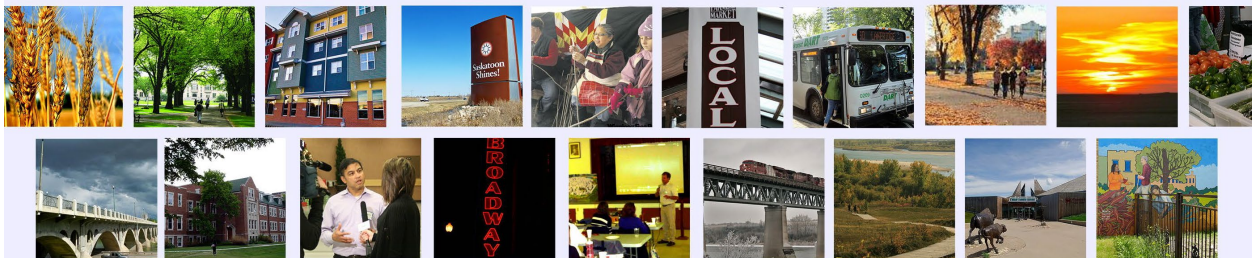




2024 Saskatoon Point-in-Time Homelessness Count

Niloofer Nili, Isobel M. Findlay, and
Rosmary Martinez Rueda



Community-University Institute for Social Research

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Niloofar Nili, Isobel M. Findlay, and Rosmary
Martinez Rueda

Canada 



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Community-University Institute for Social Research

University of Saskatchewan

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The opinions and interpretations in this report are those of the authors and do not necessarily reflect those of the Government of Canada.

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The 2024 Point-in-Time (PiT) Count was funded by the Government of Canada's Reaching Home: Canada's Homelessness Strategy. Reaching Home is a community-based program aimed at preventing and reducing homelessness across Canada. It provides funding and support to urban, Indigenous, territorial and rural and remote communities to help them address their local homelessness needs. The main objective of Reaching Home is to streamline access to housing and supports for people who are experiencing homelessness or at risk of homelessness, by coordinating local services to achieve community-wide outcomes using real-time data.

We are also grateful for the partnership with the City of Saskatoon and staff who coordinated the Count, as well as the invaluable contributions of the City of Saskatoon's Long-Range Planning Section, Planning and Development Department. Many thanks to Saskatoon Housing Initiatives Partnership (SHIP) and the leadership of Robert Lafontaine (Executive Director); Marcia Wolinski (Operations Manager); Sherry Olson (Executive Assistant); and Brenna Sych (Community Engagement Manager [HIFIS]) and Team (Chandima Harsha Karunanayake and Peter Nguyen) for training on HIFIS Lite and technical support for data entry.

We are thankful for the good guidance offered by the Community Advisory Committee (representing over 30 front-line organizations, lived experts David Fineday, and Elder Marlene Conron) who advised on study design, survey questions, and survey locations as well as on preliminary analysis, among other items. Our sincere thanks also to all shelters and transitional housing providers who supplied HIFIS and administrative data.

Planning and implementing the 2024 Point-in-Time (PiT) Homelessness Count on October 8, 2024, was an enormous community effort involving individuals, agencies, shelters, and community-based organizations delivering services and supports as well as the City, SHIP, and Community-University Institute for Social Research (CUISR) teams. Planning and preparation began in April 2024 to meet the federal deadline to complete the national, coordinated count between October 1 and November 30, 2024. Count Day went as smoothly as it did thanks to the invaluable Command Staff Team.

We are also thankful to those who helped deliver seven in-person training sessions plus an optional supplementary session for volunteers over four days (September 23 and 24 and October 2 and 3). Special thanks to Rob Garrison, Transit Security Advisor at the City of Saskatoon, and to David Fineday, Dr. Andrew Bigsmoke, and Melissa Naytowhow who shared their powerful stories and deep knowledge born of lived expertise to increase understanding of those whose voices are so often left unheard, to add to trauma-informed approaches, and to help reduce risk and ensure the safety and comfort of volunteer surveyors and respondents.

To Station 20 West and Director of Operations Donna Weldon we are grateful for hosting of training sessions as well as headquarters on Count Day and being as generous with space as with supports.

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To all those who participated in the survey component of the 2024 PiT Count, we express our gratitude. Their reflections added importantly to the local portrait of housing and homelessness. We deeply appreciate those who gave their time to share their experiences of homelessness, what has helped or hindered in their efforts to find stable, secure, affordable, and appropriate housing. Their contributions help us to get a better understanding of the barriers they face, their service use patterns, their aspirations and unmet needs, and to identify what might improve their housing situation. Their voices and experiences are woven throughout the pages of this report.

We also gratefully acknowledge the **over 200 volunteers**, including those who surveyed in mobile and stationary sites, those who surveyed at shelters and encampments, and those supporting count day logistics. Our sincere thanks to our volunteer surveyors, without whom the PiT Count would not have been possible. They gave their time and expertise, participated in a required three-hour training session, and conducted interviews with participants on the streets, at shelters, or at encampments. in 24 hours from 11:00 a.m. to 11:00 p.m. on October 8. We are also thankful to those volunteers who responded to the volunteer survey and helped ensure ongoing learning about how to design and implement effective PiT Counts.

SHIP, the City of Saskatoon and CUISR would also like to express our heartfelt thanks to the following organizations for their participation in Saskatoon's 2024 PiT Count:

- | | |
|---|--|
| • Camponi Housing Corporation | • Quint Development Corporation |
| • Canadian Centre for Housing Rights | • Sanctum Care Group |
| • Central Urban Métis Federation Inc. (CUMFI) | • Saskatchewan Health Authority |
| • City of Saskatoon – Mapping and Research, Long Range Planning | • Saskatoon Crisis Intervention Service (SCIS) |
| • Crocus Co-operative | • Saskatoon Fire |
| • David Fineday – Smudge On | • Saskatoon Food Bank & Learning Centre |
| • EGADZ | • Saskatoon Interval House |
| • Elizabeth Fry Society of Saskatchewan | • Saskatoon Police Service |
| • Friendship Inn | • Saskatoon Poverty Reduction Partnership |
| • John Howard Society of Saskatchewan | • Saskatoon Public Library |
| • Lived Experts | • Saskatoon Transit |
| • Métis Nation–Saskatchewan (MN-S) | • Saskatoon Tribal Council |
| • OUTSaskatoon | • Station 20 West |
| • Oxford House | • STR8UP |
| • Persons Living with AIDS (PLWA) Network | • The Bridge |
| • Prairie Harm Reduction | • The Salvation Army |
| | • United Way of Saskatoon and Area |
| | • YWCA |

HIGHLIGHTS AND KEY FINDINGS

Ensuring that **“everyone counts”** in Point-in-Time (PiT) Homelessness Counts is a key resource to address homelessness by giving a human face to the statistics and helping design policy and program investments that ensure that all residents have access to **safe, affordable, and appropriate housing**. Despite **housing as a human right** being recognized by international covenant and the 2019 National Housing Strategy Act, the housing and health crisis has aggravated vulnerabilities, leaving many with **nowhere safe to go** and the **heightened visibility of street homelessness**.

The sixth Saskatoon PiT Homelessness Count—and third as part of Reaching Home’s national coordinated PiT Count—including an indoor and outdoor enumeration, street needs assessment, and public perception survey, was held in Saskatoon on October 8, 2024. The 2024 Count built on the learning from Saskatoon counts in 2008, 2012, 2015, 2018, and 2022, while adapting to the requirements of the fourth national coordinated PiT Count. Using a “snapshot” approach to collect the data, the PiT Count aimed to capture chronic homelessness and establish a better understanding of the trends among homeless populations, how local trends compare with national trends, and determine appropriate programs and services according to needs. To produce a **comprehensive and multi-faceted picture of homelessness** in Saskatoon, the count survey (indoor and outdoor) included these components:

- Retained a **Public Perceptions** survey component (Part One), a **unique feature** of the Saskatoon 2015, 2018, and 2022 counts, engaging all people encountered on count day in a **community conversation**.
- Retained the enumeration of **“hidden homeless,”** which is defined as individuals experiencing hidden homelessness and includes those living temporarily with others without guaranteed residency (i.e., couch surfing) and staying in short term rentals without secure tenure (i.e., self-funded hotel/motel). However, hidden homelessness is not included in the 2024 “core enumeration”; that is, the total number of people experiencing visible homelessness (those who stayed in shelters, domestic violence shelters, encampments and other unsheltered locations on the night of the PiT Count) as well as those who are staying in a transitional housing program.
- Added **encampments** as part of the core enumeration.
- Retained 28 **mobile study areas** and 15 **stationary locations**, including 3 shelters.
- Included the **mandatory 15 Core Questions** in Part Two of the survey—including in question 11 (at the request of Indigenous representatives on the 2020 Community Advisory Committee, the 2022 Knowledge Keepers Advisory Board, and confirmed by the 2024 Community Advisory Committee [CAC]) an option to list residential school/intergenerational trauma to make it a visible critical factor and not subsume it within mental health issues. Question 2b about any children in foster care was added at the request of the 2024 CAC.
- Incorporated **7 additional questions relevant to the local context** (approved by CAC).
- Included both an **ice breaker** and **honorarium** to thank participants for their time and knowledge, respecting the principle of informed consent as defined by the USask Research Ethics Board and explained in the survey information sheet as well as by

Housing, Infrastructure and Communities Canada where honoraria are at levels that will not unduly influence.

These additional data sources are included in the discussion of results:

- Data from the Homeless Individuals and Families Information System (HIFIS).
- Administrative data submitted by emergency shelters, motels/hotels, transitional housing, and systems (hospital, police holding cells, detox).
- Observational data representing those who were perceived to be without shelter but wished not to be surveyed.

N.B. Only completed surveys include the full survey data; HIFIS data included age, gender, and ethnicity; observational reports included age and gender estimates only; and some administrative data included age, gender, and ethnicity, but some administrative data gave no demographic data. That is why the numbers (n) associated with different questions differ.

Summary of Results

1,499, including 315 children and 175 youth, experiencing homelessness on October 8, 2024

Core Question Responses

A total of **1,499 people** were counted as without permanent shelter, **including 315 children and 175 youth**:

- **294 unsheltered**, including 3 seniors (65+), 88 older adults (45-64), 157 adults (25-44), 24 youth (13-24), 18 children (0-12), and 4 of unspecified age, were counted in the outdoor survey; **a further 116 were observed to be unsheltered** (1 senior, 7 older adults, 37 adults, 1 youth, and 70 of unspecified age).
- 2 seniors, 12 older adults, 22 adults, 7 youth, 8 children and 1 unspecified for **52 were counted in encampment surveys**; a further **10** of unspecified age were observed in encampments.
- **658 sheltered**, including 18 seniors, 76 older adults, 188 adults, 131 youth, 199 children, and 46 unspecified, were reported in HIFIS Shelter data and administrative data submitted by other emergency shelters, transitional housing, and hotels/motels.
- Beyond the core enumeration, **339**, including 2 seniors, 67 older adults, 96 adults, 12 youth, 84 children, and 78 of unspecified age, were counted as **“hidden homeless”** in the outdoor survey; reported **systems data added 30** individuals (including 6 children).

Numbers have almost tripled since the 2022 count reported 550, including 26 children and 84 youth. Without safe, reliable, and consistent housing, those experiencing hidden homelessness face unusual difficulties in navigating and accessing programs and services.

While many of those experiencing homelessness were located in the core, downtown, and the west side, there were also significant numbers located in neighbourhoods across the city consistent with the identification of encampments across city neighbourhoods.

Emergency Shelter Use

The 2019 National Shelter Study update (HICC, 2022) saw on an average night 14,400 people staying in shelters, which marks a decrease by 4,155 from 2018 (18,555). The national decreased shelter use trend reflects a reduction of 23.9% since 2005, although demand remains high and shelter stays are ranging longer (stays over 31 days increased 72.2% since 2005). All shelters were at 92.3% occupancy and family shelters were at 104.2% occupancy. Whereas gender and age distribution remained stable, the proportion identifying as refugees and refugee claimants has been increasing since 2014, while Indigenous people were conspicuously overrepresented at 30.5% although only 4.9% of the national population (HICC, 2022).

Of those surveyed in Saskatoon from the 2024 PiT Count, **66.5% reported shelter use** in the past year (down from 77% in 2022), while 33.5% had not. This pattern is similar for adults and older adults (65.7% and 68% respectively), while a **higher percentage of youth (45.1%) reported not using shelters** when compared to other age groups. In contrast, seniors were the most likely to use shelters, with 86.7% reporting shelter stay.

Family Members or Others Staying with Survey Respondents on Count Night

Among family members staying with survey respondents on count night, the largest group consisted of children or dependents (37.3%), followed by partners (30.5%) and other adults, including family or friends (27.5%). A smaller proportion (4.7%) were pets.

Children in Foster Care

In addition to the core question about family members staying with them tonight, individuals were also asked if they had any children in the foster care system: the majority (72.98%) reported that they do not have children in foster care, while 27.02% indicated that they do.

64% chronic homelessness

Chronic Homelessness

Of those experiencing homelessness, 64% (up from 59% in 2022) reported chronic homelessness (without a permanent address for more than six months or 180 days or recurrent homelessness over the past three years that is at least 18 months or 546 days), while 36% reported non-chronic homelessness (for less than 6 months or 180 days in a year or recurrent homelessness over three years that is less than 18 months or 546 days). Additionally, 71.4% of respondents reported experiencing homelessness for about half or more of the past three years, while 28.6% experienced homelessness for less than half of that period.

50.3% first experienced homelessness as adults, 8.8% as children, and 39.9% as youth

First Experience of Homelessness

While 50.3% of respondents first experienced homelessness as adults, 8.8% were children (0-12) and 39.9% were youth (13-24).

Respondent Demographics

Saskatoon's homelessness population is largely adults (50.1%)—(close to the 2022 PiT Count finding of 47% adults)—with youth (11.7%), children (21%), and seniors (1.7%). Although 15.5% were of unspecified age, the homeless population continues to be largely male (50.1%) and individuals self-identifying as Indigenous (80.7%); 81.2% indicated that they identify as Indigenous only. Other racial identities were selected by a small number of respondents: 14.10% identified as White, 1.5% as Black-African, 0.94% as Asian-South, 0.56% each as Asian-East, Black Canadian/American, and Black Afro-Caribbean, 0.38% as Latin American, and 0.19% as Asian-South-East.

50.1% adult
32.7% children and youth
50.1% male
80.7% Indigenous

Immigrant, refugee, or refugee claimants accounted for only 4.2% and the military or RCMP for only 2.7% of respondents.

Almost 90% reported being straight or heterosexual; of 629 respondents, 8.3% reported being bisexual, two-spirit, pansexual, asexual, gay, questioning, while 1.1% were unspecified.

29.6% had “always” lived in Saskatoon; 60.8% had been a resident for more than 5 years

Length of Residence in Saskatoon

Overwhelmingly, respondents were long-term Saskatoon residents: 29.6% had “always” lived in Saskatoon, while 60.8% had been a resident for over 5 years. The majority of respondents who indicated that they migrated to Saskatoon came from another location in Saskatchewan (70.38%) followed by Alberta (11.96%); only 1.63% came from outside Canada.

50.8% had experience of foster care

Experience with Foster Care

Consistent with national trends, 50.8% had been in foster care (slightly decreased from the 2022 figure of 54.8%).

82.3% reported substance use issue; 60.6%, mental health issue; 57.3%, illness or medical condition; 52.9%, residential school/intergenerational trauma; 48%, physical limitations; 39.2%, learning or cognitive limitations; 37.1%, issues related to senses such as hearing or seeing; 29.2%, an acquired brain injury

Health Challenges

Those experiencing homelessness face many health challenges as well as significant barriers to accessing health care. A total of 82.3% reported dealing with a substance abuse issue, 60.6% reported a mental health issue, 57.3% managed an illness or medical condition, 52.9% reported experiencing residential school / intergenerational trauma, 48% reported a physical limitation, 39.2%, learning or cognitive limitations, 37.1% had issues related to senses such as hearing or seeing, and 29.2% reported having an acquired brain injury—symptoms that, we are warned, should not be mistaken for the sources of homelessness.

The category of residential school/intergenerational trauma was uniquely added to the survey in Saskatoon respecting Indigenous requests confirmed by the previous Knowledge Keepers Advisory Board and both the previous and current Community Advisory Committee, based on feedback that the trauma not be subsumed under mental health and therefore become invisible. This trauma needs to be understood as a significant risk factor. Still, the response rate may understate the case given that non-Indigenous respondents may have answered.

Causes of Housing Loss

The diverse reasons for housing loss are presented in six categories consistent with national trends: Housing and financial issues, Conflict, Experience of Discrimination, Experience of abuse, Health or corrections, and other reasons. **Insufficient income** was cited as the major reason for housing loss (32.8% of 607 respondents). Other factors included **conflicts** with landlords (11.4%); unfit/ unsafe housing (10.2%), discrimination (5.3%) or complaints (5.9%), while 2.8% left the community. **Home is not always a safe place**: conflict with spouse/partner (13.7%), with friend/roommate (3.0%), and with parent/guardian (6.3%) were leading reasons. Under the health or corrections category, **substance use** (19.6%), mental health (3.8%), incarceration (6.1%), and physical health (3.6%) were cited as the most common reasons for housing loss, suggesting the importance of addressing health and substance use issues.

Eviction and Housing Loss

In total, **55.1% highlighted that eviction was a cause of housing loss**—a high percentage that adds to the picture of housing loss related to insufficient income.

51.73% lost their housing in the last one to five years

Over half of respondents (51.73%) had lost housing between one to five years earlier, 12.11% more than five years earlier, 11.25% 6-12 months earlier, while 24.91% of the respondents lost their housing within the last 6 months.

Sources of Income

Sources of income remain increasingly problematic since the 2008 count when sheltered homeless reported formal (45%) and even full-time (70%) employment. **Since 2012, “welfare” has become the main source while employment reduced to 10% (2012), 8% (2015), 3.69% in 2018, 6.3% in 2022, and 2.5% (full-time) and 1.9% (part-time) in 2024. A total of 48.9% of 2024 respondents reported welfare or social assistance for income (61.1% in 2022). Disability benefits (20.8%)** was identified as the second most important source of income. Other government assistance programs also played a role, including GST/HST refunds (5.8%), seniors' benefits such as CPP, OAS, and GIS (2.5%), and child and family tax benefits (2.2%). **Informal income sources were a source of income for 13.6%** (down from 2022's 21.1%).

Additional Survey Question Responses

Education Profile

The largest percentage of respondents (41.9%) had completed some high school, while another 30.4% had completed high school, **10.7% had some postsecondary, 6.2% had graduated post-secondary, and 1.1% had graduate degrees**. The percentages for total high school selections are up from 2022 (36.5% completed some high school and 26.9% had completed high school). The numbers remained almost unchanged from 2022 for those with some post-secondary education and those with a graduate degree (10.65% and 1% respectively in 2022). However, a lower percentage of participants reported having graduated from post-secondary education (15.4% in 2022).

Experience of Violence

Approximately 67% had experienced violence while homeless: 66.2% of men, 69.1% of women, 100% of non-binary people, and 70% of two-spirit people. The unsheltered population (73.2%) and those in encampment (73.1%) were more likely to be victims of violence than sheltered population at 59.7%. Those reporting hidden homelessness (63.8%) also experienced violence at a higher rate than the sheltered population.

*66.2% men,
69.1% women,
100% non-binary
people, 70% two-
spirit people,
73.2%
unsheltered,
59.7% sheltered,
and 63.8%
hidden homeless
experience
violence.*

Housing Services and Barriers to Housing

Not surprisingly, most respondents indicated that **having more money (88.2%)** and **getting help to find affordable places (81.6%)** were most important. This is consistent with the finding that financial challenges were the major cause of homelessness. Other needs included **assistance with housing applications (71.7%), help with transportation to see housing (69.8%), and help getting I.D. (59.1%)**, giving a strong sense of the barriers those in poverty face. **Health challenges are also important**; respondents listed mental health support (57.4%), harm reduction support (51.9%), help in addressing health needs (50.7%), and disability accessibility (37%) as well as managing alcohol issues (35.3%).

Interestingly, confirming a trend across the country where they have become vital community gathering spaces linking people to key resources, **libraries were the most used service** both in terms of number of **users (77.9%) and frequency of visits by all respondents (56620 estimated visits)**. Saskatoon Food Bank was second at **70.2% (4737 estimated visits)**, **shelters at 61% (6408 estimated visits)**, **health clinics at 56% (4526 estimated visits)**, **emergency rooms at 53.2%**, **drop-ins at 50.3% (28754 estimated visits)**, and **hospitals at 45.4% (2130 estimated visits and 2778 days spent hospitalized)** topped the lists, **reinforcing the links between homelessness and health**. Other services mentioned by survey respondents included days spent in jail (6548), churches (4780), and children and family support (3444). **underlining the health and justice costs of homelessness**. Of the 623 respondents, **46.4% reported experiencing service restrictions or denial of services**, while of the 605 respondents, **32.1% reported the services helped them to find housing**, listing Saskatoon Tribal Council, Prairie Harm Reduction, and Quint as most helpful.

*Libraries, food
bank, shelters,
health clinics,
emergency
rooms, drop-
ins, hospitals
most used
services in past
year*

Waiting List for Housing

Over **30% (30.7%) reported being on a waiting list** for housing. 74.82% of the respondents indicated that they have been on a waiting list for 60 or more days. Saskatoon Tribal Council's Cress Housing (22.4%), Saskatoon Housing Authority (18.4%), Quint (15.2%), and CUMFI

(12%) topped the list of housing providers. Among the 125 respondents, 22 (17.6%) reported being on more than one housing waiting lists.

Concluding Thoughts

Many offered thoughts on systemic and other barriers, as well as supports that could make a difference. Participants highlighted the need for **improved addiction treatment, mental health care, and access to essential services such as ID assistance, food security, transportation, and healthcare** for individuals experiencing homelessness. They emphasized **expanding training programs, employment opportunities, and affordable housing** with support for lease requirements. They called for public education to reduce **stigma** and **better responses to domestic violence**, including increased shelter services for women at risk.

Public Perceptions of Homelessness

In the public perceptions section of the survey where all members (housed and unhoused) of the community are surveyed, **approximately 95% of respondents were clear on the seriousness of homelessness in Saskatoon**, marking an increase from 88% in the 2022 count and 77% in 2015. The results show that the community has a heightened awareness of the seriousness of homelessness and is also aware of organisations that support people experiencing homelessness, including the top six:

- Salvation Army (40.3%)
- CUMFI- Central Urban Métis Fédération Inc (33.2%)
- Saskatoon Tribal Council (32.4%)
- Saskatoon Friendship Inn (26.4%)
- Prairie Harm Reduction (22.98%)
- YWCA (21.2%)

The **top five reasons** given for homelessness **as perceived by both housed and unhoused survey respondents** were **addictions (51.4%), lack of affordable housing (49.7%), lack of employment (24%), discrimination (20.5%), and physical or mental health (18.1%)**. Additional reasons included criminal record, inability to pay damage deposits, unsafe housing, and lack of references. If the reasoning does not align perfectly with the reasons given for their own experience of homelessness in Part Two survey responses, even though the majority of Part One respondents were unhoused, it may be that they are making a distinction between what they consider reasons for the broader phenomenon and for their own personal experience.

Anyone and everyone, youth, people with disabilities, those with mental health issues and history of trauma, single parents, First Nations, Indigenous people, people with addictions, and unemployed individuals are perceived to be at greatest risk of homelessness

The public perception of those most at risk for experiencing homelessness are anyone and everyone including youth, people with disabilities, individuals facing mental health issues or a

history of trauma, single parents, First Nations and Indigenous people, those struggling with addictions, the unemployed, and, broadly, **everyone**.

Community suggestions for addressing homelessness centred on **housing and shelters**, emphasizing the need for **affordable housing** options. Participants highlighted the importance of **support programs, mental health and addiction services**, and increased **funding**. The suggestions also included initiatives to **build better houses** for those in need. Importantly, the community recognized that **increased public awareness** could foster greater **support and help**, connecting individuals with available **jobs** and other opportunities. These findings underscore the community's recognition of the need for a comprehensive approach that addresses not only housing affordability but also support services, mental health care, and systemic barriers to effectively reduce homelessness in the city.

Homelessness and Saskatoon's Population

Saskatoon is experiencing significant growth. According to Statistics Canada, since 2015, Saskatoon's population has grown by about 57,150 with an average annual population growth rate of 2.27%. The population at the last PiT count (2022) was approximately 281,418, while as of July 1, 2024, the population was estimated to be 308,626. With rapid population growth, the number of people experiencing homelessness can also be expected to rise.

Since the COVID-19 pandemic, both the number and rate of homelessness have been steadily increasing. This upward trend is driven by various factors, including the increasing cost of living, declining vacancy rates, and the lasting effects of the pandemic. These combined factors have resulted in the highest number of individuals recorded in a PiT Count since the first one was conducted in 2008.

Previous PiT Counts

It is important to acknowledge the limitations in comparing the findings with previous count findings in 2008 (228 adults and 32 children), 2012 (368 adults and 11 children), 2015 (405 adults and 45 children), 2018 (475 including 11 children), 2022 (550 including 26 children) given differences in research design and timing, different definitions of age groups, changes to the core enumeration including the addition of encampments, and different socio-economic conditions. **However, certain findings have remained consistent over time and cannot be ignored.**

All age groups are impacted by homelessness. **Indigenous people are overrepresented and unduly impacted.** Service use patterns show the **human costs of heavy reliance on costly health and justice services**. The findings give opportunity to work together to address costly systemic inequities and contribute to the reconciliation narrative promoted by the Truth and Reconciliation Commission's Calls to Action.

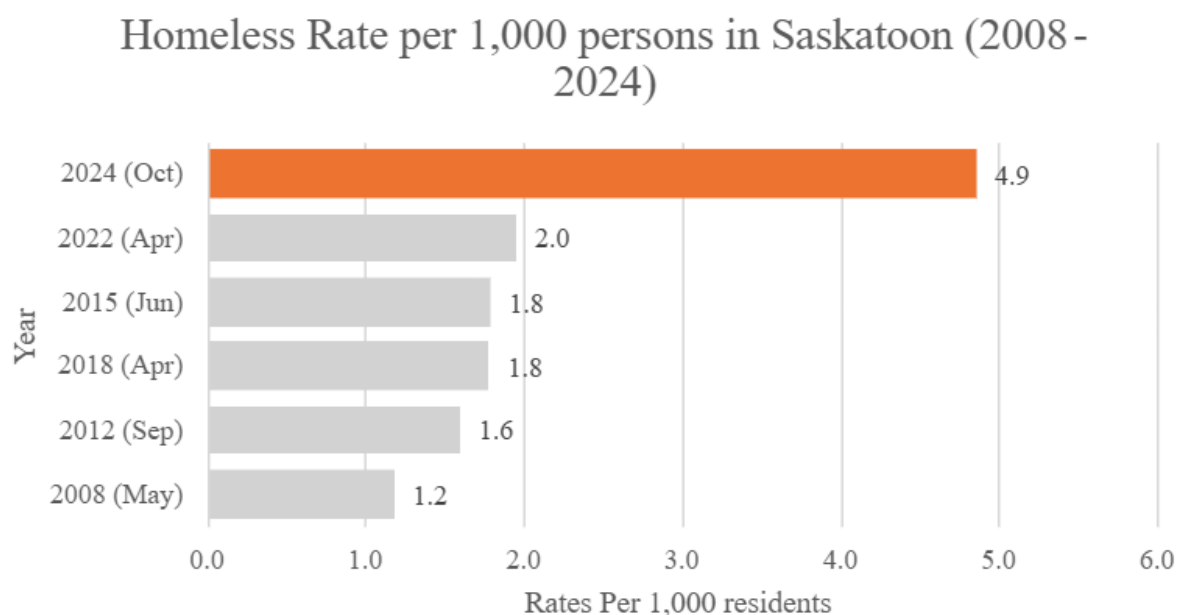
Findings Across Saskatoon Point-in-Time Homelessness Counts (2008-2024)

	2008	2012	2015	2018	2022	2024
Date of the Count	22-May	24-Sep	22-Jun	18-Apr	28-Apr	8-Oct
Total sheltered and unsheltered	260	379	450	475	550	1499
Outside (Adults)	17%	27%	9%	18.95%	5.50%	14.4%*
Sheltered (Adults)	77%	73%	80%	56.40%	24.40%	12.5%*
Total Children	12%	3%	10%	2.30%	4.70%	21%*
Total Hidden Homelessness	-	-	35 or 7.8%	86 or 18.1%	30 or 5.5%	339 or 22.6%
Total Self-Identified Indigenous People	47%	66%	45%	85.50%	90.10%	80.70%
On Waiting List for Housing	20%	14%	27%	26.10%	39%	30.7%**

* For the 2022 and 2024 PiT Count, a child was defined within the 0-12 years range. Those from 13-24 years were defined as youth, while only those between 25 and 44 were defined as adults, those between 45 and 64 as older adults; seniors were 65+.

** This rate is calculated from those who responded to question 21a of the survey, n = 583 (2024).

Rate of Homelessness per 1,000 persons in Saskatoon (2008-2024)



INTRODUCTION

A housing crisis persists in Saskatoon and across Canada despite **housing being acknowledged as a human right** so critical to human development (National Housing Strategy Act, 2019; United Nations, 1966); despite lessons learned about “**the suffering of being homeless**” during the COVID-19 pandemic (Doll et al., 2022, p. 11); and despite **federal reinvestment** in affordable housing under the National Housing Strategy after decades of disinvestment (Olauson et al., 2022; Sutter, 2016). The costly phenomenon of homelessness (and the **related health crisis**) continues to rise despite **some success with Housing First, Rapid re-housing, Indigenous-led initiatives, outreach services and other prevention strategies** documented here and in the 2018 and 2022 Saskatoon Point-in-Time Homelessness Counts (Findlay et al., 2018; Kunzekweguta et al., 2022). Homelessness and housing precarity persist despite innovative community collaborations in Saskatoon and elsewhere to fill information and service gaps (Alhassan et al., 2021; Doll et al., 2022; Safe Community Action Alliance, 2020; SPRP, 2021). Indeed, housing precarity is a growing and increasingly visible concern with outdoor or rough sleeping and encampments on the rise in Saskatchewan and across Canada (Falvo, 2021a).

In Saskatoon, the **number of encampments tripled in 2023** when shelters and warming centres were over capacity and the Fire Chief reported concerns about people’s “**health, with frostbite, losing extremities,**” **losing fingers and in one case eight toes** as a result (Sorokon, 2024a). In September 2024, Saskatoon Fire Department reported a doubling of the numbers of the precariously housed (possibly reaching 970 by end of year), shelters untypically full all summer, and **932 encampments in 69 neighbourhoods across the city** (Sorokon, 2024b).

Housing and Health

The stability, affordability, and quality of housing are well-established critical social determinants of health, significantly affecting various aspects of an individual's health and well-being (D'Alessandro & Appolloni, 2020; Forchuk et al., 2016; Krieger & Higgins, 2002; Rolfe et al., 2020). As a fundamental component of public health strategies aimed at improving community health, housing plays a crucial role in the complex interplay of factors shaping population health outcomes (Commission on Social Determinants of Health, 2008; D'Alessandro & Appolloni, 2020; Reece, 2021). Despite the challenges in isolating the specific effects of housing conditions due to their complex interactions with broader social and economic determinants (D'Alessandro & Appolloni, 2020), studies consistently demonstrate that a lack of stable housing negatively impacts an individual's health (D'Alessandro & Appolloni, 2020).

Chronic homelessness is associated with higher rates of physical health issues, including malnutrition, chronic pain, infectious and respiratory diseases, and increased mortality rates (Onapa et al., 2022). Mental health is also significantly affected, with higher prevalence of severe mental illnesses among populations experiencing homelessness (D'Alessandro & Appolloni, 2020; Fazel et al., 2008; Onapa et al., 2022), particularly impacting mothers (Reece, 2021; Suglia et al., 2011). In fact, the **extreme stress associated with homelessness** can be conceptualized as **a form of trauma** that can directly impact maternal mental health and birth outcomes (Carrion et al., 2015; Osypuk et al., 2012; Reece, 2021; Suglia et al., 2011). Notably, even children who experienced homelessness only in utero show higher rates of hospitalization and poorer overall health (Sandel et al., 2018).

For infants and young children, homelessness represents extreme stress and deprivation during critical brain development periods, potentially contributing to developmental delays (Cutts et al., 2011; D'Alessandro & Appolloni, 2020; Fanning, 2021). The strong correlation between infant mortality rates and broader measures of overall societal well being such as the Human Development Index (Lee et al., 1997; Reece, 2021) further emphasizes the importance of addressing homelessness as part of efforts to improve health outcomes and reduce disparities.

Housing First

Taking its name from its basic principle to house people first and support them with services they need to remain housed, Housing First is a rights-based, unconditional approach recognizing that people deserve housing so vital for recovery, that people should have choice in the kind and location of housing, and that different people have different needs and capacities (Canadian Housing First Network, 2024; Groton, 2013; Homeless Hub, n.d.). Not only can Housing First effectively end homelessness, but it can also save health and justice sector costs (Falvo, 2021b). In Saskatoon, such findings have been mirrored in United Way of Saskatoon and Area's Journey Home Housing First program, which is delivered by Saskatoon Crisis Intervention Service. United Way's *Annual Report 2021-2022* reported 115 men and women with high acuity needs successfully housed to date—many within three weeks; its 2021 *Journey Home Update* reported **cost avoidance of \$820,425** represented by the reduced service use by those 40 Journey Home participants who agreed to have their data tracked and shared.

These Housing First initiatives along with community plans to end homelessness rely for their evidence-based program decisions on shelter data from the Homeless Individuals and Families Information System (HIFIS) and from PiT Counts across the country.

PiT Homelessness Counts

A PiT Count provides a snapshot of community homelessness that captures numbers, demographics, service usage, and other measurements—and does so quite literally at one point in time, typically a single day. The PiT methodology is a tool that enumerates and surveys those who are experiencing sheltered, unsheltered, or transitional homelessness—what Reaching Home calls the “core population” under study—in communities across Canada. PiT Counts may also include systems homelessness in hospitals, detox, detention, or jails—and so-called “hidden homeless” or “couch surfers,” the provisionally accommodated without immediate prospect of permanent housing, although not within the “core enumeration” in 2024 (Housing, Infrastructure and Communities Canada [HICC], 2024a). It can also be an important means of reaching people who have not otherwise accessed services. Because PiT Counts enumerate individuals experiencing homelessness during one specific time, they are admittedly **underestimates of actual numbers because of methodological, logistical, and other challenges**. Nevertheless, PiT Count estimates provide an important source of data for local program planning and monitoring on characteristics and contexts of those experiencing homelessness. If conducted over time, PiT Counts can demonstrate progress or indicate barriers towards reducing homelessness in a community and support evidence-based interventions (HICC, 2024a).

In addition to examining sub-populations (youth, persons with disabilities, immigrants, veterans, and Indigenous people), the PiT Count's enumeration aims to identify the size and composition

of the **chronically homeless** population who have experienced homelessness for six months (180 days) or more in the past year or recurrent homelessness over three years that is at least 18 months (546 days) (HICC, 2024a).

To better understand the trends among homeless populations and determine appropriate programs and services according to needs, the survey's street needs assessment also explores issues around migration and immigration; disabilities; use, accessibility, and barriers to services; and orientation to systems to find housing, employment, health and education (HICC, 2024a).

Infrastructure Canada's Nationally Co-ordinated PiT Count, 2020-2022

In 2016, the first nationally coordinated count (with standardized definitions and methods to support comparability, rigour, and reliability) was conducted in **32 designated communities** across Canada. With access to training, a guide, toolkit, and other online resources on the Community Workspace on Homelessness, that national count found 5,954 experiencing homelessness, including 1,417 unsheltered and 2,832 sheltered (ESDC, 2016a). The 2018 coordinated count between March 1 and April 30 expanded to **61 communities** from every province and territory across Canada (urban, suburban, rural, and remote) and counted 32,005 experiencing homelessness: 14% unsheltered, 65% sheltered, and 21% in transitional facilities; 60% reported chronic homelessness, 50% reported the first experience of homelessness before the age of 25, and 59% reported living in the community always or for five or more years (ESDC, 2019). The majority (62%) were male, 36% were female, and 2% self-identified as gender diverse—of whom youth were the largest group at 21% to so self-identify (ESDC, 2019). While Indigenous people represent 5% of the Canadian population, they accounted for a disproportionate 30% of respondents and a higher 37% of those reporting unsheltered locations and 47% of those reporting hidden homelessness (ESDC, 2019).

The 2020-2022 nationally coordinated PiT count expanded its timescale (March 2020 to December 2022) to address pandemic risks and again expanded its reach: to **87 communities** where **40,713 were enumerated in 72 communities**. Among 67 communities that implemented PiT counts in 2018 and 2020-2022, they saw a **20% homelessness increase** (Infrastructure Canada, 2024):

- 88% increase in unsheltered homelessness
- 125% increase in unsheltered and 57% increase in sheltered among late pandemic counts
- 69% reported chronic homelessness (up from 60% in 2018); Indigenous respondents highest at 75%.
- 44% experienced homelessness for the first time before age 25.
- 45% of youth had experience of foster care or child welfare (associated with chronic homelessness and increased health issues).
- 85% reported at least one health challenge; 67% reported more than one.
- Substance use (61%) and mental health issues (60%) were most reported.
- Insufficient income (28%) was the top reason for housing loss.
- Indigenous people (31%: 24% First Nations, 6% Métis, 2% Inuit) were overrepresented.

Indigenous Homelessness

As Infrastructure Canada (2024) makes clear, the experience of homelessness can vary enormously across different groups: for example, Indigenous people, youth, and women are less likely to access shelters and are therefore underrepresented in administrative data. As Patrick (2014) argues, it is important not to naturalize or pathologize these patterns but to understand the “multilayered discrimination and disadvantage Aboriginal Peoples face,” the uniqueness and diversity of their experiences as a result of intergenerational trauma, as well as their resilience and agency (p. 11). Understanding the meaning of “home,” “social relations,” and “cultural connections,” Patrick argues, is key to addressing the issue: **“Being without a place to call home is one of the most severe manifestations of marginalization and deprivation in our society”** (p. 11). In consultation with Indigenous scholars, knowledge keepers, elders, and experts nationally and regionally, the Canadian Observatory on Homelessness published an **Indigenous definition of homelessness**, similarly stressing not the lack of habitation but a “composite lens of Indigenous worldviews,” as identified by the Aboriginal Standing Committee on Housing and Homelessness, 2012 (cited by Thistle, 2017, p. 6)

Thistle (2017) stresses that **“Indigenous homelessness . . . is best understood as the outcome of historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Métis and Inuit Peoples** from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories” (p. 6). **A state assault** on “Indigenous social systems, cultures and worldviews,” destabilizing and traumatizing individuals and communities, is at the heart of Indigenous homelessness causing **symptoms—“intemperance, addiction and street-engaged poverty”—that should not be mistaken for the source of that homelessness.** “Racism and discrimination” as well as chronic government underfunding add layers of “systemic and societal barriers, such as a lack of affordable and appropriate housing, insufficient and culturally inappropriate health and education services, irrelevant and inadequate employment opportunities, and a crumbling infrastructure in First Nations, Inuit, and Métis communities.” These same destructive factors undermine individual and community efforts to achieve “a healthy ‘sense of place,’ as well as a healthy sense of identity,” displacing people into “unviable, marginal geographic spaces” where disadvantage is “normalized” (Thistle, 2017, pp. 7-8). Understanding the twelve dimensions of an Indigenous definition of homelessness is vital (Thistle, 2017, pp. 10-12).

Equally important are the Truth and Reconciliation Commission’s (2015) Calls to Action endorsed by the federal government’s Advisory Committee on Homelessness (ESDC, 2018a) in guiding actions to remedy the situation of homelessness, including youth homelessness discussed below. The calls relevant to child welfare (Calls 1-5), education (Calls 6-12), language and culture (Call 13), health (Calls 18-24), and justice (Calls 25-42) are especially important.

Youth Homelessness

Although youth are variously defined in the literature, for the purpose of PiT Counts, youth are defined as those aged 13 to 24 (Infrastructure Canada, 2024). Youth, and especially those aging out of care, “represent **the most precariously positioned Canadians** and if left at risk, they will form the next generation of homeless Canadians sleeping rough on streets or hidden in substandard living conditions. **All orders of government have a duty to support our youth,**” according to Parliamentary Secretary to the Minister of Families, Children and Social

Development Adam Vaughan, M.P. (ESDC, 2018b). Indigenous youth represent a significant portion of this population—as high as 30% in Vancouver, for example and also of the specifically “hidden homeless” (Patrick, 2014, p. 32); they represent 30.6% of overall youth homelessness (Gaetz et al., 2016). Racialized youth represent 28.2% and newcomer youth represent 10% of youth homelessness; males account for 57.6%, females for 36.4%, and those defining themselves as LGBTQ2S+ for 29.5%, and transgender or gender non-binary account for 6.1% (Gaetz, et al., 2016). In fact, researchers widely acknowledge the role of **the child welfare system as “a strong arm of colonization”** perpetuating mainstream rather than Indigenous assessments of the best interests of children and families (Baskin, 2013, p. 406).

Youth homelessness, then, has systemic, structural, and individual causes; the early experience of homelessness (over 40% report a first experience before age 16) equates with both **“increased hardship”** and **“greater adversity”** on the streets and **multiple homelessness episodes** reported by 75.9% (Gaetz et al., 2016, p. 7). Between 60% and 70% “leave family environments where they have experienced interpersonal violence, including physical, sexual and/or emotional abuse”; domestic violence, and exposure to addictions and mental health issues are also factors (Gaetz, et al., 2013, pp. 3-4). Youth who self-identify as LGBTQ2S+ and transgender are “more likely to report parental conflict and childhood physical, sexual, and/or emotional abuse” and child protection experience as paving the way to homelessness (Gaetz et al., 2016, p. 8). Broader systemic factors include poverty, food insecurity, inadequate housing, discrimination, and limited access to education and employment opportunities (Gaetz et al., 2013; Gaetz et al., 2016). The result traps 20% of these youth in chronic homelessness (Gaetz, et al., 2016).

Despite such disadvantage and a keen awareness of “structural injustices,” Indigenous youth often form peer support networks for survival and “a sense of community.” This is not the popular image of youth homelessness often associated with danger and delinquency (Baskin, 2013; Gaetz, et al., 2013). Indigenous girls are at particular risk of exploitation and abuse; Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirited youth (LGBTQ2S+) representing 28% of homeless youth (Gaetz, et al., (2016) also experience “unique and intersecting forms of social suffering” (Patrick, 2014, pp. 34-35). Holistic programs to support employment and cultural reintegration have been successful in reducing homelessness (Patrick, 2014) and are a key part of Gaetz et al.’s (2016) recommendations focused on prevention, Housing First for youth, systems integration, addressing educational challenges, fostering resilience and mental health supports, and fortifying natural supports.

Women and Homelessness

Women are **“often the first to lose their housing and last to be housed”** (ESDC, 2018b, p. 3), facing systemic barriers to exercising their right to housing, including Eurocentric definitions of homelessness focused on chronic and visible homelessness that exclude women’s specific experience of gender-based violence and hidden homelessness (Canadian Centre for Housing Rights, 2023; Canadian Centre for Housing Rights et al., 2024). **Failures in housing policy** put women and the gender-diverse at risk, while **financialization of housing** depends deeply on “disruption and elimination of Indigenous ways of knowing and living” (Canadian Centre for Housing Rights et al., 2024, p. 5). Those failures coupled with the failure to address socioeconomic gaps between Indigenous and non-Indigenous people spell the failure to address root causes of the vulnerability of women and the gender diverse (Canadian Centre for Housing

Rights et al., 2024). Similarly, the failure to implement more than two of the Missing and Murdered Indigenous Women and Girls (MMIWG) Inquiry Report (2019) Calls for Justice means that we still await critical “investments in housing, with important emphasis on culturally appropriate supportive housing models, led by and for Indigenous women and gender-diverse people” (Canadian Centre for Housing Rights et al., 2024, p. 5). Calls for Justice 4.7, 16.19, and 18.25 ask all governments to support funding of shelters, safe spaces, transitional homes, second-stage housing, and services for Indigenous women, girls, and the gender-diverse.

Close to 50% of those experiencing homelessness in Canada are women, girls, and the gender diverse representing different reasons for homelessness (poverty, domestic violence, abuse, addictions, mental & physical health, childcare) and diverse ways of navigating homelessness: 90% families in emergency shelters are women-led (Canadian Centre for Housing Rights, 2023). Based on intersecting forms of identity (race, abilities, ethnicity, immigration status), women face multiple forms of oppression as well as insufficient gender-specific, transitional and permanent affordable housing. When only 13% of shelter capacity is for women, they are more likely to turn to couch surfing—and to face violence and exploitation. Without national data on hidden homelessness, policy and programs responses remain inadequate (Canadian Centre for Housing Rights, 2023). Indigenous women are “15 times more likely to use an emergency shelter than non-Indigenous women” and “16 times more likely to be murdered or missing than white women”—statistics that call for more Indigenous-led housing solutions (Canadian Centre for Housing Rights, 2023).

Hidden Homelessness

Government policy focused on ending chronic homelessness has rendered invisible the experiences of hidden homelessness popularized as “couch surfing,” phrasing that adds to the invisibilities of dangers and exploitation felt disproportionately by Indigenous women, girls, and the gender-diverse (Canadian Centre for Housing Rights [CCHR] et al., 2024). That dominant methods such as PiT counts, street needs assessments, and by-name lists are understood to be “largely unable to capture experiences of hidden homelessness” adds to difficulties in tracking hidden homelessness—and leads to severe service and support gaps and a much needed rights-based and gender-based approach (CCHR et al., 2024, p. 15).

Based on the following three principles of a Housing Solutions Lab, CCHR (2024) aimed to develop data collection approaches that would better address the risk of hidden homelessness leading to severe, complex, and traumatizing forms of homelessness:

1. Include representation and participation of all the actors interacting with the issue.
2. Seek to understand and solve problems from multiple perspectives.
3. Test ideas and prototypes to determine what works best to address the problem. (p. 3).

Proactive, preventative measures are required to build a housing system responsive to root causes and capable of developing effective interventions (p. 3). Policy recommendations are based on these research findings:

- Hidden homelessness offers a space “for preventing homelessness.”
- Evictions and low income are “important factors for losing housing.”
- “Hidden homelessness comes with a great level of uncertainty and risks.”
- “Culturally competent and gender-sensitive care” for hidden homelessness is “key.”
- Those who host often do so “without the proper resources or tools.”
- “City-wide data collection” is “key. . . to better understand all forms of homelessness.” (CCHR, 2024, pp.5-6)

As well as targeted funding, a GBA+ lens, Indigenous-led approach, and formal, collaborative solutions, CCHR (2024) recommends: “Access to information, ongoing reporting, and options to collect data that contains quantitative information, and allows people to provide context and meaning to their experiences, is key to support evidence-based decision-making in addressing all forms of homelessness, including hidden homelessness” (p. 7).

For the 2024 PiT Count, HICC (2024a) advises that hidden homelessness should be surveyed (and can even be targeted in magnet events, for instance), even if “it is not possible to measure the extent of hidden homelessness using the PiT Count methodology” and “hidden homelessness is not a Core Location for the enumeration” (pp. 11-12). The rationale is that “people experiencing hidden homelessness are unlikely to be in the count locations and in most cases it is not possible to search overnight locations where people experiencing hidden homelessness are staying overnight” (p. 25). Surveying by contrast aims to better understand the needs of those experiencing hidden homelessness.

The 2024 PiT Homelessness Count in Saskatoon

Against this background and context, on October 8, 2024, the community led by a partnership of the City of Saskatoon, Saskatoon Housing Initiatives Partnership (SHIP)—the Community Entity for Reaching Home: Canada’s Homelessness Strategy—and Community-University Institute for Social Research (CUISR), University of Saskatchewan, conducted the sixth Saskatoon Point-in-Time (PiT) Homelessness Count, the third completed in the context of the Reaching Home nationally coordinated count in an effort to achieve the following:

- **Fill data gaps**
- **Put a human face on the statistics**
- **Deepen understanding** of the challenges and barriers
- **Identify possible solutions** to prevent, reduce, and even end homelessness.

The next section presents the methodology including data sources, ethics approval, and the processes undertaken to prepare the survey instruments and train volunteers as well as debrief within the partner team and with the Community Advisory Committee. Following the methodology section, this report presents findings from the various data sources, discussing what they mean for those individuals and families facing homelessness; for service planning, design, and delivery; and for strategies to reduce or eradicate homelessness in Saskatoon.

METHODOLOGY

This 2024 coordinated PiT Count built upon the findings and recommendations from previous Saskatoon PiT Counts to 2022, while respecting the 12 core and 5 recommended standards set by HICC (2024a) to count the number of individuals and families experiencing sheltered, unsheltered, transitional, and observed homelessness in Saskatoon on Tuesday, October 8, 2024. The 2024 PiT Count has five main components or data sources for the core enumeration:

- An unsheltered or outdoor enumeration surveying individuals and families experiencing homelessness, the “absolute homeless” (with no permanent residence or housing alternative, including shelters, safe or transitional housing), and their service use patterns and needs (street needs assessment). For the first time in 2024 **encampments were added** given their high visibility and unique experiences.
- A sheltered or indoor enumeration surveying those individuals and families who are staying in emergency shelters and transitional housing.
- Data from the Homeless Individuals and Families Information System (HIFIS) for October 8, 2024;
- Administrative data for October 8 from participating shelters and transitional housing;
- Observational data regarding those perceived to be without shelter but unable or unwilling to be surveyed.

In addition to data from the “core enumeration,” **public systems** (hospitals, corrections, detox facilities) data were used to support local planning, while surveys of the “**hidden homeless**” population helped add to understanding of their needs. The outdoor and indoor surveys also included Part One, **a survey (5 community questions) of public perceptions** of and attitudes about homelessness in Saskatoon. These questions were carried over from the 2015, 2018, and 2022 Saskatoon surveys, and aimed to give a comprehensive and multi-faceted picture of housing and homelessness in Saskatoon. Part One engaged all members of the public to capture public understanding on the main reasons for homelessness and those most impacted by it, on what is being or could be done, and which local organizations existed to support the homeless population. The strategy also made surveyors’ initial contact more comfortable and reduced potential social stigma associated with a PiT count survey. Reporting and highlighting respondent comments throughout the Findings section importantly gives voice to those who are often under-represented in policy and program decision-making.

N.B. Only completed surveys include the full survey data (15 core questions and 7 local questions—see Appendices A and C); HIFIS data include age, gender, citizenship, veteran status, Indigenous identity, and ethnicity; observational reports include age and gender estimates only; and some administrative data include age, gender, and ethnicity. That is one reason (along with the right to skip or not answer questions) that the numbers (n) associated with different questions differ in the findings.

Contextual factors, such as **weather conditions**, can influence who are on the streets or who seek shelter. Saskatoon experienced an unseasonably mild fall with early October experiencing overnight temperatures hovering around the minus 2 degrees to plus 3 degrees Celsius and daytime temperatures ranging from 10 degrees to 22 degrees Celsius from October 1-7. On

October 8 for the count day, the temperature rose to 23 degrees Celsius with a low of 3 degrees overnight (Accu Weather, 2024). By comparison, the 2022 count day (April 28) saw a high of 18 degrees Celsius; the 2018 count day saw a high of 9 degrees and a low of 6 degrees Celsius; on the June 22, 2015, PiT Count day, the temperature reached a high of 26 degrees and a low of 7 degrees Celsius; while the temperature for the September 24, 2012, count ranged between 20 and 10 degrees Celsius; and the average temperature in May (2008 count) was 4.5-18.4 degrees Celsius (Kunzekweguta et al, 2022). The unusually warm weather on October 8 saw people out enjoying the sunshine making for relatively busy streets.

Ethics Review

The 2024 PiT Homelessness Count was approved by amendment by the University of Saskatchewan Behavioural Research Ethics Board (REB) on September 2, 2024 (BEH #18-41). The count was conducted in adherence with all standards required under behavioural ethics institutional policies. An honorarium in the form of \$10 cash and a transit pass and icebreaker of reusable bag, water bottle, and granola bar, and housing and services pocket card were included to thank the participants of the unsheltered and sheltered homelessness surveys. While they importantly respect those with lived experience, such honoraria should also respect the principle of informed consent, not be used to promote or attract participation, and should be at levels (not more than \$20) that will not unduly influence (Canadian Observatory on Homelessness, n.d.).

Community Advisory Committee

The success of previous Saskatoon PiT Counts depended significantly on the inter-organizational cooperation among numerous agencies forming a Community Advisory Committee (CAC), something recommended throughout the planning also by HICC (2024a). The PiT Count coordinator relied on databases of previous CACs to identify and invite CAC members. The following were active and engaged members throughout planning, implementation, and data analysis review. Their advice importantly helped refine survey questions, survey order and wording, identified additional agencies and organizations that needed consulting, advised on the count date, the locations that needed to be added to the study areas map, and various other aspects. Several also volunteered on count day or lent their outreach workers as well as advising on data analysis and dissemination.

- Canadian Centre for Housing Rights (CCHR)
- City of Saskatoon
- Community-University Institute for Social Research (CUISR), USask
- Coordinated Access
- CUMFI
- EGADZ
- Elder Marlene Conron
- Elizabeth Fry Society of Saskatchewan
- Emergency Management Organization
- Friendship Inn
- Lived expert David Fineday
- Métis Nation-Saskatchewan
- Prairie Harm Reduction
- Quint Development Corporation
- Saskatchewan Health Authority
- Saskatoon Crisis Intervention Service (SCIS)
- Saskatoon Fire
- Saskatoon Housing Initiatives Partnership (SHIP)
- Saskatoon Police Service
- Saskatoon Poverty Reduction Partnership
- Saskatoon Transit
- STC - Emergency Wellness Centre
- STC- Saweyihitotan
- STC-White Buffalo Youth Lodge/CAB Chair
- Station 20 West
- The Salvation Army
- United Way of Saskatoon and Area
- YWCA

Volunteer Recruitment and Training

Volunteer Recruitment

Volunteer surveyors were recruited through a multi-pronged approach. In addition to City, SHIP, and CUISR efforts through their networks and listservs, through social and local media, the PiT Count Coordinator responsible for recruitment used Microsoft Forms as an online registration system. These approaches ensured a skilled and committed volunteer base and the return of some experienced volunteers. Over 200 volunteers registered: people with lived experience, administrators, academics, students, retirees, individuals from the service sector, health, policing, fire, fire community support, alternative support officers, outreach workers, City Councillors, and City, SHIP, and CUISR staff. Because of established networks, many of the volunteers also had health, social work, or psychology backgrounds.

Volunteer Training

Comprehensive volunteer training (including City Transit Safety Advisor advice on safety) was a condition of ethical clearance from the Behavioural Research Ethics Board, University of Saskatchewan. All volunteers, regardless of background or experience, were required to attend one of seven three-hour training session (and an optional supplementary session) at Station 20 West.

The training package shared with volunteers before training highlighted select historical and current literature on homelessness issues in Canada as well as Saskatoon's experience with previous counts to provide volunteers with a broad background and context for their surveying duties. It also explained roles and responsibilities related to the coordinated national PiT Count and its core and recommended standards. This contextual information and a panel presentation by those with lived experience was a necessary foundation to build community resources, clarify ethical obligations, and support a trauma-informed approach to administering the surveys. Special attention was given to ethical issues related to surveying youth. Though PiT Counts are "designed to be minimally invasive," they must be conducted with due regard to issues of consent, respect, equity, confidentiality, and privacy. Also, although parental consent is typically required for research participants under 18, for those experiencing homelessness, parental consent may be "neither feasible nor desirable" (Canadian Observatory on Homelessness, 2017). So long as youth under 18 give consent and are in no distress, they could be surveyed.

If researchers determined a child was in need of protection, was being exploited, or was in danger, there was an obligation to report to child welfare agencies and/or police (such situations overriding concerns about confidentiality). Researchers had to inform the survey respondents of this fact when/if they became aware of the participant's age. In the light of possible adverse consequences, decisions would be made in consultation with the Command Staff at headquarters (and street service agencies and/or police). Volunteers were also advised of debrief and counselling opportunities available for youth and for themselves should they experience distress.

Survey protocol training covered how to approach and interview potential respondents in a manner that does not expose either the interviewer or respondent to increased risk. In addition to reviewing the surveys (core, additional, and community questions), volunteers were also instructed on logistical matters, including what to bring (or not) and what to wear for the count.

Headquarters

The PiT Count Coordinator, the Command staff team, and CUISR researchers at headquarters served as points of contact for any questions that arose during PiT Count day and allowed for timely responses to issues and revised protocols. All volunteer surveyors gathered at headquarters to meet their survey team, sign in, and receive all relevant PiT Count materials. They returned to headquarters with the collected surveys and participated in a debrief following their volunteer shifts. Station 20 West acted as headquarters because of its flexible space, catering capacity, and centralized location within the study areas of core neighbourhoods and central business district.

The Count

The count (enumeration) was conducted between 11:00 a.m. and 11:00 p.m. on Tuesday, October 8th, 2024. It was renewed the morning of October 9th between 8am and 10am specifically for encampments. Survey teams, consisting of at least three individuals walked along streets and public places included within their assigned survey area and other locations where people were likely to be (e.g. parks, train tracks, etc.). Alternatively, teams were available to survey individuals at stationary locations and high traffic areas as well as at shelters. The PiT Count survey used a set of standardized questions administered by over 200 trained volunteers. Each group was pre-assigned a study area and walking route. The study areas and stationary locations were determined through engagement with the PiT Count Advisory Committee.

Given the extensive geographical coverage and the range of survey questions, this portion of the count captured individuals experiencing various forms of homelessness. This included not only those staying in unsheltered or emergency shelter situations but also a significant number of individuals experiencing hidden homelessness.

A total of 783 people were approached by PiT Count volunteers and consented to participate in the survey. Of those, 111 individuals were excluded from the survey Part Two because they indicated that they had a safe and/or permanent place to stay on the night of the count. This left 672 individuals included in the survey. As respondents had the option to skip individual questions, the analysis presented in this report is based on a maximum of 672 respondents. Where individuals elected to skip specific questions, the actual number of respondents is indicated.

Unsheltered or Outdoor Survey

Volunteer surveyors approached all individuals in their study area, introduced themselves, and described the purpose of the PiT homelessness count. The survey opened with a statement assuring that participation was voluntary, names would not be recorded, and people could skip any question or stop the interview at any time. Two screening questions were asked of all participants to determine (a) that they had not already been interviewed and (b) that they were willing to answer the questions. A third screening question after the completion of part 1, the public perception questions, asked where the person would be staying that night (Appendix A). If the respondents selected response “someone else’s place”, then a follow up question C1 (Do you

have access to a permanent residence where you can safely stay as long as you want?) was asked to verify and screen in for hidden homelessness. If the answer was “motel/hotel” (self-funded) or “hospital, treatment centre, jail, prison, or remand centre,” again, a follow up question C1 was asked to verify whether that person is temporarily in these locations and that they have access to a permanent residence where they could safely stay as long as they wanted. If the answer was “own apartment/house,” the person was thanked and informed that the survey was complete.

For all those who answered that they were staying at the following locations—homeless shelter (emergency, family or domestic violence shelter); hotel/motel (funded by Social Services or homeless program), transitional shelter/housing; unsheltered public space (e.g., street, alley, park, bus shelter, forest, or abandoned building), encampment or vehicle (car, van, RV, truck, boat)—or selected unsure (and indicated probable location) were asked to participate in part 2 of the survey. Part 2 had 15 core questions asked across all count communities. Question 11 (Have you been experiencing difficulties related to any of the following?) was modified at the request of Indigenous representatives on the 2020 CAC, endorsed by the 2022 Knowledge Keepers Advisory Board, and endorsed by the 2024 CAC to include an option to list residential school/intergenerational trauma to make it a visible critical factor, and not subsume it within mental health issues. The CAC also asked for the inclusion of a question about children currently in the foster care system (2b). A set of 7 additional questions were endorsed and augmented by the CAC to provide evidence for implementation strategies for programs that aim to reduce or end homelessness in Saskatoon.

Because of the difficulties involved with administering consent forms to the population under study, agreeing to complete the survey constituted informed consent. As well as the screening questions on the survey, all participants received an information sheet outlining study funding and purpose, reinforcing roles and responsibilities, potential risks and benefits, and advice on where findings will be shared, REB approval, as well as responsibility for data storage and security. If an individual did not provide consent or the surveyor was unable to complete the questionnaire, observation data were used in its place. Observations were recorded on a tally sheet (Appendix B). The observation tally sheet includes data on the person’s outdoor location, appearance, gender, estimated age, potential reasons for the surveyor belief that the individual may be homeless, and reasons that the survey could not be completed. The **encampment enumeration sheet** (Appendix D) is tailored to capture the specific encampment circumstances.

Sheltered or Indoor Survey

The indoor survey (Appendix C) was conducted during the same time as the outdoor survey. The following select shelter facilities were surveyed: Salvation Army, YWCA, and Saskatoon Tribal Council Emergency Wellness Centre. The survey also helps in demonstrating the number of people being turned away and who end up using a variety of non-shelter services such as emergency rooms and correctional centres.

HIFIS Data

The Homeless Individuals and Families Information System (HIFIS) is an information system developed by the Government of Canada. HIFIS is an initiative of Reaching Home: Canada’s Homelessness Strategy committed to data collection and case management in support of a national picture of homelessness. Regularly updated, HIFIS “enables participating service

providers within the same community to access, collect, and share local real-time homelessness data to ensure individuals and families accessing services are prioritized and referred to appropriate services at the correct time” (HICC, 2024b).

The HIFIS data include information about age, gender, citizenship, veteran status, Indigenous identity, and ethnicity. Individual shelters deploy the software on site to track shelter usage and share baseline data nationally and locally. On a long-term basis, the HIFIS data help in portraying a better picture of the inflow—number of shelter users who are new to the shelter system—and the outflow or number who do not return, as well as capturing the shelter population that is “stable” (HPS, 2018). 2024 HIFIS data were collected at four **emergency shelter** locations: Saskatoon Interval House, Saskatoon Tribal Council Emergency Wellness Centre, Salvation Army, and YWCA.

Data Entry and Analysis

Good quality data are important for an accurate picture of homelessness in Canada to direct policy and program development and to measure the progress made by existing homelessness programs and initiatives. After data cleaning by the principal researcher Isobel Findlay and team of Michael Kowalchuk, Niloofar Nili, and Rosmary Martinez Rueda, the data were entered in HIFIS-Lite customized by the Community Engagement Manager (HIFIS). All the mandatory core, additional, and community survey questions were entered into HIFIS-Lite for those that met the screening criteria. Both sets of data were entered in separate spreadsheets that then needed to be merged with the HIFIS-Lite database after cleaning of the databases. As an electronic records management database, HIFIS-Lite provided a relatively easy means of storing and sharing data among communities, HICC, and other researchers (HICC, 2024 a, b). But since it did not accept entry of all data, it was also limited in its typical ability to produce reports and download entered data in various formats.

The analysis followed the HICC suggested methods and strategies. Therefore, a few suggestions and assumptions had to be built into the analysis frame for the collected survey data. For instance, all non-responses contributed by refusal to complete the questions, non-contact, or in misunderstanding survey questions were to be removed from the samples (Gideon, 2012). This step was important in cleaning the data because the informed consent gave participants the right to withdraw or skip any questions they did not choose to answer.

With the removal of non-responses from the samples, the response rates were in themselves non-weighted in reflecting the participation rates in the PiT Count survey (Groves & Lyberg, 2010; Sarndal & Lundstrom, 2005). For this reason, the sample (n) size is offered in the analysis, and further explanations are also offered to clarify the changing sample size. To avoid unrealistic extrapolation, no regression analysis was performed on the data. The analysis relied on descriptive statistics and comparisons of trends among the previous PiT Count years.

To minimize data processing errors in the data entry phase that may result inadvertently from activities such as coding of open-ended questions, data entry of close-ended questions, data cleaning, imputation of missing data, and data reporting or tabulation (Bautista, 2012; Groves & Lyberg, 2010), the research assistant and research coordinator performed the data management tasks together. Additionally, frequent sharing of the database output with the research team also

occurred throughout the data entry and analysis phase. Such quality assurance and control are a necessary step in survey data entry to ensure accuracy and reliability (Gideon, 2012).

Volunteer Feedback

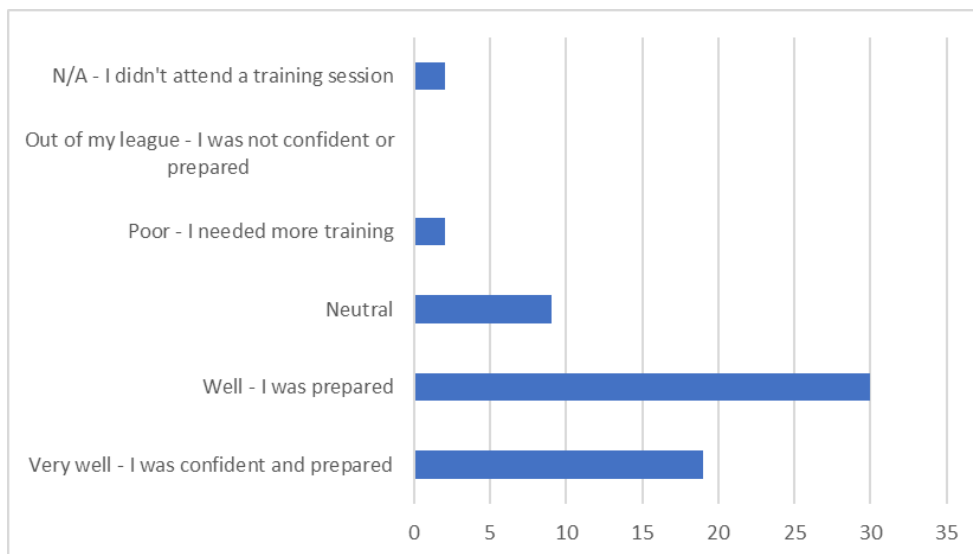
The 2024 PiT Count volunteer experience survey was circulated to 190 volunteers post-count. A total of 62 responses were received, reflecting a 32.6% response rate. Volunteers provided feedback on several aspects of Pit Count and volunteer experience.

Recruitment Strategy

- 67.7% found the volunteer registration form very easy, 16.1% fairly easy, and 14.5% neutral.
- Pre-count communication was rated very easy by 50%, fairly easy by 29%, while 1.6% found it very difficult.

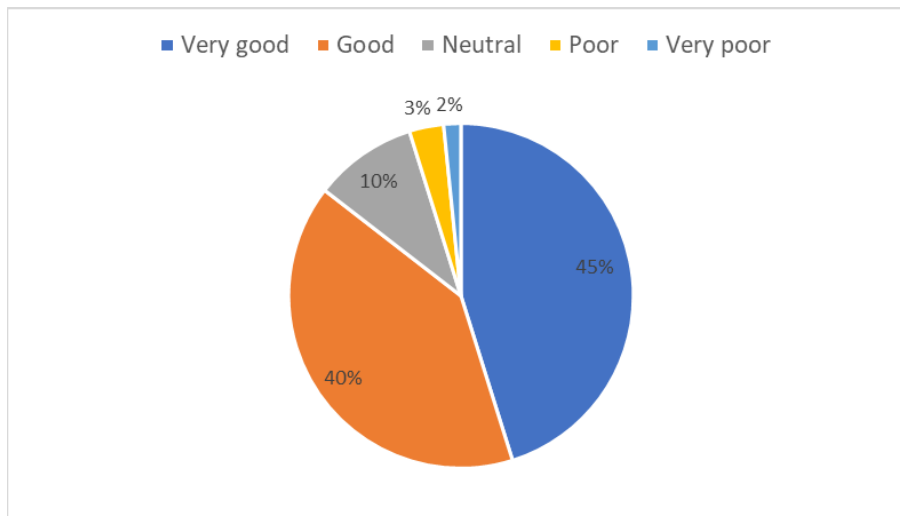
Volunteer Training Sessions

- Around 20 reported being **confident and very well prepared**.
- A total of 30 volunteers felt **well-prepared** after training.
- A smaller number remained **neutral** in confidence.
- Very few indicated needing **more training** or feeling **unprepared**.
- 64.5% felt the training session length was appropriate, while 30.6% said somewhat.
- 79% found the training schedule (date and time) convenient, 17.7% somewhat convenient, and 3.2% not convenient.
- 72.6% saw value in the lived-experience panel.
- 80.6% found the safety presentation valuable.



PiT Count coordination and logistics

- 45% of volunteers rated the coordination and logistics as **very good**.
- 40% considered them **good**.
- 10% were **neutral**.
- 3% found them **poor**.
- 2% rated them as **very poor**



Volunteer Safety

- 87% of volunteers reported not feeling unsafe during their experience.
- 13% indicated that they or their team felt unsafe at some point.

Ice Breaker

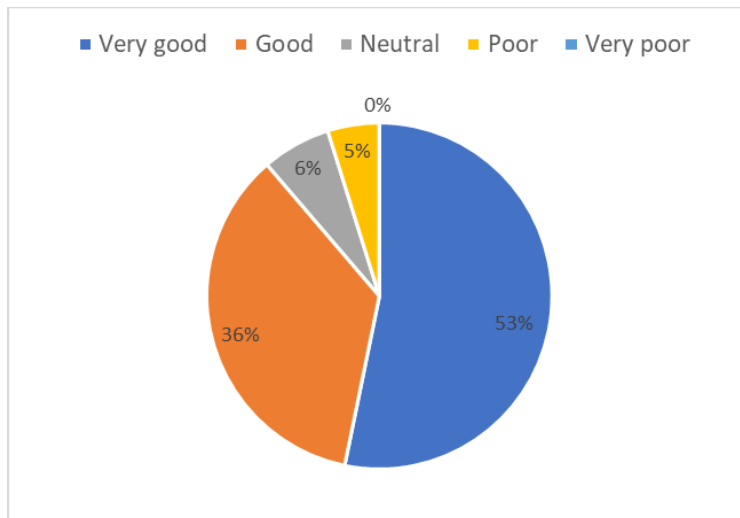
- 72% of volunteers found the ice breaker (water, granola bars) appropriate
- 26% were neutral
- 2% said it was not appropriate

Honoraria

- 74% of volunteers found the honoraria (\$10, bus pass) appropriate
- 26% were neutral
- 2% said it was not appropriate

Overall experience as a volunteer for the 2024 PiT Count

- 53% rated it very good
- 36% rated it good
- 6% were neutral
- 5% rated it poor



Overall Volunteer Experience

- 50% strongly agreed that their work had a positive impact, while 25.8% slightly agreed.
- 74.2% strongly agreed their contributions were important to the PiT Count.
- 69.4% found the volunteer work personally impactful.

Likelihood of volunteering for a future PiT Count

- 79% of volunteers indicated that they are very likely to volunteer for a future PiT Count.
- 13% stated they are somewhat likely to volunteer again.
- 5% of volunteers mentioned they are somewhat unlikely to participate in the future.
- 1% said they are neither likely nor unlikely to volunteer again.
- 2% of volunteers expressed that they are very unlikely to volunteer in the future.



FINDINGS: SURVEY RESULTS

Five main sources of data are reported and included in the analysis and discussion of the results:

1. An unsheltered or outdoor enumeration surveying individuals and families experiencing homelessness, the “absolute homeless” (with no permanent residence or housing alternative), and their service use patterns and needs (street needs assessment). For the first time **in 2024, encampments were added** as a distinct category because of the high visibility and unique experiences of those in encampments.
2. A sheltered or indoor enumeration surveying those individuals and families who are staying in emergency shelters and transitional housing.
3. Data from the Homeless Individuals and Families Information System (HIFIS) for October 8, 2024;
4. Administrative data for October 8 from participating shelters and transitional housing, hotels/motels;
5. Observational data regarding those perceived to be without shelter but unable or unwilling to be surveyed.

In addition to the “core enumeration” represented by these five data sources, **public systems** (hospitals, corrections, detox facilities) data aimed to support local planning, while surveys of the “**hidden homeless**” population helped add to understanding of their service and other needs.



Estimated Count Numbers

In total, 1,499 people were surveyed, observed, or reported by the five main data collection methods in the 2024 Saskatoon PIT Count (Table 1). Of those experiencing homelessness, 500 were adults (age 25-44) (33.4%); 250 older adults (45-64) (16.7%); 26 seniors (age 65+) (1.7%); 175 youth (age 13-24) (11.7%); and 315 children (age 0-12) (21.0%). A total of 233 individuals had no age specified.

- **294 unsheltered**, including 3 seniors, 88 older adults, 157 adults, 24 youth, 18 children, and 4 of unspecified age, were counted in the outdoor survey; **a further 116 were observed to be unsheltered** (1 senior, 7 older adults, 37 adults, 1 youth, and 70 of unspecified age).
- 2 seniors, 12 older adults, 22 adults, 7 youth, 8 children and 1 unspecified **for 52 were counted in encampment surveys**; a further **10** of unspecified age were observed in encampments.
- **658 sheltered**, including 18 seniors, 76 older adults, 188 adults, 131 youth, 199 children, and 46 unspecified, were reported in HIFIS Shelter data and administrative data submitted by other emergency shelters, transitional housing, and hotels/motels.

Beyond the core enumeration, **339**, including 2 seniors, 67 older adults, 96 adults, 12 youth, 84 children, and 78 of unspecified age, were counted as **“hidden homeless”** in the outdoor survey; reported **systems data added 30** individuals (including 6 children).

While many of those experiencing homelessness surveyed, observed, and reported were in the core, downtown, and neighbourhoods to the west of downtown, there were also significant numbers located in neighbourhoods across the city consistent with the identification of encampments across city neighbourhoods.

Table 1. Total number of individuals surveyed, observed or reported to experience homelessness

Age group	Unsheltered	Unsheltered Observed	Transitional Shelter	Hotel/motel	Emergency Shelter	System Data	Hidden Homelessness	Encampment	Total	Percentage
Child (0-12)	18	0	161	6	32	6	84	8	315	21.0
Youth (13-24)	24	1	115	0	16	0	12	7	175	11.7
Adult (25-44)	157	37	99	10	79	0	96	22	500	33.4
Older adult (45-64)	88	7	19	0	57	0	67	12	250	16.7
Senior (65+)	3	1	2	0	16	0	2	2	26	1.7
Unspecified age	4	70	46	0	0	24	78	11	233	15.5
Reported	294	116	442	16	200	30	339	62	1499	100

“Have leaders see what we go through. Walk a mile in our shoes. We are people, we have feelings too.”— Respondent

Emergency Shelter Use

The National Shelter Study (2005-2016) reported over 15,400 emergency shelter beds at about 400 emergency shelters across Canada (Employment and Social Development Canada, 2016b). Although the number of shelters and beds remained stable between 2005 and 2016, the demand for shelter beds increased. The average occupancy rate at emergency shelters in 2016 was 91% and approximately 14,000 Canadians slept in an emergency shelter on an average night. Even though there was a decrease in the number of people using the emergency shelters in Canada in 2016 compared to 2005, these people were using shelters for a longer period of time (Employment and Social Development Canada, 2016b). The 2019 update (HICC, 2022) based on HIFIS data and data from provincial and municipal partners with data sharing agreements with the federal government represented 251 or over half of the emergency shelters across the country (excluding domestic violence shelters, temporary shelters, and transitional housing). An average night saw 14,400 people staying in shelters, a drop of 4,155 from 2018, continuing the decreased use trend with a reduction of 23.9% since 2005, although demand remains high and stays longer (stays over 31 days increased 72.2% since 2005). All shelters were at 92.3% occupancy and family shelters were at 104.2% occupancy. Whereas gender and age distribution remained stable, the proportion identifying as refugees and refugee claimants has been increasing since 2014, while Indigenous people were conspicuously overrepresented at 30.5% although only 4.9% of the population (HICC, 2022).

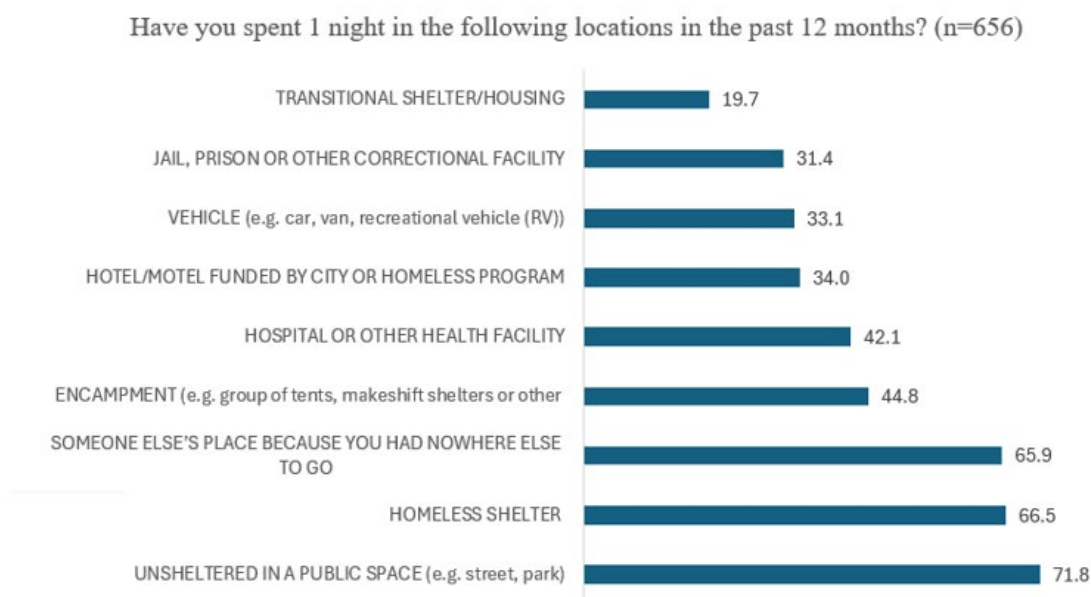
Of the 656 people who answered the question around shelter use in the 2024 Saskatoon PiT Count, 66.5% stayed in shelters (Table 2). The distribution of shelter use is similar for adults and older adults, with 65.7% and 68% having stayed in shelters, respectively. Notably, a higher percentage of youth (45.1%) reported not using shelters when compared to other age groups. In contrast, seniors were the most likely to use shelters, with 86.7% reporting shelter stays. These findings suggest differences in shelter use across age groups, with youth being less likely to access available shelter services. As seen in studies (Gaetz et al., 2013; ESDC, 2018b, ESDC, 2019), youth often experience homelessness in efforts to escape violence at home, but they may put themselves at further risk when opting for coping strategies outside shelters.

Table 2. Shelter use in the past year

Shelter use	Youth (13-24)		Adults (25-44)		Older adults (45-64)		Senior (65+)		Unspecified age		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Stayed in shelters	28	54.9	238	65.7	149	68.0	13	86.7	8	88.9	436	66.5
Did not stay in shelter	23	45.1	124	34.3	70	32	2	13.3	1	11.1	220	33.5
Total	51	100	362	100	219	100	15	100	9	100	656	100

When asked about specific locations where they had spent one night in the last year, the distribution in Figure 2 shows a large majority remaining in unsheltered locations followed by homeless shelters and couch surfing or hidden homelessness.

Figure 2. Have you spent at least one night in any of the following locations in the past year?



“Shelter is needed downtown. Otherwise, people will freeze”— Respondent

Who is experiencing homelessness?

In this section, demographic and other information is provided to give an in-depth picture of the people who are currently experiencing homelessness in Saskatoon, their immigration status where relevant, home location before coming to Saskatoon, length of time living in Saskatoon, First Nations, Métis, or Inuit status, and/or other racial identities, military or RCMP service, foster care and/or residential school experience as well as medical, mobility, or other health conditions, gender identity and sexual orientation, and causes of homelessness.

“My home is my body. I just don't have a house.”—Respondent

Table 3 represents the responses to the question about family members or anyone else staying with respondents.

Table 3. Family members staying with survey respondents on count night

Family member	Number	Percentage
Child(ren)/Dependent(s)	110	37.3
Other Adult (Can include other family or friends)	81	27.5
Partner	90	30.5
Pet(s)	14	4.7
Total	295	100.0

In addition to the core question about family members staying with them tonight, individuals were also asked if they had any children in the foster care system (Table 4). The majority of respondents (72.98%) reported that they do not have children in foster care, while 27.02% indicated that they do.

“Open eyes and ears. Put yourself in people’s shoes.” — Respondent

Table 4. Do you have any children in foster care?

Response	Number	Percentage
No	424	72.98
Yes	157	27.02
Total	581	100

Chronic Homelessness

Almost two thirds (64%) of respondents reported experiencing chronic homelessness. Figure 3 marks an increase from 59% reported in the 2022 Saskatoon PiT count (Kunzekweguta et al., 2022) and is close to the increase from 60% in 2018 to 69% in the 2020-2022 nationally coordinated count (Infrastructure Canada, 2024) despite the National Housing Strategy goal to reduce chronic homelessness by 50% by 2027-2028 (HICC, 2025).

Figure 3. Length of homelessness over the past 12 months

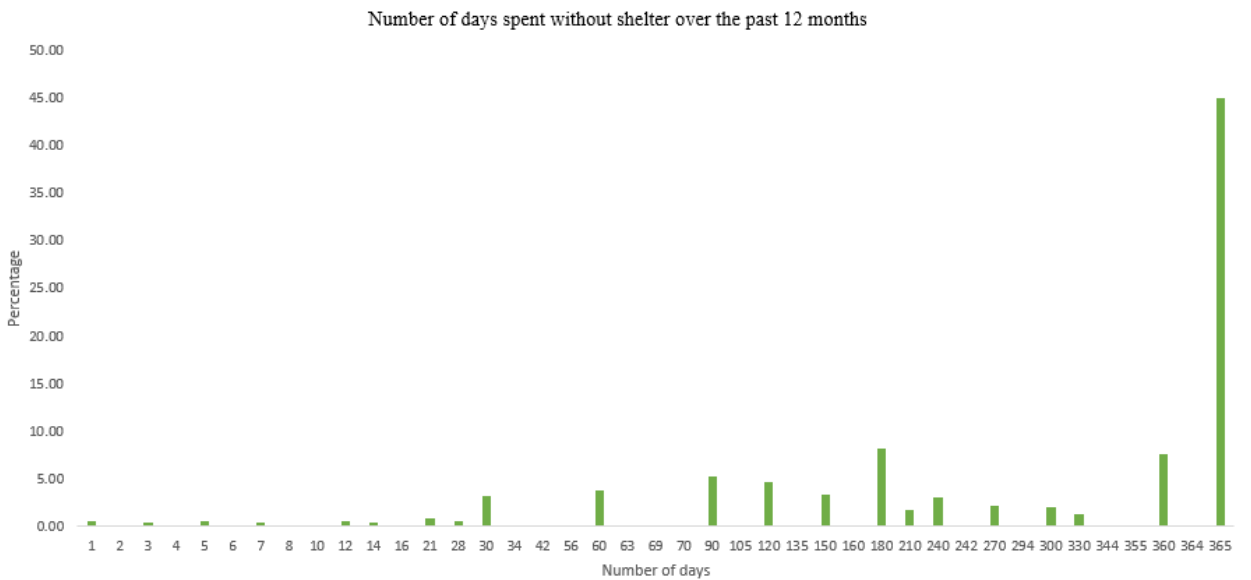
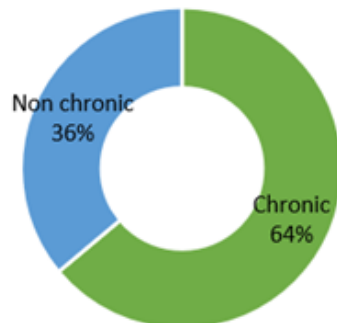


Figure 4. Chronic Homelessness

Chronic homelessness begins at 6 months (183 days)



When asked about their experiences with homelessness over the past three years, 71.4% of respondents reported homelessness for about half or more of this period, while 28.6 indicated experiencing homelessness for less than half of the time (Table 5).

Table 5. Experience of homelessness over the past 3 years

Response	Number	Percentage
Less than half	174	28.6
About half or more	435	71.4
Total	609	100

“I hope we do not lose any more people before something is done.” — Respondent

First Experience of Homelessness

The survey asked about the age at which individuals first experienced homelessness. Table 6 shows that 8.8% of individuals first experienced homelessness during childhood, 39.9% in their youth, 34.1% in their early adulthood, 16.2% in older adulthood, and 1.0% in their senior years. 48.7% first experienced homelessness as children or youth, which is above the 2020-2022 national coordinated count average of 44% (Infrastructure Canada, 2024). This finding reinforces research studies that associate early experience with both “increased hardship” before and “greater adversity” after homelessness as well as heightened risk for multiple episodes and chronic homelessness (Gaetz et al., 2016, p. 7). The John Howard Society of Ontario et al. (2022) warn that such youth “become adults trapped in the cycle” of homelessness and/or incarceration.

“Give people a chance who are not the same. People need an opportunity to prove it. It is so frustrating.” — Respondent

Table 6. Age group distribution at first episode of homelessness

	Unsheltered		Sheltered surveyed		Hidden homelessness		Encampment		Total	
	n	%	n	%	n	%	n	%	n	%
Child (0-12)	32	11.9	9	6.6	9	5.3	5	10.2	55	8.8
Youth (13-24)	117	43.5	50	36.8	62	36.5	20	40.8	249	39.9
Adult (25-44)	90	33.5	44	32.4	62	36.5	17	34.7	213	34.1
Older Adults (45-64)	29	10.8	28	20.6	37	21.8	7	14.3	101	16.2
Senior (65+)	1	0.4	5	3.7	0	0	0	0	6	1.00
Total	269	100	136	100	170	100	49	100	624	100

“I wish I wasn't homeless and had somewhere to go. . . . It is safer in the alley than shelter homes.” — Respondent

Immigrants and Refugees

Out of 758 respondents, 4.2% indicated that they came to Canada as immigrants (Table 7), marking an increase from the 2022 Saskatoon figure of 1.7% (Kunzekweguta et al., 2022).

Table 7. Did you come to Canada as an immigrant, refugee or a refugee claimant

Response	Number	Percentage
No	726	95.8
Yes	32	4.2
Total	758	100

Relationship with Saskatoon and Saskatchewan

Majority of respondents (70.7%) indicated they had lived in Saskatoon for a length of time, and 29.6% indicated that they have “always been” in Saskatoon (Table 8), which marks a reduction from the 2022 figure of 31.2% (Kunzekweguta et al., 2022).

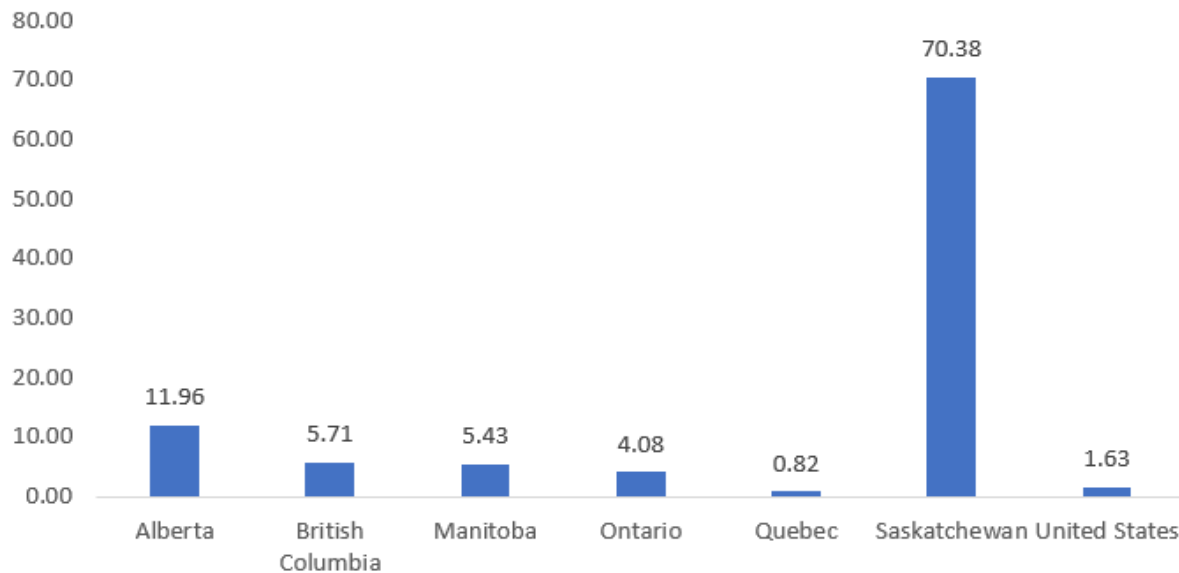
Table 8. How long have you been in Saskatoon

Response	Number	Percentage
Always been here	186	29.6
length of time	443	70.4
Total	629	100

In general, the results suggest that the majority of people who are experiencing homelessness have long-term relationships with the province and with Saskatoon in particular. Of those who migrated from places outside Saskatoon, 70.38% came from other locations within Saskatchewan, although a largely new phenomenon is reported in those coming from the US

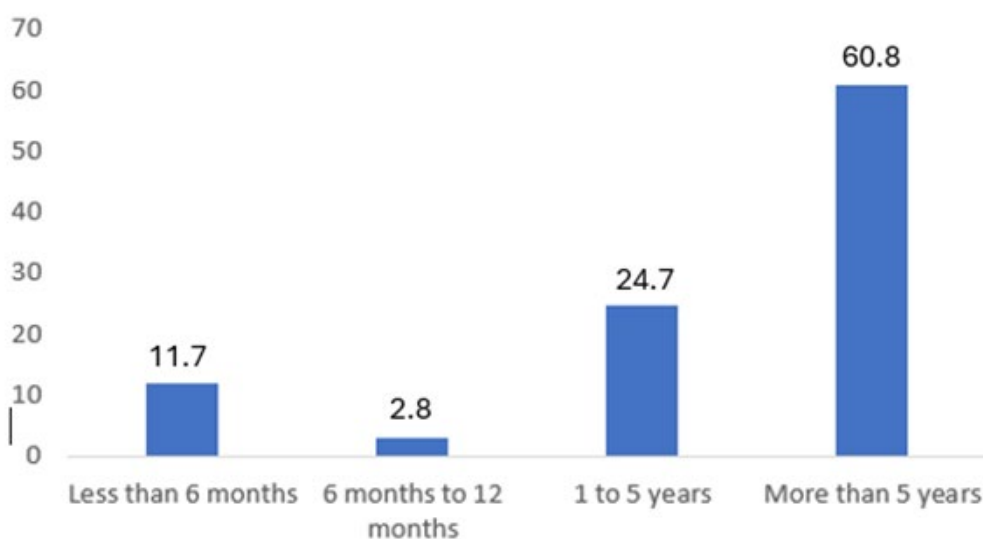
(Figure 5). No respondent in 2022 reported coming from outside Canada; in 2018 only one reported coming from another country: the Philippines (Findlay et al., 2018).

Figure 5. Home location before coming to Saskatoon



In addition to the 29.6% who have “always been here,” close to two thirds (60.8%) of those who came from other places have lived in Saskatoon for more than 5 years, 24.7% for 1-5 years, 2.8% for 6-12 months, and 11.7% for less than 6 months. In other words, most of the respondents are long-term residents of Saskatoon (Figure 6).

Figure 6. Length of time respondents have lived in Saskatoon



Indigenous Identity

Table 9 shows the distribution of those who identified as First Nations (with or without status), having Indigenous Ancestry, Inuit, Métis, or non-Indigenous ethnicity in four categories — unsheltered, sheltered, encampment, and hidden homelessness. Of those experiencing homelessness, 70.1% identified as First Nations, 0.2% Indigenous Ancestry, 0.3% Inuit, 10.1% Métis, and 19.3% identified as non-Indigenous. In the 2024 PiT Count, Indigenous peoples represented a disproportionate number of those experiencing homelessness (80.7%) compared to those identifying as non-Indigenous (19.3%). This marks a decrease from the 2022 Saskatoon figure of 90.1% (Kunzekweguta et al., 2022). Nevertheless, the figure continues the widely remarked overrepresentation of Indigenous peoples among those experiencing homelessness across Canada (Gaetz et al., 2016). By contrast, the 2020-2022 nationally coordinated count included 31% reporting Indigenous identity while representing just 5% of the Canadian population (Infrastructure Canada, 2024).

Table 9. Indigenous identity or ancestry and non-Indigenous representation

	Unsheltered surveyed		Sheltered reported		Hidden homelessness		Encampment		Total	
	n	%	n	%	n	%			n	%
Yes, First Nations	222	78.2	241	59.1	148	82.2	37	71.15	648	70.1
Yes, Indigenous Ancestry	0	0.0	0	0.0	0	0	2	3.85	2	0.2
Yes, Inuit	2	0.7	0	0.0	1	0.6	0	0.00	3	0.3
Yes, Métis	35	12.3	36	8.8	13	7.2	9	17.31	93	10.1
Non-Indigenous	25	8.8	131	32.1	18	10	4	7.69	178	19.3
Total	284	100	408	100	180	100	52	100	924	100

Respondents were asked whether they identified with any other racial identities: 81.2% indicated that they identify as Indigenous only; 14.10% identified as White, 1.5% as Black-African, 0.94% as Asian-South, 0.56% each as Asian-East, Black Canadian/American, and Black Afro-Caribbean, 0.38% as Latin American, and 0.19% as Asian-South-East (Table 10).

Table 10. Additional racial identities

Racial Identity	n	%
Identify As Indigenous Only	432	81.20
White (e.g. European, French, Ukrainian, Euro-Latinx)	75	14.10
Black-African (e.g., Ghanaian, Ethiopian, Nigerian)	8	1.50
Asian-South / IndoCaribbean (e.g., Indian, Pakistani, Sri Lankan)	5	0.94
Black-Canadian/American	3	0.56
Black-Afro-Caribbean / Afro-Latinx (e.g., Jamaican, Haitian)	3	0.56
Asian-East (e.g. Chinese, Korean, Japanese)	3	0.56
Latin American (e.g. Brazilian, Mexican, Chilean, Cuban)	2	0.38
Asian-South-East (e.g., Filipino, Vietnamese, Cambodian, Malaysian)	1	0.19
Total	532	100.00

“Help us homeless find home without discrimination against us. Stop pushing natives away; we are not bad people. Support us as supporting immigrants.”— Respondent

Canadian Military and RCMP Veterans

Infrastructure Canada (2024) reported that veterans in Canada represented 4% of the homelessness population, while less than 1% reported being RCMP veterans and less than 1% identifies as veterans of both (2% of the Canadian population identified as veterans in the 2021 census). Of those surveyed in Saskatoon, 2.7% indicated that they served in the Military (Table 11)—a number up from 1.7% in the 2022 Saskatoon PiT count (Kunzekweguta et al., 2022). Veterans can be at a greater risk for homelessness as a result of traumatic brain injury, sexual trauma (especially for women), lack of strong support networks, lack of transferrable employment skills, low living wage jobs, and shortage of affordable housing. At times these factors are also combined with post-traumatic stress disorder and/or mental health illness or substance abuse to increase the risk of experiencing homelessness, according to the US National Alliance to End Homelessness (2021).

Table 11. Have you ever served in the Canadian Military or RCMP?

Response	Number	Percentage
No	681	97.3
Yes	19	2.7
Total	700	100

Foster Care and Youth Group Home

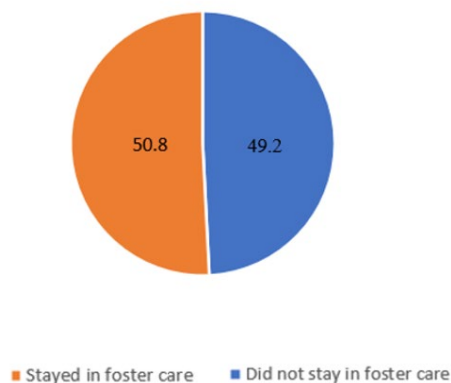
Figure 7 represents those experiencing homelessness who have been in the foster care system or a youth group home. In Saskatchewan, foster care “provides a safe family environment to children who have been removed from their homes because of abuse, neglect, or life-threatening conditions” in one of four types (emergency, short-term, long-term, and therapeutic) of care (Government of Saskatchewan, 2022). A group home is a “non-parental, supervisory personal care and programming for youths” provided in a single-family dwelling (Government of Saskatchewan, 2011). Despite such positive descriptions of foster care in Saskatchewan, a number of researchers (Gaetz et al., 2016; Nichols, 2017; Nichols et al., 2017, for example) underline why Indigenous and LGBTQ2S+ youth are overrepresented in a child welfare system that is “a strong arm of colonization” perpetuating mainstream assessments of the best interests of children and families at the expense of Indigenous views and experiences (Baskin, 2013, p. 406).

Over half (50.8%) of those experiencing homelessness (n=650) either went through the foster care system or were in a youth group home (Figure 7), a slight decrease from the 55% reported in the 2022 count. When children and youth “age out” of the child welfare system, they lose access to system supports while being expected to live as independent adults. As a result, these youth are at risk of experiencing homelessness when they do not have the same education levels and employment opportunities as their peers in the general population, which results in unstable income and the risk of unstable housing. Often, young people leaving foster care or a group

home have no familial support and face challenges such as multiple placements throughout their childhood, history of trauma, and mental health issues (Rosenberg & Kim, 2018). As a result 25%-50% of youth leaving the foster care system experience precarious housing (Dworsky & Courtney, 2009) and such detrimental effects as mental or physical disability, anxiety, as well as losing cultural and community ties that could nourish a balanced self-identity (Bruskas, 2008; Marquis et al., 2008; Rose, 2006). For those aging out of the foster care system, many fail to graduate from high school (44% graduate high school versus 81% in the general population), and with limited support may resort to crime and substance use that cost an estimated \$7.5 billion over ten years in lost opportunities for individuals, governments, and business (Bounajm et al., 2014).

Figure 7. Percentage of respondents with foster care or group home experience

Stayed in foster care or youth group home (n=650)



“Give everyone a chance. Don’t discriminate. Give people the benefit of doubt. Make people feel like a civilian.” — Respondent

Health Challenges

Those experiencing homelessness face many health challenges with 82.3% reporting dealing with a substance abuse issue, 60.6% reporting a mental health issue, 57.3% managed an illness or medical condition, 52.9% reported experiencing residential school / intergenerational trauma, 48% had a physical limitation, 39.2% learning or cognitive limitations, 37.1% had issues related to senses such as hearing or seeing, and 29.2% reported having an acquired brain injury (Table 12). The relationship between homelessness and health is complex; homelessness and poverty can contribute to health issues and people’s health challenges can in turn contribute to poverty and homelessness (Benfer et al., 2021; Chenier, 1999). The strong link between housing and health is often overlooked— **“housing is health care”** (National Health Care for the Homeless Council, 2019). People experiencing homelessness are more susceptible to dying prematurely and may also face significant barriers to accessing health care (Hwang, 2001; National Health Care for the Homeless Council, 2019). The category of residential school/intergenerational trauma was uniquely added to the survey in Saskatoon respecting Indigenous requests that the trauma not be subsumed under mental health and therefore become invisible. This trauma needs

to be understood as a significant risk factor for Indigenous homelessness. The percentage may underestimate given that some non-Indigenous respondents could have responded.

Table 12. Health challenges

Health challenges	Number of responses			Percentage experiencing challenges
	Total	Yes	No	
Substance use	542	446	96	82.3
Mental health issue	619	375	244	60.6
Illness or medical condition	604	346	258	57.3
Residential school/intergenerational trauma	596	315	281	52.9
Physical mobility	637	306	331	48.0
Learning or cognitive limitation	617	242	375	39.2
Senses, such as seeing or hearing	518	192	326	37.1
Acquired brain injury	609	178	431	29.2

“More support for those with mental health issues. More acceptance, a second chance.” — Respondent

Gender Identity and Sexual Orientation

Gender identity is defined as each person’s “internal feeling” and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person’s gender identity may be the same as, or different from, their birth-assigned sex. A person’s understanding of their gender may change (Abramovich, 2013; Government of Canada, 2020). Sexual orientation is a “person’s physical, romantic and/or emotional attraction to, and/or intimate relations with, individuals of a different gender, the same gender, no gender, or more than one gender (Government of Canada, 2020). See Table 13 for self-reported gender identity. Just over half of those experiencing homelessness are males (50.1%), while females represented 46.7%, two spirit represented 1.5%, trans man (1.1%), non-binary (0.4%), and not specified (0.2%) of the group (Table 13).

Table 13. Reported homelessness and gender identity

Gender identity	Sheltered reported	Unsheltered	Encampment	Hidden homelessness	Total	Percentage
Man / Male	190	168	24	84	466	50.1
Woman/ Female	209	109	25	91	434	46.7
Two Spirit	4	6	2	2	14	1.5
Transgender	10	0	0	0	10	1.1
Non-binary	1	3	0	0	4	0.4
Not specified	0	1	1	0	2	0.2
Total	414	287	52	177	930	100

“It is very hard for a single woman to get placement anywhere. Men have Salvation Army; women do not. Women with kids take all the spaces and there is nowhere left for a single woman without kids.”—Respondent

Of the 629 who were willing to respond to the question about their sexual identity, 90.6% self-reported their sexual orientation as straight/heterosexual, while 8.3% reported being bisexual, two-spirit, pansexual, asexual, gay, questioning, while 1.1% were unspecified (Table 14). Noting increasing LGBTQQ2S+ youth homelessness, Abramovich (2013) urged more specialized services given the risk to their safety and wellbeing in the face of discrimination despite increased acceptance of sexual diversity.

Table 14. Reported homelessness and sexual orientation

Sexual orientation	Number	Percentage
Straight / Heterosexual	570	90.6
Bisexual	27	4.3
Two-Spirit	8	1.3
Pansexual	5	0.8
Asexual	2	0.3
Gay/Lesbian	8	1.3
Questioning	2	0.3
Unspecified	7	1.1
Total	629	100.0

“Take stigma away. Stop mocking people. It is simple: we are all equal.” — Respondent

Causes of Housing Loss

Reasons for housing loss are presented below in six categories consistent with national trends: housing and financial issues, Conflict, Experience of Discrimination, Experience of abuse, health or corrections, and other reasons. The results presented in Table 15 confirm that the reasons for housing loss are diverse. Under the housing and financial category, the lack of income was cited as the major reason for housing loss (representing 32.8% of 607 respondents). Approximately 10% indicated that the housing was unsafe, while 3.5% experienced discrimination by landlords. Additionally, 5.9% reported complaints (e.g., pets, noise, or damage) as a reason for housing loss, and 3.3% cited building sales or renovations.

As Table 15 shows, home is not always a safe place. Conflict with a spouse or partner (13.7%) and conflict with landlord (11.4%) were notable reasons under interpersonal and family issues. Abuse was also a factor, with 4.1% reporting abuse by a spouse or partner, 2.8% reporting abuse by a landlord, and smaller percentages citing abuse from a parent or guardian (0.7%). Under the health or corrections category, substance use (19.6%), mental health issues (3.8%), and physical

health issues (3.6%) were cited as the most common reasons for housing loss, suggesting the importance of addressing health and substance use challenges. Incarceration and hospitalization were mentioned by 6.1% and 1.6% of respondents, respectively. Participants also reported *other reasons* for losing housing (4.2%), which, while less common, reflect the complexity of housing loss. These included alcohol use, family-related decisions, involvement in gang activity, trusting wrong people, the impact of COVID-19, children causing damage to the home, a roommate's failure to pay rent, and personal desire for freedom.

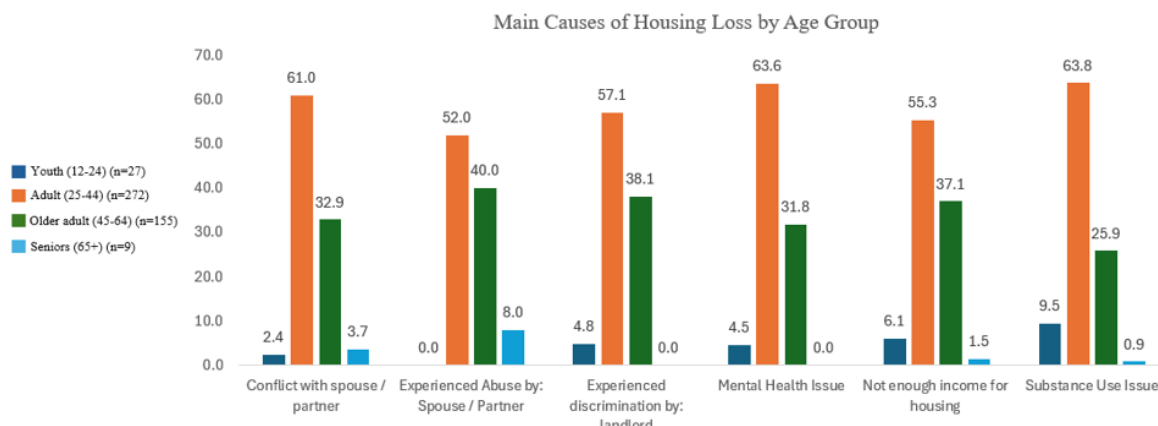
Table 15. Causes of recent housing loss

Classification	Reason for housing loss	Number (n=607)	Percentage
Housing and Financial Issues	Not enough income for housing	199	32.8
	Unfit / unsafe housing condition	62	10.2
	Building sold or renovated	20	3.3
	Owner moved in	1	0.2
Conflict	Conflict with spouse / partner	83	13.7
	Conflict with landlord	69	11.4
	Conflict with parent / guardian	38	6.3
	Conflict with other (i.e. friend or roommate)	18	3.0
Experienced Discrimination by	Experienced discrimination by landlord	21	3.5
	Experienced discrimination by spouse / partner	8	1.3
	Experienced discrimination by parent / guardian	3	0.5
Experienced Abuse by	Experienced abuse by spouse / partner	25	4.1
	Experienced abuse by landlord	17	2.8
	Experienced abuse by parent / guardian	4	0.7
Health or Corrections	Substance use issue	119	19.6
	Mental health issue	23	3.8
	Physical health issue/disability	22	3.6
	Hospitalization or treatment program	10	1.6
	Incarceration (jail or prison)	37	6.1
Others	Death or departure of a family member	38	6.3
	Complaint (e.g. noise / damage)	36	5.9
	Left the community / relocated	17	2.8
	Other (pets)	4	0.7
	Other reason	26	4.3

The reasons for housing loss tend to vary across age groups (Figure 8). Conflict with a spouse or partner was a major factor, especially for adults (61.0%) and older adults (32.9%), while it was less common among youth (2.4%) and seniors (3.7%). Experiences of abuse by a spouse or partner were also significant, particularly among adults (52.0%) and older adults (40.0%), but were reported at lower rates by seniors (8.0%). Discrimination by a landlord was most frequently cited by adults (57.1%) and older adults (38.1%), while youth (4.8%) reported it at lower rates, and no seniors mentioned it as a factor. Mental health issues played a significant role, especially for adults (63.6%) and older adults (31.8%), while only 4.5% of youth reported this reason, and no seniors did. Financial challenges, not having enough income for housing, were commonly cited, particularly by adults (55.3%) and older adults (37.1%), while youth (6.1%) and seniors

(1.5%) reported them less frequently. Substance use was another key factor, affecting adults the most (63.8%), followed by older adults (25.9%), while youth (9.5%) and seniors (0.9%) mentioned it less frequently. For youth, the most commonly reported reason for housing loss was substance use (9.5%). Among seniors, the most frequently cited factor was experiencing abuse by a spouse or partner (8.0%).

Figure 8. Most common causes of housing loss



“Homeless people do not have phones and there are no phones to use. When asked for phone, it is embarrassing to say you do not have a phone.” — Respondent

Eviction and Housing Loss

When asked whether their most recent housing loss was related to an eviction (a new core question in 2024), more than half of participants (55.1%) reported that eviction was a cause of housing loss (Table 16).

Table 16. Eviction and housing loss

Response	Number	Percentage
No	279	44.9
Yes	343	55.1
Total	622	100

When did you lose your housing?

As can be seen in Figure 9, over half of the respondents (51.73%) had lost housing between one to five years earlier, 12.11% more than five years earlier, 11.25% of the respondents lost their housing 6-12 months earlier, while 24.91% had lost housing within the last 6 months. Prolonged homelessness has direct and indirect impacts on mental health (Benfer et al, 2021; Hwang, 2001; McNeil et al., 2014). The delays in finding lasting solutions to the housing challenges might be undermining efforts to address mental and physical health and substance use issues, among other things, given causalities that are identified in Table 15 above.

Figure 9. When did people lose housing?



Sources of Income

Social assistance or welfare (48.9%) was identified as the most common source of income among respondents. The second most frequently reported source was disability benefits (20.8%). Other government assistance programs also played a role, including GST/HST refunds (5.8%), seniors' benefits such as Canada Pension Plan (CPP), Old Age Security (OAS), and Guaranteed Income Supplement (GIS) (2.5%), and child and family tax benefits (2.2%). However, with the increasing cost of living, the income from these sources is barely sufficient to cover basic needs.

A living wage in Saskatchewan is calculated to require an hourly rate of \$18.95 per hour in Saskatoon that would still give only a "bare-bones budget"; the minimum wage is \$15 per hour, the lowest in the country (along with Nova Scotia and Alberta) (CIC Times, 2024) in a province with a poverty rate of 11.1% that is above the national average of 9.9%, while child (under 18) poverty at 10.2% is the highest provincial rate in the country and the youth (18-24) rate at 15% also exceeds the national average of 14% (Food Banks Canada, 2024). There were few cases where individuals indicated that they get income from informal income sources (e.g., bottle returns, panhandling) (13.6%), casual employment (3.3%), full-time employment (2.5%), and part-time employment at 1.9%. Employment insurance was a source of income for 1.4% of respondents. Additionally, some individuals relied on financial support from family or friends (3.9%) or received assistance from a service agency (1.7%). Reliance on less sustainable sources of income such as money from family and friends is worrying and might perpetuate the problem of homelessness given financial challenges were identified as the most common cause of housing loss. See Table 17.

Table 17. What are your sources of income?

Classification	Source of Income	Number (n=638)	Percentage
Formal/Informal Work	Informal income sources (e.g. bottle returns, panhandling)	87	13.6
	Casual employment (e.g. contract work)	21	3.3
	Full-time employment	16	2.5
	Part-time employment	12	1.9
Benefits	Employment insurance	9	1.4
	Disability benefit (Saskatchewan Assured Income for Disability, commonly known as SAID)	133	20.8
	Welfare / Social assistance (Saskatchewan Income Support, commonly known as SIS)	312	48.9
	GST / HST refund	37	5.8
	Seniors' benefits (e.g. CPP / OAS / GIS)	16	2.5
	Child and family tax benefits	14	2.2
	Veteran / Veterans Affairs Canada (VAC) benefits	0	0.0
Other	Money from family / friends	25	3.9
	Other money from a service agency	11	1.7
No income		131	20.5

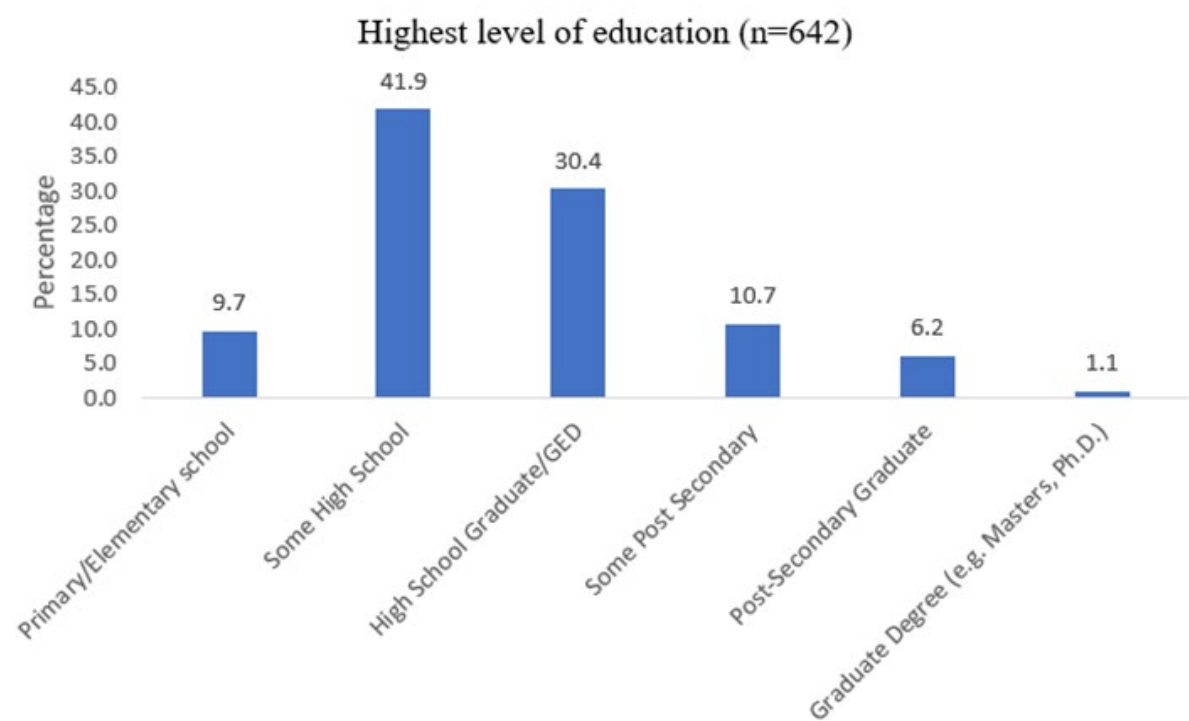
“I cannot get income because I have no address.”—Respondent

Education Profile of Those Experiencing Homelessness

In the first of the additional, local questions, a total of 41.9% of respondents highlighted that they reached some high school, while approximately 30% indicated that they were high school graduates (Figure 10). Cumulatively, those who did some high school and those who were high school graduates accounted for over 72.3% marking an increase from the 2022 figure of 63%. Those who attained some post-secondary accounted for 18%, including individuals who had some postsecondary (10.7%), had graduated postsecondary (6.2%), or even completed a graduate degree (1.1%). Given that income was identified as one of the main factors, it is crucial to ensure that individuals who attained these levels of education can find employment that pays living wages.

“More opportunities for people. Make education accessible. Put programs in shelters.” — Respondent

Figure 10. Education profile of individuals experiencing homelessness



“Always wished I was working.” — Respondent

Experience of Violence

One of the concerns about homelessness is the lack of safety individuals face. Approximately 67% of the respondents indicated that they were victims of violence while experiencing homelessness (Table 18). Violence was reported across all gender groups (Table 19). Among respondents, 66.2% of men, 69.1% of women, 70% of Two-Spirit individuals, and 100% of non-binary and unspecified-gender individuals reported experiencing violence. These findings indicate that violence is a widespread issue among individuals experiencing homelessness, with particularly high rates among non-binary and unspecified-gender individuals. The rising hate crimes against the LGBTQ2S+ community are among the motivations for the 5-year, \$100 million federal action plan announced in August 2022 to address the ongoing inequities and advance the rights of Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional sexually and gender diverse people in Canada (Government of Canada, 2022a).

Table 18. Victim of violence while experiencing homelessness

Response	Unsheltered surveyed		Sheltered survey		Encampment		Hidden homelessness		All	
	n	%	n	%	n	%	n	%	N	%
Yes	199	73.2	80	59.7	38	73.1	111	63.8	428	67.7
No	73	26.8	54	40.3	14	26.9	63	36.2	204	32.3
Total	272	100	134	100	52	100	174	100	632	100

Table 19. Gender and vulnerability to violence while experiencing homelessness

Response	Man/ male		Female/ Woman		Non-binary		Two Spirit	
	n	%	n	%	n	%	n	%
Yes	229	66.2	183	69.1	3	100	7	70
No	117	33.8	82	30.9	0	0	3	30
Total	346	100	265	100	3	100	10	100

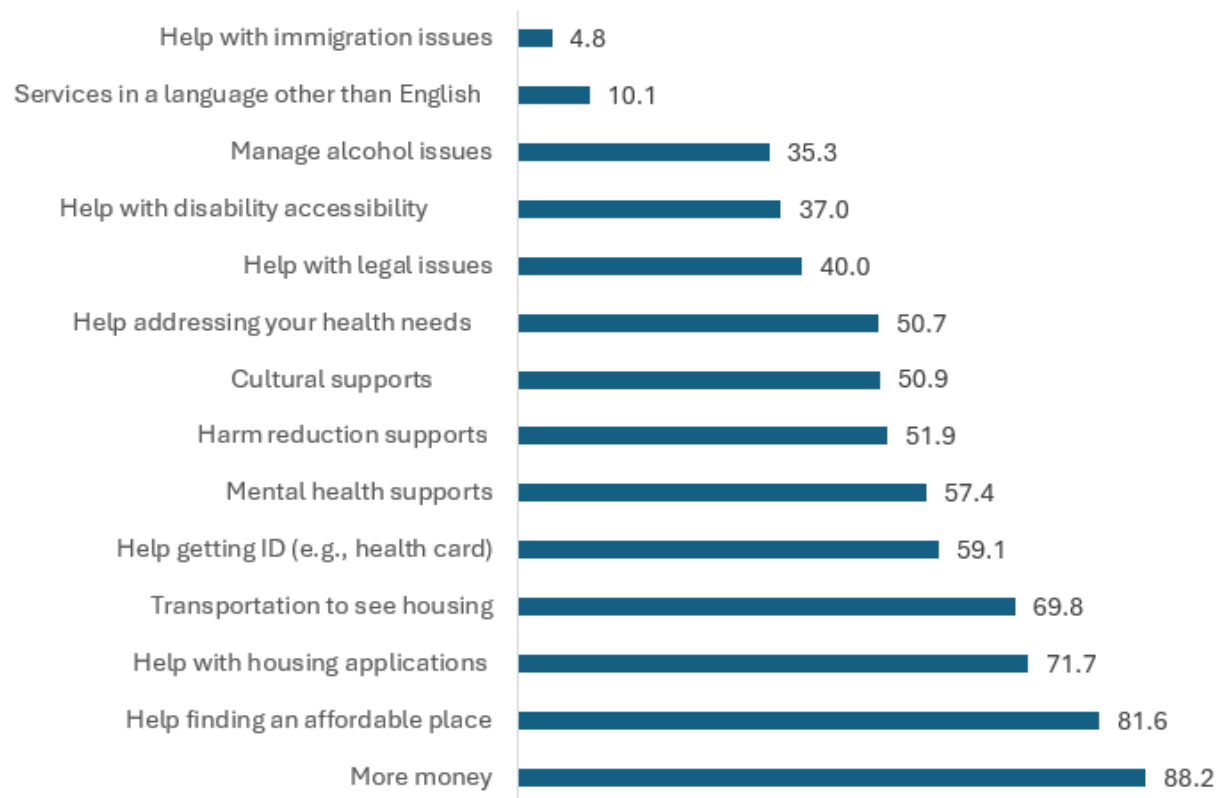
“Abuse pushes people to not seek help.”—Respondent

Supports to Help Secure Stable, Affordable Housing

When asked what would help them find stable, affordable housing, respondents offered several suggestions (Figure 11). Not surprisingly, most respondents indicated that having more money (88.2%) and help to find affordable places (81.6%) were most important. This is consistent with the finding that financial challenges were the major cause of homelessness. Other important suggestions were assistance with housing applications (71.7%) and help with transportation to see housing (69.8%), giving a strong sense of the barriers those in poverty face. If the application process is complicated, it becomes problematic for those with limited financial, technological, or other resources to get housing. For example, challenges with connectivity could limit people from completing applications online. In other instances, viewing housing could require multiple trips and this becomes an obstacle to people who are resource constrained. Another suggestion closely related to the help with the application process is the assistance needed with getting IDs (59.1%). If one does not have ID, or if one loses pieces of ID, then one cannot access most of the services. The other suggestions are related to solving health challenges. Respondents highlighted that they need mental health support (57.4%), harm reduction support (51.9%), help in addressing health needs (50.7%), help with disability accessibility (37%), and managing alcohol issues (35.3%). Most of the suggested solutions directly address the problems identified in Table 12: Health Challenges and Table 15: Causes of recent housing loss.

“Provide more support and programs. Help people understand. Be patient with people.” — Respondent

Figure 11. Support needed to find stable housing



“Professionals need to listen to people more closely rather than assuming. Respecting is important.”—Respondent

Services Used While Experiencing Homelessness

Of services used by people experiencing homelessness in the last year (Figure 12), the library continues to be cited as the most used (77.9%). Individuals indicated that they visited the library almost daily, translating to approximately 56,620 times (Figure 13). This finding is consistent with both the 2018 and 2022 finding and with the well-documented changing role of libraries (Wahler et al., 2019, for example) where those experiencing homelessness can find “hope, refuge, and community” (Reith & Huncar, 2014). As one would expect, food bank, shelters, health clinics, emergency rooms, drop-ins, hospitals, and ambulances were among the most used services. These findings represent further testimony that when combating homelessness, a comprehensive, coordinated and not siloed approach is required—and underline the human and health services costs associated with emergency, ambulance, hospital, health clinic, mental health, and detox use.

Figure 12. Services that were used in the past 12 months

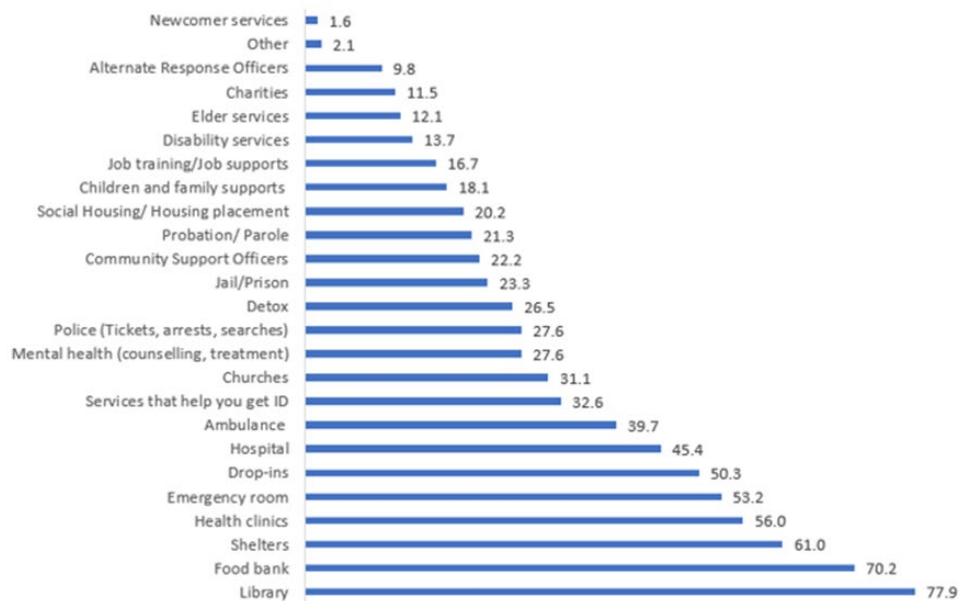
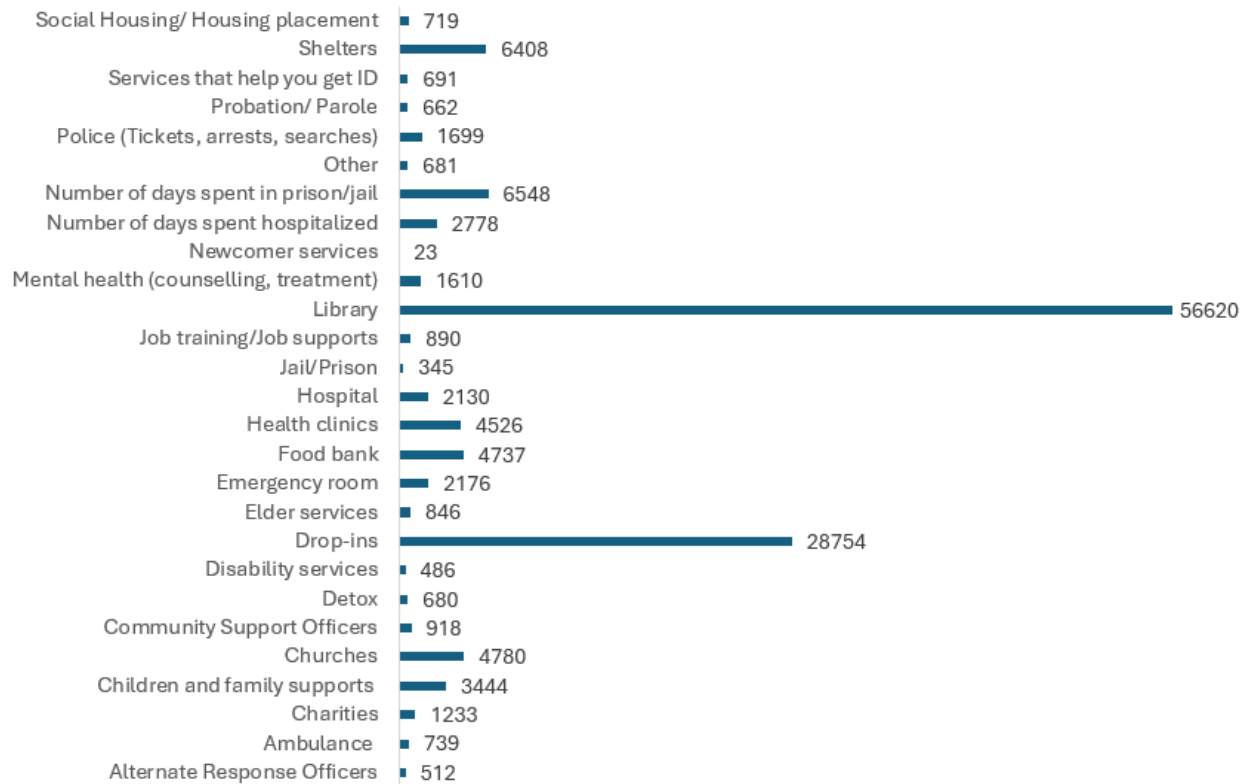


Figure 13. Number of times services were used in the past year



In the following questions, participants were asked whether they had faced service restrictions or been denied services in the past year. Of the 623 respondents, 46.4% reported experiencing service restrictions or denial of services, while 53.6% indicated that they had not (Table 20). These findings suggest that nearly half of the participants encountered barriers to accessing services within the past year.

Table 20. Service Restrictions in the past year

Response	Number	Percentage
No	334	53.6
Yes	289	46.4
Total	623	100

Of those answering the question (n=605), 32.1% indicated that the services they used helped them find housing (Table 21). Again, this shows that support organizations have a direct or indirect impact on reducing homelessness. It is important to identify the links among organizations and enhance coordination to combat homelessness.

Table 21. Of services used, are any helping you find housing?

Response	Sheltered	Unsheltered	Hidden homelessness	Encampment	All	Percentage
Yes	64	56	58	16	194	32.1
No	67	203	109	32	411	67.9
Total	131	259	167	48	605	100

Of the 121 respondents who answered the follow-up question asking to list the services that helped, 13.2% indicated that Saskatoon Tribal Council (STC) helped them find housing, followed by Prairie Harm Reduction (11.6%), and Quint (9.1%). Other services reported by participants included drop-ins, Central Urban Métis Federation Inc. (CUMFI), and YWCA as well as placement services, and 601 Outreach (Table 22). This help could take the form of either sharing information, directing individuals to the right places, or even assisting with completing applications. It is important to equip these services with adequate resources and information so that they can effectively provide help for people who are experiencing homelessness.

Table 22. List of services helping people to find housing

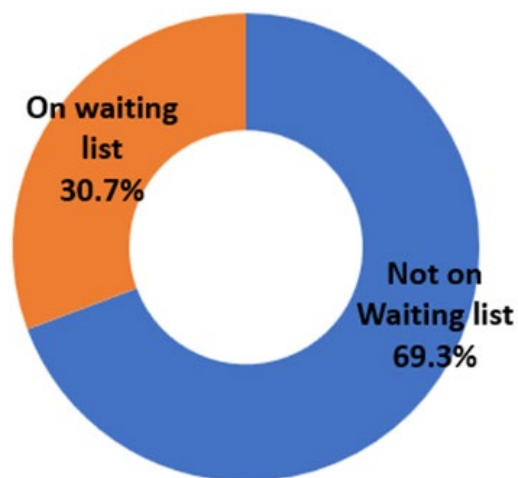
Organization	Number (n=121)	Percentage
Saskatoon Tribal Council (STC)	16	13.2
Prairie Harm Reduction	14	11.6
QUINT Development Corporation	11	9.1
Drop-ins	10	8.3
Central Urban Métis Federation Inc. (CUMFI)	9	7.4
Persons Living with AIDS Network of Saskatchewan (PLWA)	8	6.6
601 Outreach Centre	7	5.8
Social Housing/ Housing placement	7	5.8
West Side Community Clinic	7	5.8
YWCA	7	5.8
15. Children and Family Support	5	4.1
Community Outreach and Support (COAST)	5	4.1
Library	5	4.1
Salvation Army	6	5.0
Shelters	5	4.1
Churches	3	2.5
HIV AIDS Response Team (HART)	3	2.5
Saskatoon Housing Authority (SHA)	3	2.5
Camponi Housing Corporation	2	1.7
Detox	2	1.7
Health Clinics	2	1.7
Addiction Centre	1	0.8
CLASSIC Law	1	0.8
Crocus Co-operative	1	0.8
EGADZ	1	0.8
Emergency rooms	1	0.8
FAMILIA	1	0.8
FASD Network of Saskatchewan	1	0.8
Saskatoon Food Bank	1	0.8
Haven Family Connections	1	0.8
Hospital	1	0.8
Job training	1	0.8
John Howard Society	1	0.8
Jordan's Principle	1	0.8
Mental Health (Counselling treatment)	1	0.8
Police	1	0.8
Sanctum Care Group	1	0.8
Senior Housing	1	0.8
Str8up	1	0.8
Stewart Properties	1	0.8

Waiting List for Housing

When respondents were asked whether they were on one or more waiting lists for housing, 30.7% of respondents indicated that they were on a waiting list (Figure 14). A greater proportion (69.3%) of respondents indicated that they were not on a waiting list. This might suggest that many of the people experiencing homelessness may either be unaware of the services or face challenges in accessing these services—consistent with the emphasis on deficits of income, transportation, ID, and health and other supports that were mentioned in Figure 11 above.

Figure 14. Respondents on waiting list to get housing

Respondents on waiting list to get housing (n=583)



Respondents on waiting lists (n=125) provided the name of the organisations with which they registered (Table 23). Among the 125 respondents, 22 reported being on more than one housing waiting lists. Most respondents mentioned Saskatoon Tribal Council's Cress Housing (22.4%), Saskatoon Housing Authority (SHA) (18.4%), Quint (15.2%), and CUMFI (12%).

Table 23. Waiting list location

Organization	Number (n=125)	Percentage
Saskatoon Tribal Council - Cress Housing	28	22.4
Saskatoon Housing Authority (SHA)	23	18.4
QUINT	19	15.2
CUMFI - Central Urban Métis Fédération Inc.	15	12
Main Street	8	6.4
Camponi Housing	6	4.8
Metis Nation Saskatchewan	6	4.8
Low-income housing	4	3.2
YWCA	4	3.2
Persons Living with AIDS Network of Saskatchewan (PLWA)	3	2.4
Salvation Army	3	2.4
HIV AIDS Response Team (HART)	2	1.6
John Howard Society	2	1.6
Progressive Property Management	2	1.6
Reserve	2	1.6
Senior Housing	2	1.6
Shelters	2	1.6
Transitional housing	2	0.8
The Bridge on 20th	1	0.8
601 Outreach Centre	1	0.8
Avenue Living	1	0.8
Crocus Co-operative	1	0.8
North Star Supportive Housing	1	0.8
Prairie Harm Reduction	1	0.8
Riversdale Housing	1	0.8
Sanctum Care Group	1	0.8
SHIP	1	0.8
Stewart Properties	1	0.8
Saskatoon Indian & Métis Friendship Centre	1	0.8

Some of the people have been on the waiting list for a long time. Cumulatively, 74.82% of the respondents indicated that they have been on a waiting list for 60 or more days. Longer waiting periods can push people to unsafe options. See Table 24.

Table 24. Length of time on waiting list

Number of days	Number of responses (n=146)	Percentage
1	1	0.68
5	1	0.68
7	6	4.08
11	1	0.68
14	3	2.04
21	4	2.72
30	20	13.61
60	12	8.16
70	1	0.68
90	24	16.33
120	6	4.08
150	1	0.68
180	17	11.56
240	2	1.36
330	1	0.68
360	1	0.68
365	21	14.29
540	5	3.40
730	9	6.12
870	1	0.68
1095	6	4.08
2920	1	0.68
3650	1	0.68
4380	1	0.68

Concluding Thoughts of Survey Respondents

When respondents were asked if they had anything important to add that was not covered during the survey, many took the opportunity to share their thoughts on the current housing situation, its symptoms and underlying causes as well as myths that need addressing. The study participants underscored several critical areas for improvement in addressing homelessness, particularly, the need for enhanced support services for addiction treatment and mental health care and improved access to essential services for individuals experiencing homelessness, including ID services, food security, transportation, healthcare, and other community-based support systems. Furthermore, the respondents highlighted the necessity of expanding training programs and employment opportunities as a way out of homelessness. Access to affordable housing, coupled with support to meet lease requirements, was identified as a crucial factor in achieving housing stability. From the participants' perspective, there is a pressing need for public education and awareness campaigns to combat discrimination and stigma associated with homelessness.

Finally, participants called for more effective responses to address domestic violence more effectively including expanding shelter services for women at risk (Figure 15).

Figure 15. Concluding thoughts of survey respondents

<ul style="list-style-type: none">◆ Better housing options with lower rents◆ Better addiction and mental health services◆ More job opportunities◆ Financial support for low-income individuals◆ More community support, including more education programs and job opportunities◆ Help with basic needs, such as food, hygiene facilities, and identification services.◆ Increased awareness and support for Indigenous people◆ Increased awareness of homelessness and its barrier◆ Less talk, more action to address homelessness and housing struggles◆ Action on domestic violence (DV), including DV shelters for women at risk◆ More communication between services and organizations◆ Making public services easier to use for people with disabilities and seniors◆ Addressing discrimination in housing, employment, and social services.

“I really don’t care. I never thought I would be doing this hard of drugs. I just do not care.” — Respondent

Public Perceptions of Homelessness

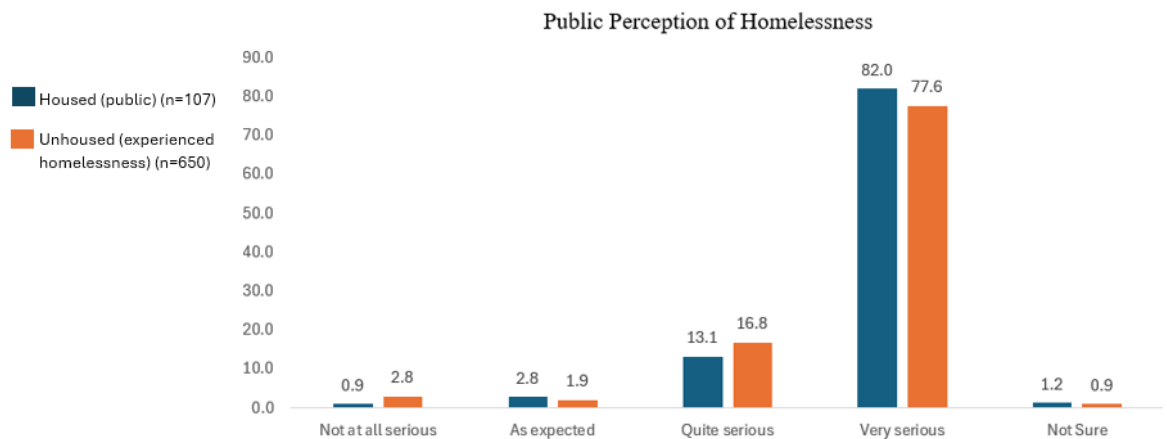
General questions about homelessness were asked of all the people who were intercepted on the day of the count to gauge public understanding and perceptions. The responses to these questions were obtained from 783 total surveys, although not all answered each of these Part One questions. The results show that the community is aware of organisations that support people experiencing homelessness. The most identified organisations are Salvation Army (40.3%), CUMFI (33.2%), Saskatoon Tribal Council (STC) (32.4%), Friendship Inn (26.4%), Prairie Harm Reduction (22.9%), and YWCA (21.2%) (Table 25). But there was also good knowledge of many other organisations listed in the table below. In addition, other organizations mentioned are listed below in Table 25.

Table 25. Public awareness of organisations that help people experiencing homelessness

Organization	Total (n=632)	Percentage
Salvation Army	255	40.3
CUMFI- Central Urban Métis Fédération Inc.	210	33.2
Saskatoon Tribal Council	215	34.02
Saskatoon Indian and Métis Friendship Centre	191	30.2
Friendship Inn	167	26.4
Prairie Harm Reduction	145	22.9
YWCA	134	21.2
Saskatoon Food Bank	112	17.7
White Buffalo Youth Lodge	64	10.1
YMCA	64	10.1
Persons Living with AIDS Network of Saskatchewan (PLWA)	54	8.5
The Bridge	51	8.1
Saskatoon Interval House	38	6.0
The Lighthouse	37	5.9
Quint Development Corporation	34	5.4
601 Outreach	25	4.0
EGADZ	19	3.0
Haven Kids House	13	2.1
West Side Community Clinic	11	1.7
Library	7	1.1
Elizabeth Fry Society of Saskatchewan	7	1.1
Church	5	0.8
STR8 UP	4	0.6
Saskatchewan Social Services—Income Assistance	4	0.6
Camponi Housing	3	0.5
Detox Centre	3	0.5
Fairlight Veterinary Services	3	0.5
Métis Nation Saskatchewan	3	0.5
Sanctum Care Group	3	0.5
COAST	2	0.3
FASD Network of Saskatchewan	2	0.3
John Howard Society of Saskatchewan	3	0.5
Jordan's Principle	2	0.3
Saskatoon Crisis Intervention	2	0.3
SHIP	2	0.3

When asked if homelessness is an issue in Saskatoon, 95.1% of housed respondents said that homelessness was “very serious” or “quite serious” compared to 94.4% of those experiencing homelessness. This is an increase from the 2022 Saskatoon PiT Count which reported 87.9% of housed and 88.5% of those experiencing homelessness stating it as “very serious” or “quite serious” and the 77% result in 2015. A small percentage of people considered homelessness to be “not serious” or “as expected” (Figure 16).

Figure 16. Public perception of severity of homelessness



The public listed the main causes of homelessness as addictions (51.4%), lack of affordable housing (49.7%), lack of employment (24%), discrimination (20.5%) physical and mental health (18.1%%), and lack of references (14%). Criminal record, inability to pay the damage deposit, and unsafe housing were also mentioned as causes of homelessness (Figure 17). If the reasoning does not align perfectly with the reasons given for their own experience of homelessness in Part Two survey responses, even though the majority of Part One respondents were unhoused, it may be that they are making a distinction between what they consider reasons for the broader phenomenon and for their own personal experience.

“Please, please, could you build better and more housing for homeless people. Winter is coming.” — Respondent

Main reasons that people experience homelessness (n=722)

unsafe housing	4.8
Damage deposit	6.5
Criminal Record	7.9
Lack of references	14.0
Physical or mental health	18.1
Discrimination	20.5
Lack of employment	24.0
Lack of affordable housing	49.7
Addiction	51.4

Figure 18. Additional causes identified by respondents



“When you need to rent a place you can't have a criminal record—you are not allowed to be in an apartment by landlord.”—Respondent

Public perception identifies several groups as particularly vulnerable to homelessness, including youth, children, people with disabilities, individuals facing mental health issues or a history of trauma, single parents, First Nations and Indigenous people more generally, those struggling with addictions, the unemployed, and, broadly, **everyone**.

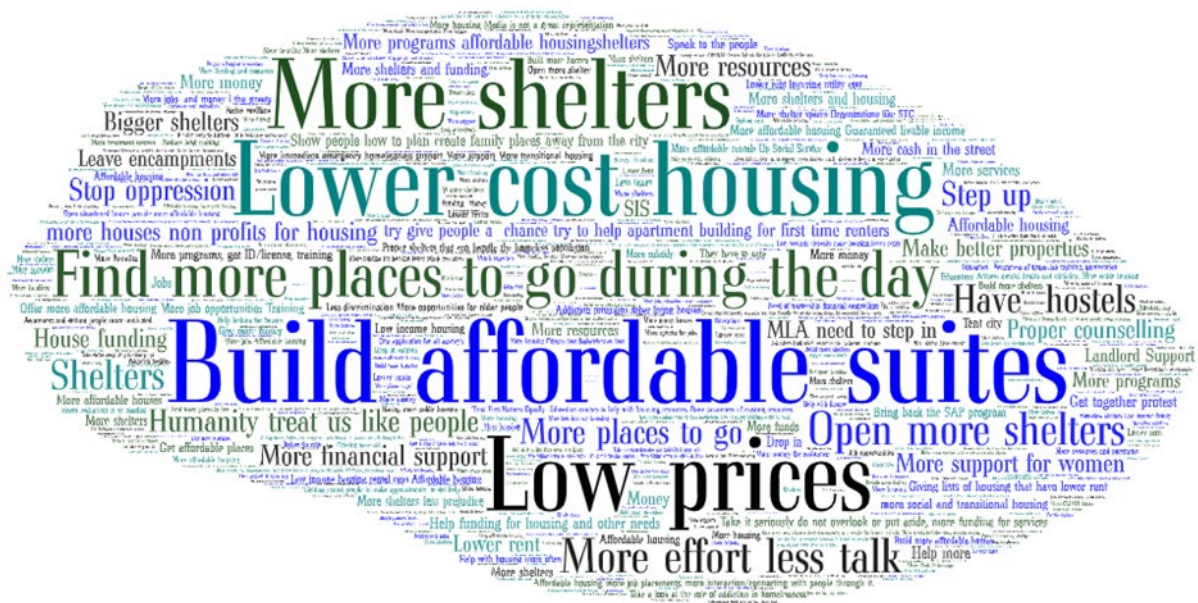
Figure 19. Perceptions of those experiencing homelessness



Community suggestions for addressing homelessness centred on **housing and shelters**, emphasizing the need for **affordable housing** options. Participants highlighted the importance of **support programs, mental health and addiction services**, and increased **funding**. The suggestions also included initiatives to **build better houses** for those in need. Importantly, the community recognized that **increased public awareness** could foster greater **support and help**, connecting individuals with available **jobs** and other opportunities. See Figure 20. These findings underscore the community's recognition of the need for a comprehensive approach that addresses not only housing affordability but also support services, mental health care, and systemic barriers to effectively reduce homelessness in the city.

“Work as a community; make it less stressful for those who are less fortunate.”—Respondent

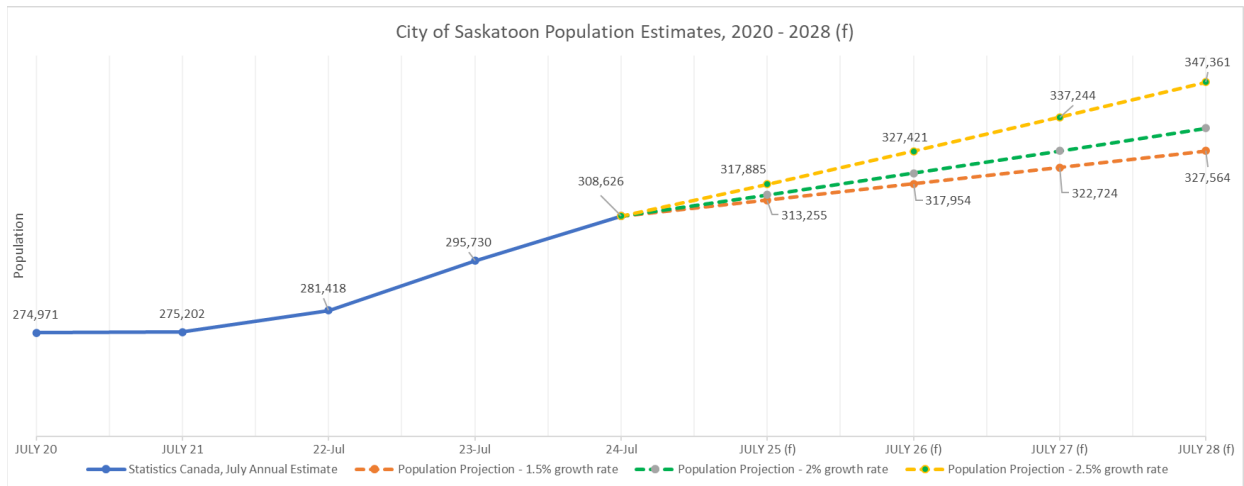
Figure 20. Suggested solutions to reducing homelessness



DISCUSSION OF LOCAL CONTEXT

In the last 10 years, Saskatoon has experienced significant population growth, most notably in the last three years. The City of Saskatoon (2025) reports that since 2015, the population has grown by about 57,150 with an average annual population growth rate of 2.27% (City of Saskatoon, 2025; Statistics Canada, 2024). The population at the last PiT count (2022) was approximately 281,418, while as of July 1, 2024, the population was estimated to be 308,626 (Figure 21).

Figure 21. City of Saskatoon population growth



Source: Statistics Canada (2024) and City of Saskatoon (2025)

During the height of the COVID-19 pandemic, the Saskatoon Census Subdivision (CSD) largely saw minimal growth (231 people or .08% from 2020 to 2021) as immigration patterns were frozen with pandemic-related restrictions. After the restrictions were lifted from the COVID-19 pandemic starting in 2022, population levels both in Saskatoon and around Canada spiked. Since 2022, Saskatoon's CSD population is estimated to have increased by 33,424 people. This is a 4.05% annual average over the last three years. The last two years alone have seen a 5.09% (14,312) increase in 2023 and a 4.36% (12,986) increase in 2024. These are the largest increases experienced in the city since World War II. To put these numbers in perspective, the 20-year historical annual average has been 2.45% (averaging an increase of 5,076 people per year). See Table 26.

Table 26. City of Saskatoon Population Increases 2014-2024

Est. City of Saskatoon Natural Increase (83% Share)											
Year	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Average
Population	1,854	2,005	1,789	1,827	1,663	1,603	1,321	1,255	869	851	1,542
Annual % Change		8.1%	-10.8%	2.1%	-9.0%	-3.6%	-17.6%	-5.0%	-30.8%	-2.1%	-7.3%
Est. City of Saskatoon Intraprovincial Migration (83% Share)											
Year	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Average
Population	1,166	1,534	2,100	1,916	1,671	1,854	1,077	982	1,803	1,589	1,614
Annual % Change			36.9%	-8.8%	-12.8%	11.0%	-41.9%	-8.8%	83.6%	-11.9%	-4.1%
Est. City of Saskatoon Interprovincial Migration (83% Share)											
Year	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Average
Population	- 916	- 1,150	- 1,614	- 2,467	- 2,586	- 3,171	- 2,345	- 2,888	- 2,245	- 2,229	- 2,317
Annual % Change		25.5%	40.3%	52.8%	4.8%	22.6%	-26.0%	23.2%	-22.2%	-0.7%	19.6%
Est. City of Saskatoon International Migration (83% Share)											
Year	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Average
Population	3,475	4,809	4,929	5,163	5,004	5,070	2,752	5,949	10,088	8,610	4,811
Annual % Change		38.4%	2.5%	4.7%	-3.1%	1.3%	-45.7%	116.1%	69.6%	-14.6%	12.7%

Source: Statistics Canada (2024) and City of Saskatoon (2024)

These population increases were largely driven by international migration. The estimated Saskatoon CSD share (based on an estimated 83% of Saskatoon's Census Metropolitan Areas due to CSD numbers not being released by Stats Canada) added 5,949 in 2022, 10,088 in 2023, and 8,610 in 2024. Intraprovincial migration was next highest in these years (982 in 2022, 1,803 in 2023, and 1,589 in 2024). The natural increase component (births – deaths) has not recovered since COVID and remains significantly below the 10-year average since 2022. Interprovincial migration continues to remain elevated since beginning to rise in 2016.

The population growth numbers experienced from 2020-2024 are considered outliers. Near zero growth during the height of the pandemic mixed with unprecedented growth due to federal immigration policies created growth far outside typical growth rates. With immigration changes occurring at the federal level, it's expected that Saskatoon will begin to return to a normal annual growth rate in the 2.0%-2.5% growth range beginning in 2025.

Going forward, international migration will continue to drive most of the growth in the city, even with cuts in immigration numbers with updated federal policy. Deaths since the pandemic continue to be elevated since the COVID-19 pandemic started and births have continued to drop since 2020. There's also limited growth potential in intraprovincial migration. If the continued trends of large negative interprovincial migration continue, growth rates might stagnate should international migration slow significantly. (City of Saskatoon, 2025).

Over the last three years, Saskatoon saw increased housing starts. An estimated 7,161 new housing units were added to city's existing housing stock. A large portion of this increase was driven by multi-unit dwellings (5,035) as shown in Table 27. With the large population increase experienced in the last three years, vacancy rates have plummeted to 2% for purpose-built rental in both 2023 and 2024 (CMHC, 2024). It's important to note that the vacancy rate includes market rental units and may not accurately represent affordable rental vacancy rate.

Table 28 shows growth rates and dwelling unit demand based on 2.4 persons per household metric found in the 2021 Census. If Saskatoon, were to continue to experience elevated population growth as experienced in 2023 and 2024, the current building starts would not cover potential housing demand. Even at a 2% growth rate, housing demand is currently outstripping supply.

Table 27. Housing start numbers, 2015-2024 (City of Saskatoon, 2025)

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Dwellings	1,911	1,493	1,592	1,372	1,176	1,699	2,345	2,373	2,444	2,344
Single Unit Dwellings	688	776	818	586	524	598	747	700	630	796
Multi-Unit Dwellings	1,223	717	774	786	652	1,101	1,598	1,673	1,814	1,548

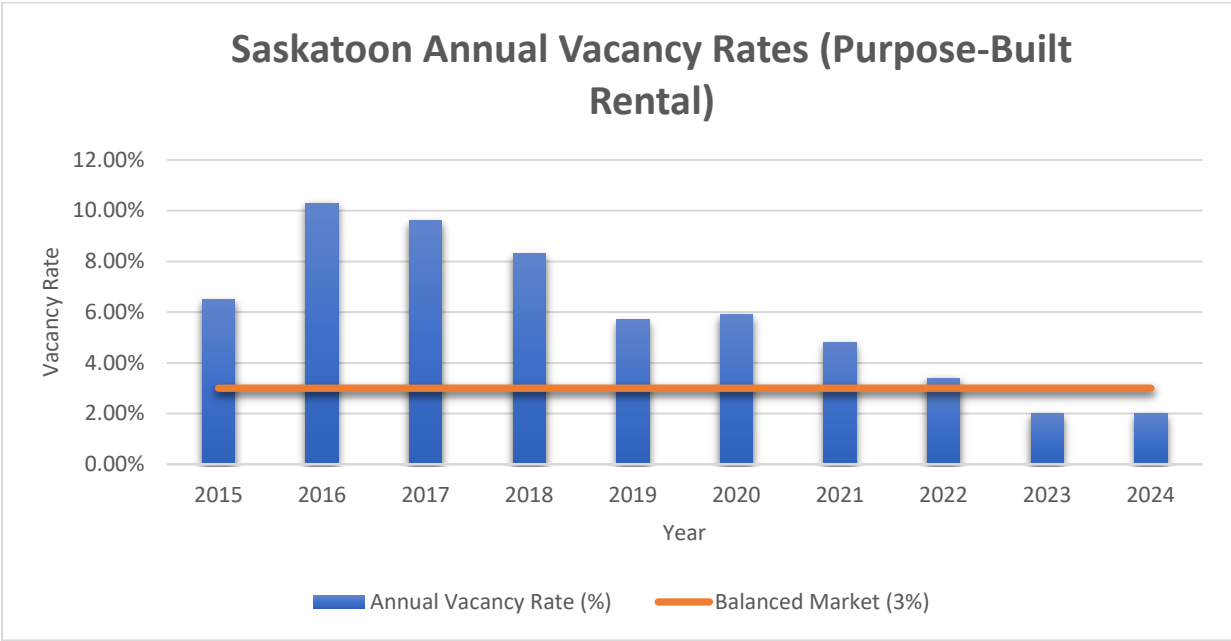
Source: CMHC (2024)

Table 28. Population Growth 2025-2027

Growth Rate	2025		2026		2027		TOTAL	
	Population Growth (persons)	Dwelling Unit Demand (dwellings)	Population Growth (persons)	Dwelling Unit Demand (dwellings)	Population Growth (persons)	Dwelling Unit Demand (dwellings)	Population Growth (persons)	Dwelling Unit Demand (dwellings)
2.00%	5,904	2,460	6,022	2,509	6,143	2,559	18,069	7,529
2.50%	7,380	3,075	7,565	3,152	7,754	3,231	22,698	9,458
3.00%	8,856	3,690	9,122	3,801	9,395	3,915	27,373	11,406
3.50%	10,332	4,305	10,694	4,456	11,068	4,612	32,094	13,372
4.00%	11,808	4,920	12,280	5,117	12,772	5,322	36,860	15,358
4.50%	13,284	5,535	13,882	5,784	14,507	6,044	41,673	17,364
5.00%	14,760	6,150	15,498	6,458	16,273	6,780	46,532	19,388

Source: 2024 City of Saskatoon Growth Monitoring Report – Mapping & Research

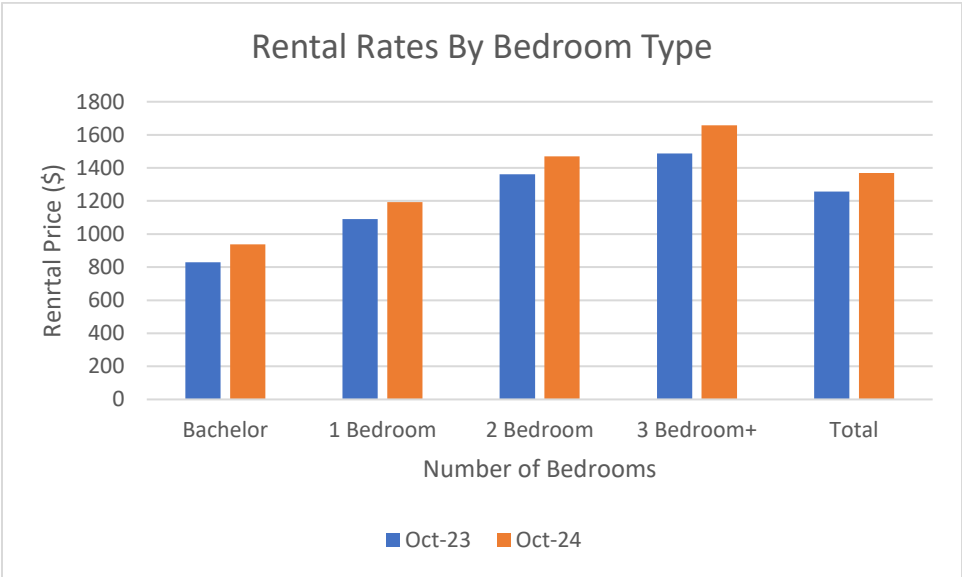
Figure 22. Saskatoon annual vacancy rates, 2012-2021



Source: CMHC Rental Market Report (February 2024)

Average rental rates in the city of Saskatoon increased in the last year going from \$1,257 in October 2023 to \$1,369 in October 2024. 3 bedroom+ saw the largest increase going from \$1,488 to \$1,657 (Figure 23). With lower vacancy rates and increased population, rental prices will continue to face pressure until supply catches up with demand.

Figure 23. Average rental rates in city of Saskatoon by bedroom type

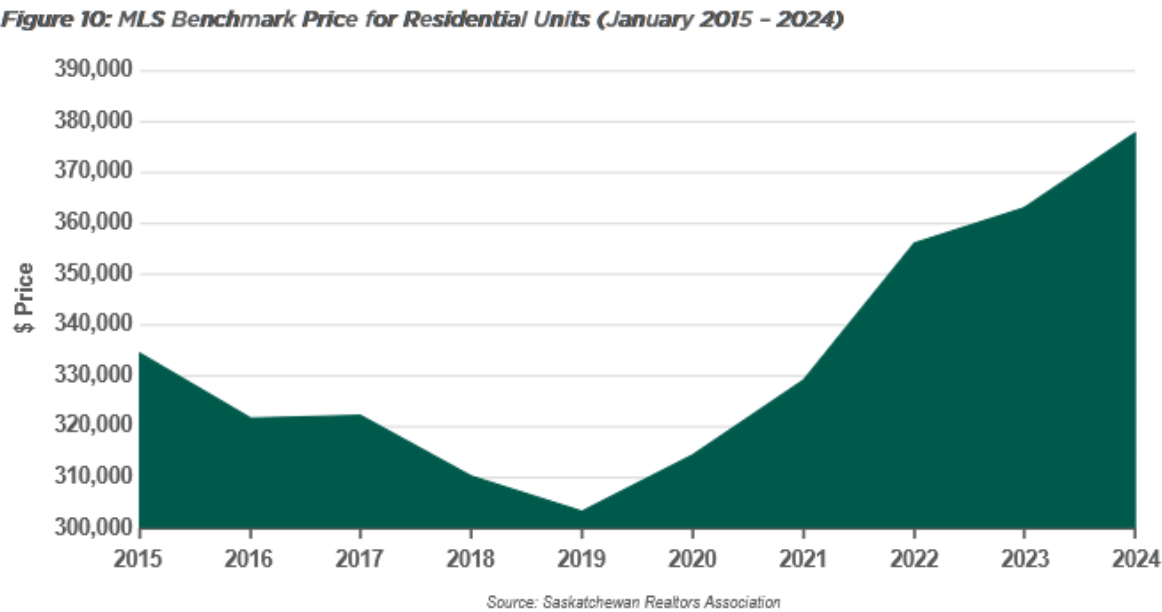


Source: CMHC Rental Market Survey (2024)

The City of Saskatoon is currently working on a new housing strategy and as such the previous attainable housing business plan is on pause while new programs are being developed. On February 28, 2024, the federal government announced under the Housing Accelerator Fund (HAF), that they had accepted the City’s Housing Action Plan proposal and that \$41.325 million will be provided to the City of Saskatoon to fast track under the Housing Accelerator Fund.

The 2024 statistics on sale prices (Figure 24) show the MLS benchmark for residential units. Since the Covid-19 pandemic, the cost of housing has dramatically increased. The average MLS price in 2019 was \$315,127 to \$377,000 in 2023. The demand for housing has remained strong in the city even with interest rates sharply rising beginning in 2022.

Figure 24. MLS benchmark price for residential units, 2015-2024

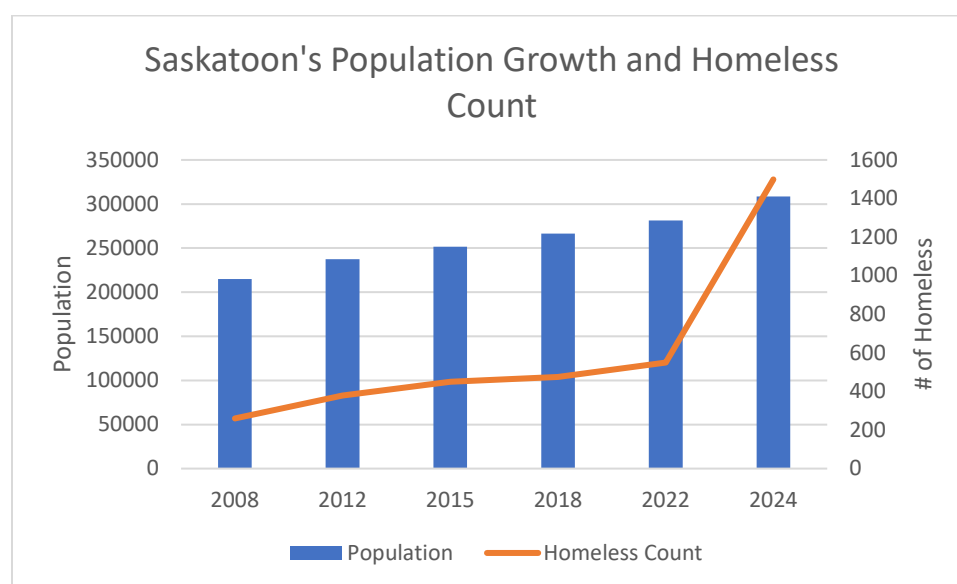


Source: City of Saskatoon (2024)

Accompanied with the increased median price of homes, there has been significant real GDP growth since 2021 in the Saskatoon CMA. The year 2022 saw a 6.3% increase, 2023 saw a 4% increase and, and 2024 saw a 3.1% increase (with inflationary effects removed). Previously high inflation found shortly after the height of the pandemic has eased with Saskatchewan’s inflation coming in at 2.4% from January 2024 – January 2025. Rental accommodations have been found to be a significant source of inflation in Saskatoon as they risen by almost 20% in the last two years.

Increased capacity to respond to homelessness since the 2008, 2012, 2015, 2018, 2022, and 2024 PiT counts need to be considered when attempting to draw comparisons across the five Saskatoon PiT counts (see Figure 25). We also need to consider research design and scheduling changes between 2008 and 2024. Similarly, no comparisons can be drawn without understanding the limitations and the strengths of the PiT methodology.

Figure 25. Saskatoon's population growth and PiT homelessness Counts



Source: City of Saskatoon, 2025

Limitations

Like all PiT homelessness counts, the 2024 Saskatoon count underestimates the number of people who are experiencing homelessness at any one time. Even though we started early in 2024 and had excellent supports from the City, SHIP, and CUISR, as well as a record number of volunteers, we still had to make choices. Despite excellent resources and expansion to new areas, we still could not reach all parts of the city (see Figure 1), some people did not wish to be identified as homeless, some had experienced homelessness in recent months or days but were housed on count day, and some were not possible to find.

Hence, it must be well understood when interpreting findings that a PiT methodology produces a snapshot rather than an actual or accurate number of people experiencing homelessness. Comparisons across years and jurisdictions are to be approached with caution and not as an accurate portrayal of homelessness trends despite efforts to standardize methodology, share standards, definitions, screening, and questions. Longitudinal comparisons require a rigorous application of an identical methodology at each point where the research is done. While the survey instrument has been reasonably consistent over the six Saskatoon counts, other elements of the methodology such as switching seasons over time, including hidden homelessness in 2015, 2018, 2022 and 2024 adding a Magnet Event (targeting youth in 2018), and the increased ability of HIFIS to provide data in 2015, 2018, 2022 and 2024 all mean that the coverage for each survey is different and therefore makes quantitative, historical comparisons unreliable. Similarly, the 2008, 2012, and 2015 counts defined children as those 18 years of age and under and adults as those 19 and over, while the current coordinated count defined children as those 12 years and under, youth as 13-24 years old, and adults as 25-44 and older adults as 45-64 years. More significantly for a PiT methodology for homelessness counts is that the nature of the subjects means the coverage or sampling frame for research subjects can never be determined with any

degree of accuracy. To illustrate this, compare the Canadian Census and National Household Survey (NHS) to a PiT on homelessness. The Census/NHS are PiTs; every five years the Census asks respondents to complete a survey that describes individual and household characteristics as of the Census Day. The difference of course is that the Census actually puts the survey instrument into virtually every household, a 100% sampling frame. The PiT Counts cannot achieve a known coverage.

Strengths

The 2024 count continued to build on the learning from counts in Saskatoon in 2008, 2012, 2015, 2018, and 2022 while accommodating the new standards and methodology of the federal government's Reaching Home: Canada's Homelessness Strategy 2024 coordinated PiT Count—and profiting from the extensive resources on the online portal of the Community Workspace on Homelessness hosted by the Canadian Observatory on Homelessness. It profited too from more lead time, promotional strategies, ensuring volunteer recruitment success, bringing the Saskatoon community together in action and awareness to address homelessness. Volunteer input in 2022 and 2024 have strengthened PiT design and outcomes. With better understanding of the community-level service use and gaps provided by the additional contextually sensitive questions and data, organizations can respond appropriately and represent the needs in the community.

When funded by the federal government, results from the counts inform decision-making and program planning at several levels. Funding allocations direct priorities and draw attention to social needs. Specifically, the national government's direction towards standardization of the homelessness survey, and continued funding for local counts will better allow comparability of findings across jurisdictions and advance the relevance and applicability of the work.

Discussing and reflecting on the findings of the research is important in order to increase public awareness and understanding of the complexity of the issue—and to reduce social stigma, while strengthening community commitment to support needed investments and change.

For all the differences across 2008, 2012, 2015, 2018, 2022, and 2024 counts (Table 29), some findings remain consistent and telling over time, reinforcing the sources and costs of factors that amplify the cycles of poverty and homelessness. All age groups are impacted by homelessness. Indigenous people are overrepresented. Service use patterns show heavy reliance on libraries, fulfilling new and important functions in communities across Canada, as well as Saskatoon Food Bank, shelters, health clinics, emergency rooms, drop-ins, and hospitals, reinforcing the links between homelessness and health.

Survey responses also show that most services did not help in finding housing; only 32.1% did receive help. Sources of income have become increasingly problematic since 2008 when formal (45%) and even full-time (70%) employment for those employed were associated with homelessness. Since then, social services or “welfare” have become the main sources of income (48.9% of 2024 respondents reported welfare or social assistance—down from 61.1% in 2022). Disability benefits (20.8%) was identified as the second most important source of income. Other government assistance programs also played a role, including GST/HST refunds (5.8%), seniors' benefits such as CPP, OAS, and GIS (2.5%), and child and family tax benefits (2.2%). Informal

income sources were a source of income for 13.6% (down from 2022's 21.1%). Family and friends are important sources at 3.9%. Informal income sources were a source of income for 13.6% (down from 2022's 21.1%).

Table 29. Findings across Saskatoon PiT Homelessness Counts (2008, 2012, 2015, 2018, 2022, and 2024)

	2008	2012	2015	2018	2022	2024
Date of the Count	May 22	September 24	June 22	April 18	April 28	October 8
Total sheltered and unsheltered	260	379	450	475	550	1499
Outside (Adults)	17%	27%	9%	18.95%	5.5%	14.4%*
Sheltered (Adults)	77%	73%	80%	56.4%	24.4%	12.5%*
Total Children	12%	3%	10%	2.3%	4.7%	21%*
Total Hidden Homelessness	-	-	35 or 7.8%	86 or 18.1%	30 or 5.5%	339 or 22.6%
Total Self-Identified Indigenous People	47%	66%	45%	85.5%	90.1%	80.7%
On Waiting List for Housing	20%	14%	27%	26.1%	39%	30.7%**

* For the 2022 and 2024 PiT Count, a child was defined within the 0-12 years range. Those from 13-24 years were defined as youth, while only those between 25 and 44 were defined as adults, those between 45 and 64 as older adults; seniors were 65+.

** This rate is calculated from those who responded to question 21a of the survey, n = 583 (2024).

First documented in 2012, participation in the Canadian Armed Forces rose from 4.3% in 2012, 10% in 2015, 2.5% in 2018, and dropped further to 1.7% in 2022 for the military and RCMP combined before rising again to 2.7% in 2024.

In 2012, 38% had experienced physical violence while living outside (sheltered homeless at 28% less likely to be victimized than those living outdoors at 44% and women more likely at 48% compared to 33% for men). In 2015, 46% had experienced violence living outdoors, while in 2018, 69.5% reported such violence (80.4% in unsheltered situations, 58.1% in sheltered situations, and 75.6% of those experiencing hidden homelessness). 2022 saw the total number reporting violence rise to 68.3% (70.8% in unsheltered situations, 70.7% in sheltered situations, and 59.1% of those experiencing hidden homelessness). High rates of victimization were reported across gender: 70% men, 63.6% women, 100% of transgender men/women, 66.7% two-spirit respondents. High levels persisted in 2024: 67% had experienced violence while homeless: 66.2% of men, 69.1% of women, 100% of non-binary people, and 70% of two-spirit people. The unsheltered population (73.2%) and encampment population (73.1%) were more likely to be victims of violence than sheltered population at 59.7%. Those reporting hidden homelessness (63.8%) also experienced violence at a higher rate than the sheltered population.

Close to half of respondents in 2012 had lived with foster families during childhood (even for indoor and outdoor respondents); 16% had remained in foster care until 18 years of age. In 2015,

45% had lived with foster families during childhood while only 11% (3% outdoors and 14% indoors respondents) remained in foster care until 18 years of age. In 2018, 52.6% reported involvement with foster care or group homes and 20.3% remained there until they turned 18; in 2022, 54.8% of those who answered the question had foster care experience; and in 2024 50.8% had been in foster care (Table 30).

Table 30. Other findings across 2008-2024 PiT Counts

	2008	2012	2015	2018	2022	2024
Veteran	-	4%	10%	2.5%	1.7%	2.7%
Experience of Physical Violence	-	38%	46%	69.5%	68.3%	67.7%
Persons Lived in Foster Care or Group Home	-	46%	45%	52.6%	54.8%	50.8%

CONCLUSION

The 2024 PiT Count used five data sources for an enumeration and survey of people experiencing homelessness in Saskatoon within a 24-hour period. During the 2024 PiT Count, 1,499 people were identified as experiencing homelessness, including hidden homelessness and systems, marking the highest recorded count in Saskatoon's history.

Notable trends include:

- Over 80% of participants identified as Indigenous, despite making up only 11.5% of Saskatoon's total population.
- 50.8% of respondents had been involved in foster care or youth group homes during their adolescence.
- 48.7% reported the first experience of homelessness as children or youth.
- 55.1% reported evictions as a cause of housing loss.
- Of other reasons for housing loss, 32.8% reported insufficient income as the top reason.
- Chronic homelessness at 64% marked an increase from the 2022 Saskatoon figure of 59%.
- 66.2% of men, 69.1% women, 100% non-binary people, and 73.2% unsheltered experienced violence while homeless.

These statistics present a snapshot of the landscape of homelessness in Saskatoon. Pathways to homelessness are complex, varied, and overlapping, and the results of the Count enable us to identify gaps in service provision and illuminate potential areas for intervention.

For a sixth time, the Saskatoon community came together in record numbers to support the 2024 PiT Homelessness Count on October 8th to support a greater understanding of the multi-faceted dimensions of this pressing national concern and the persistence of individuals experiencing homelessness, including chronic homelessness. While we have acknowledged the complexities of comparing data from previous PiT Homelessness Counts, **some findings recur with such consistency that they cannot be ignored. They underline who, especially Indigenous peoples, are most impacted by factors that exacerbate the cycles of poverty and homelessness.**

Despite some concerted efforts adding to the city's capacity to address homelessness, Saskatoon still faces record numbers of individuals experiencing homelessness. This report has **aimed to give life to the numbers** by giving voice to those experiencing homelessness so that together we can help address **costly systemic inequities** and contribute to the reconciliation narrative promoted by the Truth and Reconciliation Commission's (2015) Calls to Action. As responses to the question about who are most impacted by homelessness make clear, **nobody escapes the human and financial costs of homelessness.**

Barriers to finding permanent housing remain insufficient income. Most respondents indicated that having more money (88.2%) and getting help to find affordable places (81.6%) were most important. Other needs included assistance with housing applications (71.7%), help with transportation to see housing (69.8%), and help getting I.D. (59.1%), giving a strong sense of the barriers those in poverty face. Health challenges are also important; respondents listed mental

health support (57.4%), harm reduction support (51.9%). help in addressing health needs (50.7%), and disability accessibility (37%) as well as managing alcohol issues (35.3%).

The public perception component added since the 2015 PIT methodology remains well received. **Respondents (housed at 95.1% and unhoused at 94.4%) understood the homelessness situation in Saskatoon to be a serious issue** and pointed to such reasons as **addictions (51.4%), lack of affordable housing (49.7%), lack of employment (24%), discrimination (20.5%), and physical or mental health (18.1%)**.

Interestingly, public understanding of who are most impacted still does not match findings in the literature or Saskatoon's own PiT Count findings showing Indigenous peoples as disproportionately impacted. Community suggestions for addressing homelessness centred on **housing and shelters**, emphasizing yet again the need for **affordable housing** options. Participants highlighted the importance of **support programs, mental health and addiction services**, and increased **funding**. The suggestions also included initiatives to **build better houses** for those in need. Importantly, the community recognized that **increased public awareness** could foster greater **support** and **help**, connecting individuals with available **jobs** and other opportunities. These findings underscore the community's recognition of the need for a comprehensive approach that addresses not only housing affordability but also support services, mental health care, and systemic barriers to effectively reduce homelessness in the city.

REFERENCES

- Abramovich, A. I. (2013). No fixed address: Young, queer, and restless, In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth homelessness in Canada: Implications for policy and practice* (pp.387-403). Canadian Homelessness Research Network Press.
- Accu Weather. (2024). Saskatoon, Saskatchewan, Canada, monthly weather. October. <https://www.accuweather.com/en/ca/saskatoon/s7k/october-weather/50338>
- Alhassan, J., Gough, H., Heilman, B., Hansen, L., Christopherson-Cote, C. (2021). *Report on COVID-19 vulnerable sector response in Saskatoon March-May 2020*. With support from Connor Morrison and Deb Davies. College of Medicine, U of Saskatchewan.
- Baskin, C. (2013). Shaking off the colonial inheritance: Homeless Indigenous youth resist, reclaim and reconnect. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth homelessness in Canada: Implications for policy and practice* (pp.405-424). Canadian Homelessness Research Network Press.
- Bautista, R. (2012). An overlooked approach in survey research: Total survey error. In G. Lior (Ed.), *Handbook of survey methodology for the social sciences*. (pp. 36-49). New York: Springer Science+Business Media.
- Benfer, E. A., Vlahov, D., Long, M. Y., Walker-Wells, E., Pottenger, J. J. L., Gonsalves, G., & Keene, D. E. (2021). Eviction, health inequity, and the spread of COVID-19: Housing policy as a primary pandemic mitigation strategy. *Journal of Urban Health*, 98(1), 1-12. doi:10.1007/s11524-020-00502-1
- Bounajm, F., Beckman, K., & Thériault, L. (2014). *SUCCESS FOR ALL: Investing in the Future of Canadian Children in Care*. The Conference Board of Canada. <https://untilthelastchild.com/wp-content/uploads/2017/02/5949-success-for-all-br-rev.pdf>
- Bruskas, D. (2008). Children in Foster Care: A Vulnerable Population at Risk. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), 70–77. <https://doi.org/10.1111/J.1744-6171.2008.00134.X>
- Canada Mortgage and Housing (CMHC). (2024, February). *Rental Market Report 2024*. <https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/market-reports/rental-market-report/rental-market-reports-major-centres>
- Canada Mortgage and Housing (CMHC). (2024). Starts, completions and under construction by census subdivisions. <https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/housing-market-data/starts-completions-under-construction-census-subdivisions>
- Canadian Centre for Housing Rights. (2023). Canada must have a more inclusive definition of homelessness for women and gender-diverse people.

<https://housingrightscanada.com/canada-must-have-a-more-inclusive-definition-of-homelessness-for-women-and-gender-diverse-people/>

Canadian Centre for Housing Rights. (2024). *Unseen and unaddressed: A call to action on hidden homelessness: Understanding and estimating hidden homelessness in Saskatoon*. Policy Brief. In partnership with CT Labs/The Landsdowne Consulting Group. <https://housingrightscanada.com/wp-content/uploads/2024/09/CHR-Policy-Brief-Hidden-Homelessness-in-Saskatoon-Sept.2024.pdf>

Canadian Centre for Housing Rights, National Indigenous Women's Housing Network, National Right to Housing Network, & Women's National Housing and Homelessness Network. (2024). *Equality, the human right to housing, and women and gender-diverse persons in Canada*. Joint submission to the 89th session of the Committee on the Elimination of all Forms of Discrimination against Women (CEDAW). September. <https://housingrights.ca/89th-session-cedaw-joint-submission/>

Canadian Housing First Network. (2024). Building local capacity for Housing First programs. <https://canadianhousingfirst.ca>

Canadian Observatory on Homelessness. (n.d.). *Use of honoraria in point-in-time counts*. Discussion paper. https://www.homelesshub.ca/sites/default/files/COH_Honoraria_Paper.pdf

Canadian Observatory on Homelessness. (2017). Ethical research. <http://homelesshub.ca/toolkit/subchapter/ethical-research>

Carrion, B. V., Earnshaw, V. A., Kershaw, T., Lewis, J. B., Stasko, E. C., Tobin, J. N., & Ickovics, J. R. (2015). Housing instability and birth weight among young urban mothers. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 92(1), 1–9. <https://doi.org/10.1007/s11524-014-9913-4>

Chenier, N.M. (1999). Health and homelessness. Parliamentary Research Branch. <https://homelesshub.ca/resource/health-and-homelessness>

CIC Times. (2024, December 11). New minimum wage across Canadian provinces in 2025. <https://www.cictimes.com/new-minimum-wage-across-canadian-provinces-in-2025>

City of Saskatoon. (2024). Growth Monitoring Report. <https://www.saskatoon.ca/sites/default/files/documents/Growth%20Monitoring%20Report%20-%202024.pdf>

City of Saskatoon. (2025). Data Directory.

Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health: Final report of the commission on social determinants of health. *Comblant Le Fossé En Une Génération : Instaurer*

- Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., Geppert, J., Ettinger de Cuba, S., Heeren, T., Coleman, S., Rose-Jacobs, R., & Frank, D. A. (2011). US housing insecurity and the health of very young children. *American Journal of Public Health*, 101(8), 1508–1514. <https://doi.org/10.2105/AJPH.2011.300139>
- D'Alessandro, D., & Appolloni, L. (2020). Housing and health: An overview. *Annali Di Igiene: Medicina Preventiva E Di Comunità*, 32(5 Supple 1), 17–26. <https://doi.org/10.7416/ai.2020.3391>
- Doll, K., Karabanow, J., Hughes, J., Leviten-Reid, C., & Wu, H. (2022). Homelessness within the COVID-19 pandemic in Two Nova Scotia communities. *International Journal of Homelessness*, 2(1), 6-22.
- Dworsky, A., & Courtney, M. E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare*, 88(4), 23–56.
- Employment and Social Development Canada (ESDC). (2016a). *Homelessness Partnering Strategy: Highlights—2016 coordinated point-in-time count of homelessness in Canadian communities*. Cat. No.: SSD-177-01-17E. <https://www.canada.ca/content/dam/canada/employment-social-development/programs/communities/homelessness/reports/highlights/PiT-Doc.pdf>
- Employment and Social Development Canada (ESDC). (2016b). *Homelessness Partnering Strategy: 2005-2014 Highlights of the national shelter study*. Cat. No. : SSD-097B-08-16E. <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/reports-shelter-2014.html>
- Employment and Social Development Canada (ESDC). (2018a). Advisory Committee on Homelessness: Final Report. Cat. No. SSD-204-05-18E. Ottawa: Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/publications-bulletins/advisory-committee-report.html>
- Employment and Social Development Canada (ESDC). (2018b). Homelessness Partnering Strategy Engagement: What we heard. Report 2018. <https://publications.gc.ca/site/eng/9.851349/publication.html>
- Employment and Social Development Canada (ESDC). (2019). *Everyone counts 2018: Highlights – Preliminary results from the second nationally coordinated point-in-time count of homelessness in Canadian communities*. Canada.ca/publiccentre-ESDC
- Employment and Social Development Canada. (2021). *Everyone counts: A guide to point-in-time counts in Canada*. Edition 3.1. Reaching Home Canada's Homelessness Strategy.

- <https://www.canada.ca/en/employment-social-development/employment-social-development/homelessness/reports/guide-point-in-time-counts.html>
- Falvo, N. (2021a). *Innovation in homelessness system planning: A scan of 13 Canadian cities*. September. Calgary Homelessness Foundation. http://www.calgaryhomeless.com/wp-content/uploads/2021/10/Innovation-in-homelessness-system-planning_FINAL.pdf
- Falvo, N. (2021b). Editorial: Special Issue—Homelessness in Canada. *International Journal on Homelessness*, 2(1), 1-2.
- Fanning, K. (2021). What about the babies? A critical review of infants’ and toddlers’ absence in homelessness scholarship. *Infant Behavior and Development*, 64, 101625. <https://doi.org/10.1016/j.infbeh.2021.101625>
- Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis. *PLoS Medicine*, 5(12), e225. <https://doi.org/10.1371/journal.pmed.0050225>
- Findlay, I. M., Chilima J., Holden B., & Berthe, A. (2018). *2018 point-in-time homelessness count, Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research. https://cuivr.usask.ca/documents/publications/20152019/CUIVR_PIT2018_JULY%204TH_2019.pdf
- Food Banks Canada. (2024). Poverty report card 2024. <https://foodbankscanada.ca/poverty-report-card/report-card/?y=2024&p=saskatchewan>
- Forchuk, C., Dickins, K., & Corring, D. J. (2016). Social determinants of health: Housing and income. *Healthcare Quarterly (Toronto, Ont.)*, 18 Spec No, 27–31. <https://doi.org/10.12927/hcq.2016.24479>
- Gaetz, S., O’Grady, B., Buccieri, K., Karabanow, J., & Marsolais, A. (2013). *Youth homelessness in Canada: Implications for policy and practice*. Toronto: Canadian Homelessness Research Network Press. <http://homelesshub.ca/sites/default/files/YouthHomelessnessweb.pdf>
- Gaetz, S., O’Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The national youth homelessness survey*. Canadian Observatory on Homelessness Press. <http://homelesshub.ca/sites/default/files/WithoutAHome-final.pdf>
- Gideon, L. (2012). Introduction to issues of survey methodology: Introduction. In G. Lior (Ed.), *Handbook of survey methodology for the social sciences*. (pp. 3-6). New York: Springer Science+Business Media.

- Government of Canada. (2020). Internationally recognized sexual orientation or gender identity or expression (SOGIE) definitions <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/refugee-protection/resettlement/priority-special/sexual-orientation-gender-identity/definitions.html>
- Government of Canada. (2022a). Federal 2SLGBTQI+ action plan 2022. <https://women-gender-equality.canada.ca/en/free-to-be-me/federal-2slgbtqi-plus-action-plan/federal-2slgbtqi-plus-action-plan-2022.html>
- Government of Saskatchewan. (2011). The adult and youth group home amendment regulations. <https://publications.saskatchewan.ca/api/v1/products/1197/formats/2031/download>
- Government of Saskatchewan. (2022). *Foster care | Family and social support*. <https://www.saskatchewan.ca/residents/family-and-social-support/foster-care>
- Groton, D.B. (2013). Are Housing First programs effective: A review. Conference: The Society for Social Work and Research 2013 Annual Conference.
- Groves, R. M., & Lyberg, L. (2010). Total survey error: Past, present, and future. *Public Opinion Quarterly*, 74(5), 849–879.
- Homeless Hub. (n.d.) Housing First: Definition, <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
- Homelessness Partnering Strategy (HPS). (2018). *HIFIS 3 point-in-time count module user guide. Version March 2018*. HPS. https://workspaceonhomelessness.ca/pitcounts/resources/english/homelessness_partnering_strategy_official_documents/hifis_3_point_in_time_count_module_user_guide_2018pdf
- Housing, Infrastructure and Communities Canada (HICC). (2022). Homelessness data snapshot: The National Shelter Study 2019 update. <https://housing-infrastructure.canada.ca/homelessness-sans-abri/reports-rapports/data-shelter-2019-donnees-refuge-eng.html>
- Housing, Infrastructure and Communities Canada (HICC). (2024a). *Everyone counts: A guide to point-in-time counts in Canada 4th ed.* <https://homelessnesslearninghub.ca/library/resources/everyone-counts-a-guide-to-point-in-time-counts-in-canada-4th-edition/>
- Housing, Infrastructure and Communities Canada (HICC). (2024b). *Homeless Individuals and Families Information System (HIFIS)*. <https://housing-infrastructure.canada.ca/homelessness-sans-abri/hifis-sisa/index-eng.html>
- Housing, Infrastructure and Communities Canada (HICC). (2025). About the National Housing Strategy. <https://housing-infrastructure.canada.ca/housing-logement/ptch-csd/about-strat-a-propos-eng.html>

- Hwang, S. W. (2001). Homelessness and health. *CMAJ*, 164(2), 229–233.
- Infrastructure Canada. (2024). *Everyone counts 2020-2022: Results from the third nationally coordinated point-in-time counts of homelessness in Canada*. <https://housing-infrastructure.canada.ca/alt-format/pdf/homelessness-sans-abri/reports-rapports/pit-counts-dp-2020-2022-results-resultats-en.pdf>
- John Howard Society of Ontario, Social Research and Demonstration Corporation, & Canadian Observatory on Homelessness. (2022). *No fixed address: The intersections of justice involvement and homelessness. Part One*. <https://www.homelesshub.ca/resource/no-fixed-address-intersections-justice-involvement-and-homelessness>
- Krieger, J., & Higgins, D. L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5), 758–768.
- Kunzekweguta, M., Findlay, I.M., Kowalchuk, I.M., & Pham, A. (2022). *2022 Saskatoon point-in-time homelessness count*. Community-University Institute for Social Research., University of Saskatchewan.
- Lee, K. S., Park, S. C., Khoshnood, B., Hsieh, H. L., & Mittendorf, R. (1997). Human development index as a predictor of infant and maternal mortality rates. *The Journal of Pediatrics*, 131(3), 430–433. [https://doi.org/10.1016/s0022-3476\(97\)80070-4](https://doi.org/10.1016/s0022-3476(97)80070-4)
- Marquis, R. A., Leschied, A. W., Chiodo, D., & O'Neill, A. (2008). The relationship of child neglect and physical maltreatment to placement outcomes and behavioral adjustment in children in foster care. *Child Welfare*, 85(5). <https://www.jstor.org/stable/48623163>
- McNeil, R., Younger, M.E., & Hwang, S.W. (2014). *Homelessness and health in Canada*. University of Ottawa Press.
- National Alliance to End Homelessness. (2021). State of homelessness: 2021 edition. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/>
- National Health Care for the Homeless Council. (2019). Homeless & health: What's the connection? <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
- National Housing Strategy Act S.C. 2019, c. 29, s. 313. (2019). <https://laws-lois.justice.gc.ca/eng/acts/N-11.2/FullText.html>
- National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). (2019). *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. (RPP). <https://www.mmiwg-ffada.ca/final-report/>
- Nichols, N. (2017). Child welfare and youth homelessness in Canada: Who is responsible? <http://homelesshub.ca/blog/child-welfare-and-youth-homelessness-canada-who-responsible>

- Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S., & O'Grady, R. (2017). Child welfare and youth homelessness in Canada: A proposal for action. Canadian Observatory on Homelessness Press. http://www.homelesshub.ca/sites/default/files/ChildWelfare-PolicyBrief-final_0.pdf
- Olauson, C., Nyamekye, R., Findlay, I.M., Muhajarine, N., Buhler, S., Holden, B., Christopherson-Cote, C., & Usiskin, L. (2022). *A review of affordable housing programs for those in greatest need in Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Onapa, H., Sharpley, C. F., Bitsika, V., McMillan, M. E., MacLure, K., Smith, L., & Agnew, L. L. (2022). The physical and mental health effects of housing homeless people: A systematic review. *Health & Social Care in the Community*, 30(2), 448–468. <https://doi.org/10.1111/hsc.13486>
- Osypuk, T. L., Caldwell, C. H., Platt, R., & Misra, D. (2012). The consequences of foreclosure for depressive symptomatology. *Annals of Epidemiology*, 22(6), 379–387. <https://doi.org/10.1016/j.annepidem.2012.04.012>
- Patrick, C. (2014). *Aboriginal homelessness: A literature review*. Homeless Hub Report Series, paper #6. Canadian Homelessness Research Network Press. <http://www.homelesshub.ca/sites/default/files/AboriginalLiteratureReview.pdf>
- Reece, J. (2021). More Than Shelter: Housing for urban maternal and infant health. *International Journal of Environmental Research and Public Health*, 18(7), 3331. <https://doi.org/10.3390/ijerph18073331>
- Reith, T., & Huncar, A. (2014). Homeless find hope, refuge and community at public libraries. CBC News. November 20. <https://www.cbc.ca/news/canada/edmonton/homeless-find-hope-refuge-and-community-at-public-libraries-1.2841221>
- Rolfe, S., Garnham, L., Godwin, J., Anderson, I., Seaman, P., & Donaldson, C. (2020). Housing as a social determinant of health and wellbeing: Developing an empirically-informed realist theoretical framework. *BMC Public Health*, 20(1), 1138. <https://doi.org/10.1186/s12889-020-09224-0>
- Rose, H. A. (2006). Asset-based development for child and youth care. *Reclaiming Children and Youth*, 14(4). http://www.iicrd.org/sites/default/files/resources/Asset-based_Development_for_child_and_youthcare_0.pdf
- Rosenberg, R., & Kim, Y. (2018). Aging out of foster care: Homelessness, post-secondary education, and employment. *Journal of Public Child Welfare*, 12(1), 99–115. <https://doi.org/10.1080/15548732.2017.1347551>
- Safe Community Action Alliance Crystal Meth Working Group. (2020). A community response to crystal meth. February. Safe Community Action Alliance.

- Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Heeren, T., Black, M. M., Casey, P. H., Chilton, M., Cook, J., Cutts, D. B., Rose-Jacobs, R., & Frank, D. A. (2018). Timing and duration of pre- and postnatal homelessness and the health of young children. *Pediatrics*, 142(4), e20174254. <https://doi.org/10.1542/peds.2017-4254>
- Särndal, C. E., & Lundström, S. (2005). *Estimation in surveys with nonresponse*. West Sussex, England: John Wiley & Sons.
- Saskatoon Poverty Reduction Partnership (SPRP). (2021). *SPRP 12 Bold Ideas to Eliminate Poverty: Lessons learned during the COVID-19 pandemic*. SPRP.
- Sorokon, K. (2024a, February 29). Saskatoon fire chief say people are losing fingers and toes as encampments proliferate. CTV News. <https://saskatoon.ctvnews.ca/saskatoon-fire-chief-says-people-are-losing-fingers-and-toes-as-encampments-proliferate-1.6789513>
- Sorokon, K. (2024b, September 27). Saskatoon's homeless population nearly doubled this year. CTV News. <https://saskatoon.ctvnews.ca/saskatoon-s-homeless-population-nearly-doubled-this-year-1.7054957>
- Statistics Canada. (2024). *Population estimates, July 1, by census subdivision, 2016 boundaries*. <https://www150.statcan.gc.ca/t1/tb11/en/tv.action?pid=1710014201>
- Suglia, S. F., Duarte, C. S., & Sandel, M. T. (2011). Housing quality, housing instability, and maternal mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 88(6), 1105–1116. <https://doi.org/10.1007/s11524-011-9587-0>
- Sutter, G. (2016). *Canadian Social Housing: Policy Evolution and Program Periods*. McGill-Queens University Press.
- Thistle, J. (2017.) *Indigenous definition of homelessness in Canada*. Canadian Observatory on Homelessness Press.
- The Truth and Reconciliation Commission of Canada. (2015). *Calls to Action*. http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- United Nations Human Rights Office of the High Commissioner (1966). International Covenant on Economic, Social, and Cultural Rights. <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>
- United Way of Saskatoon and Area. (2021). *Moving people from poverty to possibility with United Way of Saskatoon and Area's Journey Home Program: 2021 program update*.
- United Way of Saskatoon and Area. (2022). *Annual report 2021-2022*. <https://unitedwaysaskatoon.ca/annual-report/2021-2022/>

Wahler, E.A., Provence, M.A., Helling, J. (2019). The changing role of libraries: How social workers can help. *Families in Society: The Journal of Contemporary Social Sciences*, 101(1), 34-43. <https://doi.org/10.1177/1044389419850707> i.org/

APPENDIX A: Unsheltered or Outdoor Survey



UNSHELTERED SCREENING TOOL

2024 Point-in-Time Homelessness Outdoor Survey

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

- **Participation is voluntary and your name will not be recorded.**
- This survey asks about personal experiences. You can choose to **skip any question** or to **stop the interview at any time**.
- Results will contribute to the understanding of homelessness across Canada and will help develop programs and services that prevent and end homelessness.
- If you require supports at any time, please let us know.

Screening Questions

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

[YES: Thank and **end survey**]

[NO: Go to B]

B. Are you willing to participate in the survey?

[YES: **Complete Part One before Going to C**]
applicable]

[NO: Thank and tally, if



PART ONE: COMMUNITY QUESTIONS

1. Do you know of any organizations that help those who are experiencing homelessness in Saskatoon? (Do not read the options; may prompt).

- | | |
|--|--|
| <input type="radio"/> Prairie Harm Reduction | <input type="radio"/> Saskatoon Indian and Métis Friendship Centre |
| <input type="radio"/> Saskatoon Interval House | <input type="radio"/> Saskatoon Food Bank & Learning Centre |
| <input type="radio"/> Salvation Army | <input type="radio"/> Saskatoon Friendship Inn |
| <input type="radio"/> YWCA | <input type="radio"/> White Buffalo Youth Lodge |
| <input type="radio"/> YMCA | <input type="radio"/> PLWA Network (Persons Living with AIDS Network). |
| <input type="radio"/> Haven Kids' House | <input type="radio"/> Other: _____ |
| <input type="radio"/> CUMFI – McLeod House | <input type="radio"/> Don't know |
| <input type="radio"/> CUMFI – Infinity House | <input type="radio"/> Decline to answer |

2. Do you think homelessness is an issue in Saskatoon (on a scale of very serious to not at all serious)?

- | | |
|-------------------------------------|--|
| <input type="radio"/> Very serious | <input type="radio"/> Not at all serious |
| <input type="radio"/> Quite serious | <input type="radio"/> Not sure |
| <input type="radio"/> As expected | |

3. What do you think are the main reasons that people experience homelessness? (Do not read options; may prompt.)

- | | |
|--|--|
| <input type="radio"/> Lack of affordable housing | <input type="radio"/> Lack of references |
| <input type="radio"/> Lack of employment | <input type="radio"/> Discrimination |
| <input type="radio"/> Physical or mental health | <input type="radio"/> Damage deposit |
| <input type="radio"/> Addictions | <input type="radio"/> Unsafe housing |
| <input type="radio"/> Criminal record | <input type="radio"/> Other (Specify): _____ |
| | <input type="radio"/> Decline to answer |

4. Who do you think are most impacted by homelessness? (prompts: single parents, people with disabilities, youth, unemployed, etc.)

5. What are important things Saskatoon, the provincial and federal governments can do to help reduce homelessness?

UNSHELTERED SURVEY

Survey Number:0000

Location: _____

Time: _____

AM/PM

Interviewer: _____

Contact #: _____

C. Where are you staying tonight? / Where did you stay last night? (DO NOT READ CATEGORIES) [Circle appropriate letter].

<p>[THANK and record on tally sheet <i>if</i> community is including observed homelessness and surveyor believes individual is experiencing homelessness.]</p>	
a. DECLINE TO ANSWER	
b. OWN APARTMENT/HOUSE	[THANK & END]
<p>c. SOMEONE ELSE'S PLACE</p> <p>d. MOTEL/HOTEL SELF-FUNDED</p> <p>e. HOSPITAL</p> <p>f. TREATMENT CENTRE</p> <p>g. JAIL, PRISON, REMAND CENTRE</p>	<p>C1. Do you have access to a permanent residence where you can safely stay as long as you want?</p> <p>a. Yes [THANK & END SURVEY]</p> <p>b. No (not permanent AND/OR not safe) [BEGIN SURVEY]</p> <p>c. Don't Know [BEGIN SURVEY]</p> <p>d. Decline to answer [THANK & TALLY, if applicable]</p>
<p>h. HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter)</p> <p>i. HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM</p> <p>j. TRANSITIONAL SHELTER/HOUSING</p> <p>k. UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest or abandoned building)</p> <p>l. ENCAMPMENT (e.g. group of tents, makeshift shelters or other long-term outdoor)</p> <p>m. VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)</p>	<p>[BEGIN SURVEY]</p>
<p>n. UNSURE: INDICATE PROBABLE LOCATION _____ (b. – m.)</p>	<p>[Follow instructions for probable location indicated]</p>

- Thank you for agreeing to take part in the survey. [Give icebreaker]. Please note that you will receive an honorarium of \$10 and transit pass to thank you for your participation.

BEGIN SURVEY: PART TWO CORE QUESTIONS

1. Have you spent at least one night in any of the following locations in the past year? [check all that apply].

<input type="checkbox"/> HOMELESS SHELTER (e.g. emergency, family or domestic violence shelter)	<input type="checkbox"/> SOMEONE ELSE'S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO
<input type="checkbox"/> HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM	<input type="checkbox"/> HOSPITAL OR OTHER HEALTH FACILITY
<input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING	<input type="checkbox"/> JAIL, PRISON OR OTHER CORRECTIONAL FACILITY
<input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest or abandoned building)	<input type="checkbox"/> NO
<input type="checkbox"/> ENCAMPMENT (e.g. group of tents, makeshift shelters or other long-term outdoor settlement)	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)	<input type="checkbox"/> DECLINE TO ANSWER

2. Do you have family members or anyone else who is staying with you tonight? (Indicate survey number for partners). [Check all that apply].

<input type="checkbox"/> NONE	<input type="checkbox"/> PET(S)																
<input type="checkbox"/> PARTNER - Survey #: _____	<input type="checkbox"/> OTHER ADULT (Can include other family or friends)																
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate age for each child/dependent]	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td>AGE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3	4	5	6	7	8	AGE							
1	2	3	4	5	6	7	8										
AGE																	
<input type="checkbox"/> DECLINE TO ANSWER																	

2b. Do you have any children in the foster care system?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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3. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

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

4. In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)? (Does not need to be exact. Best estimate.)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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4b. In total, for *how much time* have you experienced homelessness over the PAST 3 YEARS? (Does not need to be exact. Best estimate.)

<input type="radio"/> LESS THAN HALF	<input type="radio"/> ABOUT HALF OR MORE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE (in years) _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?

<input type="radio"/> YES, IMMIGRANT ----- ----> <input type="radio"/> YES, REFUGEE ----- ----> <input type="radio"/> YES, ASYLUM CLAIMANT IN CANADA --- ----> <input type="radio"/> YES, TEMPORARY FOREIGN WORKER -- ----> <input type="radio"/> YES, OTHER WORK PERMIT ----- ----> <input type="radio"/> YES, STUDY PERMIT ----- ----> <input type="radio"/> YES, TEMPORARY RESIDENT ----- ----> <input type="radio"/> YES, OTHER (including undocumented) ----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<p><u>If</u> How long have you been in Canada?</p> <p><u>YES:</u></p> <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
--	---

7. How long have you been in Saskatoon?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> Where did you live before you came here? <input type="radio"/> CITY: _____ PROVINCE/TERRITORY/COUNTRY: _____			
<input type="radio"/> DECLINE TO ANSWER			

8a. Do you identify as First Nations (with or without status), Métis or Inuit? (If yes, please specify) [COMMUNITY NOTE: The wording of this question can be adapted to what makes sense in your community, for example by listing specific First Nations]

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

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

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

9. Have you ever served in the Canadian Military or RCMP? (Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training)

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

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

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. Have you been experiencing difficulties related to any of the following?

	YES	NO	DON'T KNOW	DECLINE TO ANSWER
ILLNESS OR MEDICAL CONDITION (e.g. diabetes, tuberculosis (TB), or human immunodeficiency virus (HIV))	0	0	0	0
PHYSICAL MOBILITY (e.g. spinal cord injury, arthritis, or limited movement or dexterity)	0	0	0	0
LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia, or dementia)	0	0	0	0
ACQUIRED BRAIN INJURY (e.g. due to an accident, violence, overdose, stroke or brain tumour)	0	0	0	0
MENTAL HEALTH ISSUE [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar or schizophrenia)	0	0	0	0
SUBSTANCE USE (e.g. alcohol or opiates)	0	0	0	0
SENSES, SUCH AS SEEING OR HEARING (e.g. blindness or deafness)	0	0	0	0
RESIDENTIAL SCHOOL/INTERGENERATIONAL TRAUMA	0	0	0	0

12. What gender do you identify with? (Show list or read list.)

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

13. How do you describe your sexual orientation, for example straight, gay, lesbian? (Show list or read list.)

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

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

HOUSING AND FINANCIAL ISSUES <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (e.g. loss of benefit, income, or job) <input type="checkbox"/> UNFIT/UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENOVATED <input type="checkbox"/> OWNER MOVED IN	CONFLICT WITH: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	EXPERIENCED DISCRIMINATION BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)
OTHER <input type="checkbox"/> COMPLAINT (e.g. noise/damage) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED <input type="checkbox"/> DEATH OR DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER REASON _____ _____ _____	EXPERIENCED ABUSE BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	HEALTH OR CORRECTIONS <input type="checkbox"/> PHYSICAL HEALTH ISSUE/DISABILITY <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (jail or prison)
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

14b. Was your most recent housing loss related to an eviction?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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14c. How long ago did that happen (that you lost your housing most recently)? (Best estimate)

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
--	----------------------------------	---

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

Formal or Informal Work	Benefits	Other
<input type="checkbox"/> FULL TIME EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT INSURANCE	<input type="checkbox"/> MONEY FROM FAMILY/FRIENDS
<input type="checkbox"/> PART TIME EMPLOYMENT	<input type="checkbox"/> DISABILITY BENEFIT (name of Prov. disability benefit)	<input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
<input type="checkbox"/> CASUAL EMPLOYMENT (e.g. contract work)	<input type="checkbox"/> SENIORS BENEFITS (e.g. CPP/OAS/GIS)	<input type="checkbox"/> OTHER (_____)
<input type="checkbox"/> INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling, sex work)	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE [Prov. benefit]	<input type="checkbox"/> NO INCOME
	<input type="checkbox"/> VETERAN/VAC BENEFITS	<input type="checkbox"/> DON'T KNOW
	<input type="checkbox"/> CHILD AND FAMILY BENEFITS	<input type="checkbox"/> DECLINE TO ANSWER
	<input type="checkbox"/> GST/HST REFUND	

PART TWO ADDITIONAL QUESTIONS

16. What is the highest level of education you completed?

<input type="checkbox"/> Primary/Elementary School	<input type="checkbox"/> Post-Secondary Graduated
<input type="checkbox"/> Some High School	<input type="checkbox"/> Graduate Degree (e.g: Masters, PhD)
<input type="checkbox"/> High School Graduate/GED	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> Decline to answer

17. Have you been a victim of violence while experiencing homelessness? (This can include any encounter that they consider to be violent)

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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18. Which of the following would help you find stable, affordable housing? (Read list and ask yes or no for each question and check their response to each)

<input type="checkbox"/> More money
<input type="checkbox"/> Help getting ID (e.g., health card)
<input type="checkbox"/> Help finding an affordable place
<input type="checkbox"/> Help with housing applications
<input type="checkbox"/> Help with immigration issues
<input type="checkbox"/> Harm reduction supports (e.g., methadone, needle exchange, alcohol or drug treatment)
<input type="checkbox"/> Transportation to see housing
<input type="checkbox"/> Help with legal issues
<input type="checkbox"/> Help addressing your health needs
<input type="checkbox"/> Help with disability accessibility
<input type="checkbox"/> Manage alcohol issues
<input type="checkbox"/> Mental health supports

- ☐ Cultural supports
- ☐ Services in a language other than English
- Other (specify): _____

19. In the past year (12 months) have you used these services: [ASK RESPONDENTS TO GIVE THEIR ESTIMATE OF HOW MANY TIMES]

1. Emergency room	Y _____ N _____ # _____ Times
2. Hospital	Y _____ N _____ # _____ Times
Days you have spent hospitalized	
3. Police (<i>Tickets, arrests, searches</i>)	Y _____ N _____ # _____ Times
4. Prison/ jail	Y _____ N _____ # _____ Times
Days you have spent in prison/jail	
5. Probation/ Parole	Y _____ N _____ # _____ Times
6. Community Support Officers	Y _____ N _____ # _____ Times
7. Alternate Response Officers	Y _____ N _____ # _____ Times
8. Ambulance	Y _____ N _____ # _____ Times
9. Library	Y _____ N _____ # _____ Times
10. Health clinics	Y _____ N _____ # _____ Times
11. Job training/Job supports	Y _____ N _____ # _____ Times
12. Detox	Y _____ N _____ # _____ Times
13. Mental health (counselling, treatment)	Y _____ N _____ # _____ Times
14. Shelters	Y _____ N _____ # _____ Times
15. Children and family supports	Y _____ N _____ # _____ Times
16. Elder services	Y _____ N _____ # _____ Times
17. Disability services	Y _____ N _____ # _____ Times
18. Newcomer services	Y _____ N _____ # _____ Times
19. Drop-ins	Y _____ N _____ # _____ Times
20. Food bank	Y _____ N _____ # _____ Times
21. Services that help you get ID	Y _____ N _____ # _____ Times
22. Social Housing/ Housing placement	Y _____ N _____ # _____ Times
23. Churches	Y _____ N _____ # _____ Times
24. Charities	Y _____ N _____ # _____ Times
Other (specify): _____	Y _____ N _____ # _____ Times
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Decline to answer	

19b. In the past year have you faced service restrictions/ been denied services?

Please supply details.

<input type="radio"/> YES	<input type="radio"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER
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20 a. Of the services you have used, are any helping you find housing?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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20 b. If yes, please enter code or list (if other): _____

21 a. Are you currently on one or more waiting lists for housing?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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21 b. If yes, where? _____

21c. If yes, how long have you been on the waiting list(s)

<input type="radio"/> Length ____ days/weeks/months/years	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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22. Is there anything else you would like to add that we did not talk about that is important and would make your own or other people's housing situation better?

Volunteer Closing Script (Please read):

That concludes our survey. Thank you for participating. Your answers will help service providers in the city of Saskatoon better plan services for people experiencing homelessness. (*Leave information sheet and pocket card*).

I am leaving you with an information sheet and a pocket card with information about agencies that may help you to get housing or other services if you're interested in contacting them.

Thank you again for your assistance. Here is the transit pass and cash honorarium to thank you for completing the survey and sharing your knowledge and experience.

APPENDIX B: Tally Sheet

UNSHELTERED TALLY SHEET

Area: _____ Time: _____ to _____
 Interviewer: _____ Contact phone #: _____

Instructions: To record *observed homelessness*, please take note of those who decline to or are unable to respond, but who may be experiencing homelessness in the table below. Please also indicate the reason you believe they are experiencing homelessness (e.g., asleep outside with belongings).

#	Location	Encampment? (Y/N)	Reason not surveyed (select one)		Indicators of Homelessness (e.g., asleep outside with belongings)
			Declined	Unable	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

APPENDIX C: Indoor or Sheltered Survey



SHELTERED SCREENING TOOL

2024 Saskatoon Point-in-Time Homelessness Shelter Survey

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

- **Participation is voluntary** and **your name will not be recorded**.
- This survey asks about personal experiences. You can choose to **skip any question** or to **stop the interview at any time**.
- Results will contribute to the understanding of homelessness across Canada and will help develop programs and services that prevent and end homelessness.
- If you require supports at any time, please let us know.
-

Screening Questions

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

[YES: Thank and end survey]

[NO: Go to B]

B. Are you willing to participate in the survey?

[YES: Complete **Part One** before Going to screening question C]
and end survey]

[NO: Thank



PART ONE: COMMUNITY QUESTIONS

1. **Do you know of any organizations that help those who are experiencing homelessness in Saskatoon?** [Do not read the options; may prompt].

- | | |
|--|--|
| <input type="radio"/> Prairie Harm Reduction | <input type="radio"/> Saskatoon Indian and Métis Friendship Centre |
| <input type="radio"/> Saskatoon Interval House | <input type="radio"/> Saskatoon Food Bank & Learning Centre |
| <input type="radio"/> Salvation Army | <input type="radio"/> Saskatoon Friendship Inn |
| <input type="radio"/> YWCA | <input type="radio"/> White Buffalo Youth Lodge |
| <input type="radio"/> YMCA | <input type="radio"/> PLWA Network (Persons Living with AIDS Network). |
| <input type="radio"/> Haven Kids' House | <input type="radio"/> Other: _____ |
| <input type="radio"/> CUMFI – McLeod House | <input type="radio"/> Don't know |
| <input type="radio"/> CUMFI – Infinity House | <input type="radio"/> Decline to answer |

2. **Do you think homelessness is an issue in Saskatoon** [on a scale of very serious to not at all serious]?

- | | |
|-------------------------------------|--|
| <input type="radio"/> Very serious | <input type="radio"/> Not at all serious |
| <input type="radio"/> Quite serious | <input type="radio"/> Not sure |
| <input type="radio"/> As expected | |

3. **What do you think are the main reasons that people experience homelessness?** [Do not read options; may prompt].

- | | |
|--|--|
| <input type="radio"/> Lack of affordable housing | <input type="radio"/> Lack of references |
| <input type="radio"/> Lack of employment | <input type="radio"/> Discrimination |
| <input type="radio"/> Physical or mental health | <input type="radio"/> Damage deposit |
| <input type="radio"/> Addictions | <input type="radio"/> Unsafe housing |
| <input type="radio"/> Criminal record | <input type="radio"/> Other (Specify): _____ |
| | <input type="radio"/> Decline to answer |

4. **Who do you think are most impacted by homelessness?** (*prompts: single parents, people with disabilities, youth, unemployed, etc.*)

5. **What are important things Saskatoon, the provincial and federal governments can do to help reduce homelessness**

SHELTERED SURVEY

Survey Number: _____

Facility/Program Name: _____

Time: _____ AM/PM

Interviewer: _____

Contact #: _____

Screening Question

C. Are you staying here tonight?

<input type="radio"/> YES [BEGIN SURVEY & NOTE <i>h.</i> - <i>j.</i> ON SURVEY, AS APPROPRIATE]	<input type="radio"/> NO [ASK RESPONDENT WHERE THEY ARE STAYING TONIGHT]
---	--

Where are you staying tonight? / Where did you stay last night? [DO NOT READ CATEGORIES]

a. DECLINE TO ANSWER	[THANK & END]
b. OWN APARTMENT/HOUSE	
c. SOMEONE ELSE'S PLACE d. MOTEL/HOTEL SELF FUNDED e. HOSPITAL f. TREATMENT CENTRE g. JAIL, PRISON, REMAND CENTRE	C1. Do you have access to a permanent residence where you can safely stay as long as you want? a. Yes [THANK & END] b. No (not permanent AND/OR not safe) [BEGIN SURVEY] c. Don't Know [BEGIN SURVEY] d. Decline to answer [THANK & END]
h. HOMELESS SHELTER (e.g. emergency, family or domestic violence : i. HOTEL / MOTEL FUNDED BY CITY OR HOMELESS PROGRAM j. TRANSITIONAL SHELTER/HOUSING k. UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, fc abandoned building) l. ENCAMPMENT (e.g. group of tents, makeshift shelters or other long settlement) m. VEHICLE (e.g. car, van, recreational vehicle (RV), truck, boat)	[BEGIN SURVEY]
n. UNSURE: INDICATE PROBABLE LOCATION _____ (b. – m.)	[Follow instructions for probable location indicated]

- **Thank you for agreeing to take part in the survey. [Give icebreaker]. Please note that you will receive an honorarium of \$10 and transit pass to thank you for your participation.**

BEGIN SURVEY

1. Have you spent at least one night in any of the following locations in the past year? [check all that apply].

<input type="checkbox"/> HOMELESS SHELTER (emergency, family or domestic violence shelter)	<input type="checkbox"/> SOMEONE ELSE'S PLACE BECAUSE YOU HAD NOWHERE ELSE TO GO
<input type="checkbox"/> HOTEL/MOTEL FUNDED BY CITY OR HOMELESS PROGRAM	<input type="checkbox"/> HOSPITAL OR OTHER HEALTH FACILITY
<input type="checkbox"/> TRANSITIONAL SHELTER/HOUSING	<input type="checkbox"/> JAIL, PRISON OR OTHER CORRECTIONAL FACILITY
<input type="checkbox"/> UNSHELTERED IN A PUBLIC SPACE (e.g. street, park, bus shelter, forest or abandoned building)	<input type="checkbox"/> NO
<input type="checkbox"/> ENCAMPMENT (e.g. group of tents, makeshift shelters or other long-term outdoor settlement)	<input type="checkbox"/> DON'T KNOW
<input type="checkbox"/> VEHICLE (e.g. car, van, recreational vehicle (RV), truck or boat)	<input type="checkbox"/> DECLINE TO ANSWER

2. Do you have family members or anyone else who is staying with you tonight? (Indicate survey numbers for partners) [Check all that apply]

<input type="checkbox"/> NONE	<input type="checkbox"/> PET(S)																
<input type="checkbox"/> PARTNER - Survey #: ____ _	<input type="checkbox"/> OTHER ADULT (Can include other family or friends)																
<input type="checkbox"/> CHILD(REN)/DEPENDENT(S) [indicate age for each child/dependent]	<table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td>AGE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1	2	3	4	5	6	7	8	AGE							
1	2	3	4	5	6	7	8										
AGE																	
<input type="checkbox"/> DECLINE TO ANSWER																	

2b. Do you have any children in the foster care system?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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3. How old are you? [OR] What year were you born? [If unsure, ask for best estimate]

<input type="radio"/> AGE (in years) _____ OR YEAR BORN _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
--	----------------------------------	---

è For this survey, “homelessness” means any time when you have been without a permanent and secure place to live, including sleeping in shelters, on the streets, or living temporarily with others without having your own permanent housing (e.g. couch surfing).

4. In total, for *how much time* have you experienced homelessness over the PAST YEAR (the last 12 months)? [Does not need to be exact. Best estimate].

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
--	----------------------------------	---

4b. In total, for *how much time* have you experienced homelessness over the PAST 3 YEARS? [Does not need to be exact. Best estimate].

<input type="radio"/> LESS THAN HALF	<input type="radio"/> ABOUT HALF OR MORE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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5. How old were you the first time you experienced homelessness?

<input type="radio"/> AGE in years _____	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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6. Did you come to Canada as an immigrant, refugee, asylum claimant (i.e. applied for refugee status after coming to Canada), or through another process?

<input type="radio"/> YES, IMMIGRANT ----- ----> <input type="radio"/> YES, REFUGEE ----- ----> <input type="radio"/> YES, ASYLUM CLAIMANT IN CANADA --- ----> <input type="radio"/> YES, TEMPORARY FOREIGN WORKER -- ----> <input type="radio"/> YES, OTHER WORK PERMIT ----- ----> <input type="radio"/> YES, STUDY PERMIT ----- ----> <input type="radio"/> YES, TEMPORARY RESIDENT ----- ----> <input type="radio"/> YES, OTHER (including undocumented) ----- ----> <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER	<p>If</p> <p>YES:</p> <p>How long have you been in Canada?</p> <input type="radio"/> LENGTH: _____ DAYS WEEKS MONTHS YEARS OR DATE: ____/____/____ DAY / MONTH / YEAR <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER
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7. How long have you been in Saskatoon?

<input type="radio"/> LENGTH _____ DAYS / WEEKS / MONTHS / YEARS	<input type="radio"/> ALWAYS BEEN HERE	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
<input type="radio"/> Where did you live before you came here?			
<input type="radio"/> CITY: _____ PROVINCE/TERRITORY/COUNTRY: _____			
<input type="radio"/> DECLINE TO ANSWER			

8. Do you identify as First Nations (with or without status), Métis or Inuit? (If yes, please specify) [COMMUNITY NOTE: The wording of this question can be adapted to what makes sense in your community, for example by listing specific First Nations]

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

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

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

9. Have you ever served in the Canadian Military or RCMP? [Military includes Canadian Navy, Army, and Air Force, Regular and Reserve, Army Rangers including completing basic training]

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

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

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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11. Have you been experiencing difficulties related to any of the following?

	YES	NO	DON'T KNOW	DECLINE TO ANSWER
ILLNESS OR MEDICAL CONDITION (e.g. diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PHYSICAL MOBILITY (e.g. spinal cord injury, arthritis, or limited movement or dexterity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEARNING, INTELLECTUAL/DEVELOPMENTAL, OR COGNITIVE FUNCTION (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia, or dementia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACQUIRED BRAIN INJURY (e.g. due to an accident, violence, overdose, stroke, or brain tumour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MENTAL HEALTH [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE (e.g. alcohol or opiates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SENSES, SUCH AS SEEING OR HEARING (e.g. blindness or deafness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESIDENTIAL SCHOLL/INTERGENERATIONAL TRAUMA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

HOUSING AND FINANCIAL ISSUES <input type="checkbox"/> NOT ENOUGH INCOME FOR HOUSING (e.g. loss of benefit, income, or job) <input type="checkbox"/> UNFIT / UNSAFE HOUSING CONDITION <input type="checkbox"/> BUILDING SOLD OR RENNOVATED <input type="checkbox"/> OWNER MOVED IN	CONFLICT WITH: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	EXPERIENCED DISCRIMINATION BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)
OTHER <input type="checkbox"/> COMPLAINT (e.g. noise/damage) <input type="checkbox"/> LEFT THE COMMUNITY/RELOCATED <input type="checkbox"/> DEATH OR DEPARTURE OF FAMILY MEMBER <input type="checkbox"/> PET(S) <input type="checkbox"/> OTHER REASON _____ _____ _____	EXPERIENCED ABUSE BY: <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> LANDLORD <input type="checkbox"/> OTHER (_____)	HEALTH OR CORRECTIONS <input type="checkbox"/> PHYSICAL HEALTH ISSUE/DISABILITY <input type="checkbox"/> MENTAL HEALTH ISSUE <input type="checkbox"/> SUBSTANCE USE ISSUE <input type="checkbox"/> HOSPITALIZATION OR TREATMENT PROGRAM <input type="checkbox"/> INCARCERATION (jail or prison)
	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> DECLINE TO ANSWER

14b. Was your most recent housing loss related to an eviction?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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14c. How long ago did that happen (that you lost your housing most recently)?

[Best estimate]

<input type="radio"/> LENGTH _____ DAYS WEEKS MONTHS YEARS	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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15. What are your sources of income? [Reminder that this survey is anonymous. **Read list** and check all that apply]

Formal or Informal Work <input type="checkbox"/> FULL TIME EMPLOYMENT <input type="checkbox"/> PART TIME EMPLOYMENT <input type="checkbox"/> CASUAL EMPLOYMENT (e.g. contract work)	Benefits <input type="checkbox"/> EMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY BENEFIT (name of Prov. disability benefit)	Other <input type="checkbox"/> MONEY FROM FAMILY/FRIENDS <input type="checkbox"/> OTHER MONEY FROM A SERVICE AGENCY
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<input type="checkbox"/> INFORMAL INCOME SOURCES (e.g. bottle returns, panhandling, sex work)	<input type="checkbox"/> SENIORS BENEFITS (e.g. CPP/OAS/GIS)	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> WELFARE/SOCIAL ASSISTANCE (Prov. benefit)	<input type="checkbox"/> NO INCOME
	<input type="checkbox"/> VETERAN / VAC BENEFITS	<input type="checkbox"/> DON'T KNOW
	<input type="checkbox"/> CHILD AND FAMILY BENEFITS	<input type="checkbox"/> DECLINE TO ANSWER
	<input type="checkbox"/> GST/HST REFUND	

PART TWO ADDITIONAL QUESTIONS

16. What is the highest level of education you completed?

<input type="checkbox"/> Primary/Elementary School	<input type="checkbox"/> Post-Secondary Graduated
<input type="checkbox"/> Some High School	<input type="checkbox"/> Graduate Degree (e.g: Masters, PhD)
<input type="checkbox"/> High School Graduate/GED	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> Decline to answer

18. Have you been a victim of violence while experiencing homelessness? [This can include any encounter that they consider to be violent]

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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18. Which of the following would help you find stable, affordable housing? [Read list and ask yes or no for each question and check their response to each]

<input type="checkbox"/> More money
<input type="checkbox"/> Help getting ID (e.g., health card)
<input type="checkbox"/> Help finding an affordable place
<input type="checkbox"/> Help with housing applications
<input type="checkbox"/> Help with immigration issues
<input type="checkbox"/> Harm reduction supports (e.g., methadone, needle exchange, alcohol or drug treatment)
<input type="checkbox"/> Transportation to see housing
<input type="checkbox"/> Help with legal issues
<input type="checkbox"/> Help addressing your health needs
<input type="checkbox"/> Help with disability accessibility
<input type="checkbox"/> Manage alcohol issues
<input type="checkbox"/> Mental health supports
<input type="checkbox"/> Cultural supports
<input type="checkbox"/> Services in a language other than English
Other (specify): _____

19. In the past year (12 months) have you used these services: [ASK RESPONDENTS TO GIVE THEIR ESTIMATE OF HOW MANY TIMES]

1. Emergency room	Y ___ N ___ # ___ Times
2. Hospital	Y ___ N ___ # ___ Times
Days you have spent hospitalized	
3. Police (<i>Tickets, arrests, searches</i>)	Y ___ N ___ # ___ Times
4. Prison/ jail	Y ___ N ___ # ___ Times
Days you have spent in prison/jail	
5. Probation/ Parole	Y ___ N ___ # ___ Times
6. Community Support Officers	Y ___ N ___ # ___ Times
7. Alternate Response Officers	Y ___ N ___ # ___ Times
8. Ambulance	Y ___ N ___ # ___ Times
9. Library	Y ___ N ___ # ___ Times
10. Health clinics	Y ___ N ___ # ___ Times
11. Job training/Job supports	Y ___ N ___ # ___ Times
12. Detox	Y ___ N ___ # ___ Times
13. Mental health (counselling, treatment)	Y ___ N ___ # ___ Times
14. Shelters	Y ___ N ___ # ___ Times
15. Children and family supports	Y ___ N ___ # ___ Times
16. Elder services	Y ___ N ___ # ___ Times
17. Disability services	Y ___ N ___ # ___ Times
18. Newcomer services	Y ___ N ___ # ___ Times
19. Drop-ins	Y ___ N ___ # ___ Times
20. Food bank	Y ___ N ___ # ___ Times
21. Services that help you get ID	Y ___ N ___ # ___ Times
22. Social Housing/ Housing placement	Y ___ N ___ # ___ Times
23. Churches	Y ___ N ___ # ___ Times
24. Charities	Y ___ N ___ # ___ Times
Other (specify): _____	Y ___ N ___ # ___ Times
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Decline to answer	

19b. In the past year have you faced service restrictions/ been denied services?
Please supply details.

<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER

20 a. Of the services you have used, are any helping you find housing?

<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> DECLINE TO ANSWER

20 b. If yes, please enter code or list (if other): _____

21 a. Are you currently on one or more waiting lists for housing?

<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> DON'T KNOW	<input type="radio"/> DECLINE TO ANSWER
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21 b. If yes, where? _____

21c. If yes, how long have you been on the waiting list(s)?

<input type="radio"/> Length _____days/weeks/months/years	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> Decline to answer
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22. Is there anything else you would like to add that we did not talk about that is important and would make your own or other people's housing situation better?

Volunteer Closing Script (Please read):

That concludes our survey. Thank you for participating. Your answers will help service providers in the city of Saskatoon better plan services for people experiencing homelessness. *(Leave information sheet and pocket card).*

I am leaving you with an information sheet and a pocket card with information about agencies that may help you to get housing or other services if you're interested in contacting them.

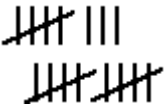
Thank you again for your assistance. Here is the transit pass and cash honorarium to thank you for completing the survey and sharing your knowledge and experience.

APPENDIX D: Encampment Enumeration Sheet

ENCAMPMENT ENUMERATION SHEET

Date: _____ **Time:** _____ **to** _____ **Surveyor:** _____
Contact phone #: _____

Instructions: Use this sheet to record *the total number of people experiencing homelessness in each encampment*. To prevent double-counting, be sure to complete all of the unsheltered enumeration in a narrow time window, especially if using observed homelessness in other overnight locations. Be sure to include a thorough description of the location of each encampment on this sheet. It is recommended that only one encampment enumeration sheet be used for each site.

	Encampment location	Total number of individuals in encampment	Comments	Number of individuals surveyed in encampment of total enumerated
E x	Green space beside the south-bound lanes of the 4 th Street bridge – north side of 10 th ave		Location was covered by 3 members of the outreach team and 3 peace officers. Most residents were known to them. Site has somewhat decreased this fall.	10/18
1				
2				
3				

LIST OF PUBLICATIONS

Community-University Institute for Social Research: List of Publications

- Alderman-Hansson, Jerilyn, Opoku-Mensah, Fiona, and Findlay, Isobel M. (2024). *MMIWG2S+ Family Experience of Police Intervention: Literature Review and Environmental Scan*. Saskatoon: Community-University Institute for Social Research.
- Allan, Nancy, & Michael Gertler. (2006). *Remaking the Links: Fair Trade for Local and Global Community Development*. Saskatoon: Community-University Institute for Social Research.
- Amankwah, Dinah. (2003). *Integrative Wraparound (IWRAP) Process Training*. Saskatoon: Community-University Institute for Social Research.
- Avis, Kyla, & Angela Bowen. (2004). *Postpartum Depression Support Program Evaluation*. Saskatoon: Community-University Institute for Social Research.
- Banks, Christopher. (2003). *The Cost of Homophobia: Literature Review on the Human Impact of Homophobia On Canada*. Saskatoon: Community-University Institute for Social Research.
- Banks, Christopher. (2004). *The Co\$t of Homophobia: Literature Review on the Economic Impact of Homophobia On Canada*. Saskatoon: Community-University Institute for Social Research.
-  Basualdo, Maria, & Kangayi, Chipso. (2010). *Cypress Hills Abilities Centres, Inc: Exploring Alternatives. A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Battiste, Marie, Isobel M. Findlay, Joe Garcea, Jania Chilima, and Ryan Jimmy. (2018). *Maximizing the Potential of Urban Aboriginal Students: A Study of Facilitators and Inhibitors within Postsecondary Learning Environments*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre. http://uakn.org/wp-content/uploads/2016/10/NAFC-UAKN-PHASE-2-National-Report_Prairie-Region_Saskatchewan-Final-Report-.pdf
- Berntson, Ron. (2003). *Peer Victimization Experiences in High School*. Saskatoon: Community-University Institute for Social Research.
- Bidonde, Julia. (2006). *Experiencing the Saskatoon YWCA Crisis Shelter: Residents' Views*. Saskatoon: Community-University Institute for Social Research. Please contact Clara Bayliss at the YWCA at 244-7034, ext. 121 or at info@ywcaskatoon.com for copies of this report.
-  Bidonde, Julia, & Catherine Leviten-Reid. (2011). "A Place to Learn, Work, and Heal":

An Evaluation of Crocus Co-operative. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.



Bidonde, Julia, Mark Brown, Catherine Leviten-Reid, & Erin Nicolas. (2012). *Health in the Communities of Duck Lake and Beardy's and Okemasis First Nation: An Exploratory Study*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Bowditch, Joanne. (2003). *Inventory of Hunger Programs in Saskatoon*. Saskatoon: Community-University Institute for Social Research.

Bowen, Angela. (2004). *Healthy Mother Healthy Baby: Program Logic Model and Evaluability Assessment*. Saskatoon: Community-University Institute for Social Research.



Brown, K., I. Findlay, & R. Dobrohoczki (2011). *Community Resilience, Adaptation, and Innovation: The Case of the Social Economy in LaRonge*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Brownlee, Marilyn, & Allison Cammer. (2004). *Assessing the Impact of the Good Food Box Program in Saskatoon*. Saskatoon: Community-University Institute for Social Research.

Brownlee, Marilyn, & N. Chopin. (2009) *Evaluation Report: Snapshot of Collaborative Processes*. Saskatoon: Saskatoon Regional Intersectoral Committee and Community-University Institute for Social Research. Saskatoon: Community-University Institute for Social Research.

Chambers-Richards, Tamara, Rawia Ahmed, & Isobel M. Findlay. (2014). *Parkinson Society Saskatchewan: Working Together to Meet Member Needs—A Research Report*. . Saskatoon: Community-University Institute for Social Research.

Chopin, N., S. Hogg, S. McHenry, J. Popham, M. Stoops, S. Takahashi, & I.M. Findlay. (2012). *Fetal Alcohol Spectrum Disorder Awareness and prevention Strategies: Learning from the Reported Alcohol Knowledge and Behaviours of College-Age Youth — A Research Report*. Saskatoon: Community-University Institute for Social Research.

Chopin, Nichola, Bill Holden, Nazeem Muhajarine, & James Popham. (2010). *Ten Years of Quality of Life in Saskatoon: Summary of Research 2010 Iteration*. Saskatoon: Community-University Institute for Social Research.



Chopin, N., & I. Findlay. (2010). *Exploring Key Informants' Experiences with Self-Directed Funding: A Research Report*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.

Chopin, N., & S. Wormith. (2008) *Count of Saskatoon Homeless Population: Research Findings*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2001). *Proceedings of the Prairie Urban Congress 2001*. With support from Canada Mortgage and Housing Corporation, City of Saskatoon, GE Capital Mortgage & Insurance Canada, Government of CANADA, Saskatchewan Housing Corporation, and

Western Economic Diversification Canada. Saskatoon: Community-University Institute for Social Research.

CUISR. (2002). *Partnerships for a Healthy Sustainable Community: CUISR—Present and Future*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2003). *“We Did It Together”: Low-Income Mothers Working Towards a Healthier Community*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2004). *Building Community Together: CUISR—Present and Future*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2004). *CUISR at the Crossroads: Strategic Planning Session, June 23, 2004*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2005). *Partnering to Build Capacity and Connections in the Community*. Saskatoon: Community-University Institute for Social Research.

CUISR. (2010). *2009 Saskatoon HIFIS Report on Homelessness*. Saskatoon: Community-University Institute for Social Research.

CUISR Lived Expert Advisory Council and Research Team. (2025). *Community Conversation: Advocating for Housing Rights*. Saskatoon: Community-University Institute for Social Research.

Daniel, Ben. (2006). *Evaluation of the YWCA Emergency Crisis Shelter: Staff and Stakeholder Perspectives*. Saskatoon: Community-University Institute for Social Research. Contact the YWCA at 244-7034, ext. 121 or at info@ywcaskatoon.com for copies of this report.



Diamantopoulos, Mitch, & April Bourgeois. (2014). *Worker Co-operative Development: Problems, Prospects, and Proposals*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research



Diamantopoulos, Mitch, & Isobel M. Findlay. (2007). *Growing Pains: Social Enterprise in Saskatoon's Core Neighbourhoods*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research



Dozar, Marsha, Don Gallant, Judy Hannah, Emily Hurd, Jason Newberry, Ken Pike, & Brian Salisbury. (2012). *Individualized Funding: A Framework for Effective Implementation*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Drechsler, Coralee. (2003). *Influencing Poverty Reduction Policy Through Research Evidence: Immigrant Women's Experience in Saskatoon*. Saskatoon: Community-University Institute for Social Research.

Dressler, Mary Pat (2004). *Aboriginal Women Share Their Stories in an Outreach Diabetes*

- Education Program*. Saskatoon: Community-University Institute for Social Research.
- Dunning, Heather. (2004). *A Mixed Method Approach to Quality of Life in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Dyck, Carmen. (2004). *"Off Welfare...Now What?": A Literature Review on the Impact of Provincial Welfare to Work Training Programs in Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Dyck, Carmen G. (2005). *"Off Welfare ... Now What?": Phase II, Part 2: Analysis*. Saskatoon: Community-University Institute for Social Research.
-  Elliott, Patricia W. (2011). *Participatory Action Research: Challenges, Complications, and Opportunities*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- Engler-Stringer, Rachel. (2006). *Collective Kitchens in Three Canadian Cities: Impacts on the Lives of Participants*. Saskatoon: Community-University Institute for Social Research.
- Engler-Stringer, R., & J. Harder. (2011). *Toward Implementation of the Saskatoon Food Charter: A Report*. Saskatoon: Community-University Institute for Social Research
- Evitts, Trina, Nazeem Muhajarine, & Debbie Pushor. (2005). *Full-Time Kindergarten in Battlefords School Division #118 Community Schools*. Saskatoon: Community-University Institute for Social Research.
- Fernandes, Neville. (2003). *Saskatchewan's Regional Economic Development Authorities: A Background Document*. Saskatoon: Community-University Institute for Social Research.
- Fillingham, Jennifer. (2006). *SEN-CUIISR- Environmental Charitable Organization Feasibility Study, Phase Two*. Saskatoon: Community-University Institute for Social Research.
-  Findlay, Isobel M., Julia Bidonde, Maria Basualdo, & Alyssa McMurtry. (2009). *South Bay Park Rangers Employment Project for Persons Living with a Disability: A Case Study in Individual Empowerment and Community Interdependence*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
-  Findlay, Isobel M. & Anar Damji. (2013). *Self-Directed Funding: An Evaluation of Self-Managed Contracts in Saskatchewan*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
-  Findlay, Isobel M., James Popham, Patrick Ince, & Sarah Takahashi. (2013). *Through the Eyes of Women: What a Co-operative Can Mean in Supporting Women during Confinement and Integration*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.

- Findlay, Isobel M., Bill Holden, Giselle Patrick, & Stephen Wormith. (2013). *Saskatoon's Homeless Population 2012: A Research Report*. Saskatoon: Community-University Institute for Social Research. July 30. 70 pp.
- Findlay, Isobel M., Joe Garcea, John Hansen, Rose Antsanen, Jethro Cheng, Bill Holden. (2014). *Comparing the Lived Experience of Urban Aboriginal Peoples with Canadian Rights to Quality of Life*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre.
- Findlay, Isobel M., Jania Chilima, Tamara Chambers-Richards, Vincent Bruni-Bossio, Dana Carrière, and William Rowluck. (2016). *The Urban Aboriginal Service Delivery Landscape: Themes, Trends, Gaps and Prospects: Final Report*. Saskatoon: Community-University Institute for Social Research and UAKN Prairie Regional Research Centre.
- Findlay, Isobel M, Sana Rachel Sunny, Sugandhi del Canto, Colleen Christopherson-Côté, and Lisa Erickson. (2017). *Impacting Community Strength and Sustainability: Community-Campus Engagement and Poverty Reduction at Station 20 West*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Jania Chilima, Bill Holden, and Abdrahmane Berthe. (2018). *2018 Point-in-Time Homelessness Count, Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Suresh S. Kalagnanam, Cassidy Rheaume, Anh Pham, Charles Plante, and Colleen Christopherson-Cote. (2023). *Basic Income: Calculating the Cost Savings and Downstream Benefits*. Saskatoon: Community-University Institute for Social Research.
- Findlay, Isobel M., Renée Penney, Kate Loseth, Daniel Owusu Nkrumah, John Hansen, Elisabeth Miller, Michael Kowalchuk, Jonathon Mercredi, and Jade Creelman. (2023). *Toward a Community of Safety and Care: Exploring Public Safety in Downtown Saskatoon*. Research Junction. Saskatoon: Community-University Institute for Social Research.
-  Garcea, Joe, & Neil Hibbert. (2014). *International Students in Saskatchewan: Policies, Programs, and Perspectives*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.
- Gauley, Marg. (2006). *Evaluation of Respectful Conflict Resolution and Peer Mediation Program*. Saskatoon: Community-University Institute for Social Research.
- Gold, Jenny. (2004). *Profile of an Inter-Sectoral Issue: Children Not In School*. Saskatoon: Community-University Institute for Social Research.
- Gress, Cara Spence, Isobel M. Findlay, Bill Holden, Stephen Wormith, Pamela Brotzel, Sana Rachel Sunny, and Hanna Holden. (2015). *2015 Point-in-Time Homelessness Count: Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.

Grosso, Paula. (2003). *Uprooting Poverty and Planting Seeds for Social Change: The Roots of Poverty Project*. Saskatoon: Community-University Institute for Social Research.

Grosso, Paula, & Jodi Crewe. (2004). *Project Greenhorn: Community Gardening*. Saskatoon: Community-University Institute for Social Research.

Harlingten, Leora. (2004). *Saskatoon Charging and Disposition Patterns Under Section 213 of the Criminal Code of Canada*. Saskatoon: Community-University Institute for Social Research.



Heit, Jason. (2012). *Mapping Social Capital in a Network of Community development Organizations: The South West Centre for Entrepreneurial Development Organizational Network*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Henry, Carol J., Carol Vandale, Susan Whiting, Flo Woods, Shawna Berenbaum, & Adrian Blunt. (2006). *Breakfast/Snack Programs in Saskatchewan Elementary Schools: Evaluating Benefits, Barriers, and Essential Skills*. Saskatoon: Community-University Institute for Social Research.



Hurd, E., & Clarke, L. (2014). *Awareness of and support for social economy in Saskatoon: Opinion leader views*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.



Hurd, Emily. (2012). *Community Conversations about the Good Food Junction Co-operative*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.

Ieren, Igbaver I., Isobel M. Findlay, Suresh S. Kalagnanam, & Farhad Lashgarara (2023). *Journey to Zero: Calculating the Social Return on Investment*. Saskatoon: Community-University Institute for Social Research, University of Saskatchewan

Jackson, Maureen. (2004). *Closer to Home: Child and Family Poverty in Saskatoon*. Saskatoon: Community-University Institute for Social Research.

Janzen, Bonnie. (2003). *An Evaluation Of The Federation of Canadian Municipalities Quality of Life Reporting System*. Saskatoon: Community-University Institute for Social Research.

Jimmy, Ryan, & Isobel M. Findlay. (2015). *YXE Connects 2015: A Research Report*. Saskatoon: Community-University Institute for Social Research.

Jonker, Peter, Colleen Whitedeer, & Diane McDonald. (2005). *Building Capacity of Fond du Lac Entrepreneurs to Establish and Operate Local Tourism Business: Assessment and Proposed Training*. Saskatoon: Community-University Institute for Social Research.

Kachur, Brittany. (2014). *Urban First Nations, Inuit, and Metis Diabetes Prevention Project: Fresh Food Market Evaluation*. Saskatoon: Community-University Institute for Social Research.

- Kalagnanam, Suresh S., Abdrahmane Berthe, and Isobel M. Findlay. (2019). *Social Return on Investment Financial Proxies and the Saskatoon Poverty Elimination Strategy*. Saskatoon: Community-University Institute for Social Research.
- Kelsey, Melissa V. (2004). *Determining Saskatoon's Value Profile*. Saskatoon: Community-University Institute for Social Research.
- Klimosko, Kris, Marjorie Delbaere, & Isobel M. Findlay. (2015). *Engaging Provincial Stakeholders: A Strategic Communication Plan for Department of Pediatrics*. Saskatoon: Community-University Institute for Social Research.
- Klymyshyn, Sherry, & Lee Everts. (2007). *Evaluation of Saskatoon Community Clinic Group Program for "At Risk" Elderly*. Saskatoon: Community-University Institute for Social Research.
- Kunzekweguta, Machiweyi, Findlay, Isobel M., Kowalchuk, Michael, and Pham, Anh. (2022). *The 2022 Point-in-Time Homelessness Count Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Kynoch, Bev. (2003). *The Brightwater Environmental and Science Project: Respecting Traditional Ecological Knowledge—The Soul of a Tribal People*. Saskatoon: Community-University Institute for Social Research.
- Lashgarara, Farhad, Rachel Engler-Stringer, Freda Atsuyno, Layane Fernandes De Sousa Moura, Hailey Walkeden, and Gordon Enns. (2021). *Promising Practices in Food Reclamation in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Li, Song. (2004). *Direct Care Personnel Recruitment, Retention and Orientation*. Saskatoon: Community-University Institute for Social Research.
- Lind, Justin, Keith Da Silva, Michael Kowalchuk, and Isobel M. Findlay. (2022). *Exploring the Associations between Poverty, Poor Oral Health, and Quality of Life in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Lisoway, Amanda. (2004). *211 Saskatchewan Situational Analysis*. Saskatoon: Community-University Institute for Social Research.
-  Lynch, Karen, & Isobel M. Findlay. (2007). *A New Vision for Saskatchewan: Changing Lives and Systems through Individualized Funding for People with Intellectual Disabilities – A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
-  Lynch, Karen, Cara Spence, & Isobel M. Findlay. (2007). *Urban Aboriginal Strategy Funding Database: A Research Report*. Saskatoon: Centre for the Study of Co-operatives and Community-University Institute for Social Research.
- MacDermott, Wendy. (2003). *Child Poverty in Canada, Saskatchewan, and Saskatoon: A Literature Review and the Voices of the People*. Saskatoon: Community-University Institute for Social Research.

- MacDermott, Wendy. (2004). *Youth . . . on the brink of success. Youth Addictions Project*. Saskatoon: Crime Prevention—Community Mobilization and Community-University Institute for Social Research.
- MacDermott, Wendy. (2004). *Common Functional Assessment and Disability-Related Agencies and Departments in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- MacDermott, Wendy. (2004). *Evaluation of the Activities of the Working Group to Stop the Sexual Exploitation of Children*. Saskatoon: Community-University Institute for Social Research.
- McDowell, Megan, & Isobel M. Findlay. (2014). *Healthy Seniors on the 'Net: Assessing the Saskatoon Public Library's Computer Project*. Saskatoon: Community-University Institute for Social Research.
- McRae, Stacy, & Keith Walker. (2007). *An Evaluation of Family to Family Ties: A Review of Family Mentorship in Action*. Saskatoon: Community-University Institute for Social Research.
- Moneo, Cameron, Maria Basualdo, Isobel M. Findlay, & Wendy MacDermott. (2008). *Broadway Theatre Membership Assessment. A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Muhajarine, Nazeem, Stacey McHenry, Jethro Cheng, James Popham, & Fleur MacQueen-Smith. (2013). *Phase One Evaluation: Improving Outcomes for Children with FASD in Foster Care: Final Report*. Saskatoon: Community-University Institute for Social Research and Saskatchewan Population Health and Evaluation Research Unit.
- Muhajarine, Nazeem, Maureen Horn, Jody Glacken, Trina Evitts, Debbie Pushor, & Brian Keegan. (2007). *Full Time Kindergarten in Saskatchewan, Part One: An Evaluation Framework for Saskatchewan Full-Time Kindergarten Programs*. Saskatoon: Community-University Institute for Social Research.
- Muhajarine, Nazeem, Trina Evitts, Maureen Horn, Jody Glacken, & Debbie Pushor. (2007). *Full-Time Kindergarten in Saskatchewan, Part Two: An Evaluation of Full-Time Kindergarten Programs in Three School Divisions*. Saskatoon: Community-University Institute for Social Research.
- Nili, Niloofar, Isobel M. Findlay, and Rosmary Martinez Rueda. (2025). *2024 Saskatoon Point-in-Time Homelessness Count*. Saskatoon: Community-University Institute for Social Research.
- Ofosuhene, Maxwell. (2003). *Saskatchewan River Basin-Wide Survey of Residents' Attitudes Towards Water Resources and the Environment*. Saskatoon: Community-University Institute for Social Research.
- Olauson, Caitlin, Reggie Nyamekye, Isobel M. Findlay, Nazeem Muhajarine, Sarah Buhler, Bill Holden, Colleen Christopherson-Cote, and Len Usiskin. (2022). *A Review of Affordable Housing Programs for Those in Greatest Need in Saskatoon, Saskatchewan*. Saskatoon: Community-University Institute for Social Research.

Olfert, Sandi. (2003). *Quality of Life Leisure Indicators*. Saskatoon: Community-University Institute for Social Research.



Pattison, Dwayne and Isobel M. Findlay. (2010). *Self-Determination in Action: The Entrepreneurship of the Northern Saskatchewan Trapper's Association Co-operative*. Saskatoon: Community-University Institute for Social Research and Centre for the Study of Co-operatives.

Pham, Anh, Anousheh Marouzi, Isobel M. Findlay, and Suresh S. Kalagnanam. (2023). *College of Nursing Distributed Education Program: A Social Return on Investment Analysis*. Saskatoon: Community-University Institute for Social Research.

Pham, Anh, Suresh S. Kalagnanam, and Isobel M. Findlay. (2020). *Prairie Hospice Society: Social Return on Investment Analysis Report*. Saskatoon: Community-University Institute for Social Research.

Prokop, Shelley Thomas. (2009). *Program Evaluation of the Saskatoon Community Clinic: Strengthening the Circle Program*. Saskatoon: Community-University Institute for Social Research.

Propp, A.J. (Jim). (2005). *Preschool: As Essential As Food. An Effectiveness Review of the Saskatoon Preschool Foundation Tuition Subsidy Program*. Saskatoon: Community-University Institute for Social Research.

Quaife, Terra, Laurissa Fauchoux, David Mykota, and Isobel M. Findlay. (2014). *Program Evaluation of Crisis Management Services*. Saskatoon: Community-University Institute for Social Research.

Quinlan, Elizabeth, Ally Clarke, and Natasha Miller. (2013). *Coordinating and Enhancing Care and Advocacy for Sexual Assault Survivors: New Collaborations and New Approaches*. Saskatoon: Community-University Institute for Social Research.

Radloff, Karla. (2006). *Community Resilience, Community Economic Development, and Saskatchewan Economic Developers*. Saskatoon: Community-University Institute for Social Research.

Reed, Maureen. (2003). *Situating Indicators of Social Well-Being in Rural Saskatchewan Communities*. Saskatoon: Community-University Institute for Social Research.

Roberts, Claire. (2006). *Refugee Women and Their Postpartum Experiences*. Saskatoon: Community-University Institute for Social Research.

Ruby, Tabassum. (2004). *Immigrant Muslim Women and the Hijab: Sites of Struggle in Crafting and Negotiating Identities in Canada*. Saskatoon: Community-University Institute for Social Research.

Sanderson, K. (2005). *Partnering to Build Capacity and Connections in the Community*. Saskatoon: Community-University Institute for Social Research.

- Sanderson, Kim, Michael Gertler, Diane Martz, & Ramesh Mahabir. (2005). *Farmers' Markets in North America: A Literature Review*. Saskatoon: Community-University Institute for Social Research.
- Schmidt, Heather, Cynthia Chataway, Patrick Derocher, Jeff McCallum, & Yolanda McCallum. (2006). *Understanding the Strengths of the Indigenous Communities: Flying Dust First Nation Focus Group Report*. Saskatoon: Community-University Institute for Social Research.
- Schwark, Tyler, Rahul Waikar, Suresh S. Kalagnanam, and Isobel M. Findlay. (2014). *Saskatchewan Summer Literacy: An Evaluation of Summer Reading Programming in Saskatchewan Public Libraries*. Saskatoon: Community-University Institute for Social Research.
- Seguin, Maureen. (2006). *Alberta Mentoring Partnerships: Overview and Recommendations to Saskatoon Mentoring Agencies*. Saskatoon: Community-University Institute for Social Research.
- Sinclair, Raven, & Sherri Pooyak (2007). *Aboriginal Mentoring in Saskatoon: A cultural perspective*. Saskatoon: Indigenous Peoples' Health Research Centre in collaboration with Big Brothers Big Sisters of Saskatoon and the Community-University Institute for Social Research.
- Sivajohanathan, Duvaraga, Isobel M. Findlay, & Renata Andres, 2014. *Parent Resources for Information, Development, and Education: Pre-Service Evaluation—A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Soles, Kama. (2003). *Affordable, Accessible Housing Needs Assessment at the North Saskatchewan Independent Living Centre*. Saskatoon: Community-University Institute for Social Research.
-  Spence, Cara, & Isobel M. Findlay. (2007). *Evaluation of Saskatoon Urban Aboriginal Strategy: A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Stadnyk, Nadia, Nazeem Muhajarine, & Tammy J. Butler. (2005). *The Impact of KidsFirst Saskatoon Home Visiting Program in Families' Lives*. Saskatoon: Community-University Institute for Social Research.
- Sun, Yinshe. (2005). *Development of Neighbourhood Quality of Life Indicators*. Saskatoon: Community-University Institute for Social Research.
- Tabassum, Somiya, Marie Lovrod, Isobel M. Findlay, Shaylyn White, Emilia Gillies, and Haleh Mir Miri, Haleh. (2023). [Learning is Healing: "When we know better, we do better"—Saskatchewan Sexual Violence Education Initiative](#). Saskatoon: Community-University Institute for Social Research.
- Tannis, Derek. (2005). *Mentoring in Saskatoon: Toward a Meaningful Partnership*. Saskatoon: Community-University Institute for Social Research.

- Townsend, Lynne. (2004). *READ Saskatoon: Literacy Health Benefits Research*. Saskatoon: Community-University Institute for Social Research.
- Tupone, Juliano. (2003). *The Core Neighbourhood Youth Co-op: A Review and Long-Term Strategy*. Saskatoon: Community-University Institute for Social Research.
- Umereweneza, Patience, Isobel M, Findlay, Marie Lovrod, Crystal Giesbrecht, Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, & Renée Hoffart. (2019). *Sexual Violence in Saskatchewan: A Survey Report*. Saskatoon: Community-University Institute for Social Research.
- Umereweneza, Patience, Marie Lovrod, Isobel M. Findlay, Crystal Giesbrecht, Manuela Valle-Castro, Natalya Mason, Jaqueline Anaquod, & Renee Hoffart. (2020). *Sexual Violence in Saskatchewan: Voices, Stories, Insights, and Actions from the Front Lines*. Saskatoon: Community-University Institute for Social Research.
- Victor, Janice. (2011). *Report to the Saskatoon Regional Intersectoral Committee: The Middle Ring Evaluation*. Saskatoon: Community-University Institute for Social Research.
- Wāhpāsiw, Omeasoo, Isobel M. Findlay, and Lisa Erickson. (2015). *Exploring the Potential for a University of Saskatchewan Research Shop: A Compliance Report*. Saskatoon: Community-University Institute for Social Research.
- Waikar, Rahul, Suresh Kalagnanam, & Isobel M. Findlay. (2013). *Financial Proxies for Social Return on Investment Analyses in Saskatchewan: A Research Report*. Saskatoon: Community-University Institute for Social Research.
- Williams, Alison with Sylvia Abonyi, Heather Dunning, Tracey Carr, Bill Holden, Ron Labonte, Nazeem Muhajarine, & Jim Randall. (2001). *Achieving a Healthy, Sustainable Community: Quality of Life in Saskatoon, Saskatchewan. Research Summary*. Saskatoon: Community-University Institute for Social Research.
- Wohlgemuth, Nicole R. (2004). *School Fees in Saskatoon*. Saskatoon: Community-University Institute for Social Research.
- Woods, Florence. (2003). *Access to Food in Saskatoon's Core Neighborhood*. Saskatoon: Community-University Institute for Social Research.
- Wright, Judith and Nazeem Muhajarine. (2003). *Respiratory Illness in Saskatoon Infants: The Impact of Housing and Neighbourhood Characteristics*. Saskatoon: Community-University Institute for Social Research.



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