



Policy Statement

Homelessness

Everyone in Ontario has a right to adequate shelter. Article 25.1 of the United Nations' *Universal Declaration of Human Rights* (1948) states that:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”

Adequate shelter is a basic prerequisite of health. Without it, there are far reaching implications on other determinants of health. The Registered Nurses Association of Ontario (RNAO) believes that nurses have a professional and moral responsibility to speak out against homelessness to ensure and protect the overall health of Ontarians.

There are different ways in which homelessness occurs. These include:

Absolute Homelessness: Individuals sleeping outside or using public or private shelters

Concealed Homelessness: Individuals who are provisionally lodging with friends or family

Risk of Homelessness: Individuals struggling to meet core housing needs of which affordability, suitability and adequacy norms are all elements

The 1993 cancellation of Canada's national housing program, the 22% reduction of welfare rates in Ontario, the 1998 cancellation of the

Ontario Rental Housing Protection Act and the continuing loss of private rental (between 1996 to 2001: 44,780 units lost)¹ and social housing (between 1995 to 2003: 82,900 units lost) have had an enormous impact.² These stark realities have prompted Toronto, Ottawa and Durham Region municipal councils to declare homelessness a national disaster.

Homelessness is not just a “big city” problem; it is an issue throughout all Ontario communities. Approximately 1.5 million Ontarians spend more than 30% of their total household income on rent.³ By January 2004, Ontario had 158,456 households (approximately 300,000 individuals) on waiting lists for social housing of which 46.5% were families.⁴ In Ontario approximately 390,000 children live in poverty.⁵

The reality of homelessness is complex. Multiple interconnected and interrelated determinants come together setting the stage for homelessness. Determinants include supply of affordable housing (gentrification), falling incomes (poverty), unemployment, social factors (which include substance abuse, lack of supports and services, prison release and mental illness), education, domestic violence and vulnerable groups (encompassing sex, race, socioeconomic status, disability and sexual orientation).

- Shelter use is on the rise, increasing by 51% for single parent families between 1990 and 2002.⁶
- Aboriginal peoples are over-represented in Canada's homeless population by a factor of 10.
- In 2002, 22% of all shelter users were youth between the ages of 15 to 24.⁷
- One in five cases of Toronto children taken into CAS care was directly related

to housing issues during 2000 – a 60% increase from 1992.⁸

Homelessness precipitates an exponential increase in negative health consequences affecting individuals, families and communities. Mortality, violence, mental illness and morbidity rates all elevate.⁹

- 18 to 24 year old Toronto homeless men are over eight times more likely to die than their housed counterparts¹⁰
- 18 to 45 year old Toronto homeless women are ten times more likely to die than their housed counterparts¹¹
- Thirty-three percent of homeless individuals have a severe mental illness¹² with homelessness itself, a source of some mental illnesses (i.e. depression)
- Tuberculosis is 20 to 300 times more likely to develop in a homeless individual¹³ with more than half being primary TB cases.¹⁴
- Homelessness is associated with a higher risk and prevalence of HIV, hepatitis C, gonorrhea and *Chlamydia*¹⁵
- Asthma, emphysema/chronic bronchitis and epilepsy rates in homeless individuals are respectively 3, 5 and 6 times that of the general population.¹⁶
- The incidence of bed bugs within Toronto shelters has risen since 2001 despite control measures increasing the risk of skin infections, sleeplessness and a source of considerable psychological distress.¹⁷
- Preventable skin and foot problems such as scabies, cellulitis, tinea pedis and trenchfoot are frequently seen amongst homeless individuals.¹⁸

Managing and preventing these negative health consequences requires proper nutrition, acquisition of medication, storage of medication, adequate rest, hygiene and safety. These all pose serious challenges for homeless individuals.

Unfortunately, the relationship between the determinants and the outcomes of homelessness exist within a spiraling cycle where each

subsequent event reinforces the former. Circumstances may have induced homelessness but the ensuing challenges and outcomes render the climb out extremely difficult. In addition, discrimination, stigma, powerlessness and social disaffiliation shape the lived experience of homeless individuals and families.¹⁹

Nurses must be aware of homelessness and basic housing needs in each facet of their practice. This should include all three dimensions of housing which include: house (physical structure), home (social and psychological characteristics) and neighbourhood (physical location and available services).²⁰ Part of this process will require education and a reflective review of our own beliefs and practices surrounding homelessness.

Nurses also have a responsibility to educate the public and advocate on behalf of homeless individuals – for health. Since many determinants of homelessness are of a systemic nature, advocacy needs to extend to governments as well.

Ontario needs realistic and concerted efforts by all levels of government to reverse the trend of increasing homelessness and ultimately eliminate homelessness altogether. As a result, RNAO calls on governments to:

- Increase the per diem rates to municipalities for homeless shelters to cover the actual cost of operating shelter beds, services and adequate infection/infestation control measures
- Increase funding for affordable social housing, implementing an interim plan to shelter the increasing numbers of homeless until the promised housing is available
- Adopt the recommendation of the Coroner's Jury at the Kimberly Rogers inquest to base social assistance rates on actual living costs
- Support the *One Percent Solution* which calls on governments to spend an additional 1% of their budget on housing

Homelessness is every Ontarian's issue. Homelessness is every nurse's issue. We can no longer speak out for health without speaking out against homelessness.

¹ Shapcott, M. (2003). State of the Crisis, 2003: Ontario housing policies are de-housing Ontarians. Retrieved August 2004, from: www.tdrc.net

² Ibid

³ Canadian Centre for Policy Alternatives. (2004). Ontario Alternative Budget 2004. Toronto, ON: Author.

⁴ Ontario Non-Profit Housing Association. About Non-profit housing: The waiting list. Retrieved July 2004 from: http://www.onpha.on.ca/about_non_profit_housing/default.asp?load=waiting_list

⁵ Campaign 2000. (2003, March). Child poverty persists: Time to invest in children and families. 2003 Report card on child poverty in Ontario. Retrieved from:

<http://www.campaign2000.ca/rc/ONrc03/ONrc03eng.pdf>

⁶ City of Toronto. (2003). The Toronto Report Card on Housing and Homelessness. Toronto, ON: Author.

⁷ Ibid

⁸ The Fifth Estate. No Way Home: The Hazards of Homelessness. Retrieved May 2004 from: http://www.cbc.ca/fifth/main_nowayhome_hazards.html

⁹ Hwang, S. W. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229-233.

¹⁰ Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association*, 283(16), 2152-2157.

¹¹ Cheung, A. M., & Hwang, S. W. (2004). Risk of death among homeless women: A cohort study and review of the literature. *Canadian Medical Association Journal*, 170(8), 1243-1247.

¹² Carter, J. H., Cuvar, K., McSweeney, M., Storey, P. J., & Stockman, C. (2001). Health-seeking Behaviour as an Outcome of a Homeless Population. *Outcomes Management for Nursing Practice*, 5(3), 140-144.

¹³ The Tuberculosis Action Group (TBAG). (2003, June). TB or not TB? There is no question. Report of a public inquiry into the state of tuberculosis within Toronto's Homeless population. Retrieved from: <http://www.tdrc.net/TB%20Report.pdf>

¹⁴ Hwang, S.W. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229-233.

¹⁵ Ibid

¹⁶ Ambrosio, E., Baker, D., Crowe, C., & Hardill, K. (1992). The Street Health Report: A study of the health status and barriers to health care of homeless women and men in the city of Toronto. Toronto, ON: Toronto Street Health.

¹⁷ Myles, T., Brown, B., Bedard, B., Bhooi, R., Bruyere, K., Chua, A.L., et al. (2003). Research Bulletin # 19: Bed bugs in Toronto. Toronto, ON: Centre for Urban and Community Studies.

¹⁸ Hwang, S.W. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229-233.

¹⁹ Lafuente, C.R. (2003). Powerlessness and social disaffiliation in homeless men. *Journal of Multicultural Nursing & Health*, 9(1), 46-54.

²⁰ Canadian Population Health Initiative. (2004, June). Housing and population health: The state of current research knowledge. Ottawa, ON: Author