
Service Based Count TOOLKIT

Affordable Housing & Homelessness Working Group
Cape Breton Regional Municipality

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ABOUT THIS TOOLKIT

The Cape Breton Regional Municipality (CBRM) Affordable Housing and Homelessness Working Group (AHHWG) decided to develop a Service Based Count Toolkit for two reasons - in part to document the CBRM study of counting and understanding homelessness, and in part to share this method with other communities, along with tips and lessons learned. The Service Based Count (SBC) takes a community development approach to look at homelessness by working in partnership with many organizations and agencies that provide services and supports to those living with homelessness in the community.

The CBRM Affordable Housing and Homelessness Working Group (AHHWG) formed in the fall of 2015 when the Community Advisory on Homelessness Board (CAB) provided funding for Cape Breton Community Housing Association (CBCHA) to initiate a Housing First readiness plan for the area. The AHHWG consisted of representatives from Public Health, Cape Breton Regional Police, the CAB, Cape Breton University (CBU), CBRM council member and CBCHA. The AHHWG decided to initiate a service based method of counting homeless individuals with the goal of deepening an understanding of hidden homelessness. The first CBRM SBC was conducted during the month of April 2016. It identified 304 people experiencing homelessness. It was repeated in April 2018 and identified 278 people. In addition to the SBC, a 12 hour Point in Time (PiT) count was conducted within those months. The month long SBC helped to deepen the understanding of hidden homelessness and how and where this population utilized services. The AHHWG found the SBC extremely useful, particularly given the nature of homelessness within rural and small communities, providing rich data that would not otherwise have been possible from the PiT Count alone.

Tip:

This Toolkit describes a service-based approach to estimating the number of people experiencing homelessness. No matter which approach a community chooses to use to estimate homelessness, we recommend adopting the current *revised* definition and typology of homelessness developed by the Canadian Observatory on Homelessness (2017). This enables consistency in interpreting and discussing research findings across estimation studies.

WHAT IS A SERVICE BASED COUNT

Generally, there are two ways to estimate the numbers of people living with homelessness - direct estimation, and indirect estimation. The SBC is an ***indirect estimation method*** that involves collecting information *indirectly* from knowledgeable sources or key informants (for example, service providers who work with people living with homelessness). This is in contrast to collecting information *directly* from the people living with homelessness. There are a number of reasons supporting this, which will be explained later. In the healthcare setting, this type of indirect study is often referred to as a file or chart review. The SBC was designed to use service providers to identify people experiencing homelessness and accessing services in a given area within a set time frame. The SBC is indirect because at no time do the service providers interview or directly ask the client questions pertaining to the study. In order for a SBC to

succeed, it is important to have a standardized, usable survey and set of definitions of homelessness that all participating service providers are trained to understand.

GLOSSARY OF TERMS

Service Based Count (SBC) – an indirect estimation homelessness count that involves collecting information from knowledgeable service providers or key informants about the number of people who are experiencing homelessness and accessing services in a given area within a set time frame.

Point in Time (PiT) Count – a snapshot of the number of people experiencing homelessness usually within a twenty-four-hour period. An initial street canvassing survey asks people if they have a permanent residence to stay that night. If the person answers no, then a second survey is administered and information is then collected about that person’s experience with homelessness.

Unique Identifiers - a systematic code of a person’s information such as, letters in the first or last name, year of birth and gender. Creating a unique identifier is a way of labeling anonymous surveys that will remove duplicates which reduces the likelihood that people will be double counted.

Service provider organization – government and or community based organizations that provide services to the public. Organizations representing different service sectors such as justice, health, education, employment and housing are recruited and partnerships are created. Through the leadership, partnership agreements are formed that commit staff/volunteers to participate in the Service Based Count.

Service Provider – for the purposes of the Service Based Count, is the individual (staff/volunteer) who will be completing the survey. Service providers are identified within their organizations based on the likelihood that they will be interacting with someone who is experiencing homelessness.

Survey Tool – Also known as a data collection tool, the survey tool is the instrument used by the service provider to collect non-identifying information. The survey tool could be completed either using a paper or an electronic format.

Canadian Observatory on Homelessness (COH) - a non-partisan research and policy partnership between academics, policy and decision makers, service providers and people with lived experience of homelessness. COH’s resources can be found on their website www.homelesshub.ca . In 2017, the COH developed a *revised* definition of homelessness that has been adopted by the federally funded Reaching Home Strategy.

Research Ethics Board (REB) – a compliance arm of an organization that ensures that all research conducted within that organization meets the ethical and research standards as required. Health authorities, government departments, universities, and other organizations have REBs or an equivalent. When conducting the Service Based Count, it is important for both the Research Leads and the service provider organizations to involve their REB’s to ensure that the all research standards are followed.

WHY A SERVICE BASED COUNT?

It is crucial that communities be able to collect information to understand the nature of homelessness in their communities. Having accurate information is critical for strategic planning purposes, increasing awareness, identifying specific populations at risk, policy development, and accessing funding to address the identified needs.

The rationale for conducting this count is based on the following:

- a.) Homelessness in non-urban or rural areas tends to be hidden. Therefore, a service based approach can be more effective than a point in time street count in capturing the hidden homeless population in non-urban areas.
- b.) There are many local, knowledgeable and engaged service providers across different sectors who work to address homelessness. Bringing knowledge from service providers from different sectors together will provide a more comprehensive picture of homelessness.
- c.) It is likely that someone experiencing homelessness will have contact with at least one of these service providers.

Other Considerations Before Choosing a Service Based Count

1. **Make use of existing resources** – this type of approach asks service providers to contribute by providing time to complete the surveys at their service location. The efforts of the planning committee and researchers can be integrated into their existing work. The cost for training and materials can be provided by the lead organizations and these costs can often be absorbed within those organizational structures.
2. **Community development approach** – working in partnership with community organizations and government agencies can lead to an increased awareness and willingness to work together to understand and address homelessness.
3. **Local community data** - findings can inform an evidence based affordable housing and homelessness plan for a community or municipality.
4. **Data limitations** – the choice of relying on service providers as the respondents can lead to the possibility of skewed interpretation of information simply because of the nature of the indirect method of gathering information.
5. **The Service Based approach** may not represent the client’s perspective accurately, however, the perspective of the service provider can be of great value. There are trade-offs when using a service provider approach, next to other research approaches, such as a direct interview approach. This latter approach would have required clients to be asked directly to identify themselves as homeless and proceed with sensitive questions about their homeless status, and may have resulted in less participation and created discomfort for the client experiencing homelessness. Although the perspective of the client themselves is important, the service provider approach offered the opportunity to

minimize client discomfort, maximize inclusion and utilize the expertise of those who work closest with those who are homeless.

6. **Gaps in information** – Although some formal organizations (i.e. government agencies) keep client files that could help with completing the survey, others organizations provide services without expecting any formal recorded information from client (i.e. the Needle Exchange program, the library). As such, some of the service providers did not have the knowledge required to complete every survey question which can result in information gaps. However, the information collected from services was valuable even though incomplete.
7. **Bias** - Some survey questions were particularly reliant on service providers providing their opinions, such as which barriers to housing the clients may be facing.
8. **Duration of homelessness** - One of the most important ways to understand homelessness in populations is to measure duration of homelessness. The Service Based Count did not determine that information because the working group felt that service providers may not have that depth of information regarding their clients without asking them directly.

PHASE 1: PLANNING & PARTNERSHIP

Establish a Working Group & Lead Research Investigator(s)

A Service Based Count Working Group should be comprised of members from multiple sectors, each with specific skills and capacities that can support the Service Based Count throughout the duration of the project. Examples of valuable working group members include people who work directly with homeless populations (e.g. shelters and drop in centres), researchers or faculty from a university or other institution, and government agencies that work to address social inequities, social justice or health of populations (e.g. Public Health, Mental Health and Addictions, etc.). An early task of the working group is to identify one or more individuals who have expertise in research who would be willing to act as the lead researcher(s) for the study. Ultimately, they will be responsible for overseeing, conducting, and facilitating the research. In the CBRM Service Based Counts, two Research Leads were identified from within the AHHWG, and their work was supported as an in-kind contribution to the project.

Include People with Lived Experience

The knowledge of those with lived experience is important to all aspects of a research project. When possible, people with lived experience should be part of the working group. For more information on inclusion with people with lived experience please see: [*Nothing about us without us: Seven principles for leadership & inclusion of people with lived experience of homelessness.*](#)

Develop a Work Plan

The following is a sample work plan that identifies the activities, timelines and the suggested roles of the working group and the Research Leads.

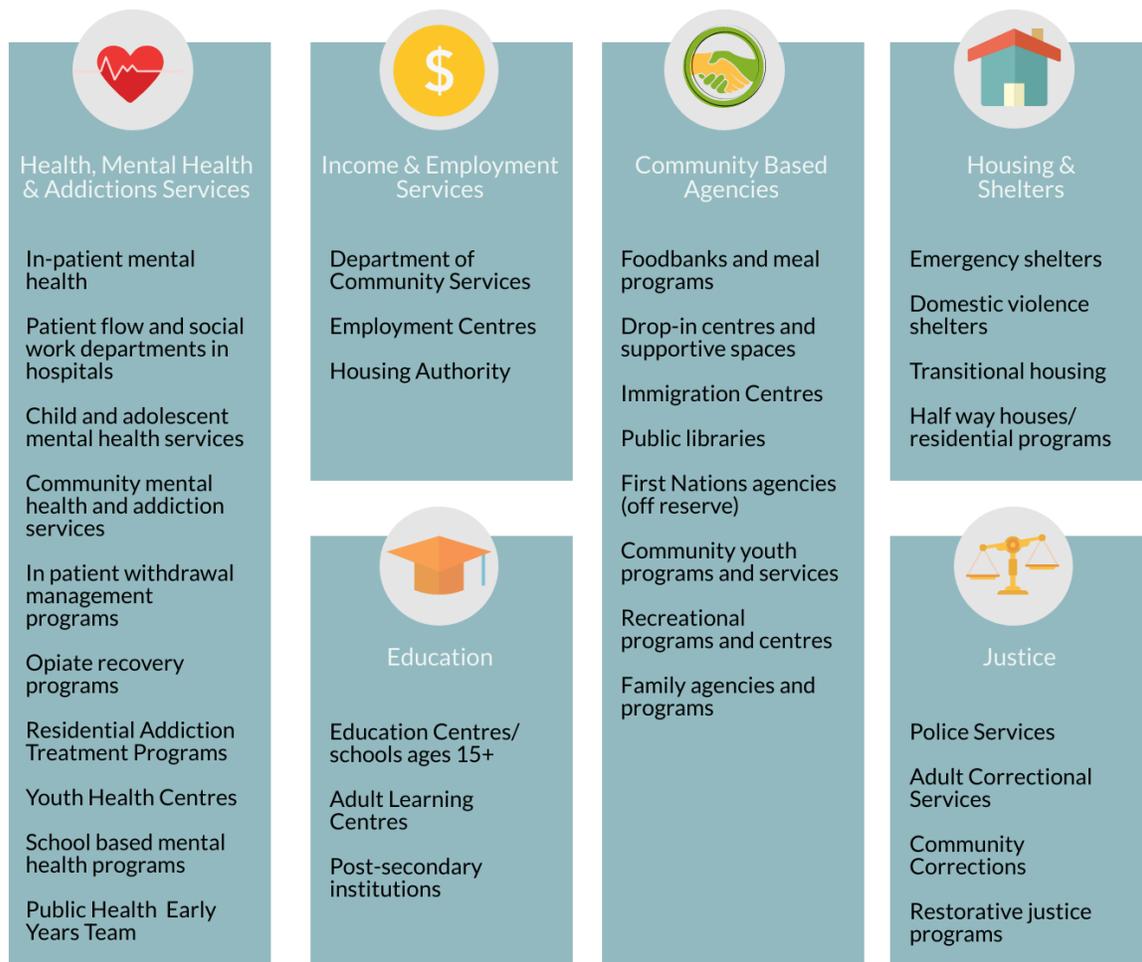
WORK PLAN	Responsibility		Suggested Timelines
	Working Group	Research Lead	
Establish working group and identify research lead	*		5 months prior to study
Develop a work plan with timelines and responsibilities	*	*	5 months prior to study
Oversee early community development activities such as inviting community partners together to discuss homelessness, seek feedback and encourage participation in the Service Based Count. (Useful communication tools can be an infographic or one pager outlining the rationale for conducting a homelessness count.)	*	*	4 months prior to study
Develop survey tool and research protocols. At this stage these tools are used to share with the key partners and to build the ethics application. There may change depending on feedback from Research Ethics Board (REB) and partner consultation.	*	*	4 months prior to study
Consult with the leadership of key government and community based service organizations for approval to participate in the study. (Often partnership letters are required for ethics applications)	*	*	4 months prior to study
Prepare and submit Ethics Application to appropriate REB's I.e. Health and/or University This can be a lengthy process in both the preparation and possible revisions required. Allow a minimum of 6-8 weeks for an REB response.		*	3 months prior to study
Develop a service provider organization list. Contact the leaders/managers of these organizations to secure participation. (Contact may be via email, phone, in person meetings or all of the above depending on the situation)	*	*	2-3 months prior to study
Provide support and information for organizations who may require their own ethics approval process in order to participate. As an example, some organizations may require board of director approval		*	2-3 months prior to study
Obtain signatures on partnership agreements as organizations agree to participate	*	*	1-3 months prior to study
Work with organization leaders/managers to identify their front line service providers who will participate in the study.	*	*	1-3 months prior to study
Develop a contact list of service provider's names, emails and phones numbers. This is updated throughout the training period.	*	*	1-3 months prior to study
Ethics approval is confirmed. Ethics approval must be final prior to training sessions.		*	1 month prior to study
Develop survey packages (this includes surveys and instruction sheets) and other training materials (Power Point, infographics, handouts, etc.)	*	*	1 month prior to study

Plan and implement training sessions with service providers (see training section for further detail)	*	*	1 month to 1 week prior to study
Develop tracking forms and monitor who and where survey packages are distributed.		*	1 month to study start date
Email list of all participating service providers is created and used to communicate throughout the study		*	1 month to the end of study
Service Based Count begins, service providers receive email notification. In this notification, service providers are encouraged to contact researcher lead with any questions or concerns.		*	Study period start day
Email reminder is sent out to indicate study time frame, how to request additional surveys, and to encourage continued participation. Any questions or concerns are welcomed.		*	middle of study
Email notification is sent to inform all service providers that the study is over and to no longer complete surveys. All service providers are thanked for their participation. Arrangements to collect completed surveys are made for each organization		*	Last day of study
All surveys are collected		*	2 weeks post study
Email post study feedback survey to service providers and organizations. See appendix G.		*	End of study period to 2 weeks post study
Enter count data and survey responses into chosen software program i.e. Excel, STATA, SAS		*	2 weeks to 1 month post study end
Data cleaning - identify missing data and duplicates, and verify survey data with service providers if necessary.		*	1-2 months post study
Data analysis – produce tables, graphs, etc. to describe findings.		*	2-3 months post study
Contextualize the data with selected service provider organizations to provide opportunity for input and feedback on initial findings. This may require back and forth between service providers and research lead in order to improve interpretation of the results.		*	2-3 months post study
Report contextualized findings to the working group for review and feedback. This may require returning to the analysis and interpretation of the results.	*	*	2-3 months post study
Final Report is completed		*	4 months post study
Develop communication tools – infographics, key messages, media releases, handouts, etc	*	*	4-5 months post study
Develop and implement a dissemination plan – meetings with local politicians, advisory groups, priority groups, media outlet, funders, etc	*	*	Throughout a 12 month period post study
The results from the Service Based Count can be used to mobilize the community to work toward solutions. For example a conference/workshop that brings service provider organizations and other community stakeholders together to review the research findings and determine next steps. See sample agenda in appendix D	*	*	5-6 months post study
<i>Note: time frames may take longer depending on other time commitments, and resources available.</i>			

Select Service Providing Organizations to Take Part in the Study

The success of the study will depend on effective community engagement. When planning the Service Based Count, consider an expansive community organization list. For example, food banks, libraries, or employment centres could be included even though housing may not be an official part of their service provision. The Service Provider may be making a referral or assisting in navigating that person to housing services.

Below are some types of service organizations that could be considered for participation in the study.



Tip: Mobilizing your service provider organizations:

1. Take time to have face to face meetings
2. Get early buy-in from key organizations to use as your champions
3. Use the working group connections to contact service providers
4. Clarify the research process, time commitment and privacy of information

Identifying Key Personnel Within Organizations

The Service Providers are those that have the knowledge of the client. These people are case workers, social workers, intake workers and front line staff whose job it is to provide a service. In most cases, there are client files affiliated with the service provision. However, in some cases such as drop in centres, food banks and meal programs there are no files associated with the client. For services where volunteers work as front line staff such as food banks, a key volunteer is trained and responsible for completing and collecting the complete surveys. As long as the person completing the survey understands the parameters of the study and understands that the information may be limited, it is possible to gather useful information. In fact, past experience has shown that in the case of a local drop in centre where front line staff do not keep files, more information was known about the clients' housing situation than some services that kept detailed files. Keep in mind that part of including the community in the process is the deepened understanding of housing needs and where people with housing needs are served.

PHASE 2: SURVEY DEVELOPMENT & ETHICS APPROVAL

Survey Parameters

Geographic Area Parameter

As part of setting the research parameters, a geographic area must be defined so that clear boundaries are understood by Service Providers. This can be challenging in rural areas because service providers often deliver services to people in multiple communities. The Working Group should define the scope of the project in geographical terms. Consider using specific city, town, municipal or county boundaries. You can also use other geopolitical boundaries or jurisdictions such as health zones. **NOTE: Provide a geographical description and/or map to be included in the instruction and training materials.**

Age Parameters

Age matters when studying homelessness. First of all, there should be no upper age limit to set because homelessness affects the population regardless of age. However, careful consideration should be taken when establishing the lower age limit for screening in to the study. In the study used in CBRM, clients were included if they were 16 years and older.

In 2016, the Canadian Observatory on Homelessness established a definition of youth homelessness that includes youth between the ages of 13 and 24. The Working Group may want to consider extending the age parameter to 13 and older based on a more comprehensive approach to understanding youth homelessness. To learn more on youth homelessness please see:

[Canadian Definition of Youth Homelessness.](#)

Definitions of Homelessness Parameters

According to these definitions provided by the Canadian Observatory on Homelessness, the survey should include the many different ways people can experience homelessness. See below for types of homelessness to be included in the survey.

“Currently unsheltered or placed in emergency shelter” means:

- **Unsheltered** – people who lack housing and are not accessing emergency shelters or who are staying in places not designed or fit for human habitation (i.e.: cars, garages, abandoned buildings, tents, etc.).
- **Sheltered** - a temporary or emergency response in the form of shelters and supports for those experiencing homelessness. This includes domestic violence shelters.

Duty to Report

Reminder to Service Providers
Every individual in the province of Nova Scotia has a legal obligation to report concerns of abuse or neglect of a child under the age of 19 in order to ensure children are protected from harm. Failure to report is a criminal offence. Check with your local Child Welfare Office on duty to report. For more information go to:

[Children and Family Services Act: Duty to Report](#)

“Provisionally accommodated” means:

- Interim housing for people who are homeless (transitional, not permanent housing, i.e. second stage housing)
- People living temporarily with others and without guarantee of permanent housing (coach surfing)
- People accessing short term, temporary rental accommodation without security of tenure. (boarding houses, hotels, hostels, etc.)

“Under institutional care” means:

Situations where people are technically homeless and are provisionally or temporarily accommodated by government, not-for-profit or privately made arrangements where there is no adequate discharge planning or arrangements for safe reliable housing. This includes people who may have lost their housing while in institutional care or cannot return due to change in needs and have no housing arrangements. Examples of institutions:

- Correctional
- Mental health and addictions (residential treatment programs and hospital care)
- Acute care/hospital
- Children’s institutions/group homes

Develop a Screen-In Process

The first step in completing the survey tool requires service providers to screen their clients to see if they meet following three criteria:

1. The client is located or residing within the [specified geographical location]. For example, do not include someone who identifies that they are residing in an area outside your geographical study area.
2. The client is over the age of [age criteria based on your survey parameters].
3. The client fits at least one of the categories of homelessness (as described above).

Unique Identifiers

Unique Study Identifiers are identified for each client that fits the criteria of the study. This identifier is a unique combination of numbers and/or letters and/or symbols used to identify a client or a file. The purpose is to de-identify the client’s name and personal information in such a way that protects their identity. It is also used to establish a link to a particular person that is counted in the study. The important use of the unique identifier is to eliminate the possibility of reporting the same person more than once. Creating a unique identifier requires that you have information about each person to be counted. In some cases, part of the unique identifier may be missing or unknown. This is not typical but it will be the job of the Research Leads to examine the remaining information to determine whether there is duplication.

Homeless counts that use unique identifiers often include two or three letters of first and last names, age, and sex. The Working Group may elect to devise their own code to use. The unique identifier used in the CBRM Service Based Count used the last two letters of the person's last name, year of birth and sex. An example is given below:

Last two letters of last name. Year of Birth Sex M, F, O (Use "O"(other) if sex is unknown)
<hr/>
EXAMPLE: Name: John Smith Year of Birth: 1956 Sex: M
UNIQUE IDENTIFIER: <u>T</u> <u>H</u> <u>1</u> <u>9</u> <u>5</u> <u>6</u> <u>M</u>

Demographic Questions

The survey should include de-identified demographic and descriptive questions such as marital status, number of children, whether client identifies as indigenous, education level, general sources of income, Information collected should be relevant to the study's purpose. It is important not to include unnecessary questions.

Housing and Homelessness Questions

Survey questions should include collecting information on the current housing situation and perceived barriers to housing. Information collected around barriers to housing were found to be very useful in describing the challenges that affect the ability to secure housing.

Research Ethics Approval

It is widely accepted that all research in collaboration with and conducted on human subjects be conducted in an ethical manner, protecting information, persons, and conducted with respect for human dignity. The Service Based Count will require ethics approval from a recognized Research Ethics Board (REB), particularly if it is conducted in conjunction with any academic or healthcare institution. Ethics approval may be required from more than one institution, if the members of the research team belong to more than one institution. In the CBRM study, an ethics application was made to both the Nova Scotia Health Authority (NSHA) REB and the Cape Breton University (CBU) REB. Other organizations may also require their own ethics approval in order to participate in the study. Research Leads may provide supporting information to assist in this process. For example, once the ethics was approved by NSHA and CBU, other government departments used that confirmation to leverage their own ethics approval. As well, most community organizations will require board approval. It is important to allow adequate time for this process.

Ensuring Confidentiality and Privacy

There are inherent risks and harms in any research involving human subjects. A rigorous plan to protect the privacy of individuals and keep the data confidential will ensure that information remains confidential and private in this study.

- The use of a unique identifiers ensures privacy of the individual counted in the study.
- The survey tool only collects descriptive, non-identifiable demographic information.
- Protective privacy methods of use and management of the survey packages are reviewed with each service partner.
- Only the Research Leads and possibly administrative assistants within the organization have access to the data survey tools.
- Once the information is entered into the database and duplicates are removed from the study, the unique identifiers are deleted from the analytical dataset.
- Collected data is entered into a password protected database.
- Paper copies of the survey tools are kept in a secure locked cabinet or room.
- Findings are reported in aggregate form in a summary report with suppression of aggregate information of less than 5 individuals.
- Service providers are grouped into sectors such as health, justice, education, etc so no service provider will be singled out in a public summary document.

PHASE 3: PREPARATION, TRAINING & COMMUNICATION

Key Resources

A significant advantage to the manner in which the CBRM Service Based Count was conducted - was the relatively inexpensive cost. The members of the AHHWG and the Research Leads within the working group were doing this as part of their work in relation to the mission and objectives of their respective organizations. As such, the bulk of the resources required to complete this study were staffing hours and commitment of time from the AHHWG members for the duration of the study. Depending on level of expertise within the Working Group, the data analysis component may be a cost that has to be outsourced. Other key resource needs such as meeting space and printing costs could be absorbed or cost shared within the lead organizations.

Training

The importance of this step cannot be overemphasized. In the CBRM SBC, more than 20 training sessions were held in order to ensure that all community agencies were informed and comfortable with the research process.

Training sessions can be conducted by members of the Working Group. It is recommended that where possible the Research Lead play an active role in training since the communication and support to Service Providers is provided by that person(s). When possible, survey packages should be delivered in advance of the training so that staff have the opportunity to review beforehand. Three approaches to training and improving readiness for a Service Based Count are:

1. Group Sessions - Plan for 2.5 hour group training sessions – multiple organizations can attend, including both management and front line staff. Follow-up with each organization to make sure staff are comfortable, and prepared when the study begins.
2. On-Site Sessions - Plan for 1.5 hours on site – Organizations that have multiple front line staff with separate client lists would benefit from on-site training. It may be necessary to visit a particular site a few times to make sure all staff have had the opportunity to review the data tool. Examples of on-site training could be hospitals, schools, and government sector organizations with multiple office locations.
3. One-on-One Sessions – Plan for 1.5 hours in person – this can be at the request of the service provider and/or organization.

See Appendix “C” for sample agenda for training session.

Data Collection Methods

The role of the Service Provider is to document *known* information about the client on the survey. Service providers are asked to not change their usual interaction with the client or to ask survey questions directly to clients. For research ethics purposes, the method is often referred to as a “chart review”. This means that clients are not asked research questions

directly, rather, the information is coming from the service providers' knowledge of the client and their situation.

Each service provider can decide when to complete the survey tool during the study period. Some service providers may complete the survey tool immediately after the client contact was made. Some service providers reported spending time at the end of every week to complete the survey, and some waited until the end of the study period to complete surveys. All of these options are acceptable as long as the service provider completes a survey on all clients who met the study criteria and had contact with the service provider during the study period.

What is Meant by Client Contact

The term client contact or active client refers to **any client or person seeking services that has been physically at your service location for the purpose of obtaining service over the study period OR you have spoken to the client face-to-face or over the phone, text, through social media or email during the study period.** For example, a social worker or case worker may have a client that is actively seeking services but misses a face-to-face appointment during the study period. However, a phone check-in with the client to make sure the status of client is confirmed to be still active for continuing service is permissible to include in study. However, if no contact is made during the study period and yet considered active by service provision policies, that client is not eligible to be screened into the study.

Managing Survey Packages

Survey Packages are comprised of an estimated number of surveys based on the size of the organization and the number of service providers tasked to complete the surveys within each organization. For example, packages could have 10 copies of the data collection tool for smaller organizations or up to 20 copies for larger organizations. Each package includes an instruction sheet and contact information for the Research Leads. Each organization is required to sign off on the number of packages they receive. The purpose of the package receipt list is to keep track of the number of packages disbursed and their location. During the study period, if additional surveys are required, the Research Leads will provide additional surveys.

*Note: Included in the training will be the instructions on how to maintain the contents of the study packages when in the possession of the service provider.

Communication During the Study Period

It is important to establish and maintain good communication with service providers throughout the research process. Once the service providers have committed to the study, develop a list of all the service providers, complete with emails and phone numbers. The creation of an email list of all service providers is very helpful for on-going communication and study reminders. All survey packages should have a label with study contact information and an invitation to contact the Research Leads with any questions or concerns. Consider sending an email reminder one or two weeks prior to the study as well as a start day communication email that encourages and reminds Service Providers of the key elements of the study. Additional

emails mid-way and at the study end is suggested. Thanking providers for their participation is important.

PHASE 4: DATA COLLECTION/ANALYSIS/REPORT WRITING

After the Study Period

In the post count phase, the Research Lead will contact each service provider individually and arrange a pick-up of packages. Once the data is received and analysis begins, a process of review and contextualizing the data begins. Contextualizing data may require the Research Lead to contact the service providers in cases where information may be unclear. At this point, Research Lead can review the survey tools with the Service Provider to attempt to clarify data that is unclear. Service Provider Agencies and Service Providers should be informed of this potential communication.

Data Management, Input & Analysis

Software. For the purposes of this study, a simple password protected data spreadsheet software such as Microsoft Excel will suffice. More advanced statistical software (such as SAS, STATA, R, etc.) are an option (SAS was used in the 2016 study), however, considerations such as cost and data familiarity with coding language are necessary.

Statistical support. It is important that whoever is analyzing the data is involved early on in the planning process to ensure usability of the data that is collected. Epidemiological or statistical support from local health authorities or academic institutions may be used as consultants, if they are not directly completing the analysis themselves. This is a valuable expertise.

In the case of the CBRM study, data analysis was provided in-kind by personnel from Public Health and CBU who were collaborating on the study.

Data input. Using paper survey, the need to enter data by hand can be time consuming. It may be helpful to recruit assistant from administrative support or other personnel, depending on how the project is financed.

Data cleaning. Data must be reviewed (“cleaned”) in order to identify and verify missing data or incorrectly entered data (for example, determine if missing data was because of data entry error or because there was no response to the survey question. This is typically done by the person completing the analysis.

Removal of duplicates. Unique identifiers that appear more than once are initially considered duplicates and should be investigated. Duplicates can be confirmed as duplicates or non-duplicates by reviewing the responses within the survey. Responses that are quite different are typically not the same person (for example, in the case of twins, or other people with similar

names and birth dates). This can be verified by contacting the service provider agency/organization to confirm the responses on the survey.

It should be noted how many service providers submitted the same client. The results can be aggregated and sorted by type of service provider (e.g. health, legal, education). This will allow you to examine variation in demographics and housing information across the types of services.

Overall analysis. The data can be analyzed using descriptive statistics (frequencies, cross-tabs, etc.). Frequencies (“counts”) should be presented alongside proportions (“percentages”) in order to help with comprehension of the data distribution.

*Be careful in the presentation of small number (less than 5 people), as there is risk that they could be ‘identifiable’. We suggest merging groups, or simply presenting the count as “less than 5”.

Subgroup analyses. Subgroup choice should be intentional, and consideration should be made in the presentation of material that may be stigmatizing. For example, it may be helpful to report results for each participating Service Provider Organization (described below, ‘Contextualizing the Data’). Be particularly mindful of reporting small numbers.

Missing data. An important component of this work is to improve understanding of the completeness of housing information that is collected by services providers. Therefore, in addition to calculating overall results, be sure to include the missing values in the data tables and figures.

Contextualizing the Data

The Research Lead, or designated working group member, should provide face-to-face meetings or another method of dialogue (e.g. email or follow-up call) to review the results of any service provider that completed 10 or more surveys. Individualized reports can be used to deepen the understanding in both checking the integrity of the data collected and dispersing site specific results that may be meaningful to the service provider organization. At this point, it would be helpful to get more feedback on the research process – what processes worked well, what were some challenges in completing the survey. Each organization should be reassured that their report will not be shared publicly. After the process of analysis and contextualizing the data, the Working Group should review the results and discuss trends and themes that emerged as a result of the aggregated data.

Post-Count Evaluations

See Appendix H for a sample of a post-count evaluation. The purpose of completing an evaluation with service providers is to learn about the service providers experience during the study and to use that information to make adjustments for future counts. Areas to consider include the timing of data collection (how appropriate was the time of year?), effectiveness of training, difficulty level or appropriateness of questions in the survey, etc.

Report Writing

A final report by the Research Lead) should include a full description of the study (“what was done”). It should include a description of study purpose, design, analysis, results (in graph, table, or count form), and, most importantly, *interpretation* of the results. Subsequently, the Working Group, in collaboration with the Investigators, can develop key messages or main findings that can be communicated in a public report (infographic, media release, public presentation/conference, or abbreviated report). In the CBRM study, the full report was not shared publicly without request.

PHASE 5: COMMUNICATING & MOBILIZING RESULTS

Developing Key Messages

Once the report is finalized the Working Group can develop a list of the key themes that emerged from the study. Here are some helpful tips in developing key messages.

1. Summarize age, gender, housing situation, family situation, etc.
2. Keep the language short and concise.
3. Consider using relatable terms such as 1 in 5 instead of a number or percentage.

Develop a Dissemination Plan

Develop an infographic that graphically depict the key highlights (such as the sample provided in this document).

Media releases (radio, newspaper, social media) that contain key themes and messages.

Conference/community workshop: Bring all the service providers together to discuss the results in a one-day or half-day event. This is the opportunity to share detailed level information on the results of the Service Based Count and have a facilitated discussion that deepens the understanding of homelessness in the community. Service Providers can contribute by providing feedback on the results and suggested recommendations, identify gaps in information, and make plans for next steps. Ensure that media is invited to this event to announce the findings to the public. Use the infographic as a source document.

Information packages to decision makers outlining the results of the study and key recommendations.

Meetings organized with key stakeholders such as municipal, provincial and federal representatives, housing organizations, and other funding bodies.

Mobilize the Results

In the case of the CBRM Service Based Count, the AHHWG used the results to develop an affordable housing situational analysis, a youth homelessness plan, and a strategic plan for affordable housing.

Examples of some tangible outcomes resulting from Service Based Count:

- Both the 2016 and the 2018 Service Based Counts identified non-senior single adults as those most likely to experience absolute homelessness. As a result, this information was used to advocate and obtain rent supplements to support single people exiting homelessness.
- In the 2016 and 2018 studies, 39% and 42% (respectively) of the people found to be experiencing homelessness were under the age of 30 years. Using this information, advocacy efforts resulted in the development of a youth trustee, youth housing support workers and dedicated rent supplements to assist in providing affordable housing for youth.
- In both studies, results showed that almost equal numbers of men and women were experiencing homelessness. As a result, funding was provided for increased emergency shelter beds for females.

- Results from both studies identified an over representation of indigenous people experiencing homelessness. Ongoing efforts to work with local First Nations communities has become a priority for the Working Group.

Conclusion

At the end of the service based count communities will have identified the number of people experiencing homelessness; type of homelessness; barriers to housing; and demographic information on this population. Added to that communities will have developed a common understanding of homelessness and should have developed good communication tools.

Our hope is that this guide will help along the way. Each community is different and so some advice in this guide may not be relevant to your needs. We encourage you to use what is useful for your circumstances. If you have additional questions, please feel free to contact the authors of this toolkit by calling the Public Health Office in Sydney, Nova Scotia at 902-563-2400.

APPENDICES

Appendix A - Letter: Information and Request for Participation

RE: Homeless Count

To Whom It May Concern:

Your agency has been identified as one that provides services to the homeless population in (Name of Area). (Name of Committee) is coordinating a service based homeless count, the results of which can be used by service providers, advocates, citizens and governments to address the problem of homelessness. Count results will provide an estimate of the size of the homeless population and a current profile of homelessness in (Name of Area).

The objective is to report numbers of people who are experiencing homelessness or high risks for homelessness in the month of _____. The anonymized demographic information will be used to develop a profile and understanding of homelessness in Name of Area. Knowing the estimated size and demographic profile of the homeless population will help to identify trends in homelessness over time.

We request your agency's participation that will involve completing survey information. We would like to meet with you to confirm your participation. A copy of the survey is enclosed for you read.

We really need your help to make this count as complete as possible. Your agency has an important part in contributing results for the homeless count.

I will be in contact with you in the next several weeks to arrange a meeting to discuss the upcoming count and to answer any questions or concerns you may have.

Sincerely,

Appendix B - Partnership Agreement

Community Partnership Agreement

Understanding Homelessness in the _____ (Name of Area) _____: A Service Based Approach

I understand that:

- ✓ This project/study is sponsored by _____ Name of organizations on committee or lead organization _____
- ✓ Participation by my organization is voluntary
- ✓ All information collected will be kept confidential
- ✓ Data collected will only be reported in aggregate form
- ✓ My organization can withdraw from the project at any time.

I have read and understand the information given to me regarding the study titled *Understanding Homelessness in the _____ (Name of Area) _____: A Service Based Approach*. I have been given the opportunity to discuss the project and ask questions.

We are in agreement and willing to participate in the Service Based Count study planned for _____ (Month and year) _____.

Name of participating agency or organization

Name and position of signing authority

Date

Date

Appendix C – Sample Agenda for Training

The following are key items to be included in each training session.

- Prepare a sign-in sheet with the headings - name, organization, role, contact number and email so that each participant's attendance is recorded.
- Make sure to provide background information of the research expertise that exists on team and that there is ethics approval for this research study.
- Discuss the background of the reasons why this type of research is being conducted. (Study Goals)
- Review the definition and typology of homelessness from the Canadian Observatory on Homelessness.
- Take time to thoroughly discuss how clients get screened into the study using the study criteria and unique identifier.
- Review the methodology and each question on the survey tool.
- Review the process of completing and securing the data survey tools.
- Discuss communication with Principal Investigators during the study period Next steps, count down reminders and ongoing communication, survey pick up times, follow up evaluation and plan for disseminating results
- Be sure to leave time for follow up questions and discussion.

In the case of the CBRM training sessions, role play in the sessions is conducted to clearly indicate to the trainees that the survey tool is to be filled out without the client's involvement. One idea to assist in training efforts is to make a training video to be circulated to all service providers.

Appendix D – Survey Tool

Community Approach to Understanding Homelessness

Organization Name: _____ Department: _____

Geographical Location: _____ Date Completed: _____

STUDY CRITERIA:

IN ORDER TO COMPLETE THE STUDY, YOU MUST ANSWER YES TO QUESTIONS 1, 2 and one option in question 3.

1. Client is located or residing within the Cape Breton Regional Municipality. Yes

2. Client is 16 years of age or older Yes

3. Client meets **one** of the following Housing Situations: (Pick only one)
 - Client is currently unsheltered (staying outside or places not intended for human habitation) or staying in an emergency shelter. Yes No

 - Client is currently living “**temporarily**” in places such as boarding houses, hotels, transitional housing or with family or friends (i.e. “couch surfing”) Yes No

 - Client is currently under institutional care such as a health institution, correction or addiction treatment facility with no subsequent residence identified. Yes No

4. CONFIDENTIAL IDENTIFICATION NUMBER:

Last two letters of last name.

Year of Birth

Gender M, F, O (Use “O”(other) if gender is unknown or unspecified)

EXAMPLE:

Name: John Smith

Year of Birth: 1956

Gender: M

UNSHeltered

5. WHAT IS THE CLIENT'S CURRENT HOUSING SITUATION? Please choose one. public space/outdoors (e.g. park, forest, sidewalk) vehicle (car, van, RV, truck) uninhabitable housing (no water/heat, shed) abandoned /vacant building (seasonal property)

SHeltered

 emergency overnight shelter domestic violence shelters

PROVISIONALLY ACCOMMODATED

 transitional housing (no permanency)

People in Institutional Care who lack housing arrangements upon discharge. Institutional Care includes:

 short term temporary rental (hotel/motel, rooming house) correctional centre half-way house living with family members/relatives (no permanency) hospital mental health/addiction facility living with friends (couch surfing) group home/ supported living children's institutions/group homes**Note:** This includes people who may have lost their housing while in institutional care or cannot return due to change in needs and have no housing arrangements.**6. HOW OLD IS THE CLIENT OR WHAT IS THE YEAR OF BIRTH?**__ __ __ __ Year of birth Don't Know _____

If birth year is unknown please select one of the following:

 16-18 years old 30-39 years old *58- 64 years old 19-24* years old 40-49 years old 65 years and older 25-29 years old 50-57 years old Don't Know

(* youth cut off age of 24 years to compare with other research, and 58 is the eligible age for seniors' public housing)

7. HOW DOES THE CLIENT IDENTIFY THEIR GENDER. Male Female Transgender Other (i.e. non-binary, gender fluid) Don't Know

8. MARITAL STATUS

- Single Married/Common Law Separated/Divorced Don't Know

9. DOES CLIENT HAVE CHILDREN?

- Yes No Don't Know If yes, number of children under 18 years old. _____

If yes, what is the current care arrangement for children.

- Under full time care of client Part time care (shared custody, visitation, etc)
 Under care of family or other person(s) Under care of Child Welfare
 Other, explain _____

10. DOES CLIENT IDENTIFY AS INDIGENOUS OR HAVING INDIGENOUS ANCESTRY?

- Yes No Don't Know

If yes, select First Nations Meti Inuit Indigenous ancestry Don't know

If First nations select: Status Non Status Don't know

- First nations: Off Reserve First nations: On Reserve

11. HAS THE CLIENT HAD SERVICE IN THE MILITARY OR RCMP? (Military includes army, navy, air forces)

- Yes, Military Yes, RCMP No Don't Know

12. DID CLIENT RECENTLY (last 5 years) COME TO CANADA AS:

- Immigrant Student Visa Refugee or Refugee Claimant Don't Know

13. (a) WHAT IS THE HIGHEST LEVEL OF EDUCATION THE CLIENT HAS ATTAINED?

- Elementary school Junior High School High School
 Some High School College or University Don't Know

(b) IS THE CLIENT A CURRENT STUDENT?

- Yes No Don't Know

IF YES, WHERE? High School CBU NSCC

- Other (i.e. Local technical College, Adult learning, full time employment program)

14. WHERE DOES THE CLIENT OBTAIN THEIR INCOME? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Full time employment | <input type="checkbox"/> Part time or casual employment |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Disability Benefit |
| <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Money from family /friends |
| <input type="checkbox"/> Seniors Benefits (e.g., CPP/OAS/GIS) | <input type="checkbox"/> Child and Family Tax Benefits |
| <input type="checkbox"/> No Income | <input type="checkbox"/> Informal or Street based income (E.G., bottle returns, panhandling, sex work) |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Other (specify) _____ |

15. BASED ON YOUR KNOWLEDGE OF THE CLIENT, WHAT REASONS CONTRIBUTED THE MOST TO THE CLIENT LOSING OR BEING UNABLE TO FIND HOUSING IN THE LAST SIX MONTHS. CHECK ALL THAT APPLY.

- | | |
|--|---|
| <input type="checkbox"/> Addiction/Substance use | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Poor housing options/conditions available | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Family breakdown/conflict | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Criminal history | <input type="checkbox"/> Health/Disability issues |
| <input type="checkbox"/> No Income Assistance | <input type="checkbox"/> Racial Discrimination |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Rents are too high |
| <input type="checkbox"/> Children | <input type="checkbox"/> Doesn't want permanent housing |
| <input type="checkbox"/> LGBTQ discrimination | <input type="checkbox"/> Problematic rental history |
| <input type="checkbox"/> No rental history | <input type="checkbox"/> Other (specify) _____ |

Provide Details on any further information

16. PLEASE ADD ANY OTHER PERTINENT INFORMATION THAT YOU WISH TO INCLUDE. (INFORMATION SHOULD NOT INCLUDE ANYTHING THAT WILL IDENTIFY THE CLIENT)

Appendix E - Instruction Sheet

SERVICE BASED APPROACH TO UNDERSTANDING HOMELESSNESS - INSTRUCTION SHEET

Sponsors:

Project contacts: **Put contacts for project here (likely Research Leads)**

Thank you for participating in the Service Based Count. Information collected will help to give us a clearer picture of homelessness in the CBRM and will help us to make effective decisions in addressing homelessness.

We have selected Month/year as the period when we will gather information about individuals who are experiencing homelessness. This count is intended to give us a snapshot therefore we ask that you only consider individuals who you have contact with during the month of _____. Please do not look back in any files on previous or inactive clients and do not include clients who are “active” but yet have not been contacted *during* the month of _____.

This research approach involves you (the service provider) sharing information that you already have about your client, information that is located in your client’s files or that is known to you as a service provider. You do not administer the survey to your clients but rather respond to the survey questions as best you can based on your knowledge. We understand that you may not have all the information to answer the questions that are asked in the survey so do not worry if there is missing information on the completed survey.

The Approach

You will be given a package that will contain surveys and this instruction sheet. Please, if you require more surveys throughout the month please email or contact (Name Of Contact) (contact information listed above).

Throughout the month of (Month) please consider if any clients that you may have contact with have housing issues. Then go to the survey and determine if the client meets the study criteria (Answering yes to question 1, 2 and one of the options for question 3). If the study criteria are met, then complete the remainder of the survey and place the completed survey in the large envelope provided along with the unused surveys. Keep the envelope with the surveys in a locked drawer or file cabinet until they are collected by the project contacts. .

The definition of **client contact** is:

Any client or person seeking services from (Month, Year) that has been physically at your service location for the purpose of obtaining service or you have spoken to the client face to face or over the phone, text, through social media or email.

UNDERSTANDING THE SURVEY QUESTIONS

Question 1:

Refers to individuals that identify as currently residing or are located within (Name of Area) even if it is for a short time or indefinite time. Do not include individuals who are located in (Name of Area) strictly to attend an institution. (i.e.: jail, addiction treatment centre, etc.)

Describe geographical boundaries of area or include map of geographical area.

Question 2:

The client must be sixteen years or older. If you are serving a homeless individual who is under the age of sixteen, we encourage you to make note of this at the end of the survey in the additional comment section.

Question 3:

“Currently unsheltered or placed in emergency shelter” means:

- **Unsheltered** – people who lack housing and are not accessing emergency shelters or who are staying in places not designed or fit for human habitation (i.e.: cars, garages, abandoned buildings, tents, etc.).
- **Sheltered** - a temporary or emergency response in the form of shelters and supports for those experiencing homelessness. This includes domestic violence shelters.

“Provisionally accommodated” means:

- Interim housing for people who are homeless (transitional, not permanent housing, i.e. second stage housing)
- People living temporarily with others and without guarantee of permanent housing (couch surfing)
- People accessing short term, temporary rental accommodation without security of tenure. (boarding houses, hotels, hostels, etc.)

“Under institutional care” means:

Situations where people are technically homeless and are provisionally or temporarily accommodated by government, not-for-profit or privately made arrangements where there is no adequate discharge planning or arrangements for safe reliable housing. This includes people who may have lost their housing while in institutional care or cannot return due to change in needs and have no housing arrangements. Examples of institutions:

- Correctional
- Mental health and addictions (residential treatment programs and hospital care)
- Acute care/hospital
- Children’s institutions/group homes

Question 4:

Last two letters of last name – If there is a hyphenated last name use the second name.

Year of birth – If you do not know the year of birth, leave it blank and continue.

Gender – If you do not know gender or individual has identified other than male or female, please use O.

*If you have more than one client with the same identifier please add number 1 after the first identifier and then 2 after the second identifier to distinguish between the two surveys. This will tell us that you did not complete the survey twice on the same individual.

Question 5:

Choose the current housing situation. If there are two or more housing current situations, choose the one that best describes your client's situation. (i.e. if client is mostly staying with friends and using shelter once in a while then choose staying with friends)

Question 6:

If year of birth is known, enter the year and go to next question. If year of birth is unknown, select an age range based on your knowledge of the client.

Question 7:

Choose one

Question 8:

Choose one.

Question 9:

If client has children, indicate number of children under the age of 18 years old. If client does not have children go to question 9.

Question 10:

If the client identifies as indigenous please indicate ancestry, status or non status and if the individual lives/stays on reserve or off reserve.

Question 11:

An important consideration under the Federal Reaching Home Strategy is the need to identify persons with service in the military or RCMP. Efforts have been made on a national level to estimate this population. Information provided with question may provide further insight.

Question 12:

An important consideration under the Federal Reaching Home Strategy is the need to identify persons who are new to Canada.

Question 13:

For clients who have attended or are currently attending college or university but did not complete, select college/university.

For clients who attended or are currently attending High School but did not graduate (grade 12) select some high school.

For clients who attended junior high but did not complete (grade 9) select junior high.

For clients that attended elementary school but did not complete (grade 6) select elementary school.

Question 13 b:

If client is a current student or very recent student select school/institution/educational program

Question 14:

Select sources of current income only. If there has been a recent (one month) change in sources of income that has contributed either positively or negatively to the client's housing situation, use the notes section at the back to explain. (ie client is homeless but is working full time – if this is a recent change in source of income)

Question 15:

This question can be answered based on your knowledge of the client. Select all that apply as part of what the client has told you and/or what is a perceived barrier to housing.

Question 16:

Please add any other information you wish to include. Please do not give identifying information.

Appendix F - Post Count Evaluation

Service Based Count Service Provider Feedback

Thank you for participating in this initiative. Please take a few minutes to provide some feedback regarding your experience. Your feedback is important and will contribute to the continued improvement of future events and / or initiatives. Thanks again.

Please respond to the questions below and return to: (email and / or fax)

- Which training session did you attend? Date: (date here) and location (location here)

- Did this training session adequately prepare you to participate in this initiative?
 Yes No Coments: _____

- Were the instructions that were provided with the data survey tool helpful?
 Yes No Coments: _____

- Did you feel that the timeframe (1 month) was an adequate amount of time to complete this initiative? Please describe.

- Was the month selected a good time of year for you /your organization?
 Yes No Comments: _____
If no, what would be a better month to complete this initiative?

- Did you encounter any problems and/or issues the data survey tool?

- Do you have any suggestions for improvement?

- Do you have any additional comments you would like to share?

Thank you for your feedback!

