**“Psychology Works” Fact Sheet: Homelessness**

**Concepts, Definitions and Measures**

The condition of homelessness is a continuum that ranges from being unsheltered to emergency sheltered, to provisionally accommodated, to those at risk of homelessness.

- **Unsheltered:** People who reside in places not meant for human habitation, such as cars, parks, abandoned buildings, alleys, and streets.
- **Emergency Sheltered:** People residing in shelters, including those fleeing domestic violence.
- **Provisionally Sheltered:** People living in insecure accommodations, such as staying temporarily with family or friends.
- **At risk of homelessness** are said to be in “Core Housing Need”. According to Statistics Canada “A household is said to be in 'core housing need' if its housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).” Affordability is achieved when housing costs less than 30% of family income. To meet the standard for adequacy, no major repairs to the dwelling are required and the household has sufficient income to manage expenses including major repairs. Housing is considered suitable when it has enough bedrooms appropriate for the size and makeup of the household.

It is also important to distinguish between chronic and episodic homelessness.

- **Chronically homeless:** Those who have been homeless for six months or more
- **Episodically homeless:** Those who experienced three or more episodes of homelessness that lasted less than six months.

**Incidence and Trends**

There are an estimated 35,000 Canadians who are homeless across Canada on any given night, and over 235,000 experience homelessness at some time throughout the year.

- The population of provisionally housed could further include as much as 50,000 on any night, while an estimated 8% of the general population have been provisionally housed at some point in their life. Over half (55%) of those who are provisionally housed were in the situation for more than one month.
- Among those who relied on emergency shelters, the average shelter stay is around 10 days.
- Approximately two-thirds (60%) of those experiencing homelessness are chronically homeless.
- Across Canada, 1,644,900 households were reported to be in core housing need in 2018 and therefore at some risk of homelessness.
Profile of Persons Experiencing or At Risk of Homelessness

Certain groups of people remain at greater risk of homelessness than others.

- Across Canada, Indigenous persons account for a disproportionate share of those who are unsheltered or provisionally housed. Indigenous persons account for between 28 and 34% of shelter residents, despite accounting for just 4.3% of the total population. It is also estimated that 18% of Indigenous persons have been provisionally housed at some point in their life.

- Roughly half (52%) of persons experiencing homelessness in Canada are adults between the ages of 25-49.

- Youth, however, constitute an important group, with those between the ages of 13 and 24 accounting for an estimated 19% of the population that is homeless. Of youth experiencing homelessness, roughly one in five identify as LGBTQ2S.

- Over one quarter (27%) of the population that is homeless are women.

Diverse and Complex Causes of Homelessness

Affordability of Housing

One critical factor is the affordability of housing. This is a combination of inadequate income and rapidly increasing costs for both rental and owned accommodations. Related to this is insufficient investments in social housing resulting in significant waiting lists among those in need of affordable accommodation. Insufficient income support benefits are a further contributing factor as those receiving social assistance are typically unable to afford market rents. The lack of affordable accommodation increases vulnerability to homelessness caused by other factors.

Violence and Abuse

Domestic violence can lead to homelessness, particularly among women. Those fleeing situations of violence may be unable to find affordable alternate accommodation. Meanwhile, emergency shelters for domestic violence survivors are often at capacity, while the allowable time to remain in shelter is restricted.

Among youth, situations of emotional, physical, or sexual abuse in the home can also lead to youth fleeing into homelessness.

Mental Health and Substance Abuse

Mental health and substance abuse issues also contribute to homelessness. This is in part due to policies of de-institutionalization and reductions in community supports for people experiencing these issues. Similarly, poorly coordinated transitions from institutional care, such as health, corrections, or child welfare, often leave people without supports and at risk of homelessness.
**Personal Circumstances**

Personal circumstances can further result in homelessness. Family or relationships breakdown, not necessarily because of violence, is a risk factor, including experiences of trauma or abuse in childhood. Traumatic or disruptive events, such as job loss, fire, or onset of a mental or physical disability can also result in homelessness.

Finally, the risk of homelessness cannot be dissociated from other broader patterns of socio-economic disadvantage and marginalization including racism, patriarchy, and colonization.

**Impacts of Homelessness**

There are a variety of individual and societal impacts of homelessness.

- Economically, it is estimated that the cost of homelessness in Canada is roughly $7B annually\(^{\text{viii}}\).
- At an individual level, persons who are homeless experience reduced mental and physical health due to compromised immune systems, poor hygiene and nutrition, crowded living conditions, or risks from sleeping outside.
- Persons who are homeless are also at greater risk of violence. A report on the safety of people sleeping rough in Toronto found that about one third had been hit, kicked, or experienced some other form of violence. A similar proportion had been the target of things being thrown at them, while almost one in ten had been urinated on while homeless\(^{\text{xiv}}\). An earlier (1993) report found that over one-in-five homeless women (21%) reported having been raped in the previous year\(^{\text{xv}}\).
- It is also estimated that homelessness can reduce life expectancy by as much as 40%\(^{\text{xvi}}\).

**Policy and Best Practice in Addressing Homelessness**

The right to housing is increasingly being used as the framework for understanding homelessness in Canada. The International Covenant on Economic, Social and Cultural Rights guarantees the right to housing. In Canada, the right to housing was recently affirmed in the National Housing Strategy, which includes the establishment of a Housing Advocate. Despite this, housing is not a guaranteed right in either The Constitution Act (1867), or the Canadian Charter of Rights and Freedoms, nor is it protected by the provinces.

The National Housing Strategy re-establishes a commitment by the federal government to work toward the provision of adequate and affordable housing in line with Canada’s international human rights obligations. This is an important reassertion of the federal role in housing following the withdrawal of the government from affordable housing in the 1990's. Over the past two decades, municipalities have taken a leading role in addressing homelessness. Many cities have developed Ten Year Plans to End Homelessness. Over that time, “Housing First” has emerged as a dominant philosophy in addressing homelessness. Housing First is based on the principle of the right to housing and aims to move chronically homeless people from the streets or shelter into housing immediately, while providing wrap-around supports. It assumes that stabilizing people’s lives first will provide a better environment from which other life challenges, such as addictions, can be better addressed.
Role of Psychology in Addressing Homelessness

Psychology has a critical role to play in addressing homelessness, along with poverty and food insecurity, which are often precursors to homelessness.

In terms of mental health services, unfortunately, many people who are at risk of or who are homeless are unable to care for their basic needs and will continue in transient circumstances due to unmanaged mental health, trauma, or substance use challenges. Economically, people who are at risk of or who are homeless do not have employment which provides coverage for psychological services, do not have sufficient income to pay for privately provided psychological services, nor may they know where to begin in terms of finding a psychologist. As such, psychologists can work with local housing or shelter services to bring their services to where the homeless, and if able, to do so on a sliding scale or pro bono manner. More psychologists should be included in more client-centered, recovery-oriented mental health service delivery at the community level.

Psychology also has a critical role to play in advocacy, particularly as relates to the social determinants of health, the need for affordable housing, the need for access to mental health services, and the interplay between mental health and the social determinants. Considering different system levels, at the micro-level, psychology can liaise with a client’s wider care team and community organizations for access to housing. At the macro-level, psychologists can advocate at the community and larger levels for policy change, for funding of affordable and/or rent geared to income housing, increased social assistance, and access to mental health services.

Within academia, community psychology should be taught as part of introductory psychology courses, and more community psychology faculty and researchers should be hired.

In terms of research, psychology can be used to understand:

- Understand attitudes and behaviours of and towards those who experience homelessness. This can include how to increase support and collective action towards decreasing homelessness, along with identifying possible interventions - both individual and structural.
- Understand social responses to homelessness that maintain barriers to addressing this problem.
- Evaluate effectiveness of public health initiatives and education to shift social responses to homelessness.
- Employ different research methodologies and approaches, including but not limited to collaborating with Indigenous leaders, as well as incorporating Indigenous teachings and knowledge.
- Exploring how homelessness (or being at risk of homelessness) impacts individuals of different walks of life.

Psychology can also facilitate forums in which different professions, organizations, and pioneer psychologist leaders in addressing homelessness, can come together to have interdisciplinary conversations about solutions to homelessness, and then present any findings via consolidated advocacy efforts to relevant government bodies and agencies.
For Additional Information

Additional information and resources about homelessness in Canada are available from the following sources.

- Canadian Alliance to End Homelessness (CAEH)
- Canadian Mortgage and Housing Company (CMHC)
- Centre for Equal Rights in Accommodation (CERA)
- Homeless Hub
- National Right to Housing Network
- National Housing Strategy: A Place to Call Home

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to https://cpa.ca/public/whatisaspsychologist/PTassociations/.

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References


v Advocacy Centre for Tenants Ontario www.acto.ca
vi Gaetz et al. 2016. Ibid.
vii Statistics Canada. Table 46-10-0037-01 Dimensions of core housing need, by tenure including first-time homebuyer and social and affordable housing status
ix Gaetz et al. 2016. Ibid.
x Advocacy Centre for Tenants Ontario www.acto.ca
xii Gaetz et al. 2016. Ibid.