with 21.8% (n=48) experiencing tri-morbidity (mental health issues, substance use/addictions, and physical disability). Of the 137 individuals identifying mental health issues, 83.4% indicated also experiencing substance abuse issues, confirming the interconnectedness of these issues in the homeless population.

Table 61. Multiple health conditions.

Number of Health Conditions	Count	%
One	51	23%
Two	59	27%
Three	57	26%
Four	36	16%
Five	17	8%
Total	220	100%

Figure 21. Multiple health conditions.



Interaction with Public Systems

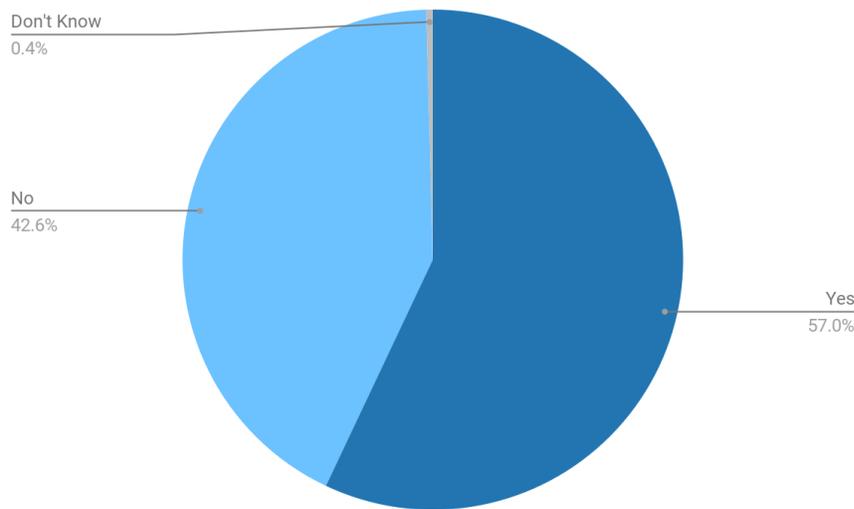
Foster Care/Social Services

About 55% (n=134) of respondents indicated experience in the foster care system or group homes at some point in their lives. Of the 134 survey respondents who indicated such experiences, 91% (122) identified as being First Nations, Metis, Inuit, or having some type of Indigenous ancestry. Of those who indicated foster care system or group home interactions, 64.9% (87) first experienced homelessness under the age of 24.

Table 62. Experience in Foster Care or Group Home.

	Count	%
Yes	134	55%
No	100	41%
Don't Know	1	0.4%
Unclear / Left Blank	8	3%
Total	243	100%

Figure 22. Experience in Foster Care or Group Home.



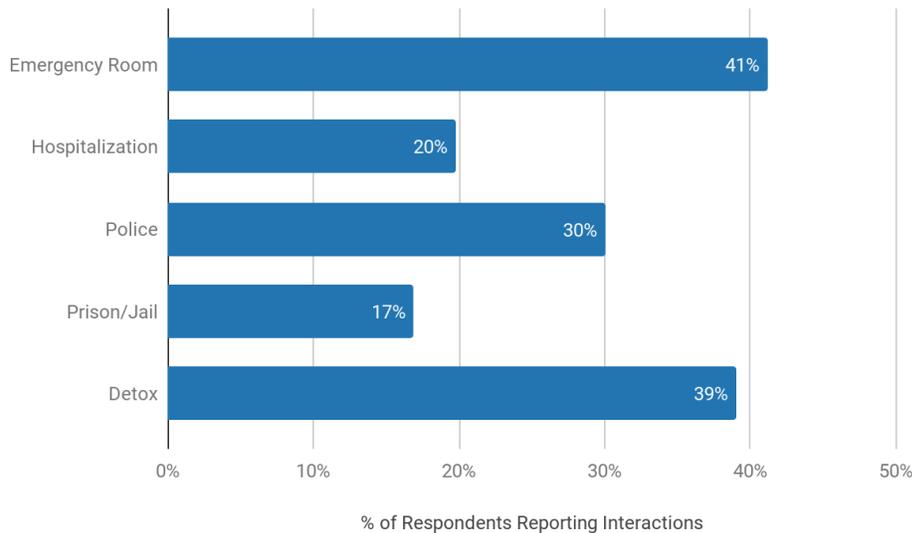
Emergency Departments, Hospitalizations, Police, Jail/Prison Interactions, and Detox Visits

Of 243 survey participants, 100 (41%) indicated at least one interaction with an emergency department in the past year. These 100 individuals reported an estimated total of 547 interactions. The 73 individuals who reported having an interaction with police in the past year, estimated a total of 1,124 interactions, an average of about 15 interactions per individual in the past year.

Table 63. Public Systems Interactions.

	Number of Survey Respondents reporting interactions	% of Respondents Reporting Interactions	Estimated Total Number of Interactions	Estimated Days Total
Emergency Department	100	41.2%	547	-
Hospitalization	48	19.8%	126	1,467
Police	73	30.0%	1,124	-
Prison/Jail	41	16.9%	71	4,379
Detox	94	38.7%	852	852

Figure 23. Percent of respondents reporting interactions.



Emergency Room and Hospitalization Interaction

Among the 100 people reporting having been to the emergency department in the previous year, about half (n=51) reported being admitted 2 to 5 times.

Figure 24. Estimated number of emergency department visits.



Among the 48 people who reported being hospitalized in the previous year, it was found that almost half reported being hospitalized 2 to 5 times.

Figure 25. Estimated number of times hospitalized.



Among the 67 individuals who reported on the number of days they were hospitalized in the previous year, about 50% indicated 1-6 days, 30% indicated 7-30 days, while 20% were noted to have been hospitalized for over 30 days in this past year.

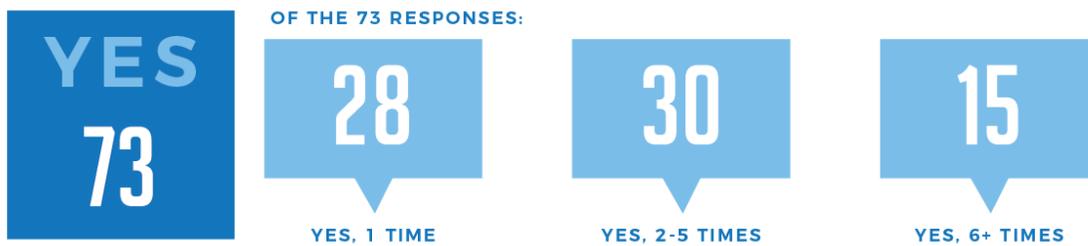
Figure 26. Estimated number of days hospitalized.



Police and Jail Interactions

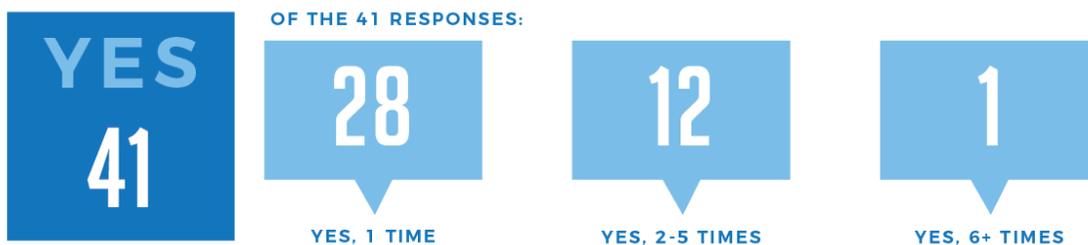
73 respondents reported having interacted with the police within the past year. Among them, 41% reported 2 to 5 interactions.

Figure 27. Estimated number of interactions with police.



Among the 41 survey participants who reported having been to jail or prison within the past year, most (68%) reported being to jail only once in the past year.

Figure 28. Estimated number of interactions with jail/prison.



Of the 41 survey participants who spent in jail or prison in the previous year, it was found that 63% spent at least a month.

Figure 29. Estimated number of days in jail/prison.



CASE STUDY 2: HOMELESS CLIENTS' PUBLIC SYSTEMS INTERACTIONS BEFORE AND AFTER BEING PLACED IN A SUPPORTIVE HOUSING PROGRAM (HOMES – PHOENIX RESIDENTIAL SOCIETY)

One of the best and most commonly cited examples of how supportive housing can greatly impact the stability of clients is a study done of 49 clients and their public systems interactions before and after being housed and supported through Phoenix Residential Society's intensive case management supportive housing program, Homes. While this case study does not necessarily shed light on why the homelessness number in Regina has increased dramatically since 2018, it offers insight into the effect that supportive housing can have on clients and the community at large, and also shows that homelessness is an issue that crosses multiple sectors and mandates.

This study was conducted during 2016 (before Homes) and 2017 (after Homes), by Phoenix, the YMCA of Regina and Org Corg Consulting, with findings released in 2018. These 49 clients had a combined accumulation of 378 years of homelessness before Homes, and were some of the hardest clients in the community to house. Additionally, each of these clients was technically being supported in programming that did not match their acuity level, as Homes is an intensive case management program and most of these clients would have qualified for permanent supportive housing had it been available. As noted in earlier sections of this report, clients with concurrent issues that have an absence of support often use emergency services like hospitals, and corrections and detox facilities (Gilmer, Manning, & Ettner, 2009). Though most public systems interactions are free for end users, due to the services being paid for through tax dollars, a price can still technically be calculated for a particular interaction. For example, when wages of administrative staff, doctors, nurses, and costs of equipment and supplies used are factored in, there is a cost associated with a night spent in a hospital. This same principle can be applied to public systems interactions with detox, police, and corrections.

The hypothesis for this study was that if the community could house and support clients using a housing-first model (house clients first, then provide wraparound support), public systems interactions would be reduced.

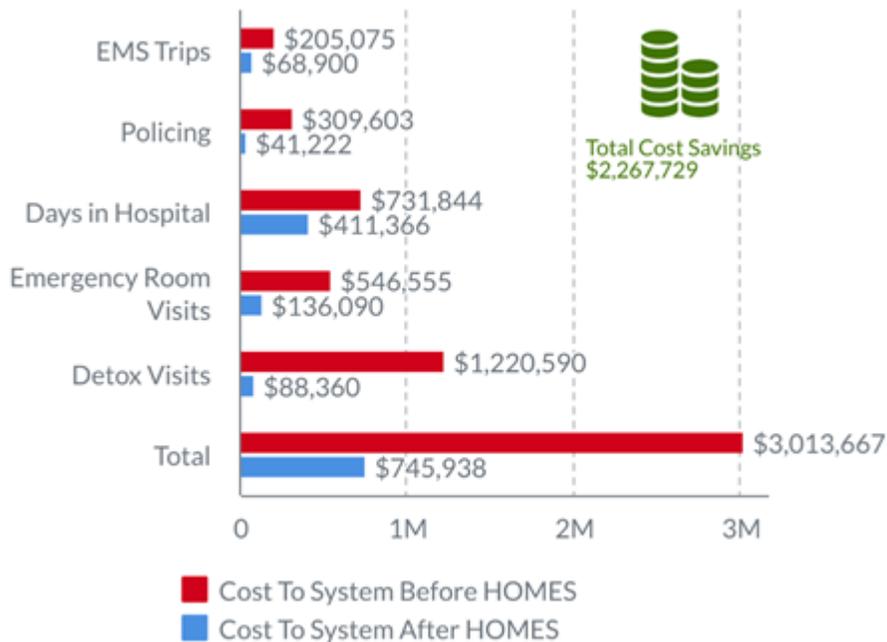
Findings of The Study

The hypothesis held true, with results in each tracked category showing a significant decrease in public systems usage for the 49 clients from before being housed through Homes compared to after being housed. The following public systems interactions were tracked for the clients:

- Number of emergency medical services trips
- Number of interactions with police
- Number of days spent in hospital
- Number of emergency department visits
- Number of detox visits

In Figure 30, the red bars represent costs for the 49 clients before going into Homes (2016), and the blue bars represent costs for the 49 clients after they were in the program (2017).

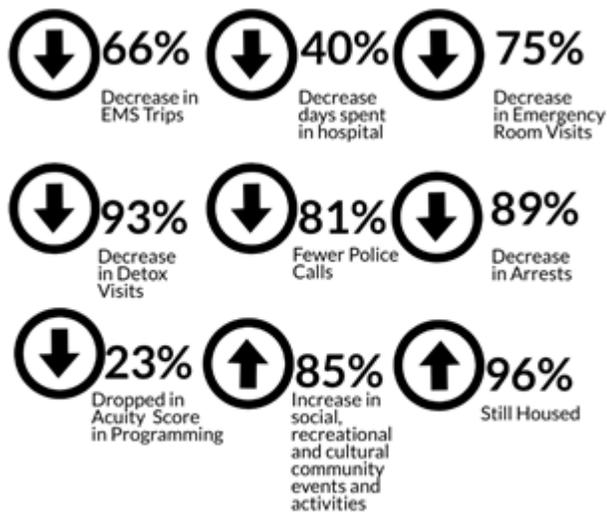
Figure 30. 49 Clients Housed in Homes and Public Systems Interactions Impact in Dollars.



From a financial perspective, in the year prior to being placed in Homes, this cohort of clients had accumulated more \$3 million (\$3,013,667) worth of public system interactions. As a result of being placed in Homes, the same cohort had a 75.25% decrease in public systems usage and accrued just under \$750 thousand (\$745,938) in public systems usage in

the same length of time. This is an overall cost savings of nearly \$2.3 million, of public systems interactions. These cost savings do not necessarily equate to cash that could be spent elsewhere, but rather to resources that often get tied up resolving issues related to homelessness that could instead be focused and directed toward programs' mandates.

Figure 31. 49 Clients Housed in Homes and Public Systems Interactions Impact - % Decrease/Increase.



(Phoenix, YMCA of Regina, Org Code Consulting, 2018)

In terms of public system interactions changes expressed as percentages, Figure 25 provides additional insights not shown in the previous graph. For example, while there was an enormous decrease in nearly every tracked public systems category, it is worth noting that a year after being placed in Homes, 96% of those clients were still housed and 23% saw a reduction in their level of acuity. This, again, outlines the impacts that supportive housing programs can have on clients.

CONCLUSION

This 2021 Point-in-Time Count was a collaborative effort undertaken by Flow Community Projects and community partners. This required considerable investments of time, research, discussion, and collaboration by the Regina community.

Overall, Regina observed a significant rise in the number of people experiencing homelessness who were enumerated, from 232 in 2015, to 286 in 2018, to 488 in 2021. That is a staggering 110.34% increase in people found during the PiT Count.

This increase was influenced by a wide range of factors, including attitudes (stereotypes), individual circumstances (e.g., addictions and low income) and systemic deficits (lack of low-income housing options) creating a multitude of barriers. Additional challenges are caused by current homeless-serving sector mechanisms, with a lack of supportive housing options for clients, issues related to the pandemic, population and demographic considerations, and economic trends affecting employment, income, and the housing market.

This report states that individuals experiencing homelessness are not a homogeneous group and, once again, the 2021 PiT Count found that homelessness may affect anyone, regardless of race, age or gender identity. With that said, the data reconfirms that Indigenous Peoples are disproportionately represented among those experiencing homelessness. The data also illustrates the difficulty in securing housing due to financial constraints, or because of addictions, and mental and physical health challenges.

Flow would like to recognize all those who are experiencing housing instability throughout the province, especially in light of the difficulties presented by the COVID-19 pandemic.

We would also like to extend our sincere appreciation for all service delivery organizations in the community that participated in the PiT Count during these unprecedented times. The COVID-19 pandemic has greatly impacted the social services sector, and all those working toward improving social outcomes in the community, in spite of these challenges, should be applauded.

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APPENDIX 1 – SCREENING TOOL AND SURVEY

STREET COUNT SCREENING TOOL

Hello, my name is _____ and I'm a volunteer for the **Regina housing needs survey**. We are conducting a survey to provide better programs and services to people experiencing homelessness. The survey takes about 10 minutes to complete.

§ **Participation is voluntary and your name will not be recorded.**

§ You can choose to **skip any question** or to **stop the interview at any time.**

A. Have you answered this survey with a person with this volunteer button?

[YES: Thank and tally] [NO: Go to B]

B. Are you willing to participate in the survey?

[YES: Go to C] [NO: Thank and tally]

C. Where are you staying tonight? [DO NOT READ CATEGORIES]

a. DECLINE TO ANSWER	[THANK & END SURVEY]
b. OWN APARTMENT / HOUSE	
c. SOMEONE ELSE'S PLACE	C1. Do you have access to a permanent residence where you can safely stay as long as you want?
d. MOTEL/HOTEL (SELF FUNDED)	a. Yes [THANK & END]
e. HOSPITAL	b. No (not permanent AND/OR not safe) [BEGIN SURVEY]
f. TREATMENT CENTRE	c. Don't Know [BEGIN SURVEY]
g. JAIL, PRISON, REMAND CENTRE	d. Decline to answer [THANK & END]

- h. HOMELESS SHELTER (EMERGENCY, FAMILY OR DOMESTIC VIOLENCE SHELTER)
- i. HOTEL/MOTEL (FUNDED BY CITY OR HOMELESS PROGRAM)
- j. TRANSITIONAL SHELTER/HOUSING
- k. UNSHELTERED IN A PUBLIC SPACE (E.G. STREET, PARK, BUS SHELTER, FOREST) ENCAMPMENT OR ABANDONED BUILDING
- l. VEHICLE (CAR, VAN, RV, TRUCK, BOAT)
- m. UNSURE: INDICATE PROBABLE LOCATION _____(b. - l.)

[BEGIN SURVEY]

§ Thank you for agreeing to take part in the survey. Please note that you will receive a gift card as a thank you for your participation.

YQR 2020 PiT Count – Street Survey

Survey

Number: 0000

Location: _____ **Time:** _____ **AM/PM**

Interviewer: _____ **Contact #:** _____

BEGIN SURVEY

1. Did you have any family members or anyone else who stayed with you last night?

[Indicate survey number for partners. Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER (Can include other family or friends)
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> DECLINE TO ANSWER

<input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate gender and age for each]		1	2	3	4	5	6	7	8
	GENDER								
	AGE								

2. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

<input type="radio"/> AGE _____ OR YEAR BORN _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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è **For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).**

3. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4. In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)? [Does not need to be exact. Best estimate.]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. Have you stayed in a homeless shelter in the past year? For example, (COMMUNITY NOTE: Include examples of emergency shelters and extreme weather shelters for interviewers to provide).

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. Did you come to Canada as an immigrant, refugee or a refugee claimant (e.g. applied for refugee status after coming to Canada)?

<input type="radio"/> YES, IMMIGRANT -----> <input type="radio"/> YES, REFUGEE-----> <input type="radio"/> YES, REFUGEE CLAIMANT-----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<u>If YES:</u> How long have you been in Canada? <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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7. How long have you been in (community name)?

8. LENGTH _____ DAYS / WEEKS / MONTHS / YEARS Where did you live before you came here?	9. ALWAYS BEEN HERE 10. DON'T KNOW 11. DECLINE TO ANSWER 12. CITY: _____ PROVINCE/TERRITORY/COUNTRY: _____ 13. DECLINE TO ANSWER
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8a. Do you identify as First Nations (with or without status), Métis, or Inuit, or do you have North American Indigenous ancestry? [If yes, please specify] (*COMMUNITY NOTE: The wording of this question can be adapted to what makes sense in your community, for example by listing specific First Nations*)

<input type="radio"/> YES, FIRST NATIONS	<input type="radio"/> YES, MÉTIS	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> YES, INUIT	<input type="radio"/> YES, INDIGENOUS ANCESTRY	<input type="radio"/> DON'T KNOW	

8b. In addition to your response in the question above, do you identify with any of the racialized identities listed below? [Show or Read list. Select all that apply]

<input type="checkbox"/> ARAB (e.g., Syrian, Egyptian, Yemeni)	<input type="checkbox"/> BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian)
<input type="checkbox"/> ASIAN-EAST (e.g., Chinese, Korean, Japanese)	<input type="checkbox"/> LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)
<input type="checkbox"/> ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	<input type="checkbox"/> WHITE (e.g. European, French, Ukrainian, Euro-Latinx)
<input type="checkbox"/> ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo-Trinidadian)	<input type="checkbox"/> NOT LISTED (PLEASE SPECIFY): _____
<input type="checkbox"/> ASIAN-WEST (e.g., Iranian, Afghan)	<input type="checkbox"/> IDENTIFY AS INDIGENOUS ONLY
<input type="checkbox"/> BLACK-CANADIAN/AMERICAN	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)	<input type="checkbox"/> DECLINE TO ANSWER

9. Have you ever served in the Canadian Military or RCMP?

[Military includes Canadian Navy, Army, or Air Force]

<input type="radio"/> YES, MILITARY	<input type="radio"/> BOTH MILITARY AND RCMP	<input type="radio"/> DON'T KNOW
<input type="radio"/> YES, RCMP	<input type="radio"/> NO	<input type="radio"/> DECLINE TO ANSWER

10. As a child or youth, were you ever in foster care or in a youth group home (*COMMUNITY NOTE: include any other Provincial child welfare programs*)? [Note: This question applies specifically to child welfare programs.]

14. YES	15. NO	16. DON'T KNOW	17. DECLINE TO ANSWER
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11. Do you identify as having any of the following health challenges at this time:

ILLNESS OR MEDICAL CONDITION [e.g. diabetes, arthritis, TB, HIV]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
PHYSICAL LIMITATION [e.g. challenges with mobility, physical abilities or dexterity]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
LEARNING OR COGNITIVE LIMITATIONS [e.g. dyslexia, autism spectrum disorder, or as a result of ADHD or an acquired brain injury]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
MENTAL HEALTH ISSUE [diagnosed/undiagnosed] [e.g. depression, Post traumatic stress disorder (PTSD), bipolar disorder]]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
SUBSTANCE USE ISSUE [e.g. tobacco, alcohol, opiates]	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER

12. What gender do you identify with? [Show list.]

<input type="radio"/> MAN	<input type="radio"/> TRANS WOMAN	<input type="radio"/> NOT LISTED:
<input type="radio"/> WOMAN	<input type="radio"/> TRANS MAN	_____
<input type="radio"/> TWO-SPIRIT	<input type="radio"/> NON-BINARY (GENDERQUEER)	_____
		<input type="radio"/> DON'T KNOW
		<input type="radio"/> DECLINE TO ANSWER

13. How do you describe your sexual orientation, for example straight, gay, lesbian? [Show list.]

<input type="radio"/> STRAIGHT/HETEROSEXUAL	<input type="radio"/> BISEXUAL	<input type="radio"/> ASEXUAL	<input type="radio"/> NOT LISTED:
<input type="radio"/> GAY	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/> LESBIAN	<input type="radio"/> TWO-SPIRIT	<input type="radio"/> QUESTIONING	_____
	<input type="radio"/>	<input type="radio"/> QUEER	<input type="radio"/> DON'T KNOW
	<input type="radio"/> PANSEXUAL		<input type="radio"/> DECLINE TO ANSWER

14a. What happened that caused you to lose your housing most recently? [Do not read the options. Check all that apply. “Housing” does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up for the reason if the respondent says “eviction” or that they “chose to leave”.]

A: HOUSING AND FINANCIAL ISSUES	B: INTERPERSONAL AND FAMILY ISSUES	C: HEALTH OR CORRECTIONS
<input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (E.G. LOSS OF BENEFIT, INCOME, OR JOB) <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENNOVATED <input type="checkbox"/> OWNER MOVED IN <input type="checkbox"/> LANDLORD/TENANT CONFLICT <input type="checkbox"/> COMPLAINT (E.G. PETS/NOISE/DAMAGE) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED	<input type="checkbox"/> CONFLICT WITH: SPOUSE / PARTNER <input type="checkbox"/> CONFLICT WITH: PARENT / GUARDIAN <input type="checkbox"/> CONFLICT WITH: OTHER (_____) <input type="checkbox"/> EXPERIENCED ABUSE BY: SPOUSE / PARTNER <input type="checkbox"/> EXPERIENCED ABUSE BY: PARENT / GUARDIAN <input type="checkbox"/> EXPERIENCED ABUSE BY: OTHER (_____) <input type="checkbox"/> DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> EXPERIENCED DISCRIMINATION	<input type="checkbox"/> PHYSICAL HEALTH ISSUE <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (JAIL OR PRISON)
<input type="checkbox"/> OTHER REASON: _____	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

14b. Was your most recent housing loss related to the COVID-19 pandemic?

18. YES 19. NO ○ DON'T KNOW ○ DECLINE TO ANSWER

14c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

20. LENGTH _____ DAYS | WEEKS | MONTHS ○ DON'T KNOW ○ DECLINE TO ANSWER
 | YEARS

15a. What are your sources of income? [Reminder that this survey is anonymous. **Read list** and check all that apply.]

<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> CHILD AND FAMILY TAX BENEFITS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT [Name of PROV. DISABILITY BENEFIT]	<input type="checkbox"/> GST/HST REFUND
<input type="checkbox"/> CASUAL EMPLOYMENT (E.G. CONTRACT WORK)	<input type="checkbox"/> SENIORS BENEFITS (E.G. CPP/OAS/GIS)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> INFORMAL INCOME SOURCES (E.G. BOTTLE RETURNS, PANHANDLING)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. Benefit]	<input type="checkbox"/> OTHER SOURCE: _____
<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> NO INCOME
		<input type="checkbox"/> DECLINE TO ANSWER

15b. If answered “welfare/social assistance”, what program are you currently on?

<input type="checkbox"/> Saskatchewan Income Support (SIS)	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Saskatchewan Assistance Program (SAP)	<input type="checkbox"/> I Don't Know
<input type="checkbox"/> Saskatchewan Assured Income for Disability (SAID)	<input type="checkbox"/> DECLINE TO ANSWER
<input type="checkbox"/> Transitional Employment Allowance (TEA)	

16. What challenges or problems have you experienced when trying to find housing? [Select all that apply]

<input type="checkbox"/> LOW INCOME	<input type="checkbox"/> MENTAL HEALTH ISSUES	<input type="checkbox"/> DISCRIMINATION
<input type="checkbox"/> NO INCOME ASSISTANCE	<input type="checkbox"/> ADDICTION	<input type="checkbox"/> DON'T WANT HOUSING
<input type="checkbox"/> RENTS TOO HIGH	<input type="checkbox"/> FAMILY BREAKDOWN/CONFLICT	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> POOR HOUSING CONDITIONS	<input type="checkbox"/> CRIMINAL HISTORY	<input type="checkbox"/> NO BARRIERS TO HOUSING
<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> PETS	<input type="checkbox"/> NONE OF THE ABOVE
<input type="checkbox"/> HEALTH/DISABILITY ISSUES	<input type="checkbox"/> CHILDREN	<input type="checkbox"/> DECLINE TO ANSWER

17. In the past year (12 months) have you: [Ask respondents to give their best estimate]

BEEN TO AN EMERGENCY ROOM/HOSPITALIZED	Y ___ N ___	# _____	<i>Times</i>
DAYS YOU HAVE SPENT HOSPITALIZED		_____	<i>Days Total</i>
INTERACTED WITH POLICE (<i>Tickets, arrests, searches</i>)	Y ___ N ___	# _____	<i>Times</i>
BEEN TO PRISON/JAIL	Y ___ N ___	# _____	<i>Times</i>
DAYS YOU HAVE SPENT IN PRISON/JAIL		_____	<i>Days Total</i>
COUCH SURFED	Y ___ N ___	_____	<i>Days Total</i>
SLEPT ROUGH	Y ___ N ___	_____	<i>Days Total</i>
BEEN TO DETOX	Y ___ N ___	_____	<i>Days Total</i>

APPENDIX 2 – TALLY SHEET

YQR 2021 PiT Count TALLY SHEET

Area: _____ Time: _____ to _____

Interviewer: _____ Contact phone #: _____

Instructions: For those who are *not surveyed*, please fill in the sheet below indicating the reason. For those who DECLINE or are OBSERVED only, but who are clearly homeless, please also indicate the reason you believe they are homeless (e.g., asleep outside with belongings).

#	Location (e.g., building, park, nearest intersection)	Reason not Surveyed				*Observed Homelessness	
		Declined*	Already Responded	Screened Out (Response to C)	Observed*	Observed Homeless	Indicators of Homelessness

APPENDIX 3 – LIST OF AREAS/LOCATIONS COVERED BY SURVEY TEAMS

Team #	Seat at Venue	Area	Walking Area/Hot Spot Location	Area Boundaries (Walking Route)/Address (Hot Spot)
1	A1	N.W. - 1A	Walking Area	Dewdney to 6th Avenue Pasqua to Elphinstone
2	A2	N.W. 1.B.	Walking Area	6th Avenue to 3rd Avenue Pasqua to Elphinstone
3	A3	N.W. 2A	Walking Area	Dewdney Ave to 6th Avenue Elphinstone to Albert
4	A4	N.W. 2B	Walking Area	6th Avenue to 3rd Ave Elphinstone to Angus
5	B1	N.W. - 2	McDonald's (Dewdney/Albert)	2620 Dewdney Ave, Regina
6	B2	N.W. 3	Walking Area	4th Ave to Tracks Pasqua to Elphinstone
7	B3	N.W. - 4	Walking Area	4th Ave to Tracks Elphinstone to Albert
8	B4	N.W. - 4	Tim Hortons	970 Albert St.
9	C1	N.W. - 5	Regent Park Shopping Mall	3835 Sherwood Drive
10	C2	N.W. - 6	Giant Tiger	2735 Avonhurst Dr
11	C3	N.W. 21	Hybrid Walking Area/Hot Spot	N. Albert St. West Walk - 4th Ave N to 9th Ave N - West Side
12	C4	N.E. - 1	Walking Area	Victoria Ave. to Sask Drive Albert to Broad St
13	D1	N.E. - 1	Tim Hortons (11th & Broad)	1800 11th Avenue

14	D2	N.E. - 1	Cornwall Centre – South Side with Bus Stops	11th Ave, Regina
15	D3	N.E. - 1	Victoria Park & City Square Plaza	1955 Smith St, Regina
16	D4	N.E. - 2	Walking Area	Victoria Ave to Sask Drive Broad St. to Winnipeg St.
17	E1	N.E. - 2	7-Eleven (Vic/Winnipeg)	938 Victoria Avenue
18	E2	N.E. - 3	Walking Area	Dewdney North East (N.E.) Avenue to 4th Avenue Albert to Broad
19	E3	N.E. - 3	Centennial Shopping Centre/Value Village	1230 Broad St.
20	E4	N.E - 4	Walking Area	Dewdney North East (N.E.) Avenue to 4th Avenue Broad Winnipeg
21	F1	N.E. - 14	Salvation Army Thrift Store/7-Eleven/Western Pizza	1711-Dewdney Avenue East
22	F2	N.E. 18	Hybrid Walking Area/Hot Spot	- N. Albert St. East Walk - 4th Ave N to 9th Ave N - East Side
23	F3	S.W. - 1	Walking Area	Sask. Drive to Dewdney Ave. Pasqua St. Albert St.
24	F4	S.W. - 1	Regina Sportsplex/Lawson	1717 Elphinstone St.
25	G1	S.W. 1	Pasqua Emergency	4101 Dewdney Avenue
26	G2	S.W. - 2	Walking Area	15th Ave to Sask Drive Pasqua St. to Elphinstone
27	G3	S.W. -2	7-Eleven (13 th /Pasqua)	2101 Pasqua St, Regina
28	G4	S.W. - 3	Walking Area	Sask Drive to College 13th Elphinstone St to Albert St.
29	H1	S.W. - 3	Safeway (Cathedral)	2931 13th Avenue

30	H2	S.W. 3	Circle K - 13th/Albert	2801 Albert St.
31	H3	S.W. 14	Hybrid Walking Area/Hot Spot	S. Albert St. West Walk - 25th Ave to 31st Ave West Side
32	H4	S.W. 15	Hybrid Walking Area/Hot Spot	S. Albert St. West Walk - 31st Ave to Gordon Road West Side
33	I1	S.E. - 1	Walking Area	College Avenue to Victoria Avenue Albert to Broad St
34	I2	S.E. - 2	Walking Area	College Avenue to Victoria Avenue Broad to Winnipeg
35	I3	S.E. - 2	7-Eleven – 14th/Broad	2177 Broad St.
36	I4	S.E. - 2	General Hospital Emergency Waiting Room	1440 14h Avenue
37	J1	S.E. - 3	Walking Area	Broadway Avenue Area - Mike's Independent/Liquor
38	J2	S.E. - 4	Walking Area	College Avenue to Victoria Avenue Winnipeg to Arcola
39	J3	S.E. 20	Hybrid Walking Area/Hot Spot	S. Albert St. East Walk - 25th Ave to 31st East Side
40	J4	S.E. 21	Hybrid Walking Area/Hot Spot	S. Albert St. East Walk - 31st Ave to Gordon Road East Side
41	K1	N.E. - 7	Walking Area	9th Ave N. to 6th Ave N Albert St. to N Broad St
42	K2	N.W. 20	7-Eleven Rochdale	1106 Devonshire Dr
43	K3	N.E. 5	Walking Area	1st Ave N to 6th Avenue N Albert St. to Broad St.
44	K4	N.W. - 18	Normanview Mall Area	318 McCarthy Blvd
45	L1	S.W. 13	Hybrid Walking Area/H.S.	Hames Crescent to Harbour Landing Dr. South Harbour Landing Dr. West to Lewvan - Grasslands Shopping Area

46	L2	N.W. 15/16/19/20	Hybrid Walking Area/H.S.	Rochdale BLVD - Pasqua to Devinshire East & West
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