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## **Land & Water Acknowledgement**

At End Homelessness Winnipeg, we honour the land and water that sustain life. We recognize that Indigenous peoples have lived in relationship with this land since time immemorial; through survival, shelter, sustenance, and in harmony with Mother Earth and her gifts. Land acknowledgment has always been integral to Indigenous prayers, ceremonies, and gatherings.

We are honoured to be located on Treaty One territory, at the sacred crossroads of the Red and Assiniboine Rivers, a historic gathering place for the Anishinaabeg, Inninewak, Anishininewak, Dakota Oyate, and Denesuline peoples, and the National Homeland of the Red River Métis. We acknowledge that the water we rely on comes from Shoal Lake and has been cared for by First Nations in Treaty Three territory for thousands of years.

As an Indigenous-led organization, End Homelessness Winnipeg is tasked with addressing homelessness in the city of Winnipeg, including the extreme over-representation of houseless individuals of Indigenous descent. Through this acknowledgment, we commit ourselves to being truth-tellers, stewards of the collective memory of Canada, and active participants in reconciliation. Acknowledging the ongoing impacts of colonization, we honour the sacred responsibility we share with generations past and present: to protect the land and water, to uphold the dignity of Indigenous peoples, and to work toward the restoration of belonging, dignity, and home.

## **Project Acknowledgements**

Winnipeg is one of approximately 60 communities across Canada that received funding from Housing, Infrastructure, and Communities Canada, a department of the Canadian government, to undertake a Point-in-Time Count in 2024.

The Winnipeg Point-in-Time Count was led by End Homelessness Winnipeg. Aynslie Hinds was the Winnipeg Street Census Coordinator. Part of her role involved cleaning and analyzing the data and writing this report. However, this would not have been possible without the collective efforts of partners from community, government, and academia. Representatives from organizations in these sectors participated on the Steering Committee and on the four working groups: research, communications, logistics, and volunteers. A Knowledge Keeper and several lived experts also participated on these committees. Everyone invested a significant amount of time and shared valuable insights that contributed to the successful execution of the Count.

We received 1,200 bus tickets from the Mayor's Office and 1,000 pairs of socks from the Southern Chiefs' Organization, which were distributed to survey respondents as part of their honoraria.

Additionally, several organizations generously provided physical space and staff support to help administer the survey. The survey was also administered by more than 160 individuals who volunteered their time and by outreach staff from various organizations who have relationships with individuals residing in encampments.

Thank you to all our partners, supporters, volunteers, and survey respondents for their valuable contributions. Thanks to Nathan Bradburn for bringing the data to life through his visualizations and crafting the report's layout, and to Matthew Altieri for developing the map. Here are the partners who supported the 2024 Winnipeg Point-in-Time Count:

- Government of Canada Housing, Infrastructure, and Communities Canada
- 2. City of Winnipeg
- 3. Province of Manitoba
- 4. Knowledge Keeper
- 5. Lived Experts
- 6. Aboriginal Health & Wellness Centre
- 7. Community204
- 8. Downtown Community Safety Partnership
- 9. First Nations Family Advocate Office
- First Nations Health and Social Secretariat of Manitoba
- 11. Main Street Project
- 12. Manitoba Association of Newcomer Serving Organizations
- 13. Manitoba Inuit Association
- 14. Manitoba Métis Federation
- 15. Mount Carmel Clinic
- 16. N'dinawemak Our Relatives Place

- 17. New Journey Housing
- 18. North End Women's Centre
- 19. Oak Table
- 20. 1JustCity
- 21. Resource Assistance for Youth
- 22. Sage House
- 23. Salvation Army
- 24. Siloam Mission
- 25. Southern Chiefs Organization
- 26. St. Boniface Street Links
- 27. Street Connections
- 28. Sunshine House
- 29. The Link
- 30. University of Manitoba
- 31. University of Winnipeg
- 32. Volunteer Manitoba
- 33. Welcome Place
- 34. West Central Woman's Resource Centre
- 35. Winnipeg Regional Health Authority

## **Acronyms**

CCB: Canada Child Benefit CFS: Child and Family Services CPP: Canadian Pension Plan CRA: Canada Revenue Agency

**CUAET:** Canada-Ukraine Authorization for Emergency Travel

**EIA:** Employment and Income Assistance

EI: Employment Insurance

**GIS:** Guaranteed Income Supplement

**GST/HST:** Goods and Services Tax/Harmonized Sales Tax

HIFIS: Homeless Individuals and Families Information System

IQR: Interquartile Range

M: Mean (also known as the average)

**OAS:** Old Age Security

OCAP: Ownership, Control, Access, and Possession

RA: Rent Assist

**RCMP:** Royal Canadian Mounted Police

SD: Standard Deviation

VAC: Veteran Affairs Canada

#### 2SLGBTQQIPA+

2S: Two-SpiritL: LesbianG: GayB: BisexualT: Transgender

**Q:** Queer

Q: QuestioningI: IntersexP: PansexualA: Asexual

+: encompasses other identities not explicitly listed

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## **Executive Summary**

An estimated 2,469 individuals were experiencing homelessness on the night of Tuesday, November 5<sup>th</sup>, 2024, the highest estimated number of people in the ten-year history of completing a point-in-time count in Winnipeg. However, this number should not be treated as a precise statistic or be directly compared to previous point-in-time-counts. It is an estimate of homelessness in Winnipeg based on data collected over a specific period. There were substantial changes in how the 2024 Point-in-Time Count was done compared to previous point-in-time counts.

An estimate of 2,469 individuals means that more than 3 in every 1,000 people in Winnipeg were experiencing homelessness on November 5<sup>th1</sup>. The 2,469 estimate is based on 1,511 surveys completed between November 6<sup>th</sup> to 12<sup>th</sup> by individuals experiencing homelessness, the number of dependents and children, shelter and transitional housing program information entered in the Homeless Individuals and Families Information System (HIFIS), and data requested from Winnipeg hospitals and transitional housing programs that do not use HIFIS (*Table 1*). Not all individuals experiencing homelessness were surveyed or captured in the administrative data; thus, the actual number of people who were experiencing homelessness on this day is higher.

**Table 1.** Breakdown of the number of people experiencing homelessness on November 5, 2024 by the data source. [Same as Table A1 in Appendix A]

<b>Data Source</b>		Number
	Survey respondents	1,511
	Dependents (younger than 16 years old) with the survey respondents	39
	Shelters and transitional housing programs (obtained from HIFIS)	868
	Winnipeg hospitals (obtained from an information request)	32
	Transitional housing program (obtained from an information request)	19
Total		2,469

Based on the survey, 79.9% of the population experiencing homelessness are Indigenous, 5.5% are part of the 2SLGBTQQIPA+ community, 12.9% are newcomers, and 22.1% are between the ages of 16 and 25 years old. For reference, the 2021 Canadian Census estimated that 12.4% of the population of the City of Winnipeg is Indigenous<sup>2</sup>.

Based on the survey, on the night of November 5<sup>th</sup>, 28.4% of respondents were in an unsheltered location, 29.4% stayed at a shelter, and 37% were in a temporary and/or unsafe housing situation (*Figure 1*). A majority were experiencing chronic homelessness, meaning they had experienced homelessness for an extended period and/or had repeated experiences of homelessness over time. While respondents first experienced homelessness at all ages, the most common age was 18 years.

Figure 1. Current housing situation of the survey respondents.

# Where People Stayed on The Night of the Count.

(Based on 1,511 Survey Respondents)



Note: Some respondents were in their own homes on the night of the Count, but reported their housing was unsafe or not permanent, meeting the criteria for inclusion.

Almost one in two respondents (49%) were part of the child welfare system as a child or youth. Half of them (52%) were in-care around their 18<sup>th</sup> birthday and when they left care, less than half (43%) had a permanent and safe housing arrangement.

<sup>1</sup> This is based on the population size of the City of Winnipeg (749,607) according to the 2021 Canadian Census. <a href="https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=1&lang=E&dguid=2021A00054611040">https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=1&lang=E&dguid=2021A00054611040</a>

<sup>2</sup> Statistics Canada (2022). Focus on Geography Series, 2021 Census of Population, Winnipeg, City. Retrieved from: <a href="https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/Page.cfm?lang=E&topic=8&dquid=2021A00054611040">https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/Page.cfm?lang=E&topic=8&dquid=2021A00054611040</a>

Nine in 10 people surveyed had at least one health condition or health-related challenge. Substance use (71%), physical mobility challenges (56%), and mental health issues (56%) were the most common. In the year prior to the survey, approximately one in two people had been to an emergency room (54%) and had been admitted to a hospital (49%). For reference, the estimated prevalence of mental illness and substance use disorders among the adult population in Winnipeg is 28.6% and 5.6%, respectively<sup>3</sup>. Additionally, 4.8% of the population of Winnipeg was admitted to a hospital in 2016/17<sup>4</sup>.

The overrepresentation of certain demographic groups, along with prevalent health challenges and high rates of child welfare involvement, among individuals experiencing homelessness in Winnipeg reflects deep-rooted and enduring inequities. These are not the result of individual circumstances, but rather are the consequences of structural and historical forces shaped by colonization, systemic racism, and oppression. Homelessness is not a random outcome; it is produced and sustained by systems that reinforce inequality through societal norms and biases, policy decisions, and institutional practices.

This systemic failure is especially evident in the experiences of Indigenous peoples, who are significantly overrepresented among individuals experiencing homelessness in Winnipeg. This disparity cannot be separated from the legacy of colonization, including the impacts of residential schools, displacement, and intergenerational trauma. It also reflects ongoing failures to uphold Indigenous rights and to support culturally grounded, self-determined approaches to housing, health and well-being, child welfare, and justice.

Immediate action must be taken to prevent individuals from entering homelessness and to prevent repeat episodes of homelessness. A ramped up multi-sector coordinated response, guided by Indigenous leadership and supported by government and community partners, is required to address people's interconnected housing, health, and income needs and histories of trauma. Without it, expect the number of individuals experiencing homelessness in Winnipeg in the next point-in-time counts to be higher.

Respondents shared what they need to find and keep a place to live. By far, the number one factor is affordable housing (82%). Housing is typically defined as affordable if a household spends less than 30% of their income on rent. Most of the survey respondents had no or limited income. To afford a place to live, survey respondents reported they need housing subsidies and/or more money from EIA or Manitoba Supports for Person with Disabilities. Many also need assistance with finding and securing a place and keeping it because of the complex structural and individual challenges individuals face. Addressing homelessness requires a holistic, person-centered approach, accounting for the multiple overlapping factors that cause and keep people in a state of homelessness.

In the final section of the report, recommendations are presented, along with supporting rationale and suggested actions. The recommendations are grounded in the findings and further informed by insights from experts with in-depth knowledge of relevant systems, processes, and needs.

<sup>3</sup> These statistics are age- and sex-adjusted percentages of adults aged 18+ diagnosed with a disorder in the five-year time period, 2010/11 to 2014/15, which were obtained from:

Chartier M, Bolton J, Mota N, MacWilliam L, Ekuma O, Nie Y, McDougall C, Srisakuldee W, McCulloch S. (2018). *Mental Illness among Adult Manitobans*. Winnipeg, MB. Manitoba Centre for Health Policy. <a href="https://mchp-appserv.cpe.umanitoba.ca/reference/mh2015\_Report\_web.pdf">https://mchp-appserv.cpe.umanitoba.ca/reference/mh2015\_Report\_web.pdf</a>

<sup>4</sup> The percent is the age- and sex-adjusted percent of residents (all ages) with at least one inpatient hospital stay in 2016/17, which was obtained from:

Fransoo R, Mahar A, The Need to Know Team, Anderson A, Prior H, Koseva I, McCulloch S, Jarmasz J, Burchill S. (2019). The 2019 RHA Indicators Atlas. Winnipeg, MB. Manitoba Centre for Health Policy. http://mchp-appserv.cpe.umanitoba.ca/reference/RHA\_Report\_web.pdf

## Introduction

In 2024, Winnipeg was one of ~60 communities across Canada that received funding from Housing, Infrastructure, and Communities Canada to execute a point-in-time count to estimate the number of individuals experiencing homelessness on a specific day. The estimate is based on data obtained from several sources – a survey and administrative data. The survey was administered by trained volunteers over the course of several days and included questions to understand who was experiencing homelessness, their pathways into homelessness, experiences, and service needs.

Winnipeg's 2024 Point-in-Time Count was led by End Homelessness Winnipeg and was guided by a steering committee and four working groups. These groups included individuals with lived expertise, staff who work in organizations in the homeless-serving sector, government representatives, and academics. The planning began in May 2024 and culminated in the execution of the Count in November.

Winnipeg chose Tuesday, November 5<sup>th</sup> as the enumeration day – the day in which we attempted to estimate the number of individuals experiencing homelessness. The Steering Committee chose November 5<sup>th</sup> as a suitable date within the two-month window (October and November) Housing, Infrastructure, and Communities Canada gave communities to complete their Point-In-Time Count. The 2022 and 2024 Point-In-Time Counts differ in several important ways, including differences in the survey methodology, enumeration sites, and time of year the survey was conducted. Because of these differences, the results of the 2022 and 2024 Point-In-Time Counts do not allow for a direct comparison of the year-over-year increases in homelessness and should be treated as distinct. Because of the enhanced methodology, the 2024 survey provides a more complete picture of homelessness.

## **Methods**

Two data sources were used to estimate the number of individuals experiencing homelessness – survey data and administrative data.

## Survey

The survey questions were provided by Housing, Infrastructure, and Communities Canada; however, we were allowed to modify aspects of them. The Research Working Group met several times and recommended modifications. We also elicited feedback from three lived experts. As a result, we added response options, we changed the order of the questions, we made minor edits to the wording, and we allowed multiple responses instead of just one to several questions. These changes enhanced the flow of the questions and made the survey more inclusive and tailored to the local context. We also added several questions that were of local interest. The survey was pilot tested with three lived experts and approved by the Steering Committee (a copy of the survey is attached in Appendix C).

The final version included several screening questions and 18 survey questions. The questions asked about demographic characteristics, housing and homelessness histories, child welfare experiences, health conditions and healthcare use, justice involvement, income sources, and housing supports. The enumeration is based on the question asking where individuals were on the night of November 5<sup>th</sup>. The survey was designed to be completed in under 15 minutes.

The survey was administered by more than 160 volunteers and service providers over five days between November 6<sup>th</sup> and 12<sup>th5</sup>. The volunteers were trained on how to administer the survey, and on logistical and safety issues in the month prior to the Count. The temperature on the four days the volunteers were walking routes (November 6<sup>th</sup> to 9<sup>th</sup>) was above average for that time of year, peaking at 12°C on two of the days.

Four base sites - End Homelessness Winnipeg (west), Mount Carmel Clinic (north), The Link (south), and N'Dinawemak (central) - hosted us. When the volunteers arrived at their assigned base site, they were provided with a route map, copies of the survey, honoraria, and other materials. The volunteers were easily identifiable as they were wearing vests with the Winnipeg Street Census branding, Each base site had 3 to 10 routes originating from it. The volunteers walked their assigned route with one or two fellow volunteers. They were partnered so that at least one person had relevant volunteer, work, and/or lived experience. They were instructed to approach everyone on their route regardless of how they looked.





In addition to the routes, several organizations hosted volunteer surveyors and/or their own staff administered the surveys. Only outreach teams<sup>6</sup> surveyed individuals in the encampments. This honoured the relationships they had built and the experience they already had working with people living unsheltered. A concerted effort was made to reach refugees and other newcomer groups. We partnered with the Manitoba Association of Newcomer Serving Organizations, New Journey Housing, and Welcome Place to host two Magnet events – events tailored to specifically reach newcomers experiencing homelessness. We attempted to make the experience accessible and inclusive by arranging for multilingual volunteers to administer the survey at these events. We knew in advance that many spoke French or Arabic, and little English.

If people were willing to participate and they met the eligibility criteria to participate in the survey, the surveyors proceeded with asking the survey questions. Respondents could skip questions and end their participation at any time. They were given two bus tickets, a pair of socks, two cigarettes, and a \$5 McDonald's gift card as an honorarium for participating in the survey. The surveyors recorded the responses on paper copies of the survey.

The survey responses were entered into a database by trained data entry clerks, most of whom had been surveyors. The data was imported into a statistical program where it was cleaned and prepared for analysis. Cleaning the data involved coding the open-ended responses, creating new variables, and removing duplicates and responses from respondents who did not meet the eligibility criteria.

#### **Administrative Data**

The number of people experiencing homelessness on November 5<sup>th</sup> determined from the survey was combined with the number of people identified through the Homeless Individuals and Families Information System (HIFIS), as well the number obtained from hospitals in Winnipeg and through formal requests sent to transitional housing programs, provincial and federal corrections, and child and family services.

HIFIS is a federally mandated information system used to capture and store information on homelessness within a community. In Winnipeg, End Homelessness Winnipeg is responsible for HIFIS. Several shelters and some transitional housing programs input information into HIFIS, but not all do. An analyst from the End Homelessness Winnipeg HIFIS team pulled de-identified individual-level data using the parameters provided<sup>7</sup>.

We received the requested data from Winnipeg hospitals. Our requests for data from provincial corrections and Child and Family Services were not approved. Only one transitional housing program responded and provided the requested information.

<sup>6</sup> The outreach teams were from Main Street Project, West Central Women's Resource Centre, St. Boniface Street Links, Siloam Mission, Sunshine House, North End Women's Centre, Street Connections (WRHA), Community204, Sage House, Aboriginal Health & Wellness Centre, and Resource Assistance for Youth.
7 We asked for individual-level information about individuals who stayed in a shelter or transitional housing program on November 5, 2024, including where they stayed and some demographic characteristics (e.g., date of birth, Indigeneity, and gender).

#### **Data Limitations**

The number of individuals we have estimated to have been experiencing homelessness on November 5<sup>th</sup>, 2024 is just an estimate – likely an underestimate. We do not know how many people were released without a housing plan from Child and Family Services or from provincial corrections on this day. We do not know how many people were staying in many of the transitional housing programs in Winnipeg. We also missed individuals using the survey methodology. The surveyors only surveyed individuals between November 6<sup>th</sup> and November 12<sup>th</sup> from 9am to 5pm at certain locations, primarily located in Winnipeg's core neighbourhoods. Suburban areas were under surveyed or not surveyed. Some individuals – such as those who were couch surfing – were difficult to reach. Also, some people declined to do the survey. Fear of discrimination and concerns about safety (among other reasons) may have led some individuals to not disclose their gender and/or sexual orientation or to not participate in the survey altogether, resulting in a suspected underrepresentation of individuals in the 2SLGBTQQIPA+ community. The snapshot nature of a survey means that those experiencing chronic homelessness were overrepresented and individuals experiencing short-term homelessness and hidden homelessness were undercounted.

Additionally, we know some individuals completed the survey multiple times despite our best efforts to prevent this from happening. The survey did not ask for people's names. Duplicate records were identified using nine variables, including birthdate, gender, age at first experiencing homelessness, where they were on November 5<sup>th</sup>, and several other variables. It is possible we removed records we should not have and did not remove records we should have. Moreover, to generate the estimate, we combined multiple data sources. No de-duplication process was applied because some of the data was at an individual-level while other data was provided in an aggregate form. Due to these differences, the datasets could not be fully integrated.<sup>8</sup> As a result, some individuals counted through the survey-based estimate may also have been counted in the administrative data.

Additionally, there are quality issues with any survey data. Although the volunteers and staff who administered the survey were trained, their understanding of the questions and response options varied. Survey respondents' understanding of the questions also varied. Consequently, some responses did not make sense and/or were inconsistent with other responses. Despite thorough data cleaning procedures, inaccuracies likely remain. As such, the findings should be interpreted as indicative (i.e., general patterns) rather than definitive (i.e., precise counts).

## **Findings**

An estimated 2,469 individuals were experiencing homelessness in Winnipeg on November 5, 2024.

This estimate is the sum of the 1,511 people who completed the survey along with 39 dependents and children younger than 16 who were with the survey respondents on November 5th, 868 people identified through HIFIS<sup>9</sup>, 19 people in short-term housing<sup>10</sup>, 32 people hospitalized with no fixed address<sup>11</sup>.

The changes to the survey methodology were an attempt to capture more detailed and comprehensive information on Winnipeg's unhoused population. We believe the changes produced a more accurate estimation of homelessness. However, because of the changes, we recommend <u>not</u> directly comparing the 2024 results with the 2022 survey results.

As noted in the data limitation section, the actual number of people who were experiencing homelessness on this day in Winnipeg is likely substantially higher.

The results that follow are based on information gathered through the survey.

<sup>8</sup> To deduplicate records across data sources, all the datasets would need to contain individual-level data and have common identifying variables to reliably match records belonging to the same person.

<sup>9</sup> Some shelters and transitional housing programs enter information into HIFIS.

<sup>10</sup> This short-term housing program does not enter information into HIFIS.

<sup>11</sup> This was obtained from an information request.

## **Companions and Dependents on the Night of the Enumeration**

Three in 10 survey respondents (30.3%) reported they were with someone else on November 5<sup>th</sup>, including another adult (19.0%), a partner (9.7%), and their child(ren) (2.8%) (*Table 2*). If the person they were with on November 5<sup>th</sup> was surveyed at the same time, the surveyor recorded their survey number<sup>12</sup>. For the others, there is no way of determining if their companion was also experiencing homelessness or was surveyed. The age of the children and dependents was recorded. While 41 respondents reported they were with their child(ren) or dependent(s), the ages for only 39 children/dependents less than 16 years old were recorded, and thus they were included in the calculation of the number of people experiencing homelessness on November 5<sup>th</sup>.

Table 2. Responses to the question, "Did family members or anyone else (e.g., partner) stay with you on Tuesday, November 5th, including pets?". [Same as Table A2 in Appendix A]

Response	n	%
Yes	437	30.3
Another adult	274	19.0
Partner	140	9.7
Children/Dependents	41	2.8
Pets	11	0.8
No	1004	69.7

Note. The percentages do not sum to 100% because the respondents could have been with multiple companions (e.g., partner and dependents). N = 1441; Missing N = 70 (Decline to answer, n = 13; Unclear response, n = 9; Not recorded, n = 48).

## **Demographic Characteristics**

On average, the survey respondents were 40.6 years old (SD = 12.50)<sup>13</sup>. Approximately half (52.4%) were between 30 and 49 years old, and one quarter were 50 years (25.5%) or older or 29 years old or younger (22.1%) (Figure 2).

More than one-half of the survey respondents were men (55.1%). The remaining complement were women (39.3%) and individuals who reported multiple gender identities or a non-binary gender identity (5.5%) (*Figure 3*). Male respondents tended to be older. Individuals with multiple gender identities or a non-binary gender identity tended to be younger. Respondents who are not Indigenous tended to be male (78.6%), while a similar percentage of First Nations respondents were male (47.3%) as female (46.2%). The gender distribution among Métis respondents falls between the other two groups, with 58.6% identifying as male and 36.5% as female.

Approximately three respondents in every 20 (15.7%) belong to the 2SLGBTQQIPA+ community (based on their sexual orientation). They were typically younger than individuals who reported being heterosexual or straight. Similar percentages of First Nations (15.1%), Métis (16.0%), and respondents who are not Indigenous (12.0%) reported a 2SLGBTQQIPA+ sexual orientation. In total (combining gender and sexual orientation), individuals who are part of the 2SLGBTQQIPA+ community comprised 17.7% of the sample.

Eight in every 10 survey respondents were Indigenous (79.9%) (*Figure 4*). The majority were First Nations who have Status. Among the Métis respondents, approximately one-third (34.9%) were Métis citizens/had their Métis Citizenship card. A subsequent question asked about race. The next most common racial identity was White (21.3%), followed by Black African (7.2%)<sup>14</sup>. An estimated 12.9% of the sample came to Canada as an immigrant, refugee, refugee claimant or through other means (*Figure 5*). More than half (55%) came to Canada as a refugee claimant. Refugee claimants are individuals seeking protection in Canada because they fear returning to their home country. This may be due to war, violence, or persecution because of their religion, identity, and/or political views. Among those who responded, almost three-quarters (71.4%) had been in Canada for less than one year.

<sup>12</sup> Fifty-four (54) surveys included the survey number for their companion on November 5th.

<sup>13</sup> Median age = 40 years, Interquartile range (IQR) = 19 years.

<sup>14</sup> The percentages do not sum to 100% because respondents could select multiple racial identities. Also, some respondents answered the question about Indigeneity but not the question about other racial identities, so denominators in the percentage calculation are not the same.

Tables A7 to A12 in Appendix A show how age, gender, sexual orientation, and Indigeneity intersect.

A small subset of the respondents had served in the Canadian military (4.4%) and/or had been members of the Royal Canadian Mounted Police (1.3%).

Figure 2. Age distribution of survey respondents.

## Homelessness Has No Age Limit.

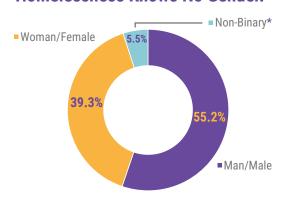


<sup>\*2.9%</sup> of the respondents are 65+ years old.

Figure 4. Indigenous identity of survey respondents.

## Homelessness Isn't Equal.



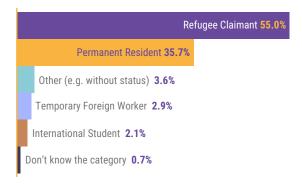


\*Non-binary includes Two-Spirit, Trans Woman, Trans Man, Queer, Indiqueer, Gender fluid, Questioning, Gender non-conforming, Agender, Pangender, Intersex, Demiboy, and Demigirl.



Figure 5. Responses to the question, "Did you come to Canada as an immigrant, refugee, refugee claimant, or through another process?".

## **12.9%** of Those Who Experienced Homelessness Are Newcomers to Canada.



## **Migration**

One in two of the respondents (51.9%) previously lived somewhere other than Winnipeg (*Table 3*). Among them, almost one-quarter (22.6%) had lived in Winnipeg for less than one year. The majority (86.7%) had been living in Canada (*Table 4*). Among the Canadian-dwelling respondents, 61.7% had been residing in Manitoba. Among the First Nations respondents who moved to Winnipeg, four in 10 (42.6%) came from a First Nations reserve (*Table 5*).

Among the respondents who said they came to Canada as an immigrant, refugee, refugee claimant, or through another process, half (50.4%) had been in the United States before coming to Winnipeg and 21.7% had come from another part of the world (*Table* 6). The rest had been residing outside of Winnipeg in Manitoba (10.4%) or in another part of Canada (17.4%).

**Table 3. Responses to the question,** "Have you always lived in Winnipeg?". [Same as Table A16 in Appendix A]

Responses		n	%
	Yes	694	48.1
	No	749	51.9

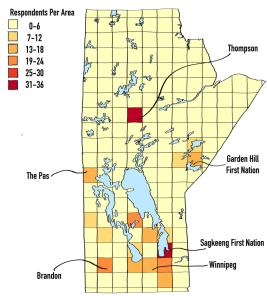
Note. N = 1443; Missing N = 68 (Don't know, n = 7; Decline to answer, n = 8; Not recorded, n = 53).

**Table 4.** Location of residence prior to moving to Winnipeg.

[Same as Table A18 in Appendix A]

Responses	n	%
Canada	591	86.7
Manitoba	354	53.2
Elsewhere in Canada	220	33.1
Elsewhere (i.e., not Canada)	91	13.3
USA	62	9.3
Other parts of the world	29	4.4

Figure 6. Migration map.



Note: 374 survey respondents provided specific locations in Manitoba where they lived before coming to Winnipeg. Darker Colours on the map indicate a higher number of respondents in that area

**Table 5.** Location of residence prior to moving to Winnipeg among the First Nations respondents.

[Same as Table A19 in Appendix A]

Response	n	%
First Nations reserve	158	42.6
Elsewherea	213	57.4

Note. N = 371; Missing N = 43 (Decline to answer, n = 5; Don't know, n = 2; Not recorded/cannot determine, n = 36). \*Examples of other locations include Brandon, Selkirk, Steinbach, Thompson, and Toronto.

Note. Canada vs elsewhere (i.e., not Canada): N = 682; Missing N = 67 (Decline to answer, n = 14; Don't know, n = 2; Not recorded/cannot determine, n = 51). Further breakdown (Manitoba, elsewhere in Canada, USA, other parts of the world): N = 665; Missing N = 84 (Decline to answer, n = 14, Don't know, n = 2; Not recorded/cannot determine, n = 84).

Table 6. Location of residence prior to coming to Winnipeg among the newcomer respondents (i.e., immigrants, refugees, refugee claimants, and people who came through another process). [Same as Table A20 in Appendix A]

Responses	n	%
USA	58	50.4
Responses	n	%
Other parts of the world	25	21.7
Another province or territory in Canada	20	17.4
Manitoba	12	10.4

Note. N = 115; Missing N = 25 (Deline to answer, n = 6; Not recorded/cannot determine, n = 19).

## **Housing and Homelessness Histories**

On November 5<sup>th</sup>, the night of the enumeration, almost three in 10 survey respondents (28.4%) were in an unsheltered location, such as in a public space like a bus shelter or abandoned vehicle, in an encampment, or in a vehicle (*Table 7*). A similar proportion (29.4%) were at a shelter (e.g., Main Street Project) or drop-in (e.g., WE-24). A little less than four in 10 respondents (37.1%) were provisionally accommodated, which included couch surfing, staying at a hotel or motel, being in a short-term transitional housing program, or were hospitalized or incarcerated. The remaining respondents were permanently accommodated; however, they indicated it was not a safe and/or long-term housing situation<sup>15</sup>. A few respondents' responses were unclear.

**Table 7.** Location where survey respondents stayed on November 5, 2024, the night of the enumeration. [Same as Table A21 in Appendix A]

Location	n	%
Unsheltered	405	28.4
Unsheltered in a public space (e.g., street, park, bus shelter, forest or abandoned building)	272	19.1
Encampment	112	7.9
Sheltered but not sleeping (e.g., stairwell, laundry room, garage)	12	0.8
Vehicle (e.g., car, van, RV, truck, boat)	9	0.6
At a shelter	418	29.4
Homeless Shelter (emergency, family or domestic violence shelter)	387	27.2
Drop-in (e.g., WE24, Tina's Safe Haven, Ndinawe's Safe House)	31	2.2
Provisionally accommodated	528	37.1
Someone else's place	367	25.8
Transitional shelter / housing	60	4.2
Motel / hotel (self-funded)	30	2.1
Hotel / motel (bunded by the City or homeless program)	17	1.2
Hospital	17	1.2
Rooming house	15	1.1
Treatment centre	13	0.9
Jail, prison, or remand centre	9	0.6
Permanently accommodated	9	0.6
Other locations (unclear, uncertain, multiple)	64	4.5

*Note.* N=1424, Missing N=87 (declined to answer or not recorded). Respondents who were in their own apartment/house on November 5th, but they indicated it was not a safe or permanent housing situation and thus met the eligibility criteria to participate in the survey.

<sup>15</sup> Respondents who were in their own apartment/house on November 5th, but they indicated it was not a safe or permanent housing situation met the eligibility criteria to participate in the survey.

Two-thirds of the sample (67.9%) had experienced homelessness for at least 6 months out of the previous 12 months<sup>16</sup> (*Figure 7*). These individuals meet the one-year definition of experiencing chronic homelessness. In fact, more than half (51.6%) of the respondents had experienced homelessness for the entire year before the survey.

A little less than two-thirds (63.6%) of the sample also met the three-year definition of chronic homelessness as they had experienced homelessness for more than 18 months in total in the 3 years before the survey.

First experiences of homelessness occurred at all ages (ages ranged from 0 to 74 years old). However, the average age people first experienced homelessness was 28.2 years (SD = 13.66)<sup>17</sup>,

Figure 7. Length of time experienced homelessness in the year before the survey.

# More Than 50% Experienced Homelessness for 6+ Months.

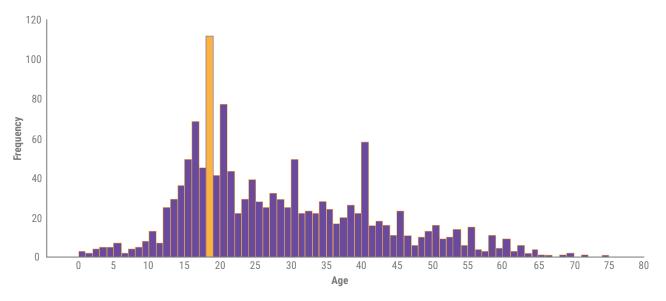


\* Experiencing homelessness for longer than **6** months is recognized as Chronic Homelessness.

and the most common age was 18 years (8% of the sample) (*Figure 8*). Age at first experience of homelessness varies by Indigeneity, gender, and sexual orientation, such that those most affected by structural barriers and facing the greatest systemic inequities experience homeless at younger ages. Specifically, First Nations respondents tended to first experience homelessness at a younger age (M = 26.36,  $SD = 12.64^{18}$ ) than Métis respondents (M = 28.70,  $SD = 14.07^{19}$ ), and respondents who are not Indigenous (M = 33.48,  $SD = 15.05^{20}$ ). Non-binary and gender diverse respondents tended to first experience homelessness at a younger age (M = 22.60,  $SD = 11.35^{21}$ ) than female respondents (M = 26.76,  $SD = 13.02^{22}$ ), and male respondents (M = 29.91,  $SD = 14.18^{23}$ ). Respondents who are part of the 2SLGBTQQIPA+ community (with respect to sexual orientation) tended to first experience homelessness at a younger age (M = 22.27,  $SD = 9.66^{24}$ ) than heterosexual/straight respondents (M = 29.31,  $SD = 14.07^{25}$ ).

Figure 8. Age (years) first experienced homelessness.

## Homelessness Can Begin at Any Age — Most Commonly at 18.



<sup>16</sup> The average length of time experiencing homelessness in the year before the survey was 8.90 months (SD = 4.05). The median length of time was 12 months (IQR = 6)

- 17 The median is 25 years (IQR = 20).
- 18 The median for First Nations respondents is 23 years (IQR = 18).
- 19 The median for Métis respondents is 25 years (IQR = 24).
- 20 The median for respondents who are not Indigenous is 30 years (IQR = 23.25).
- 21 The median for non-binary and gender diverse respondents is 19 years (IQR = 10).
- 22 The median for female respondents is 23 years (IQR = 20).
- 23 The median for male respondents is 28 years (IQR = 22).
- 24 The median for 2SLGBTQQIPA+ respondents is 19 years (IQR = 11).
- 25 The median for heterosexual/straight respondents is 27 years (IQR = 22).

## **Health & Healthcare Use**

Most survey respondents (90.7%) had one or more health condition or challenge (*Table 8*). Almost three-quarters (71.1%) engaged in substance use and more than one-half (56.0%) reported they had a mental health condition. Eight in 10 respondents (80.2%) had a mental health and/or a substance use issue<sup>26</sup>.

More than half of the sample (56.2%) experienced physical mobility challenges. A substantial proportion of the sample also experienced challenges pertaining to cognitive functioning (46.4%), potentially related to sustaining a brain injury (26.8%), and/or seeing or hearing (40.8%). Notably, four in 10 respondents (40.0%) had a chronic health condition that required ongoing medical care.

Most of these health conditions and health-related changes vary by age, Indigeneity, gender, and sexual orientation (see the tables in Appendix B).

*Table 8.* Health conditions and health-related challenges experienced by the survey respondents. [Same as Table A24 in Appendix A]

Condition	n	%
Substance use (e.g., alcohol, crystal meth, Down, Meth, Speedball, Suzy Qs, Addys, Gabbies, molly, or prescription drugs used recreationally like percocets, T3s, greys, percs, dillies, green beans)	995	71.1
Physical mobility (e.g., arthritis, spinal cord injury)	802	56.2
Mental health [diagnosed and undiagnosed] (e.g., depression, anxiety, post-traumatic stress disorder (PTSD), bipolar, schizophrenia)	774	56.0
Learning, intellectual or developmental, or cognitive function	636	46.4
Seeing or hearing (i.e., issues with senses)	557	40.8
A medical condition that requires medication and/or regular doctor visits (e.g. diabetes, human immunodeficiency virus (HIV), cancer, or heart disease) (i.e., a chronic or long-term condition)	549	40.0
An illness or injury that may require medical attention (e.g., sprain, tuberculosis (TB), COVID-19) (i.e., a short-term condition)	396	29.0
A brain injury	363	26.8

More than three-quarter of the respondents (78.6%) reported they had access to medical care when they need it. The survey did not ask if they had a primary healthcare provider (i.e., family physician). In the year before the survey, more than half of the sample (54.3%) had sought care at an emergency department and almost half (48.5%) had been hospitalized  $(Table\ 9)$ . Following hospitalization, only 11.8% were in a permanent housing situation. More than four in 10 respondents (44.4%) had been transported as a patient by ambulance. Approximately 2 in 10 respondents had stayed at a substance use treatment facility (22.0%) and/or used a supervised consumption service (18.0%).

**Table 9. Healthcare use in the year before the survey.** [Same as Table A26 in Appendix A]

Type of healthcare use	n	%
Been to an emergency room	746	54.3
Admitted to a hospital	675	48.5
Used an ambulance as a patient	599	44.4
Substance use treatment facility	300	22.0
Supervised consumption service	243	18.0

## **Systems Involvement**

## **Child Welfare Involvement**

Involvement in the child welfare system was common among the survey respondents as almost half (48.8%) were in foster care, kin care, or in a group home as a child or youth (*Figure 9*). However, this statistic conceals critical differences among groups – particularly the disproportionate involvement of Indigenous people and younger people. The Indigenous respondents (57.7%) were almost 3.5 more likely to have been involved in the child welfare system than the respondents who are not Indigenous (16.7%)<sup>27</sup>. The percentage is even higher for First Nations respondents (60.2%)<sup>28</sup>. Additionally, the likelihood of being involved in the child welfare system as a child or youth decreased with age (under 30 years, 58.7%; 30 to 49 years, 49.9%; 50+ year olds, 39.2%)<sup>29</sup>.

The average length of time in care was 8.4 years (SD = 6.4)<sup>30</sup>. Among those who had been in care, more than half (52.0%) were in care around their 18<sup>th</sup> birthday<sup>31</sup>. Less than half of the respondents (43.3%) who were in care around their 18<sup>th</sup> birthday were permanently accommodated when they left care<sup>32</sup> (*Figure 10*). Almost one-third (32.8%) were provisionally accommodated. One in 10 stayed in a shelter (11.3%) and 16.3% were in an unsheltered location, like in a park, abandoned building, a vehicle, or in an encampment.

Figure 9. Placement in foster care, kin care, or a youth group home during childhood or adolescence.

# Child Welfare — A Common Pathway to Homelessness.

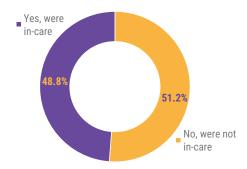
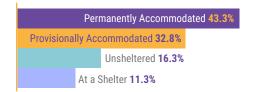


Figure 10. Living situation within 3 months of exiting CFS around their 18<sup>th</sup> birthday.

# More Than Half Without Permanent Homes Within 3 Months of Leaving Care at 18.

#### Places Stayed:

(Multiple Responses were Possible)



<sup>27</sup> The difference in percentages is statistically significant,  $\chi^2_{(1)}$  = 143.9, p < 0.001.

<sup>28 48.3%</sup> of the Métis respondents who were in foster care, kin care, or in a youth group home as a child or youth.

<sup>29</sup> The three age groups differed significantly in terms of their involvement in the child welfare system,  $\chi^2_{(p)} = 25.46$ , p < 0.001.

<sup>30</sup> The median length of time in care was 7 years (IQR = 12).

<sup>31</sup> N = 635; Don't know, n = 22; Decline to answer, n = 3; not recorded, n = 33.

<sup>32</sup> This may be an overestimate if staying with a family member, at their partner's, or partner's family was temporary. The survey did not ask how long they could stay there.

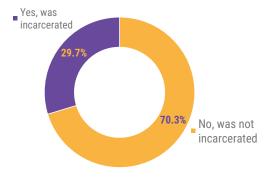
## **Incarceration in the Past Year**

Three in 10 of the respondents had been incarcerated in the year prior to the survey (*Figure 11*). The survey did not ask about the nature of the charge(s), so no inferences should be made about the crime(s).

Figure 11. Spent time in jail, prison, remand, or a detention centre in the year before the survey.

## Justice Involvement Shouldn't End in Homelessness.

Incarcerated in the year prior to the survey:



## **Income Sources and EIA Experiences**

Almost two in 10 respondents (19.4%) indicated they had no sources of income (*Table 10*). The most common income sources were government supports, such as social assistance (31.6%) and disability benefit (29.2%). A notable proportion of the respondents were entrepreneurial. They earned money through informal means (15.9%), such as by selling their art, panhandling, and engaging in sex work. Less common sources of money included borrowing or receiving a gift from family and/or friends (5.5%) or from a service agency (1.0%).

**Table 10.** Income sources of survey respondents. [Same as Table A33 in Appendix A]

Category	Source	n	%	
General Govern	nment Income Supports	605	42.0	
	Welfare/Social Assistance (General Assistance EIA)	455	31.6	
	Employment Insurance (EI)	134	9.3	
	GST/HST Refund	73	5.1	
	Climate Incentive	1	0.1	
Disability, Heal	th, or Injury-Related Benefits	421	29.2	
	Disability Benefit (e.g., EIA Disability)	420	29.2	
	Worker's Compensation			
Informal Incom sex work; gaml	ne Sources (e.g., selling art, Bannock, clothes; bottle returns; panhandling; bling)	229	15.9	
Employment In	come	85	5.9	
	Casual employment (e.g., contract work)	49	3.4	
	Part time employment	27	1.9	
	Full time employment	15	1.0	
Seasonal work		2	0.1	
Money from Fa	mily/Friends	79	5.5	

Category	Source	n	%
Senior Benefits (e.g., CPP/OAS/GIS/Pension)		61	4.2
Other Sources		15	1.0
	Public Trustee	5	0.3
	Death Benefit	3	0.2
	Insurance Benefits	3	0.2
	First Nation	2	0.1
	Charity	1	0.1
	Rent supplement	1	0.1
Money from a Service Agency		14	1.0
Child, Family, a	and Dependent Benefits	11	0.8
	Child and family tax benefits	10	0.7
	Canada Learning Benefit		
Retirement and	l Long-Term Savings	3	0.2
	Savings	2	0.1
Retired		1	0.1
Pension			0.1
Veteran / VAC Benefits		1	0.1
No Income		280	19.4

Note. N = 1440, Missing N = 71 (Don't know, n = 6; Decline to answer, n = 8; Didn't answer the question, n = 1; not recorded, n = 56)

Most of the survey respondents (85.9%) had applied for employment and income assistance (EIA) at some point (*Table 11*). Almost half (44.4%) of the respondents reported they experienced challenges staying on EIA. Some of the reasons included:

- administrative and procedural barriers (e.g., "proof of address", "paperwork is hard to keep up with", "yearly declaration", "the hoops to jump thru")
- access and logistics barriers (e.g., "Making it to appointments", "Transportation to EIA office to fill out forms difficult", "remembering/forgetting dates", "sometimes forgetting to call or renew", "Missed one appointment they cut me off", "No ID")
- challenges receiving and sending information (e.g., "no access to phone", "phone tag", "Lack of communication with EIA staff", "Client has mail at shelter and his benefits are suspended when he fails to pick up his mail quickly", "The communication is slow", "Communication with workers was difficult. Won't return calls.")
- health and disability-related challenges (e.g., "Rules and regulations they had for disability", "Doctor not completing applications for disability (not believing mental health diagnosis).", "illness is undiagnosed", "substance use challenges with staying on EIA"),
- **challenges due to justice involvement** (e.g., "I had issues with EIA due to my prison issues"), employment (e.g., "Strict on money coming to your bank accounts and offering employment when you are not able to work.", "work expectation", "When finding employment, you get off EIA, but funds from employment not enough")
- challenges due to lack of housing and cost of rent (e.g., "will cut off if he can't find a place, but won't help him find a place", "landlord not receiving rent from EIA")
- financial and banking challenges ("Bank account was closed couldn't open due to lack of ID", "Not enough to cover costs of housing and basic needs, food, clothing", "Budgeting the money")
- unsafe conditions, mistreatment, and judgement interacting with the EIA system (e.g., "Scary people work at EIA", "Experienced racism", "don't care about clients", "constantly different workers").

**Table 11. Survey respondents' EIA Experiences.** [Same as Table A34 in Appendix A]

Question	Response	n	%
Have you ever applied for EIA?	Yes	1219	85.9
	No	200	14.1
Did you experience challenges staying on	Yes	466	44.4
EIA?b		583	55.6

Note.  $^{a}N = 1419$ , Missing N = 92 (Don't know, n = 6; Declined to answer, n = 6; Not recorded, n = 80)  $^{b}N = 1049$ , Missing N = 170 (Don't know, n = 54; Decline to answer, n = 17; Not recorded, n = 99) \*\* Limited to people who said they had applied for

## **Reasons for Housing Loss**

There were many reasons why respondents lost their housing most recently (*Table 12*). The most common reasons were housing and/or financial related (44.6%) (*Table 13*). The primary financial reason was respondents could not afford housing (32.3%). The housing related reasons included the condition of the housing was unfit and/or unsafe (8.7%), the property was damaged (such as by a fire or flood) (3.6%), and the property was sold or renovated (2.6%).

More than one-third (36.0%) of respondents lost their housing due to a conflict with someone. Most commonly the conflict was with a spouse or partner (13.8%), but sometimes the conflict was with the landlord or caretaker (7.7%), a parent or guardian (6.6%), with family members (2.1%) or with a roommate (1.4%) and/or other tenants (0.8%).

Approximately one-quarter of respondents lost their housing for a health-related issue (24.7%). Some respondents reported the health issue was due to a health condition, like substance use (16.2%) or a mental health condition (8.0%). Others experienced housing loss because they were away, due to a hospitalization or being in a treatment program (2.9%) or because they were relocated out of their home community for medical reasons (0.9%). Similarly, about 1 in 20 respondents became unhoused following an incarceration (4.7%).

Respondents faced multiple forms of loss and trauma – including the death of a family member and having their child(ren) apprehended by child and family services – these experiences contributed to the loss of their housing. Some respondents lost their housing when they were forced (or chose) to move (e.g., natural disaster) from their community. A substantial proportion of the respondents left their housing because of an unsafe living arrangement due to an abusive spouse or partner (7.1%), parent or quardian (7.1%), landlord (1.7%), or another person.

More than one in 10 respondents (11.2%) experienced housing loss due to discrimination. They experienced discrimination from their landlord (10.7%), from their partner or spouse (2.9%), from their parent/guardian (1.6%), among others.

A notable percentage of respondents (17.0%) specifically reported they were evicted - legally or illegally. Many of the reasons for the evictions are noted above.

Housing loss is driven by a complex interplay of multiple, intersecting factors. Affordability, the primary reason for housing loss, is intertwined with conflicts with others (10.3%), health (9.1%), family separation and transitions (4.9%), discrimination (5.0%), and abuse (3.7%). As another example, conflicts with others is connected with health problems (9.1%), abuse (7.5%), and discrimination (6.8%). Eviction is a consequence of other challenges, including conflicts with others (7.9%), unaffordable housing (6.6%), health problems (5.4%), discrimination (3.9%), and abuse (2.9%). The above percentages were derived by cross-tabulating two reasons. They are the proportion of respondents who selected 'yes' to both factors.

**Table 12.** Categories of reasons why survey respondents lost their housing most recently. [Same as Table A35 in Appendix A]

Categories	n	%
Housing & financial issues	613	44.6
Conflict	494	36.0
Health-related issues	339	24.7
Eviction	234	17.0
Family separation & life transitions	196	14.3
Abusive and/or violent situation	166	12.1
Discrimination	154	11.2
Incarceration	65	4.7
Other reasons	9	0.7

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

**Table 13.** Housing and financial reasons for losing housing most recently. [Same as Table A36 in Appendix A]

Housing and Financial Reasons	n	%
Yes	613	44.6
Not enough income for housing (e.g., loss of benefit, income, or job)	443	32.3
Unfit / unsafe housing condition (e.g., mould, bed bugs)	120	8.7
Damage to property (e.g., fire, flood)	49	3.6
Building sold or renovated	36	2.6
Other pandemic-related income loss	18	1.3
Issues related to CERB & pandemic benefits	7	0.5
Owner moved in	6	0.4
Loss of utilities	1	0.1
Guarantor	1	0.1
Needs not met by current housing situation	1	0.1
No	760	55.4

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

## More than a Roof: Supports for Obtaining & Retaining Housing

Almost all respondents (93.2%) expressed interest in obtaining housing (*Table 14*); however, in the follow-up question only 1.8% reported they were not interested in finding permanent housing.

"More affordable housing" was the number one thing, identified by 82.1% of respondents, that would help them find permanent, stable housing. This was followed by income-related supports (82.1%), like housing subsides (71.2%) and increased social assistance amounts (67.7%). Respondents also reported needing assistance applying for housing (75.4%) and keeping it once they have a place (70.9%). To stay there, they may need health-related supports (including mental health and substance use), help with upkeep like pest control, housekeeping, and landlord mediation, as well as assistance managing their finances. They also need to feel connected to their culture and community where they live. One in two respondents indicated they need assistance finding employment. Newcomers need support settling in, connecting with the community, and dealing with immigration issues (e.g., obtaining work permits). It follows that individuals experiencing homelessness and those at risk of homelessness require multiple forms of support. The needs may seem high - this is because the barriers are high.

In summary, individuals experiencing homelessness need more than just shelter. They need a place to live that reinforces their physical and mental well-being, fosters a sense of community and belonging, and connects them with their culture, family, and opportunities. We need to create conditions where people can move forward on their own terms, respecting their choice and embracing their strengths and goals. This is about justice, equity, and the recognition that housing is a human right.

The situation is urgent – on November 5<sup>th</sup>, 2024, at least 2469 people were experiencing homelessness on a single night in Winnipeg. We heard what people need. What are we waiting for?

**Table 14.** Supports survey respondents identified to help find and maintain housing. [Same as Table A46 in Appendix A]

Type of Supports	Supports	n	%
Housing supply	Yes	1127	82.1
	More affordable housing	1127	82.1
	Permanent housing/own place	3	0.2
	More housing stock	1	0.1
Income-related	Yes	1126	82.0
supports	Housing subsidy or benefit	978	71.2
	More money from EIA or Manitoba Supports for Persons with Disabilities	929	67.7
	More money/ higher income	4	0.3
	Pension / workers' compensation / divorce settlement	3	0.2
Help with the	Yes	1035	75.4
application	Help with housing applications	781	56.9
process	Help with transportation	774	56.4
	Help getting identification	680	49.5
	Accessible housing listings/help finding housing	10	
	Access to a phone and/or computer	9	0.7

<b>Type of Supports</b>	Supports	n	%
Help maintaining housing	Yes	973	70.9
	Housing with supports (healthcare, mental health and addiction support services)	795	57.9
	Help keeping housing once you have it (e.g., pest control prep assistance, housekeeping, managing guests)	601	43.8
	Landlord support/mediation services	506	36.9
	Worker or advocate (social, support, mental health, housing)	12	0.9
	Supports – general	9	0.7
	Help accessing/preparing food	2	0.1
	Help with moving	1	0.1
Mental Health	Yes	911	66.4
	Mental health supports	908	66.1
	Need to get out of my own way/need to help myself first	4	0.3
Employment and	Yes	675	49.2
education-related supports	Help finding employment	675	49.2
	Education and training	1	0.1
Financial	Yes	623	45.4
management	Help with managing finances (paying rent or other bills)	620	45.2
	Help accessing EIA	2	0.1
A L P. et . L e . L	Help accessing benefits	1	0.1
Addiction-related	Yes	533	38.8
supports	Help accessing substance use treatment	411	29.9
	Help accessing withdrawal management (detox) services	382	27.8
	Help with overdose prevention	319	23.2
1114-	Access to supervised consumption services	301	21.9
Health	Help with ongoing medical conditions	528	38.5
Community, culture, and	Yes Culturally eafa haveing aupports	476	34.7 34.0
connection	Culturally safe housing supports Wants to live with family/family supports/partner	467 7	0.5
	Support network (e.g., friends, mentors, big brother)	4	0.3
	CFS-related (settlement, reuniting with kids, CFS liaison)	3	0.3
Newcomer issues	Yes	152	11.1
Newcomer issues	Help with settlement/immigration issues	151	11.0
	Work permit	2	0.1
Eligibility-related	Yes	14	1.0
supports	Guarantor/co-signer and reference	10	0.7
	Needs credit/owes money/forgiveness for past housing mistakes	3	0.2
	Damage deposit	1	0.1
	Dumage acposit		V. I

<b>Type of Supports</b>	Supports	n	%
Housing features	Yes	10	0.7
	Accessibility needs (e.g., can't walk)/Disability/Assisted Living	5	0.4
	Autonomy / ability to make my own decisions / have pet	3	0.2
	Housing features (e.g., common room)	2	0.1
Safe housing	Yes	8	0.6
	Housing in a safe/right location/safe housing	7	0.5
	Prevent gang takeover and other gang-related activities	1	0.1
Other	Yes	10	0.7
I'm not interested in	finding permanent housing	25	1.8
Already receiving su	upports	5	0.4

Note. Respondents could select multiple responses and suggest their own ideas. Other supports include a lawyer, housing after incarceration, RTB is a barrier, good roommates, frustrated, everything, personal car, and becoming stable.

## **Comparison With Other Jurisdictions**

As mentioned previously, in 2024, we enhanced our efforts to reach more people experiencing homelessness via the survey by increasing the number of days the survey was administered and by holding two events specifically for newcomers who were experiencing homelessness. It is not possible to determine the extent to which the difference in estimates between the 2022 and 2024 Point-In-Time Counts is due to an increase in the number of people experiencing homelessness or to the enhanced survey approach. Consequently, the results from the two Point-In-Time Counts should not be compared.

For context, *Table 15* shows the 2024 estimates of the number of people experiencing homelessness in five other Canadian jurisdictions that are similar to Winnipeg in terms of proximity and size. Since each city used its own methodology<sup>33</sup>, the estimates are not directly comparable. However, it appears that the extent of homelessness in Winnipeg is consistent (but on the higher end) with similar cities.

Table 15. Cross-jurisdictional estimates of the size of the population experiencing homelessness.

Jurisdiction	Population Size <sup>34</sup>	2024 Point-In-Time Count Estimate	Rate (per 1000 people)
Regina, SK	226,404	824	3.64
Halifax, NS	439,819	1,132	2.57
Hamilton, ON	569,353	1,216	2.14
Winnipeg, MB	749,607	2,469	3.29
Edmonton, AB	1,010,899	3,902	3.86
Calgary, AB	1,306,784	3,121	2.39

<sup>33</sup> All federally funded jurisdictions started with the same base methodology provided by Housing, Infrastructure, and Communities Canada. However, each jurisdiction adapted the methodology to suit the local context. As an example, each jurisdiction had control over the number of days the survey was administered within a two month window.

<sup>34</sup> The population sizes are based on the 2021 Canadian Census: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

## **Recommendations**

The current state of homelessness in Winnipeg demands enhancing efforts to slow the progression of individuals into unstable and unhoused situations, to more quickly transition individuals out of homelessness, and to prevent individuals from experiencing first and repeated episodes of homelessness. This will require financial investment from all levels of government, new legislation and policy changes, enhanced coordination among organizations in the homelessness-serving sector and across sectors, and increased access to person-centred supports.

Below are a set of recommendations. Each recommendation includes rationale and actions, which are based on the Point-in-Time Count findings and shaped by the expertise of individuals with a comprehensive understanding of the systems, services, processes, and needs. If Winnipeg is to make noticeable progress towards ending homelessness, governments and organizations need to fully commit to actions and timelines, with accountability measures in place to monitor progress.

### A. Foundational Systems Reforms

- 1. <u>Recommendation:</u> Create policy reform that compels the Manitoba Government to respond to youth and young adults experiencing housing instability.
- Rationale: The results demonstrate that youth and young adults face heightened risks of homelessness, particularly those in equity-deserving groups. Almost one-quarter of the survey respondents (22%) were under 30 years old, with a higher rate among the 2SLGBTQQIPA+ respondents. The most common age of first experiences of homelessness was 18 years old. Additionally, those facing greater marginalization tended to first experience homelessness at a younger age. Late teens and early 20s is typically a period of major life transitions, including aging out care, finishing school, and finding employment. These life transitions are difficult to navigate without support. The findings point to a need for stronger, better coordinated supports (i.e., a coordinated, multi-system response) that bridge youth and adult systems, ensuring that young people do not fall through the service gaps during this critical life stage.

In October 2024, an exploratory event, led by youth lived experts and organized by End Homelessness Winnipeg, brought together over 80 multi-system services providers. This work is happening in parallel and is included here to show this recommendation aligns with and is reinforced by broader efforts already under way. The summary report and recommendations from that event will be released by End Homelessness Winnipeg and the Canadian Observatory on Homelessness in September 2025, and will complement and support the policy reforms proposed here.

- Support from the Manitoba Government, lived experts, and Winnipeg-based, and rural and remote community partners to lead the development of a rights-based young adult homelessness prevention and intervention framework. This framework should build on the October 2024 event and respond to the evidence from the Point-in-Time Count showing that a substantial proportion of the population experiencing homelessness are youth. The approach should be modelled off the Housing (Wales) Act 2014<sup>35</sup> and aligned with the Duty to Assist principles, as outlined by the Canadian Observatory on Homelessness<sup>36</sup>. Duty to Assist is currently viewed as best practice.
- The Manitoba Government to lead a coordinated, multi-system response to youth homelessness, incorporating the following:
  - Points of referral from systems including the education, justice, health, mental health, addictions, disability, and CFS systems. Many young people interact with these systems, yet they often miss opportunities to identify risks early. Clear referral pathways at these points of contact are critical to connecting youth with timely supports and preventing them from falling through service gaps.
  - Equitable service systems that are grounded in reconciliation and restoration rather than retribution<sup>37</sup> and are in alignment with the Truth and Reconciliation Calls to Action.
- The Manitoba Government to establish and publish processes that articulate its role in responding to youth and

<sup>35</sup> The Housing (Wales) Act 2014 can be found here: <a href="https://www.legislation.gov.uk/anaw/2014/7/contents">https://www.legislation.gov.uk/anaw/2014/7/contents</a>

<sup>36</sup> For more information about Duty to Assist, refer to: <a href="https://homelesshub.ca/book/the-roadmap-for-the-prevention-of-youth-homelessness/duty-to-assist/">https://homelesshub.ca/book/the-roadmap-for-the-prevention-of-youth-homelessness/duty-to-assist/</a>

<sup>37</sup> This means that people do not have to go through repetitive experiences of trauma before receiving services. This also means an upstream approach to prevent people from ever experiencing homelessness, and equity-based processes across all systems.

young adults at risk of or experiencing homelessness, including protocols for immediate access to housing and support services, to be coordinated across health, education, justice, disability, and child welfare systems.

- 2. <u>Recommendation:</u> Legislate mandatory pre-release housing planning for individuals who are in provincial custody, and fund transitional support teams who assist individuals post-release. This includes ending the practice of releasing individuals to shelters or into unsheltered living situations.
- Rationale: There is a connection between incarceration and housing instability. Three in 10 survey respondents had been incarcerated in the year prior to the survey and 5% attributed their most recent housing loss to incarceration. Despite repeated requests, we were unable to obtain official data on the number of people released from provincial correctional facilities without stable housing. This may indicate a lack of system accountability in tracking housing outcomes post-release. Despite this, we heard that it is not uncommon for released individuals to be dropped off at shelters. This indicates a systemic failure where the justice system is contributing to homelessness (and recidivism). A requirement for a verified housing placement prior to release with connection to support would reduce the immediate risk of homelessness for individuals in custody, improve reintegration outcomes, and prevent shelters from being a default discharge option.

#### Actions:

- In collaboration with community partners, the Department of Justice to develop best practice standards related to exit planning, and track the use of exit planning in Provincial Corrections.
- Conduct an independent study or establish a cross-sectoral task force to examine barriers to effective release planning and transitional supports. This process should include input from frontline support workers already engaged in release planning and consider cross-sectoral eligibility/program issues. The study should also assess the effectiveness of existing resources to identify structural and funding gaps.
- While further research is needed to fully map the barriers and assess existing supports, one promising model for future consideration is the development of dedicated transitional support teams. Informed by the findings of this research, and working in collaboration with the Naatamooskakowin, Native Clan Organization, the John Howard Society of Manitoba, the Elizabeth Fry Society, and other community partners within provincial corrections, and drawing on the lessons from the Community Transition Teams in British Columbia<sup>38</sup>, the Manitoba Government should consider funding transitional support teams who connect with individuals prior to release from Provincial Corrections and provide long-term follow-up support after release. Consideration for early and/or same day release dates after a court appearance must be accounted for in terms of allocation of resources. These Transitional Support teams would:
  - Connect with individuals during the intake process to undertake a formal assessment.
  - Ensure housing and reintegration supports are available for up to 12 months after release, so individuals can access them if and when they choose.
  - Assist individuals with applying for EIA and housing and connect them with additional services, such as mental health and addiction services, prior to release.
  - In addition to funding transitional support teams, policy or program changes may be needed to ensure that structural barriers are removed and that release planning can be meaningfully supported.
- Manitoba Government to track and annually report on housing outcomes post-release.

#### 3. Recommendation: Reduce barriers and improve access to EIA.

• Rationale: The survey results point to gaps in income security among individuals experiencing homelessness. Nearly one in five respondents (19%) reported having no sources of income. Although almost everyone had applied for government income supports at some point, relatively few individuals (42%) were receiving them at the time of the survey. Additionally, some individuals reported survival-based income strategies that increase their exposure to violence, exploitation, and incarceration. Survey respondents identified barriers that made it difficult to access and maintain receipt of EIA, including administrative requirements, logistical challenges, difficulties with documentation, communication breakdowns, and discriminatory experiences dealing with EIA workers. These barriers are excluding people from receiving income supports at a time when they need it the most. The focus needs to be on dismantling the barriers that prevent access and consistent receipt of income assistance.

#### Actions:

- The Department of Families EIA program to reduce barriers to initial enrolment with conditional approval, including waivinge document requirements, such as having ID and an address.
- The Manitoba Government to increase funding to enhance the presence of Community Services and Support staff, under the Employment and Income Assistance program, at emergency shelters, community organizations, hospitals, and in correctional facilities.
- The Manitoba Government to enhance funding for EIA case workers and call center staff to improve availability for enquiries.
- The Manitoba Government to increase the amount of money individuals can earn through attachment to the labour market without losing their benefits.

#### 4. Recommendation: Increase income and rent supplements for all Manitobans with no or limited incomes.

Rationale: The survey findings suggest that inadequate income is a primary driver of housing loss and a major barrier to securing stable housing. Almost one-third of survey respondents (32%) identified insufficient income as a reason they most recently lost their housing. Moreover, income related supports (82%) was the second most common response when asked what would help them exit homelessness and maintain housing. These included housing subsides (71%) and increased social assistance amounts (68%). Current income support programs are falling short of covering the basic cost of living, especially in a rental market with rising rents and limited affordable options. Consequently, enhancing financial supports is foundational to addressing homelessness in Winnipeg.

#### Actions:

- Manitoba Government to advocate for an immediate federal-provincial agreement to re-launch the Canada-Manitoba Housing Benefit (CMHB). If this is not possible due to limitations tied to the bilateral agreement between Canada and Manitoba under the National Housing Strategy (NHS), Manitoba's 'Your Way Home' strategy must account for adequate funding for rental top-ups, comparative to what was offered through the CMHB program.
- Manitoba Government to provide temporary or 'bridged' funding to individuals who were cut-off the CMHB, and
  to those whose applications had been submitted prior to the announcement of the program ending.
- Manitoba Government to raise the basic need component for EIA to be tied to Winnipeg's cost of living. The
  basic needs component should also be expanded to include the cost of access to a cell phone and internet
  service.
- Manitoba Government to increase the Manitoba Rent Assist (RA) program supplement (per person) to coincide
  with 100% of the Median Market rental rates and to increase the rent supplement amount (per person) annually
  to maintain this alignment. This should be done in tandem with sustained and increased investments in
  new affordable housing construction, particularly Manitoba Housing projects, to avoid over-reliance on rent
  supplements at the expense of building long-term housing stock.
- Assess Rent Assist benefit eligibility on current income instead of last year's tax return.
- Manitoba Government to expand eligibility of the RA to include all Manitoban renters on low incomes, inclusive
  of those who are temporary foreign workers, refugee claimants, and Ukrainians under Canada-Ukraine
  Authorization for Emergency Travel (CUAET).

### **B. Population-Specific and Transition Supports**

- <u>5. Recommendation:</u> Strengthen transition supports for Indigenous people who move to Winnipeg, with a focus on proactive planning and crisis prevention. Transition supports must address people's housing, education, employment, and healthcare, safety, and community integration needs.
- **Rationale:** Although organizations in Winnipeg, such as the Eagle Urban Transition Centre (EUTC) and the Manitoba Friendship Centres, provide transition services to Indigenous people relocating to the City, many Indigenous survey respondents experienced homelessness after relocating here. This suggests that current supports are not sufficiently preventing housing instability during this transition period, which is consistent with the findings of a study by Brandon and Peters (2014)<sup>39</sup>. This report included a series of recommendations with actions.

• A key informant shared that many individuals arrive with informal housing arrangements (often with relatives or friends). If these arrangements break down, there are few alternate housing options available. There is also limited pre-arrival planning or coordination with Indigenous organizations in Winnipeg—support is typically accessed only when individuals are in crisis. Challenges are further magnified during evacuations (e.g., wildfires, flooding), where there is a lack of pre-planning, supervision gaps for children, safety concerns, and absence of structured activities. These challenges point to the need for improved coordination between First Nations communities, Indigenous organizations in Winnipeg, emergency management, and service providers, both before and after relocation.

#### • Actions:

- Implement the unaddressed recommendations from the "Moving to the City" report.
- Permanently fund the Eagle Urban Transition Centre (EUTC) and strengthen its connection with First Nation communities to encourage pre-arrival planning and proactive referrals.
- Establish pre-arrival planning protocols for individuals relocating to Winnipeg, including housing plans with backup options, and coordinate these with Indigenous organizations in the City.
- Collaboration between emergency management, service providers, and Indigenous organizations to estimate
  how many wildfire evacuees in 2025 are experiencing homelessness. In the 2024 Point-in-Time Count, 12
  individuals reported losing their housing after relocating due to a natural disaster. Current data is needed to
  understand the scale of the issue to develop appropriate responses.
- Develop coordinated evacuation plans that:
  - Ensure adequate supervision of children and youth.
  - Include culturally relevant activities to reduce isolation and prevent negative involvement.
  - Provide community-trained security personnel at evacuation sites and hotels.
  - Create a system to track evacuees to ensure their safe return and confirm their well-being.
  - Guarantee funding for transportation back to home communities when needed.
- 6. <u>Recommendation:</u> Establish "Continuity Navigators" within community 'hubs' who work alongside, but who are distinct from the CFS agency workers, and who are connected to youth before, during, and after CFS-system exits. Continuity Navigators would provide long-term (e.g., age 16 to 29 years), consistent, and trusted support and who promote an interdependent model of living whereby the young adult would be holistically supported. While this recommendation addresses the critical need for consistent supports as youth exit CFS, broader reforms to promote family reunification and prevent unnecessary apprehensions are also essential to reduce the number of children and youth entering care<sup>40</sup>.
- Rationale: The results clearly show that the child welfare system is a pipeline into homelessness, particularly for Indigenous people. Nearly half of the survey respondents had been in care; however, First Nations (60%) and Métis (48%) respondents were vastly overrepresented compared to respondents who were not Indigenous (17%). Despite the provincial government's role in child welfare, only 43% of respondents had a stable housing situation when they aged out. This demonstrates a critical failure in transition supports. Addressing this systemic gap is essential in the plan to end homelessness in Manitoba.

- The Manitoba Government to provide sustainable, interdepartmental funding to community partners such as Zoongizi Ode Inc.; Shawenin Abinoojii; Voices; Futures Forward; Huddle; New Directions for Children, Youth, Adults, and Families; The Link; Rossbrook House; and Resource Assistance for Youth (RaY) to support community-based services being delivered by Continuity Navigators.
- The Manitoba Government to project the average number of youths receiving services (regardless of CFS legal status), who turn 18 years old, annually. This data can be used to predict how many Continuity Navigators are required to absorb the 'inflow' from CFS-system exits.
- The Manitoba Government, alongside young adult lived experts, and community partners, to develop a
  streamlined service delivery process that details the responsibilities of CFS agency workers and Continuity
  Navigators. This process should consider information sharing agreements and be youth centric. All youth who
  receive CFS services upon turning 18 years old, must be eligible to receive supports from a continuity navigator,
  and must be permitted to 'opt in/opt out' of receiving services.

<sup>40</sup> To address this, the Manitoba Government could expand family reunification programs and prevention-focused services that address the root causes of CFS involvement (e.g., poverty, housing instability, and lack of culturally appropriate supports). This is consistent with the recommendations in the 2022 Winnipeg Street Census report.

#### C. Housing Supply & Design

#### 7. <u>Recommendation:</u> Increase deeply affordable housing supply in Winnipeg.

Rationale: A lack of housing options set at rental rates affordable to individuals with limited or fixed incomes in Winnipeg has contributed to homelessness. The number one reason why survey respondents lost their housing most recently was housing and/or financial related (45%). Among those reasons, the primary reason was they could not afford housing (32%). Additionally, more affordable housing (82%) was what survey respondents reported they most needed to secure and maintain stable housing. This is consistent with the state of housing in Winnipeg reported elsewhere. Although investments in housing have increased in recent years as all levels of government have identified the cost of housing to be a national crisis, they investments dedicated to deeply affordable units with wrap-around supports still fall short of the demand and thus, there is a need to increase the supply of quality, deeply affordable housing with appropriate and sustainable measures for care for tenants to close the gap.

- All levels of government to re-evaluate current capital and operating programs to ensure resources are being
  adequately spent to support housing that is rent geared to income (RGI) and accompanied by adequate services
  and supports.
- City of Winnipeg to establish a land bank that is capable of working with non-profits, co-ops, Indigenous housing
  providers, and Manitoba Housing to capture suitable properties and parcels of land as they come available for
  the purpose of developing rent geared to income housing.
- The Manitoba Government to amend The City of Winnipeg Charter<sup>41</sup> to include language that requires the City to proceed with a decision on development by a certain time. This is in relation to variance, conditional use, subdivision, and rezoning applications to ensure affordable housing developments proceed on time and would align The City of Winnipeg Charter to The Planning Act<sup>42</sup>.
- The Manitoba Government to amend the Winnipeg Charter to include "failure to proceed" language in relation to variance, conditional use, subdivision, and rezoning applications to ensure affordable housing developments proceed on time.
- The City of Winnipeg to provide clear, accessible materials to help developers understand the development review process, including all by-laws that impact development.
- The City of Winnipeg to provide financial incentives to appeal to residential developers interested in developing rent geared to income units. Incentives could include waiving portions of certain development fees, forgivable loans for vacant building renovations, or affordability development taxes on new and greenfield development.
- The City of Winnipeg to improve retention of qualified Planner I and Planner II staff responsible for permit and land use application reviews.
- The City of Winnipeg and Manitoba Government to provide more support to Single Room Occupancy (SRO)
   Hotels and legal rooming houses and allow as of right more rooming houses in more zoning districts. Support
   could include financial assistance for repairs and upgrades to meet health and safety standards, operating
   subsidies to keep rents affordable, and technical or regulatory support to help owners comply with zoning and
   licensing requirements. Providing this type of support would help preserve existing low-cost housing, stabilize
   vulnerable tenants, and expand the availability of safe, legal rooming houses in Winnipeg.
- All levels of government to offer tax incentives, density bonuses, and fee waivers to developers to build mixed income housing projects.
- The Manitoba Government to develop a provincial housing strategy that compliments the National Housing Strategy. This strategy should create a fulsome approach to housing all Manitobans and prioritize strategies that will provide a social net for individuals experiencing homelessness, with a clear actionable timeline. This strategy should include both solutions for rapid rehousing options as well as long-term, sustainable, and affordable housing.
- The Manitoba Government to regularly publicly report on progress towards increasing the housing stock.

- 8. <u>Recommendation:</u> Tailor housing models, programs, and supports to the diverse needs, identities, and circumstances of individuals experiencing homelessness.
- Rationale: Equity-deserving groups were disproportionately represented in the sample compared to the general population. This includes First Nations (63%) and Métis (15%) people, and individuals who are part of the 2SLGBTQQIPA+ community (18%). In addition, a significant proportion of the survey respondents were youth (22%) and newcomers (13%) (which includes immigrants, refugees, and refugee claimants). Many respondents also reported health-related issues, which suggests they may need accessible housing and services. Over half (56%) reported mobility challenges, and 41% indicated sensory impairments, such as difficulty seeing or hearing. Additionally, 45% reported a learning, intellectual, developmental, or cognitive condition, and 27% reported a brain injury.

#### Actions:

- Funding to be provided by all levels of government for the following actions:
  - Expand culturally grounded housing for Indigenous people by funding and supporting Indigenous-led housing solutions that integrate cultural teachings, ceremony, and wrap-around supports.
  - Develop more 2SLGBTQQIPA+ affirming housing options, to be led by organizations like Sunshine House, the Rainbow Resource Centre, and Two-Spirited People of Manitoba.
  - Scale up youth-specific housing with transition supports by increasing funding to organizations that already do this, such as Resource Assistance for Youth (RaY), Ndinawemaaganag Endaawaad (Ndinawe), Shawenim Abinoojii, The Link, and the Knowles Centre Inc.
  - Expand culturally responsive transitional housing and supports for newcomers by increasing financial support to organizations like Welcome Place, the Immigrant and Refugee Community Organization of Manitoba (IRCOM), New Journey Housing, and others in the settlement sector.
- The housing development sector to reconsider the development process to ensure proposed tenants are
  included from the outset of project conceptualization. This can ensure Consider the design and aesthetic of all
  built form elements address their future tenants' accessibility needs, reduce potential loneliness and depression
  through better access to green space and communal space, and ensure the location is in relative proximity to
  important amenities and services.
- Integrate experts from the disability community in developing housing models and related supports to ensure people's physical, sensory, and cognitive accessibility needs are met.
- The City of Winnipeg, along with neighbourhood and community groups, should assess how public amenities such as community centres, libraries, open spaces, and parks can be made more hospitable and welcoming to individuals who have recently secured housing.

#### D. Access to Services and Benefits

- 9. <u>Recommendation:</u> Enhance access to services that facilitate income tax filing, obtaining government-issued ID, and benefit navigation to improve people's access to essential government income supports and Provincial tax credits that they are entitled to receive.
- Rationale: One in five people (19%) did not have any sources of income and few people reported receiving the GST/HST credit (5.1%) or the Canada Child Benefit (CCB) (0.7%). Access to these income supports requires that people have a Social Insurance Number, an address, and completed tax returns. Many people experiencing homelessness face barriers to meeting these requirements. Community organizations providing tax filing, access to ID, and benefits navigation are overwhelmed with demand which outstrips current service delivery capacity by a wide margin.

- The Manitoba Government to fund the expansion of year-round tax filing, access to IDs, and benefits navigation provided through financial empowerment community agencies, including mobile and drop-in income tax clinics and ID clinics in shelters, community centres, and encampments.
- Integrate the provision of access to ID, tax filing, and benefits navigation supports within government systems, including health care settings, correctional facilities, and public housing.
- Educate Work with financial empowerment service providers to educate direct service staff and peer navigators about government benefits and how to help people complete applications.

- Collaborative effort between the Manitoba Government and community organizations to advocate for the Canada Revenue Agency (CRA) to pilot simplified filing or auto-enrolment options for people without a fixed address.
- Allow EIA recipients to have equal access to refundable tax credits offered to all other Manitobans by removing Box 14 from Manitoba T5007 tax slips.

#### E. Health and Wellness Supports

## 10. <u>Recommendation:</u> Increase mental health supports to individuals who are experiencing homelessness, to those who are precariously housed, and to those who are recently housed.

• Rationale: Mental health struggles were common among survey respondents and contributed to housing loss and difficulties transitioning out of homelessness. Specifically, more than half (56%) reported struggling with their mental health, with even higher rates among women (64%) and gender diverse and non-binary individuals (81%). For some (8%), mental health challenges were reasons for their housing loss. Notably, 66% of respondents reported they need mental health supports to find and maintain housing. Without access to timely and appropriate mental health care, people are likely to remain stuck in cycles of homelessness and will continue to strain the healthcare and justice systems.

#### Actions:

- Provincial government to increase funding to HOCS (Health Outreach and Community Support); to assist
  support workers with challenges connecting to mental health supports and clinical services. To meet case
  management waitlist demands, Manitoba government to incrementally add additional case management
  supports, at varying intensities to support housing access and stability.
- Manitoba government to provide funding for mobile, low barrier counselling, including grief and loss counselling, as a resource that individuals can access while receiving mental health or Housing First case management supports.
- Community Mental Health and Shared Health ACT (Assertive Community Treatment), PACT (Program of Assertive Community Treatment), and FACTT (Forensic Assertive Community Treatment, Flexible Assertive Community Treatment) programs to add Indigenous cultural workers and peer specialists to their teams.
- Shared Health to hire an external evaluator to determine who and why some individuals are unable to obtain the support (at the level) they need.

#### 11. Recommendation: Increase access to substance use supports.

• Rationale: Substance use was common among the survey respondents. While 71% reported using substances, less than one-quarter accessed substance use treatment (22%) or supervised consumption services (18%). Additionally, 16% of survey respondents reported substance use contributed to their housing loss. Among all survey respondents, 39% reported needing addiction-related supports to help them find and maintain stable housing. The gap between high rates of substance use and low use of services signals the need to improve access to services and supports that meet people where they are at. These supports – such as overdose prevention, supervised consumption services, withdrawal management, and treatment, should be available in ways that are accessible, low barrier, culturally responsive, and inclusive of both abstinence-based and harm reduction approaches. This is critical because some individuals may seek to change their relationship with substances without pursuing abstinence, and traditional recovery models may not meet their needs.

- Manitoba Government to increase funding for addiction services that are wholistic, culturally responsive, low barrier, and support behavior change while respecting a wide range of client-defined goals—not only abstinence—such as harm reduction, stabilization, and safer use. Funding should be allocated towards:
  - Managed alcohol and managed cannabis programs.
  - Streamlining access to Rapid Access to Addictions Medicine (RAAM) Clinics (e.g., reduce wait times, coordinate with shelters) which may require more services.
  - Increasing withdrawal management services to address access challenges for unhoused individuals (e.g., access to beds, hours of operation, outreach).
  - Increasing residential treatment opportunities to provide more opportunities for treatment following

- detox (e.g., increase the number of beds, prioritize funding for Indigenous-led and youth-focused programs, hold 25% of the spaces for individuals exiting systems).
- Embedding cultural and spiritual practices and ceremony into addiction services.
- Formalizing processes to connect to community case management while in treatment to support transitions.

#### • F. Service Delivery and System Coordination

## 12. <u>Recommendation:</u> Decrease the amount of time it takes for individuals to get housing through Coordinated Access.

• Rationale: Sixty-seven percent (67%) of the survey respondents had experienced six months of homelessness in the year prior to the survey, meeting the one-year timeframe definition of chronic homelessness<sup>43</sup>. Sixty-four percent (64%) had experienced homelessness for at least 1.5 years in the previous three years. These findings speak to the severity and persistence of chronic homelessness in Winnipeg. Given this high level, it is critical to strengthen Winnipeg's Coordinated Access system, Naatamooskakowin, to ensure that individuals with the complex needs are identified quickly and meaningfully supported and connected to appropriate housing options without prolonged delays.

#### Actions:

- To address capacity challenges and ensure timelier, and more equitable access to housing, the community-driven recommendations outlined in the Stronger Together report<sup>44</sup> should be implemented immediately by End Homelessness Winnipeg. These include measures to improve intake processes, reduce wait times, strengthen communication and transparency, and rebuild trust through collaborative, culturally grounded approaches.
- End Homelessness Winnipeg to establish community partnerships with organizations beyond those exclusively funded by Reaching Home to enhance Coordinated Access triage processes and improve overall system coordination.
- End Homelessness Winnipeg to report their progress and increase accountability by reporting key performance indicators (e.g., average time from intake to housing, waitlist size) on their website and in the annual community impact report.

#### 13. Recommendation: Improve access to relevant data.

• Rationale: The Point-In-Time Count is a community-wide effort to estimate the number of people experiencing homelessness at one point in time. However, it is costly, resource intensive, and limited in its ability to reach certain segments of the population experiencing homelessness. Winnipeg currently does not have a more timely, less costly, less resource intensive way to estimate the size of the population experiencing homelessness or to understand the drivers of homelessness and experiences and needs of people experiencing homelessness. If we want to make progress, policy and decision-makers need to be basing their decisions on information and evidence. To do this, they need person-specific information that is as close to real-time as possible. Person-specific data prevents duplication, allows for understanding system flow, and supports person-centered interventions. The ultimate goal should be real-time data access, but to start, monthly data would be a significant improvement over the current situation and should be prioritized as an initial milestone. Achieving better access to relevant data will require coordination across multiple government departments and between organizations in the homeless-serving sector as well as IT, data science, and data analysis expertise.

- Provincial government to legislate their departments (e.g., Families, Justice, Health) and affiliated institutions and agencies to report monthly the number of individuals who exit systems into homelessness.
- End Homelessness Winnipeg to collaborate with local organizations to increase the number of agencies onboarded to HIFIS, providing timely and accurate data and integrating it with relevant data in other systems.

<sup>43</sup> The one-year and three-year definitions of chronic homelessness are set by the Government of Canada. For reference: Housing, Infrastructure, and Communities Canada. (2025). Reaching Home: Canada's Homelessness Strategy Directives. Government of Canada. <a href="https://housing-infrastructure.canada.ca/homelessness-sans-abri/directives-eng.html">https://housing-infrastructure.canada.ca/homelessness-sans-abri/directives-eng.html</a>

<sup>44</sup> Hansen, T. (2025). Stronger Together: Summary Report - "Pathways to Reconciliation and Renewal: Strengthening Coordinated Access and Building a Unified Community Response to Homelessness. End Homelessness Winnipeg. Winnipeg, MB. <a href="https://endhomelessnesswinnipeg.ca/wp-content/uploads/Stronger-Together-Summary-Report.pdf">https://endhomelessnesswinnipeg.ca/wp-content/uploads/Stronger-Together-Summary-Report.pdf</a>

- End Homelessness Winnipeg to enhance their relationships with organizations (e.g., emergency shelters, CFS, Justice, Health, academic and community-based researchers) to build trust in sharing and reporting data.
- City of Winnipeg to partner with End Homelessness Winnipeg to build a centralized database of housing-related providers and programs (e.g., housing+ information hub)<sup>45</sup>. The database should be updated regularly and made available to the public via an interactive dashboard. Access to information should be universal, but referral and intake processes should prioritize individuals at highest risk of chronic homelessness.
- End Homelessness Winnipeg to report homelessness and housing trends on a regular basis (ideally in real-time) via their data dashboard and make it user-friendly, while also maintaining and publishing historical data to identify trends over time.
- The provincial government to fund housing and homelessness-related research projects, partnering with local academics and community-based researchers.

In summary, we need systems and supports that treat people with respect, dignity, and agency, and recognize their full potential. We need investments in housing, supports, policies and programs that are rooted in rights, inclusion, and accountability. Without significant intervention in the short-term and sustained investments in the long-term, the state of homelessness in Winnipeg is on track to get worse.

# **Appendices**

### **Appendix A - Tables of Results**

**Table A1.** Breakdown of the number of people experiencing homelessness on November 5<sup>th</sup>, 2024 by data source. [Presented in the main report as Table 1]

Data Source	Number
Survey respondents	1511
Children, partners, and other adults who were with survey respondents	388
Shelters and transitional housing programs that enter information into the Homeless Individuals and Families Information System (HIFIS)	868
Winnipeg hospitals (obtained from an information request)	32
Transitional housing program that does not use HIFIS (obtained from an information request)	19

Table A2. Responses to the question, "Did family members or anyone else (e.g., partner) stay with you on Tuesday, November 5th, including pets?". [Presented in the main report as Table 2]

Response	n	%
Yes	437	30.3
Another adult	274	19.0
Partner	140	9.7
Children	41	2.8
Pets	11	0.8
No	1004	69.7

Note. N = 1441; Missing N = 70 (Decline to answer, n = 13; Unclear response, n = 9; Not recorded, n = 48).

**Table A3.** Age distribution of survey respondents. [Presented as a condensed version in the main report as Figure 2]

Age Groups	n	%
Youth (≤ 29 years)	322	22.1
16 to 19 years	26	1.8
20 to 29 years	296	20.3
Adults (30 – 49 years)	765	52.4
Older adults (50+ years)	372	25.5
50 to 64 years	330	22.6
65+ years	42	2.9

*Note.* N = 1459, Missing N = 52.

**Table A4. Gender identities of survey respondents.** [Presented in the main report as Figure 3]

Gender Identity	n	%
Man/Male only	771	55.2
Woman/Female only	550	39.3
Transgender, non-binary, or another gender-diverse identity <sup>b</sup>	77	5.5

Note. Individuals could identify multiple gender identities. blncludes Two-Spirit (n = 42, 3.0%), Non-binary (n = 13, 0.9%), Queer (n = 11, 0.8%), Trans

Woman (n = 5, 0.4%), Indigiqueer (n = 3, 0.2%), Gender fluid (n = 3, 0.2%), Gender non-conforming (n = 3, 0.2%), Agender (n = 2, 0.1%), Demiboy (n = 2, 0.1%), Demigirl (n = 2, 0.1%), Trans Man (n = 1, 0.1%), Pangender (n = 1, 0.1%), Intersex (n = 1, 0.1%), Questioning (n = 1, 0.1%); Missing N = 113 (Don't know, n = 15; Decline to answer, n = 36; Didn't answer the question, n = 9; not recorded, n = 53)

Table A5. Sexual orientation of survey respondents.

Response	n	%
Heterosexual/Straight	1118	84.3
2SLGBTQQIPA+a	209	15.7

Note. Individuals could report multiple sexual orientations.  $^{\circ}$ 2SLGBTQQIPA+ includes Bisexual (n = 108, 8.1%), Gay (n = 34, 2.6%), Two-Spirit (n = 22, 1.7%), Asexual (n = 16, 1.2%), Pansexual (n = 13, 1.0%), Lesbian (n = 12, 0.9%), Queer (n = 8, 0.6%), Questioning (n = 5, 0.4%), Demisexual (n = 5, 0.4%), Aromantic (n = 3, 0.2%), Panromantic (n = 2, 0.2%), Indigiqueer (n = 2, 0.2%), Demiromantic (n = 1, 0.1%), Omnisexual (n = 1, 0.1%); Missing n = 184 (Don't know, n = 34; Decline to answer, n = 75; Didn't answer the question, n = 12, not recorded, n = 63).

Table A6. Indigenous identity reported by survey respondents. [Presented in the main report as Figure 4]

Indigenous Identity <sup>a</sup>	n	%
Indigenous	1099	79.9
First Nations <sup>b</sup>	864	62.8
Métis <sup>c</sup>	207	15.0
Inuit	5	0.4
Other Indigenous Ancestry	23	1.7
Not Indigenous	277	20.1

Note.  $^{\circ}N$  = 1376; Missing N = 135 (Don't know, n = 12; Decline to answer, n = 14; not recorded, n = 109)

Table A7. Age distribution of respondents by Indigenous identity.

	First Nations (N = 846)		Métis (N = 202)		Not Indigenous (N = 275)	
Age Groups	n	%	n	%	n	%
Youth (≤ 29 years)	189 <sub>a,b</sub>	22.3	30 <sub>b</sub>	14.9	68 <sub>a</sub>	24.7
Adults (30 – 49 years)	464 <sub>a</sub>	54.8	113	55.9	116 <sub>b</sub>	42.2
Older adults (50+ years)	193 <sub>a</sub>	22.8	59 <sub>a, b</sub>	29.2	91 <sub>b</sub>	33.1

Note. The distribution of responses differed significantly between the groups,  $\chi^2_{(4)} = 22.07$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table A8. Age distribution of survey respondents by gender identity.

	Man / Male (N = 757)		Woman / Female (N = 535)		Gender Diverse / Non-Binary (N = 74)	
Age Groups	n	%	n	%	n	%
Youth (≤ 29 years)	133	17.6	127 <sub>b</sub>	23.7	32 <sub>c</sub>	43.2
Adults (30 – 49 years)	393	51.9	295 <sub>a</sub>	55.1	31 <sub>a</sub>	41.9
Older adults (50+ years)	231	30.5	113 <sub>b</sub>	21.1	11 <sub>b</sub>	14.9

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(4)} = 39.79$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

b92.2% have Status and 7.1% do not have Status (among 794 respondents)

<sup>°34.9%</sup> are Métis citizens/have a membership card and 65.1% were self-declaring their Métis identity (among 166 respondents)

	Table A9. Age distribution of	survey respondents b	y sexual orientation.
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	Heterosexual / Straight (N = 1,100)		2SLGBT (N =	
Age Groups	n %		n	%
Youth (≤ 29 years)	201 <sub>a</sub>	18.3	79 <sub>b</sub>	39.7
Adults (30 – 49)	583	53.0	98	49.2
Older adults (50 and above)	316 <sub>a</sub>	28.7	22 <sub>b</sub>	11.1

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 56.57$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table A10. Crosstabulation of gender identity and sexual orientation.

	Man / Male (N = 727)		Woman / Female (N = 506)		Gender Diverse / Non-Binary (N = 66)	
Sexual Orientation	n	%	n	%	n	%
Heterosexual/straight	684 <sub>a</sub>	94.1	403 <sub>b</sub>	79.6	14 <sub>c</sub>	21.2
2SLGBTQQIPA+	43	5.9	103 <sub>h</sub>	20.4	52	78.8

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 265.49$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table A11. Crosstabulation of Indigenous identity and gender identity.

	First Nations (N = 821)		Métis (N = 203)		Not Indigenous (N = 262)	
Gender	n	%	n	%	n	%
Man/Male	388	47.3	119 <sub>b</sub>	58.6	206 <sub>c</sub>	78.6
Woman/Female	379 <sub>a</sub>	46.2	74 <sub>b</sub>	36.5	51 <sub>c</sub>	19.5
Gender Diverse / Non-Binary	54	6.6	10 <sub>a, b</sub>	4.9	5 <sub>b</sub>	1.9

*Note*. The distribution of responses differed significantly between the groups,  $\chi^2_{(4)} = 80.42$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table A12. Crosstabulation of Indigenous identity and sexual orientation.

	First N (N =		1	étis 194)	Not Ind	•
Sexual Orientation	n	%	n	%	n	%
Heterosexual/straight	657 <sub>a</sub>	84.9	163 <sub>a</sub>	84.0	220 <sub>a</sub>	88.0
2SLGBTQQIPA+	117 <sub>a</sub>	15.1	31	16.0	30	12.0

*Note.* The distribution of responses did not differ significantly between the groups,  $\chi^2_{(2)} = 1.82$ , p = 0.40. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table A13. Diversity of racial and ethnocultural identities (not including Indigeneity) among respondents.

Responses	n	%
White (e.g. European, French, Ukrainian, Euro-Latinx)	248	21.2
Black-African (e.g., Ghanaian, Ethiopian, Nigerian)	84	7.2
Latin American (e.g., Brazilian, Mexican, Chilean, Cuban)	15	1.3
Arab (e.g., Syrian, Egyptian, Yemeni)	14	1.2
Asian-South-East (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian)	12	1.0
Asian-East (e.g., Chinese, Korean, Japanese)	8	0.7
Asian-South or Indo-Caribbean (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo- Trinidadian)	8	0.7
Black-Afro-Caribbean or Afro-Latinx (e.g., Jamaican, Haitian, Afro-Brazilian)	8	0.7
Mixed Race Unspecified	4	0.3
Asian-West (e.g., Iranian, Afghan)	3	0.3
Canadian / American Unspecified	2	0.2
Black European	1	0.1

Note. Individuals could report multiple racial identities. N = 1171; Missing N = 340 (Don't know, n = 19; Decline to answer, n = 32; Not recorded, n = 289)

Table A14. Responses to the question, "Did you come to Canada as an immigrant, refugee, refugee claimant, or through another process?". [Presented in the main report as Figure 5]

Response	n	%
Yes	140	12.9
Refugee Claimant	77	55.0
Permanent Resident	50	35.7
Other (e.g., a person without status)	5	3.6
Temporary Foreign Worker	4	2.9
International Student	3	2.1
Don't know the category	1	0.7
No (from Canada)	943	87.1

Note. N = 1083; Missing N = 428 (Don't know, n = 7; Decline to answer, n = 7; not recorded, n = 414).

Table A15. Responses to the question, "Have you ever served in the Canadian military or RCMP?".

Response	n	%
Yes, Military	53	3.7
Yes, RCMP	9	0.6
Both Military and RCMP	9	0.6
No	1352	95.0

Note. N = 1423; Missing N = 88 (Don't know, n = 7; Declined to answer, n = 11; not recorded, n = 70)

**Table 16.** Responses to the question, "Have you always lived in Winnipeg?". [Presented in the main report as Table 3]

Responses	n	%
Yes	694	48.1
No	749	51.9

Note. N = 1443; Missing N = 68 (Don't know, n = 7; Decline to answer, n = 8; Not recorded, n = 53).

Table A17. Length of time in Winnipeg.

Responses	n	%
<= 1 year	155	22.6
1 to 5 years	133	19.4
6 to 10 years	94	13.7
11+ years	303	44.2

Note. N = 685.

**Table A18.** Location of residence prior to moving to Winnipeg. [Presented in the main report as Table 4]

Responses	n	%
Canada	591	86.7
Manitoba	354	53.2
Elsewhere in Canada	220	33.1
Elsewhere (i.e., not Canada)	91	13.3
USA	62	9.3
Other parts of the world	29	4.4

*Note.* Canada and elsewhere: N = 682; Missing N = 67 (Decline to answer, n = 14; Don't know, n = 2; Not recorded/cannot determine, n = 51). Further breakdown: N = 665; Missing N = 84 (Decline to answer, n = 14, Don't know, n = 2; Not recorded/cannot determine, n = 84).

Table A19. Location of residence prior to moving to Winnipeg among the First Nations respondents.

[Presented in the main report as Table 5]

Response	n	%
First Nations reserve	150	40.9
Elsewhere	217	59.1

Note. N = 367; Missing N = 47 (Decline to answer, n = 5; Don't know, n = 2; Not recorded/cannot determine, n = 40). Examples of other locations include Brandon, Selkirk, Steinbach, Thompson, and Toronto.

Table A20. Location of residence prior to coming to Winnipeg among the newcomer respondents (i.e., immigrants, refugees, refugee claimants, and people who came through another process. [Presented in the main report as Table 6]

Responses	n	%
USA	58	50.4
Other parts of the world	25	21.7
Another province or territory in Canada		17.4
Manitoba	12	10.4

Note. N = 115; Missing N = 25 (Deline to answer, n = 6; Not recorded/cannot determine, n = 19).

Table A21. Location where survey respondents stayed on November 5, 2024, the night of the enumeration.

[Presented in the main report as Table 7 and in a condensed version as Figure 1]

Location	n	%
Unsheltered	405	28.4
Unsheltered in a public space (e.g. street, park, bus shelter, forest or abandoned building)	272	19.1
Encampment	112	7.9
Sheltered but not sleeping (e.g., stairwell, laundry room, garage)	12	0.8
Vehicle (e.g., car, van, RV, truck, boat)	9	0.6
At a shelter	418	29.4
Homeless Shelter (emergency, family or domestic violence shelter)	387	27.2
Drop-in (e.g., WE24, Tina's Safe Haven, Ndinawe's Safe House)	31	2.2
Provisionally accommodated		37.1
Someone Else's Place	367	25.8
Transitional Shelter / Housing	60	4.2
Motel / Hotel (self-funded)	30	2.1
Hotel / Motel (funded by the City or homeless program)	17	1.2
Hospital	17	1.2
Rooming House	15	1.1
Treatment Centre	13	0.9
Jail, Prison, Remand Centre	9	0.6
Permanently accommodated <sup>a</sup>	9	0.6
Other locations (unclear, uncertain, multiple)	64	4.5

Note. N = 1424, Missing N = 87 (declined to answer or not recorded). Respondents who were in their own apartment/house on November  $5^{th}$ , but they indicated it was not a safe or permanent housing situation and thus met the eligibility criteria to participate in the survey.

Table A22. Length of time experienced homelessness in the year before the survey.

[Presented in the main report as Figure 7]

Length of time	n	%
< 3 months	229	17.1
3 to ≤6 months	200	15.0
6 to 12 months	907	67.9

*Note.* N = 1339; Missing N = 175.

Table A23. Length of time experienced homelessness in the three years before the survey.

Length of time	n	%
Less than half the time (<18 months OR < 1.5 years)	492	36.4
About half or more of the time (>18 months OR 1.5+ years)	859	63.6

Note. N = 1351, Missing N = 160 (Don't know, n = 57; Decline to answer, n = 10; Not recorded, n = 93)

Table A24. Health conditions and health-related challenges experienced by the survey respondents.

[Presented as a condensed version in the main report as Table 8]

				Missing
Condition	n	%	N	Ν
Substance use (e.g., alcohol, crystal meth, Down, Meth, Speedball, Suzy Qs, Addys, Gabbies, molly, or prescription drugs used recreationally like percocets, T3s, greys, percs, dillies, green beans)	995	71.1	1399	112
Physical mobility (e.g., arthritis, spinal cord injury)	802	56.2	1426	85
Mental health [diagnosed and undiagnosed] (e.g., depression, anxiety, post-traumatic stress disorder (PTSD), bipolar, schizophrenia)	774	56.0	1383	128
Learning, intellectual or developmental, or cognitive function	636	46.4	1372	139
Seeing or hearing (i.e., issues with senses)	557	40.8	1364	147
A medical condition that requires medication and/or regular doctor visits (e.g. diabetes, human immunodeficiency virus (HIV), cancer, or heart disease) (i.e., a chronic or long-term condition)	549	40.0	1373	138
An illness or injury that may require medical attention (e.g., sprain, tuberculosis (TB), COVID-19) (i.e., a short-term condition)	396	29.0	1366	145
A brain injury	363	26.8	1352	159

Table A25. Access to medical care when needed.

Response	n	%
Yes	1094	78.6
No	297	21.4

Note. N = 1391; Missing N = 120 (Don't know, n = 30; Decline to answer, n = 10; not recorded, n = 80)

Table A26. Healthcare use the year before the survey. [Presented as a condensed version in the main report as Table 9]

				Missing
Type of healthcare use	n	%	N	N
Been to an emergency room	746	54.3	1375	136
Admitted to a hospital	675	48.5	1391	120
Used an ambulance as a patient	599	44.4	1350	161
Substance use treatment facility	300	22.0	1361	150
Supervised consumption service	243	18.0	1349	162

Table A27. Survey respondents' living situation after hospital discharge.

Location	n	%
Provisionally accommodated (e.g., someone else's' place, transitional housing, jail/remand	247	38.0
At a shelter (emergency, family, domestic violence	190	29.2
Unsheltered (e.g., public space, encampment, vehicle	179	27.5
Permanently accommodated (own apartment/house, rooming house, with family	77	11.8
Unknowr	6	0.9

Note. Respondents could have selected more than one response. N = 650, Missing N = 25 (Don't know, n = 11; Decline to answer, n = 4; not

recorded, n = 10).

Table A28. Placement in foster care, kin care, or a youth group home during childhood or adolescence.

[Presented in the main report as Figure 9]

Response	n	%
Yes	693	48.8
No	726	51.2

Note. N = 1419; Missing N = 92 (Don't know, n = 24; Decline to answer, n = 17; not recorded, n = 51).

Table A29. Placement in foster care, kin care, or a youth group home during childhood or adolescence by Indigenous identity.

		lations 835)		étis 203)	Not Ind (N =	-
Responses	n	%	n	%	n	%
Yes	503 <sub>a</sub>	60.2	98 <sub>b</sub>	48.3	45 <sub>c</sub>	16.7
No	332	39.8	105 <sub>b</sub>	51.7	224 <sub>c</sub>	83.3

Note. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)}$  = 154.22, p < 0.001.

Table A30. Placement in foster care, kin care, or a youth group home during childhood or adolescence by age group.

	Youth (≤ 29 years) (N = 298)		Adults (30 - 49) (N = 729)		Older / (50+ ) (N =	/ears)
Responses	n	%	n	%	n	%
Yes	175 <sub>a</sub>	58.7	364 <sub>b</sub>	49.9	141 <sub>c</sub>	39.2
No	123	41.3	365	50.1	219	60.8

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)}$  = 25.46, p < 0.001.

Table A31. Living situation within 3 months of exiting CFS around their 18th birthday.

[Presented in the main report as Figure 10]

Location	n	%
Permanently accommodated (e.g., own apartment/house, rooming house, with family)	141	43.3
Provisionally accommodated (e.g., someone else's' place, transitional housing, jail/remand)	107	32.8
Unsheltered (public space, encampment, vehicle)	53	16.3
At a shelter (emergency, family, domestic violence)	37	11.3

Note. N = 326; Missing N = 16 (Don't know, n = 9; decline to answer, n = 3; not recorded, n = 4).

Table A32. Spent time in jail, prison, remand, or a detention centre in the past year.

[Presented in the main report as Figure 11]

Response	n	%
Yes	400	29.7
No	948	70.3

Note. N = 1348, Missing N = 163 (Don't know, n = 13; decline to answer, n = 15; not recorded, n = 135)

**Table A33.** Income sources of survey respondents. [Presented in the main report as Table 10]

Category	Source	n	%
General Gover	nment Income Supports	605	42.0
	Welfare/Social Assistance (General Assistance EIA)	455	31.6
	Employment Insurance (EI)	134	9.3
	GST/HST Refund	73	5.1
	Climate Incentive	1	0.1
Disability, He	alth, or Injury-Related Benefits	421	29.2
	Disability Benefit (e.g., EIA Disability)	420	29.2
	Workers' Compensation	1	0.1
Informal Incor sex work; gam	me Sources (e.g., selling art, Bannock, clothes; bottle returns; panhandling; abling)	229	15.9
Employment I	ncome	85	5.9
	Casual employment (e.g., contract work)	49	3.4
	Part time employment	27	1.9
	Full time employment	15	1.0
	Seasonal work	2	0.1
Money from F	amily/Friends	79	5.5
Senior Benefit	s (e.g., CPP/OAS/GIS/Pension)	61	4.2
Other Sources		15	1.0
	Public Trustee	5	0.3
	Death Benefit	3	0.2
	Insurance Benefits	3	0.2
	First Nation	2	0.1
	Charity	1	0.1
	Rent supplement	1	0.1
Money from a	Service Agency	14	1.0
Child, Family,	and Dependent Benefits	11	0.8
	Child and family tax benefits	10	0.7
	Canada Learning Benefit	1	0.1
Retirement an	d Long-Term Savings	3	0.2
	Savings	2	0.1
	Retired	1	0.1
	Pension	2	0.1
Veteran / VAC	Benefits	1	0.1
No Income		280	19.4

Note. N = 1440, Missing N = 71 (Don't know, n = 6; Decline to answer, n = 8; Didn't answer the question, n = 1; not recorded, n = 56)

Table A34. Survey respondents' EIA experiences. [Presented in the main report as Table 11]

Question	Response	n	%
Have you ever applied for EIA? <sup>a</sup>	Yes	1219	85.9
	No	200	14.1
Did you experience challenges staying on EIA?b	Yes	466	44.4
	No	583	55.6

Note.  ${}^{\circ}N$  = 1419, Missing N = 92 (Don't know, n = 6; Declined to answer, n = 6; Not recorded, n = 80)  ${}^{\circ}N$  = 1049, Missing N = 170 (Don't know, n = 54; Decline to answer, n = 17; Not recorded, n = 99) \*\* Limited to people who said they had applied for EIA.

Table A35. Categories of reasons why survey respondents lost their housing most recently.

[Presented in the main report as Table 12]

Categories	n	%
Housing & Financial Issues	613	44.6
Conflict	494	36.0
Health-related issues	339	24.7
Eviction	234	17.0
Family separation & life transitions	196	14.3
Abusive and/or violent situation	166	12.1
Discrimination	154	11.2
Incarceration	65	4.7
Other reasons	9	0.7

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A36. Housing and financial reasons for losing housing most recently.

[Presented in the main report as Table 13]

Housing and Financial Reasons	n	%
Yes	613	44.6
Not enough income for housing (e.g., loss of benefit, income, or job)	443	32.3
Unfit / unsafe housing condition (e.g., mould, bed bugs)	120	8.7
Damage to property (e.g., fire, flood)	49	3.6
Building sold or renovated	36	2.6
Other pandemic-related income loss	18	1.3
Issues related to CERB & pandemic benefits	7	0.5
Owner moved in	6	0.4
Loss of utilities		0.1
Guarantor		0.1
Needs not met by current housing situation	1	0.1
No	760	55.4

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A37. Eviction as a reason for losing housing most recently.

Lost Housing Due To Eviction	n	%
Yes	234	17.0
Eviction	230	16.8
Illegal entry	9	0.7
No	1139	83.0

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A38. Lost housing most recently due to a conflict with one or more people.

Lost Housing due to Conflict	n	%
Yes	494	36.0
Conflict with spouse/partner	190	13.8
Conflict with landlord/caretaker	106	7.7
Conflict with parent/guardian	90	6.6
Complaint (e.g. noise/damage)	52	3.8
Conflict with family	29	2.1
Gang takeover	29	2.1
Conflict with roommate(s)	19	1.4
Conflict with neighbours / other tenants	11	0.8
Company (too many people/visitors)	10	0.7
Conflict with friend(s)	8	0.6
Conflict with authority	4	0.3
Conflict with other (unspecified)	2	0.1
Inappropriate behaviour by the tenant	2	0.1
No	879	64.0

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A39. Health-related reasons for losing housing most recently.

Health-related	n	%
Yes	339	24.7
Substance use issue	223	16.2
Mental health issue	110	8.0
Physical health issue/disability	92	6.7
Hospitalization or treatment program	40	2.9
Medical relocation	12	0.9
No wraparound supports	4	0.3
Health (general)	2	0.1
No	1034	75.3

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A40. Lost housing most recently due to some form of discrimination.

Lost Housing due Discrimination	n	%
Yes	154	11.2
Experienced discrimination (unspecified)	147	10.7
From landlord	59	4.3
From spouse/partner	40	2.9
From parent/guardian	22	1.6
Community	5	0.4
Experienced discrimination/conflict at work	5	0.4
Neighbour/other tenants	3	0.2
Racism	2	0.1
Family	2	0.1
No	1219	88.8

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A41. Lost housing most recently because of family separation and/or a life transition.

Family Separation & Life Transitions	n	%
Yes	196	14.3
Death or departure of a family member	82	6.0
Left the community/relocated	58	4.2
End of CFS Involvement	42	3.1
Relocated due to natural disaster	12	0.9
"Lost" children	7	0.5
Grief	2	0.1
Travelled	1	0.1
No	1177	85.7

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (NA, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A42. Lost housing most recently due to an abusive and/or violent situation.

Experienced Abuse by	n	%
Yes	166	12.1
Spouse/partner	97	7.1
Parent/guardian	30	2.2
Landlord	23	1.7
Violence/abuse	9	0.7
Roommate/neighbour	6	0.4
Friend	3	0.2
Experienced Abuse Unspecified	3	0.2
Stalked	3	0.2

Experienced Abuse by	n	%
Family	2	0.1
Violence (community)	2	0.1
No	1207	87.9

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (Not applicable, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A43. Lost housing most recently because of incarceration.

Incarceration (jail, prison)		n	%
Ye	S	65	4.7
N	0	1308	95.3

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (Not applicable, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A44. Other reasons for losing housing most recently.

Other reasons	n	%
Yes	9	0.7
Asylum seeker/immigration	5	0.4
Pet(s)	3	0.2
Forceable discharge from military	1	0.1
No	1364	99.3

Note. Respondents could select multiple responses and state other reasons. N = 1373, Missing N = 138 (Not applicable, n = 6; Don't know, n = 23; Decline to answer, n = 15; Not recorded, n = 94)

Table A45. Supports survey respondents identified to help find and maintain housing.

[Presented in the main report as Table 14]

Type of Supports	Supports	n	%
Housing supply	Yes	1127	82.1
	More affordable housing	1127	82.1
	Permanent housing/own place	3	0.2
	More housing stock	1	0.1
Income-related	Yes	1126	82.0
supports	Housing subsidy or benefit	978	71.2
	More money from EIA or Manitoba Supports for Persons with	929	67.7
	Disabilities		
	More money/ higher income	4	0.3
	Pension / workers' compensation / divorce settlement	3	0.2

Type of Supports	Supports	n	%
Help with the	Yes	1035	75.4
application	Help with housing applications	781	56.9
process	Help with transportation	774	56.4
	Help getting identification	680	49.5
	Accessible housing listings/help finding housing	10	100.0
	Access to a phone and/or computer	9	0.7
Help maintaining	Yes	973	70.9
housing	Housing with supports (i.e., healthcare, mental health and addiction support services)	795	57.9
	Help keeping housing once you have it (e.g., pest control prep assistance, housekeeping, managing guests)	601	43.8
	Landlord support/mediation services	506	36.9
	Worker or advocate (social, support, mental health, housing)	12	0.9
	Supports - general	9	0.7
	Help accessing/preparing food	2	0.1
	Help with moving	1	0.1
Mental health	Yes	911	66.4
	Mental health supports	908	66.1
	Need to get out of my own way/need to help myself first	4	0.3
Employment and	Yes	675	49.2
education-related	Help finding employment	675	49.2
supports	Education and training	1	0.1
Financial management	Yes	623	45.4
	Help with managing finances (paying rent or other bills)	620	45.2
	Help accessing EIA	2	0.1
	Help accessing benefits	1	0.1
Addiction-related	Yes	533	38.8
supports	Help accessing substance use treatment	411	29.9
	Help accessing withdrawal management (detox) services	382	27.8
	Help with overdose prevention	319	23.2
	Access to supervised consumption services	301	21.9
Health	Help with ongoing medical conditions	528	38.5
Community,	Yes	476	34.7
culture, and	Culturally safe housing supports	467	34.0
connection	Wants to live with family/family supports/partner	7	0.5
	Support network (e.g., friends, mentors, big brother)	4	0.3
	CFS-related (settlement, reuniting with kids, CFS liaison)	3	0.2
Newcomer issues	Yes	152	11.1
	Help with settlement/immigration issues	151	11.0
	Work permit	2	0.1

Type of Supports	Supports	n	%			
Eligibility-related	Yes	14	1.0			
supports	Guarantor/co-signer and reference	10	0.7			
	Needs credit/owes money/forgiveness for past housing mistakes	3	0.2			
	Damage deposit	1	0.1			
Housing features	Yes	10	0.7			
	Accessibility needs (e.g., can't walk)/disability/assisted living	5	0.4			
	Autonomy / ability to make my own decisions / have pet	3	0.2			
	Housing features (e.g., common room)	2	0.1			
Safe housing	Yes	8	0.6			
	Housing in a safe/right location/safe housing	7	0.5			
	Prevent gang takeover and other gang-related activities	1	0.1			
Other <sup>a</sup>	Yes	10	0.7			
I'm not interested in	I'm not interested in finding permanent housing					
Already receiving su	pports	5	0.4			

*Note.* Respondents could select multiple responses and suggest their own ideas. <sup>a</sup>Other supports include a lawyer, housing after incarceration, RTB is a barrier, good roommates, frustrated, everything, personal car, and becoming stable.

# Appendix B – Supplementary Tables of Health Conditions by Age, Indigeneity, Gender, and Sexual Orientation

Table B1a. Prevalence of physical mobility (e.g., arthritis, spinal cord injury) challenges by age group.

		Youth (≤ 29 years) (N = 299)		Adults (30 – 49) (N = 732)		Older Adults (50+ years) (N = 363)	
Responses		n	%	n	%	n	%
	Yes	125 <sub>a</sub>	41.8	400 <sub>b</sub>	54.6	266 <sub>c</sub>	73.3
	No	174 <sub>a</sub>	58.2	332 <sub>b</sub>	45.4	97 <sub>c</sub>	26.7

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)}$  = 68.93, p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B1b. Prevalence of physical mobility (e.g., arthritis, spinal cord injury) challenges by Indigenous identity.

		First Nations (N = 832)			etis 203)	Not Indigenous (N = 268)	
Responses		n	%	n	%	n	%
	Yes	473 <sub>a</sub>	56.9	141 <sub>b</sub>	69.5	121 <sub>c</sub>	45.1
	No	359	43.1	62 <sub>b</sub>	30.5	147	54.9

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 27.94$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B1c. Prevalence of physical mobility (e.g., arthritis, spinal cord injury) challenges by gender identity.

		Man/Male (N = 744)		Woman/Female (N = 526)		Gender Diverse / Non-Binary (N* =75)	
Responses		n	%	n	%	n	%
	Yes	387 <sub>a</sub>	52.0	327 <sub>b</sub>	62.2	49 <sub>a.b</sub>	65.3
	No	357 <sub>a</sub>	48.0	199 <sub>b</sub>	37.8	26 <sub>a, b</sub>	34.7

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 15.33$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B1d. Prevalence of physical mobility (e.g., arthritis, spinal cord injury) challenges by sexual orientation.

		Heterosexu (N = 1	•	2SLGBTQQIPA+ (N = 202)		
Responses		n	%	n	%	
	Yes	603 <sub>a</sub>	55.7	126	62.4	
	No	480	44.3	76,	37.6	

*Note.* The distribution of responses did not differ significantly between the groups,  $\chi^2_{(1)}$  = 3.11, p = 0.08. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B2a.	Prevalence o	of a short-tern	ı illness or iniu	rv that require:	s medical attei	ntion by age group.
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	Youth (≤ 29 years) (N = 291)		Adults (	30 – 49) 712)	Older Adults (50+ years) (N = 333)		
Responses	n	%	n	%	n	%	
Yes	69	23.7	196	27.5	125 <sub>b</sub>	37.5	
No	222	76.3	516	72.5	208 <sub>b</sub>	62.5	

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 16.40$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B2b. Prevalence of a short-term illness or injury that requires medical attention by Indigenous identity.

		First Nations (N = 795)			étis 189)	Not Indigenous (N = 262)		
Responses		n	%	n	%	n	%	
	Yes	243 <sub>a</sub>	30.6	61 <sub>a</sub>	32.3	61 <sub>a</sub>	23.3	
	No	552 <sub>a</sub>	69.4	128	67.7	201	76.7	

Note. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)}$  = 6.00, p = 0.05. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B2c. Prevalence of a short-term illness or injury that requires medical attention by gender identity.

		Man/Male (N = 717)			/Female 502)	Gender Diverse / Non- Binary (N* = 69)	
Responses		n	%	n	%	n	%
	Yes	203 <sub>a</sub>	28.3	147 <sub>a</sub>	29.3	22 <sub>a</sub>	31.9
	No	514	71.7	355	70.7	47	68.1

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses did not differ significantly between the groups,  $\chi^2_{(2)} = 0.46$ , p = 0.80. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B2d. Prevalence of a short-term illness or injury that requires medical attention by sexual orientation.

		Heterosexua (N = 1,	•	2SLGBTQQIPA+ (N = 192)		
Responses		n	%	n	%	
Y	/es	293	28.0	68 <sub>b</sub>	35.4	
	No	752 <sub>a</sub>	72.0	124 <sub>b</sub>	64.6	

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 4.27$ , p = 0.04. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B3a. Prevalence of a chronic or long-term health condition by age group.

		Youth (≤ 29 years) (N = 291)		Adults (i	30 – 49) 707)	Older Adults (50+ years) (N = 343)		
Responses		n	%	n	%	n	%	
	Yes	89 <sub>a</sub>	30.6	265 <sub>a</sub>	37.5	188 <sub>b</sub>	54.8	
	No	202 <sub>a</sub>	69.4	442 <sub>a</sub>	62.5	155 <sub>b</sub>	45.2	

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 43.72$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B3b. Prevalence of a chronic or long-term health condition by Indigenous identity.

		First Nations (N = 803)			étis 189)	Not Indigenous (N = 259)	
Responses		n	%	n	%	n	%
	Yes	341 <sub>a</sub>	42.5	83	43.9	84 <sub>b</sub>	32.4
	No	462 <sub>a</sub>	57.5	106	56.1	175 <sub>b</sub>	67.6

Note. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 9.18$ , p = 0.01. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B3c. Prevalence of a chronic or long-term health condition by gender identity.

		Man/Male (N = 716)			/Female 508)	Gender Diverse / Non-Binary (N* =70)	
Responses		n	%	n	%	n	%
	Yes	257 <sub>a</sub>	35.9	234 <sub>b</sub>	46.1	29 <sub>a, b</sub>	41.4
	No	459	64.1	274 <sub>h</sub>	53.9	41 <sub>a,b</sub>	58.6

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 12.83$ , p = 0.002. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B3d. Prevalence of a chronic or long-term health condition by sexual orientation.

		Heterosexu (N = 1	ıal/Straight ,046)	2SLGBT (N =	
Responses		n	%	n	%
	Yes	400 <sub>a</sub>	38.2	91 <sub>b</sub>	46.9
	No	646	61.8	103 <sub>h</sub>	53.1

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 5.14$ , p = 0.02. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B4a. Prevalence of a learning, intellectual, or developmental condition that affects cognitive functioning by age group.

		Youth (≤ 29 years) (N = 294)		(30 -	ults - 49) 705)	Older Adults (50+ years) (N = 343)	
Responses		n	%	n	%	n	%
	Yes	155 <sub>a</sub>	52.7	329 <sub>a, b</sub>	46.7	138 <sub>b</sub>	40.2
	No	139 <sub>a</sub>	47.3	376 <sub>a, b</sub>	53.3	205 <sub>b</sub>	59.8

*Note.* The distribution of responses did not differ significantly between the groups,  $\chi^2_{(2)}$  = 9.99, p = 0.01. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B4b. Prevalence of a learning, intellectual, or developmental condition that affects cognitive functioning by Indigenous identity.

		First Nations (N = 803)			étis 188)	Not Indigenous (N = 262)	
Responses		n	%	n	%	n	%
	Yes	386	48.1	99	52.7	96 <sub>b</sub>	36.6
	No	417 <sub>a</sub>	51.9	89	47.3	166 <sub>b</sub>	63.4

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 13.90$ , p = 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B4c. Prevalence of a learning, intellectual, or developmental condition that affects cognitive functioning by gender identity.

		Man/Male (N = 714)		Woman/ (N = !		Gender Diverse / Non-Binary (N* =72)		
Responses		n	%	n	%	n	%	
	Yes	291 <sub>a</sub>	40.8	259 <sub>b</sub>	50.9	46 <sub>b</sub>	63.9	
	No	423	59.2	250 <sub>h</sub>	49.1	26 <sub>h</sub>	36.1	

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 22.07$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B4d. Prevalence of a learning, intellectual, or developmental condition that affects cognitive functioning by sexual orientation.

		Heterosexu (N = 1	•	2SLGBT (N =	
Responses		n	%	n	%
	Yes	442 <sub>a</sub>	42.2	132 <sub>b</sub>	68.4
	No	606 <sub>a</sub>	57.8	61 <sub>b</sub>	31.6

*Note*. The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 45.07$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B5a. Prevalence of a brain injury by age group.

	(≤ 29	Youth (≤ 29 years) (N = 289)		ults - 49) 703)	Older Adults (50+ years) (N = 331)	
Responses	n	%	n	%	n	%
Yes	80	27.7	188	26.7	90 <sub>a</sub>	27.2
No	209	72.3	515 <sub>a</sub>	73.3	241 <sub>a</sub>	72.8

*Note.* The distribution of responses did not differ significantly between the groups,  $\chi^2_{(2)} = 0.10$ , p = 0.95. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B5b. Prevalence of a brain injury by Indigenous identity.

		First Nations (N = 793)			etis 188)	Not Indigenous (N = 256)	
Responses		n	%	n	%	n	%
	Yes	243 <sub>a</sub>	30.6	53	28.2	40 <sub>b</sub>	15.6
	No	550 <sub>a</sub>	69.4	135	71.8	216 <sub>b</sub>	84.4

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 22.18$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B5c. Prevalence of a brain injury by gender identity.

		Man/Male (N = 706)			/Female 496)	Gender Diverse / Non-Binary (N* = 71)	
Responses		n	%	n	%	n	%
	Yes	173 <sub>a</sub>	24.5	136 <sub>a</sub>	27.4	33 <sub>b</sub>	46.5
	No	533	75.5	360	72.6	38 <sub>b</sub>	53.5

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)}$  = 15.98, p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B5d. Prevalence of a brain injury by sexual orientation.

			ual/Straight 1,037)	2SLGBT( (N = 1	
Responses		n	%	n	%
	Yes	261 <sub>a</sub>	25.2	65 <sub>b</sub>	34.8
	No	776 74.8		122 <sub>h</sub>	65.2

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 7.46$ , p = 0.01. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B6a. Challenges seeing or hearing by age group.

		(≤ 29 )	Youth (≤ 29 years) (N = 289)		Adults (30 – 49) (N = 703)		Older Adults (50+ years) (N = 340)	
Responses		n	%	n	%	n	%	
	Yes	95	32.9	269 <sub>a</sub>	38.3	181 <sub>b</sub>	53.2	
	No	194 <sub>a</sub>	67.1	434 <sub>a</sub>	61.7	159 <sub>b</sub>	46.8	

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 31.12$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B6b. Challenges seeing or hearing by Indigenous identity.

		First Nations (N = 792)		étis 195)	Not Indigenous (N = 261)	
Responses	n	%	n	%	n	%
Yes	339	42.8	85 <sub>a, b</sub>	43.6	88 <sub>b</sub>	33.7
No	453 <sub>a</sub>	57.2	110 <sub>a, b</sub>	56.4	173 <sub>b</sub>	66.3

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 7.33$ , p = 0.03. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B6c. Challenges seeing or hearing by gender identity.

		Man/Male (N = 713)		Woman/Female $(N = 505)$		Gender Diverse / Non-Binary (N* = 70)	
Responses		n	%	n	%	n	%
	Yes	247 <sub>a</sub>	34.6	244 <sub>b</sub>	48.3	38 <sub>b</sub>	54.3
	No	466	65.4	261 <sub>b</sub>	51.7	32 <sub>h</sub>	45.7

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 28.18$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B6d. Challenges seeing or hearing by sexual orientation.

		Heterosexual/Straight (N = 1,044)		2SLGBTQQIPA+ (N = 191)	
Responses		n	%	n	%
	Yes	417 <sub>a</sub>	39.9	92 <sub>b</sub>	48.2
	No	627 <sub>a</sub>	60.1	99 <sub>b</sub>	51.8

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 4.51$ , p = 0.03. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B7a. Prevalence of mental health challenges by age group.

		Youth (≤ 29 years) (N = 295)		Adults (30 – 49 years) (N = 715)		Older Adults (50+ years) (N = 342)	
Responses		n	%	n	%	n	%
	Yes	167 <sub>a.b</sub>	56.6	426 <sub>b</sub>	59.6	168	49.1
	No	128 <sub>a, b</sub>	43.4	289 <sub>b</sub>	40.4	174	50.9

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 10.30$ , p = 0.01. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B7b. Prevalence of mental health challenges by Indigenous identity.

		First Nations (N = 803)		Métis (N = 194)		Not Indigenous (N = 268)	
Responses		n	%	n	%	n	%
	Yes	459 <sub>a</sub>	57.2	125 <sub>a</sub>	64.4	124 <sub>b</sub>	46.3
	No	344 <sub>a</sub>	42.8	69 <sub>a</sub>	35.6	144 <sub>b</sub>	53.7

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 16.34$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B7c. Prevalence of mental health challenges by gender identity.

		Man/Male (N = 723)		Woman/Female $(N = 514)$		Gender Diverse / Non-Binary (N* = 68)	
Responses		n	%	n	%	n	%
	Yes	347 <sub>a</sub>	48.0	331 <sub>b</sub>	64.4	55 <sub>c</sub>	80.9
	No	376	52.0	183 <sub>b</sub>	35.6	13	19.1

Note. \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 50.63$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B7d. Prevalence of mental health challenges by sexual orientation.

			ıal/Straight ,056)	2SLGBT (N =	QQIPA+ 195)
Responses		n	%	n	%
	Yes	549 <sub>a</sub>	52.0	153 <sub>b</sub>	78.5
	No	507 <sub>a</sub>	48.0	42 <sub>b</sub>	21.5

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 46.84$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B8a. Substance use challenges by age group.

	Youth (≤ 29 years) (N = 293)		(30 -	ults - 49) 730)	Older Adults (50+ years) (N = 342)	
Responses	n	%	n	%	n	%
Yes	199 <sub>a</sub>	67.9	566 <sub>b</sub>	77.5	204 <sub>a</sub>	59.6
No	94 <sub>a</sub>	32.1	164 <sub>b</sub>	22.5	138	40.4

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 37.88$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B8b. Substance use challenges by Indigenous identity.

		First Nations (N = 814)		Métis (N = 198)		Not Indigenous (N = 265)	
Responses		n	%	n	%	n	%
	Yes	632 <sub>a</sub>	77.6	148	74.7	124 <sub>b</sub>	46.8
	No	182 <sub>a</sub>	22.4	50 <sub>a</sub>	25.3	141 <sub>b</sub>	53.2

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 93.78$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B8c. Substance use by gender identity.

		Man/Male (N = 728)		Woman/Female ( <i>N</i> = 518)		Gender Diverse / Non- Binary (N* = 73)	
Responses		n	%	n	%	n	%
	Yes	491 <sub>a</sub>	67.4	398 <sub>b</sub>	76.8	56 <sub>a, b</sub>	76.7
	No	237	32.6	120 <sub>h</sub>	23.2	17 <sub>a h</sub>	23.3

*Note.* \*Includes individuals who identify as Two-Spirit, Non-binary, Queer, Trans Woman, Indigiqueer, Gender fluid, Gender non-conforming, Agender, Demiboy, Demigirl, Trans Man, Pangender, Intersex, and Questioning. The distribution of responses differed significantly between the groups,  $\chi^2_{(2)} = 14.11$ , p = 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

Table B8d. Substance use challenges by sexual orientation.

		Heterosexual/Straight (N = 1,065)		2SLGBTQQIPA+ (N = 199)	
Responses		n	%	n	%
	Yes	736 <sub>a</sub>	69.1	165 <sub>b</sub>	82.9
	No	329 <sub>a</sub>	30.9	34 <sub>b</sub>	17.1

*Note.* The distribution of responses differed significantly between the groups,  $\chi^2_{(1)} = 15.61$ , p < 0.001. The subscripts represent the results of pairwise comparisons and denote statistically significant differences across columns within a row. The same subscript means the groups do not differ. Different subscripts mean the groups differ significantly.

## **Appendix C - Survey**

Appendix o Survey	
	Survey Number: 0000
Location:	
Time:AM/PM	
Interviewer's Name:	
Interviewer Contact Phone #:	
	SCREENING TOOL
Hello, my name is I'm a vol	unteer for the <b>2024 Winnipeg Street Census</b> (otherwise know as the Point-in-
We are conducting a survey so we can bette homelessness. The survey takes about 8-10	er understand the experiences and needs of people who are experiencing O minutes to complete.
<ul> <li>affected.</li> <li>Your voice is important for us to advoce homelessness across Canada.</li> <li>If you require support at any time in consupport, please stop the survey and can service location.]</li> <li>We will keep everything you say confidence on the plans to harm yourself or consumer to a child</li> </ul>	stop the survey at any time.  Yey, your ability to access or receive services (from anyone) will not be cate for creating and improving programs and services to prevent and end empleting this survey, please let us/me know. [If someone indicates they need all the base site coordinator and/or talk to staff onsite if you're at a social dential, except if you indicate: others  ed to report this information. [If someone does disclose anything, please call
A. Have you answered a survey with a per Yes [Thank & End Survey] N	rson with this Street Census vest? lo [Continue to B]
B. [Just to confirm,] <b>Are you sixteen years</b> Yes [Continue to C] N	s of age or older? o [Thank & End Survey]

C. Are you willing to participate in the survey?

Yes [Continue to D] No [Thank & End Survey]

D. Where did you stay on Tuesday night (November 5<sup>th</sup>)? (Please refer to how many nights ago this was (i.e., last night, two nights ago, etc.) (DO NOT READ CATEGORIES)

a.	Decline to answer	[Thank & End Survey]					
b.	Own apartment/house	[Thank & End Survey]					
C.	Someone else's place	D1. Do you have access to a permanent	residence where you can				
d.	Motel/hotel (self-funded)	safely stay as long as you want?					
e.	Own room in a rooming hous						
f.	Hospital	b. No (not permanent AND/OR not safe	e) [Begin Survey]				
g.	Treatment Centre	c. Don't Know [Begin Survey]					
h.	Jail, Prison, Remand Centre	d. Decline to answer [Thank & End Surv	vey]				
i.	i. Homeless Shelter (e.g., emergency, family or domestic violence shelter)						
j.	Drop-in (e.g., WE24, Tina's Sa	afe Haven, Ndinawe's Safe House)					
k.	Motel/hotel funded by the Ci	ty or homeless program					
l.	Transitional Shelter/Housing						
m.		e (e.g., street, park, bus shelter, forest,	[Begin Survey]				
	abandoned building)						
n.	Encampment (e.g., group of tents, makeshift shelters, other long-term						
	outdoor settlement)						
0.	Vehicle (e.g., car, van, recrea	itional vehicle (RV), truck, boat)					
p.	Unsure: Indicate probable loc	cation (b - o)					

Thank you for agreeing to take part in the survey. Here are two bus tickets. You will receive a \$5 gift card and 2 cigarettes afterwards as a thank you for your participation.

#### **BEGIN SURVEY**

1.	<b>Did family memb</b>	ers or anyon	e else (e.g.,	partner) s	stay with you o	n Tuesday n	ight (Nov.	5 <sup>th</sup> )?	(Indicate	survey	number
for	r partners if they a	are present. C	Check all that	t apply.)*							

No Partner - Survey #:								
Child(ren)/Dependent(s) [note their age(s)]  Age	1	2	3	4	5	6	7	8
Pet(s)								

2. Have you spent at least one night in any of the following locations since November 2023 (i.e., the past year)? (Check all that apply.)*							
□ Shelter (emergency, family, or domestic violence) □ Drop-in (such as WE24, Tina's Safe Haven, Ndinawe's Safe House) □ Motel/hotel funded by the City or homeless program □ Transitional shelter/housing □ Unsheltered in a public space (e.g., street, park, bus shelter, forest, abandoned building) □ Don't know □ Encampment (e.g., group of tents, makeshift shelters, other long-term outdoor settlement) □ Vehicle (e.g., car, van, recreational vehicle (RV), truck or boat)  For this survey, "homelessness" means any time when you have been without a permanent and secure place to live,							
and includes sleeping in shelters, transitional housing units, on the streets, or living temporarily with others without having your own permanent housing (e.g., couch surfing).							
<ul> <li>3a. In total, how <u>much time</u> have you experienced homelessness over the PAST YEAR (since November 2023)? (Does not need to be exact. Best estimate is good.) {May help to prompt respondents by asking them where they were staying this time last year and where they have lived since then. Could also prompt by asking if they stayed in secure housing through the year.}*</li> <li>Length Days   Weeks   Months Don't know Decline to answer</li> <li>3b. In total, how <u>much time</u> have you experienced homelessness over the PAST 3 YEARS? (since November 2021) (Does not need to be exact. Best estimate is good.)*</li> </ul>							
□ Less than half the time □ About half or more of (less than 18 months the time (18 months □ Don't know □ Decline to answer OR 1.5 years) OR 1.5 years or more)							
4a. What is your birthdate?							
☐ Month Day Year ☐ Don't know ☐ Decline to answer							
4b. How old are you? (If unsure, ask for the best estimate.)*							
☐ Age(years) ☐ Don't know ☐ Decline to answer							
5. How old were you the first time you experienced homelessness?*							
☐ Age (years) ☐ Don't know ☐ Decline to answer							

**6a. What happened that caused you to lose your housing most recently?** (Do not read the options. <u>Check all that apply</u>. "Housing" does not include temporary arrangements (e.g., couch surfing) or shelter stays. Follow up if the respondent says "eviction" or that they "chose to leave".)\*

НО	USING AND FINANCIAL ISSUES	CONFLICT WITH:	<b>EXPERIENCED DISCRIMINATION BY:</b>
	NOT ENOUGH INCOME FOR HOUSING (e.g., loss of benefit, income, or job) UNFIT / UNSAFE HOUSING CONDITION (e.g., mould, bed bugs) BUILDING SOLD OR RENNOVATED OWNER MOVED IN OTHER, SPECIFY:	<ul><li>□ PARENT/GUARDIAN</li><li>□ LANDLORD</li></ul>	<ul> <li>□ SPOUSE/PARTNER</li> <li>□ PARENT/GUARDIAN</li> <li>□ LANDLORD</li> <li>□ OTHER, SPECIFY:</li> </ul>
ОТ	HER	EXPERIENCED ABUSE BY:	HEALTH OR CORRECTIONS
	COMPLAINT (e.g. noise/damage) LEFT THE COMMUNITY/RELOCATED RELOCATED DUE TO NATURAL DISASTER DEATH OR DEPARTURE OF FAMILY MEMBER PET(S) EXPERIENCED DISCRIMINATION	□ OTHER, SPECIFY:	<ul> <li>□ PHYSICAL HEALTH ISSUE/         DISABILITY</li> <li>□ MENTAL HEALTH ISSUE</li> <li>□ SUBSTANCE USE ISSUE</li> <li>□ HOSPITALIZATION OR         TREATMENT PROGRAM</li> <li>□ MEDICAL RELOCATION</li> <li>□ INCARCERATION (jail, prison)</li> </ul>
	END OF CFS INVOLVEMENT ISSUES RELATED TO CERB AND		<ul><li>□ Decline to answer</li><li>□ Don't know</li></ul>
	PANDEMIC BENEFITS OTHER PANDEMIC-RELATED INCOME LOSS GANG TAKEOVER OTHER REASON, SPECIFY	l	□ Not Applicable
Plea	se record any comments and follow-up fr	rom this question.	
6b.	How long ago did that happen (that you lo	ost your housing most recently)? (E	Best estimate is good)*
	Length Days   Weeks   Mo	onths 🗆 Don't know 🗈	□ Decline to answer

What are your sources of income?	(Reminder that this survey is anony)	mous. <b>Read list</b> and check all that apply.*
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Formal or Informal Work  Full Time Employment  Part Time Employment (e.g., contract work)  Informal Income Sources (e.g., bottle returns, panhandling, sex work)  Ba. Are you experiencing difficulties provided for each challenge/condition		$S/GIS)^{'}$ $\square$ Other money from a servi			
Challenge or Condition	· ·	Yes	No	Don't know	Decline to answer
Joint or muscle pain, difficulty movin (i.e., PHYSICAL MOBILITY issues) (e	J. J J. J				
An <u>illness</u> or <u>injury</u> that may require r tuberculosis (TB), COVID-19) (i.e., a					
A <u>medical condition</u> that requires me visits (e.g. diabetes, human immuno heart disease) (i.e., a <i>chronic or long</i>					
Challenges concentrating or focusing and/or acting impulsively (i.e., LEAR DEVELOPMENTAL, OR COGNITIVE FOR Spectrum disorder (FASD), autism, and disorder (ADHD), dyslexia, or demensional disorder (ADHD).	NING, INTELLECTUAL or JNCTION (e.g., fetal alcohol ttention deficit hyperactivity				
A <u>brain injury</u> that may have been ca stroke, a brain tumor, an overdose or ACQUIRED BRAIN INJURY)					
Seeing or hearing (i.e., issues with so	enses)				
Mental health [diagnosed and undiagnost-traumatic stress disorder (PTSI					
Substance use (e.g., alcohol, crystal Qs, Addys, Gabbies, molly, or prescri percocets, T3s, greys, percs, dillies, g	ption drugs used recreationally like				
specifically to Child and Family Servic	r in foster care, kin care, or in a youth es (CFS) programs where the youth w . Youth may have been placed in an e nt placement.)	vas app	rehended an	d placed in	a home
	n't know   Decline to answ 't know", or "Decline to answer", skip				

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<b>9b.</b> goo	If you add up all the time you were in care, how lo	ng wou	ı <b>ld it be?</b> (Does n	ot need	d to be exact. The best	estimate is	
	Days/Weeks/Months/Years		Don't know		Decline to answer		
9c.	Were you in care around your 18 <sup>th</sup> birthday?					'	
If "Y	Yes □ No □ Don't know  Yes" to Q9c, ask Q9d. If "No", "Don't know", or "Dec  Where did you live within 3 months of leaving care	line to		Q10a.	·.)		
	Own apartment/house Motel/hotel (self-funded) Own room in a rooming house Shelter (emergency, family, domestic violence) Motel/hotel funded by the City or homeless program Transitional Shelter/Housing Unsheltered in a public space (e.g., street, park, bus shelter, forest, abandoned building)		other long-term Vehicle (e.g. ca boat) Someone else's go Other, specify:	n outdo ar, van, s place	oup of tents, makeshift oor settlement) recreational vehicle (R e because you had now	RV), truck or here else to	
10a	a. Do you identify as First Nations (with or without	status)	), Métis, or Inuit?	(If "Ye	es", please specify)*		
	Yes, First Nations  If yes:  □ Status □ Non-Status  Yes, Métis  If yes: □ Métis citizenship / membership card  Yes, Inuit □ Self-declared		<ul><li>□ Other Indige Ancestry</li><li>□ No</li><li>□ Don't know</li></ul>	nous	□ Decline to answer		
10b	o. In addition to your response to the previous questisted below? (Show or read list. Select all that ap		o you wish to ide	entify w	ith any of the racial id	entities	
	IDENTIFY AS INDIGENOUS ONLY ARAB (e.g., Syrian, Egyptian, Yemeni) ASIAN-EAST (e.g., Chinese, Korean, Japanese) ASIAN- SOUTH-EAST (e.g., Filipino, Vietnamese, Cambodian, Malaysian, Laotian) ASIAN-SOUTH OR INDO-CARIBBEAN (e.g., Indian, Pakistani, Sri Lankan, Indo-Guyanese, Indo- Trinidadian)		<ul> <li>BLACK-AFRICAN (e.g., Ghanaian, Ethiopian, Nigerian)</li> <li>BLACK-AFRO-CARIBBEAN OR AFRO-LATINX (e.g., Jamaican, Haitian, Afro-Brazilian)</li> <li>LATIN AMERICAN (e.g., Brazilian, Mexican, Chilean, Cuban)</li> <li>WHITE (e.g. European, French, Ukrainian, Euro-Latinx)</li> <li>I identify using different words (please specify):</li> </ul>				
	ASIAN-WEST (e.g., Iranian, Afghan) BLACK-CANADIAN/AMERICAN		5 1	 swer			

11. What is your gender identity? (Show or read the list. Respondents ca name or choose more than one option, so please select all that apply.)*	n point to their response.) (Respondents may
□ Agender       □ Indigiqueer         □ Demiboy       □ Non-binary (Genderqueer)         □ Demigirl       □ Pangender         □ Genderfluid       □ Queer	<ul> <li>□ Trans Woman</li> <li>□ Trans Man</li> <li>□ I describe my gender identity as:</li> </ul>
☐ Gender Non-Conforming ☐ Questioning ☐ Genderqueer ☐ Woman/Female (cisgender) ☐ Man/Male (cisgender) ☐ Two-Spirit**  ** This is a culturally significant identity for First Nation, Inuit, and Métis for	<ul><li>□ Don't know</li><li>□ Decline to answer</li></ul>
12. How do you describe your sexual and/or romantic orientation, for ex list. Respondents can point to their response. Respondents may name or all that apply.)*	
□ Aromantic       □ Gay       □ Pansexual         □ Asexual       □ Indigiqueer       □ Queer         □ Bisexual       □ Lesbian       □ Questioning         □ Demiromantic       □ Omnisexual       □ Straight/heterosexual         □ Demisexual       □ Panromantic       □ Two-Spirit	☐ I describe my sexual and/ or romantic orientation as: ☐ Don't know ☐ Decline to answer
13. Have you ever served in the Canadian Military or RCMP? (Military incompleting and Reserve, Army Rangers, including completing basic training.)  ☐ Yes, Military ☐ Both Military and RCMP ☐ Don't know	*
☐ Yes, RCMP ☐ No ☐ Decline to a  14a. Have you always lived in Winnipeg?	answer
☐ Yes ☐ No ☐ Don't know ☐ Decline If "Yes", skip to 15a. If "No", "Don't know", or "Decline to answer", ask 14b  14b. How long have you been in Winnipeg?*	to answer D.
☐ Length Days / Weeks / Months / Years ☐ Don't k  14c. Where did you live before you came here (most recently)?*	now   Decline to answer
<ul> <li>□ City/Town/Home Community/First Nation:</li> <li>□ Province/Territory/Country:</li> <li>□ Decline to answer</li> </ul>	l
14d. Did you experience housing challenges when you moved to Winnipe	eg (most recently)?
☐ Yes ☐ No ☐ Don't know ☐ Decline  If "Yes", ask Q14e. If "No", "Don't know", or "Decline to answer", skip to Q	to answer 14f.

14e. What housing challenges did you experience	e when you moved to Winnipeg?
14f Did you come to Conado oo on immigrant w	ofugae votuges alsiment (i.e. applied for refugee status often coming
to Canada) or through another process?*	efugee, refugee claimant (i.e. applied for refugee status after coming
<ul> <li>Yes, Permanent Resident (please specify)</li> <li>□ Economic Immigrant</li> <li>□ Government Assisted Refugee</li> <li>□ Privately Sponsored Refugee</li> <li>□ Blended Visa Office Referred</li> <li>□ Yes, Refugee Claimant</li> <li>□ Yes, Protected Person</li> <li>□ Yes, Temporary Foreign Worker</li> <li>□ Yes, Seasonal Agricultural Worker</li> <li>□ Yes, Visitor</li> <li>□ Yes, visitor</li> <li>□ Yes, other (e.g., a person without status)</li> <li>□ Yes, don't know the category</li> <li>□ No (i.e., always been a Canadian citizen)</li> <li>□ Don't know</li> <li>□ Decline to answer</li> </ul>	If YES:   How long have you been in Canada?   LENGTH: DAYS   WEEKS   MONTHS   YEARS   OR DATE: / DAY / MONTH / YEAR   Don't know   Decline to answer    Has your status changed since you arrived in Canada?   Yes, my status has changed   What is your current status?     No, my status has not changed   Other, please specify     Don't know   Decline to answer
☐ Yes ☐ No ☐ Don't know	□ Decline to answer
If "Yes", ask Q15b. If "No", "Don't know", or "Decl	ine to answer", skip to Q16a.
15b. What made the process to apply for EIA eas	sy or difficult? [Record if the process was easy or difficult.]
15c. Did you experience challenges staying on E	IA?
☐ Yes ☐ No ☐ Don't know  If "Yes", ask Q15d. If "No", "Don't know", or "Deck	□ Decline to answer ine to answer", skip to Q16a.

5d. What challenges or issues have you had staying on EIA?								
16a. Do you have access to medical o  ☐ Yes ☐ No ☐ Do  16b. In the last year (since November	n't kno	w		Declir	ne to an			
	1 2023	), were	you	aummu	leu io a	iiospitai:	I	
☐ Yes ☐ No ☐ Do					ne to an			
f "Yes", ask Q16c. If "No", "Don't know 16c. Where did you stay the last time					-			
<ul> <li>Own apartment/house</li> <li>Motel/hotel (self-funded)</li> <li>Own room in a rooming house</li> <li>Shelter (emergency, family, domestic violence</li> <li>Motel/Hotel funded by the City or homeless preceded in a public space (e.g., street, par shelter, forest, abandoned building)</li> <li>Encampment (e.g., group of tents, makeshift so other long-term outdoor settlement)</li> </ul>				ogram			e because you had	
17. In the last year (since November	2023),	have y	ou:					
Been to an emergency room		Yes		No		Don't kno	ow 🗆	Decline to answer
Used an ambulance (as a patient)		Yes		No		Don't kno		Decline to answer
Been to a substance use treatment facility		Yes		No		Don't kno	ow 🗆	Decline to answer
Used a supervised consumption service		Yes		No		Don't kno	ow 🗆	Decline to answer
Been to prison / jail / detention centre / remand		Yes		No		Don't kno	ow 🗆	Decline to answer
18a. Are you interested in obtaining I	housin	g?						
□ Yes □ No □ Do	n't kno	W		Declir	ne to an	swer		

**18b. What, if anything, would help you find permanent, stable housing?** I'm going to read a list of services that you may or may not need. Please tell me which services would help you personally find and maintain housing. Please check all that apply.

More affordable housing
Housing subsidy or benefit
Housing with supports (healthcare, mental health and addiction support services)
More money from EIA or Manitoba Supports for Persons with Disabilities
Help with managing finances (paying rent or other bills)
Help with transportation
Help with housing applications
Help keeping housing once you have it (e.g., pest control prep assistance, housekeeping, managing guests)
Help finding employment
Help getting identification
Help with ongoing medical conditions
Mental health supports
Help with settlement/immigration issues
Culturally safe housing supports
Help with overdose prevention
Help accessing withdrawal management (detox) services
Help accessing substance use treatment
Access to supervised consumption services
Landlord support/mediation services
I'm not interested in finding permanent housing
Other (please specify):
Don't know
Decline to answer

Thank you for completing the survey! If you would you like to follow up with someone about this survey, here is a contact card. There are services and resources listed on the back of the card.

#### Offer one gift card, a pair of socks, and two cigarettes.

Interviewer: Please use this space to comment on any issues or challenges you had in conducting this survey. Provide a reflection on your experience.						

