

ARTICLES

A Snapshot of Homelessness in Brockville: Reviewing Obstacles, Challenges and Social Supports

Leigh Burse

INTRODUCTION

The purpose of this article is to explore the issue of homelessness in small urban communities, its ties to the criminal justice system, and the benefits of warming centres and additional homeless supports in rural and remote communities. This article intends to explore the realities of under-housing in rural economies.

Using survey data from users of the Brockville Cooperative Care Centre, one objective of this article is to provide a time-in-place snapshot of the Brockville Cooperative Care Centre's core user group and thus a snapshot of homelessness in Brockville as a whole. The Brockville Cooperative Care Centre is an adult warming centre that doubled as the community's only gender-diverse, low barrier homeless shelter. Another intended purpose is to help the Brockville Cooperative Care Centre and the entire community understand whether users of this space are comfortable and satisfied with the programming being offered, highlight possible areas that can be improved internally and externally, and further expose stopgaps that exist within the existing community framework.

Finally, using case studies of five individual patrons of Brockville Cooperative Care Centre, I aim to offer some real-life stories of first-hand experience of homelessness and struggle with under-housing, the justice system, and small-town dynamics to help humanize some of the faces that make up this community's current homeless population, while also providing some context on where they come from and what stopgaps are being utilized. One key component of the Brockville Cooperative Care Centre's funding allocations includes the collection of basic user data, yet this article is not intended to focus on just fundamental fact finding, but also to encourage local rough sleepers to use their voices and empower their thinking. Many of these clients have had direct justice system involvement and, as such, are continuing to face significant barriers toward effective society reintegration. With a trauma-informed lens and a client-centred approach to data collection, hopefully we can effectively learn how to acknowledge these first-person experiences and help design policies that might better help those being affected by these myriads of dilemmas.

As a former municipal councillor, housing activist, and community organizer, I became involved in this project by choice. I worked as both a former employee of the Brockville Cooperative Care Centre and as a former member of the Brockville Housing Partnership, which helped design the pilot project and bring the BCCC to fruition. As a founding member and outreach coordinator with the Brockville Streetfriends volunteer homeless outreach network, the partnership was a natural fit. The staff, management, and governance board were amenable to me conducting this research, but the research was conducted and compiled independently.

METHODOLOGY

While basic user information, including demographic information, is collected on an ongoing basis, as new users rotate into the operational structure of the Brockville Cooperative Care Centre, this article is meant to provide a snapshot of a random sample. It is not all encompassing, as there are new clients who visit the space regularly, and others who have either not yet been approached to participate in these interviews, or some who have declined to participate or are still apprehensive.

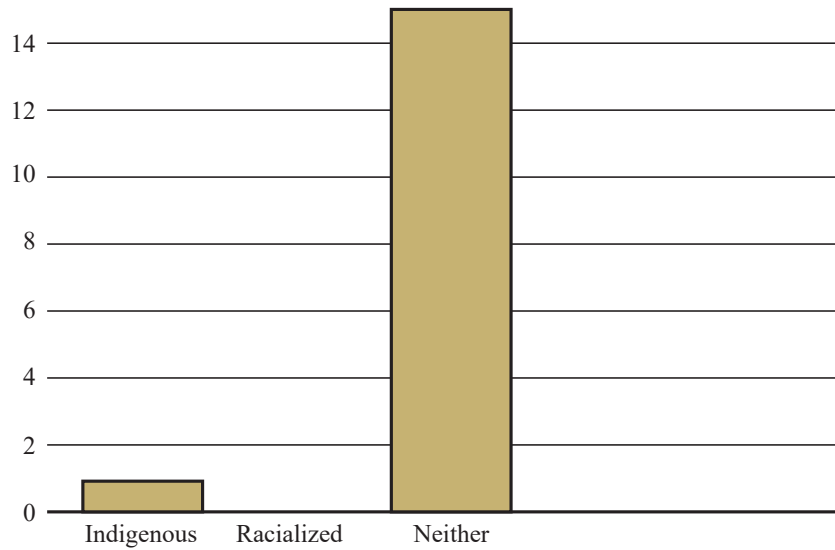
Aside from the collection of basic user group information, I asked clients additional questions about their barriers to finding housing and if they felt discrimination within the community outside of the Brockville Cooperative Care Centre's physical space (formerly housed at Wall Street United Church). I also asked them to share in their own words what they might say to decision-makers regarding their experiences with homelessness and the justice system locally. Comments ranged from self-deprecating and brief, to much more extensive and sometimes pointed commentary on how their life experiences and choices are often misunderstood.

Finally, I urge readers to keep in mind that only sixteen clients participated in this analysis. The Brockville Cooperative Care Centre opened in December 2020 and serves between two and 18 guests each night. Participants in this study ranged from ages between 20 and 58 years old. Some have been chronically homeless for significant periods of time. Others are still very new to life on the streets. This document will break down key details that include such details as age, gender, migration history, and parallels in background (e.g. justice system involvement, inter-agency involvement, and experiences with the greater population that may add greater barriers to re-housing).

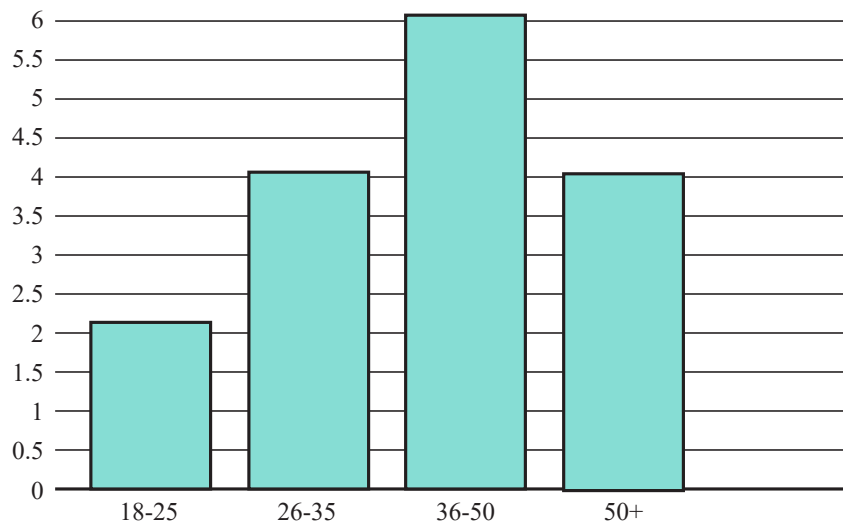
DEMOGRAPHICS AND RURAL MIGRATION

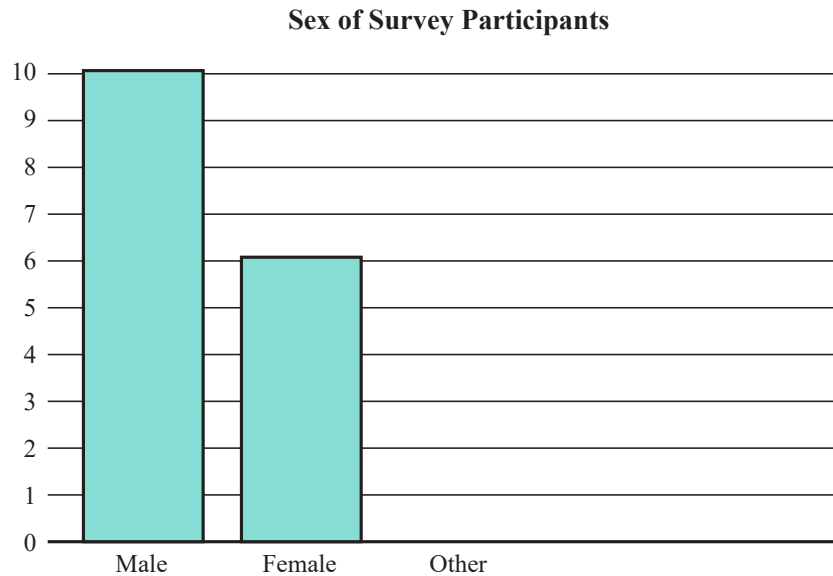
Those who participated in our survey ranged in age from 20 to 58 years old. Six of the survey participants identified as female, while the remaining ten identified as male. None of the participants were people of colour (which is reflective of the overall community demography), and none identified as transgender or non-binary. Only one person identified as Indigenous.

Indigenous or Racialized



Age of Survey Participants





To put these profiles in context, Brockville is located in Eastern Ontario, Canada in the Thousand Islands region. The city's population was 22,116 at the time this article was written. 95% of the population is white (Canadian Census, 2022). The city is home to several factories, including those of 3M and LeClerc, which are employment draws to the area. Also worth highlighting is the significance of people migrating not only from surrounding bedroom communities and rural hamlets such as Athens, Prescott, Spencerville, Gananoque, and even nearby cross-county migration from communities such as Smiths' Falls, but also the prevalence of people from much further away ending up homeless in Brockville. When speaking with survey participants, urban centres such as Cornwall, Ottawa, Montreal, Oshawa, and Quebec City were also all referenced as former home communities. Statistically, the bulk of these participants were long-term Brockville residents, but very few had been in the community their whole lives. In fact, of the sixteen surveyed for this study, only eight identified originally being from Brockville, with three others migrating to Brockville from other communities within the United Counties of Leeds and Grenville. That means that approximately 30% of the surveyed participants identified coming from larger urban centres outside of Brockville's regional catchment and half came from outside of the local urban centre.

This is a trend worth paying significant attention to because with Brockville having limited finite resources in comparison to places like

Ottawa and Montreal, which are nonetheless under-resourced as well, it is worth considering what would be the driving factors for ending up in a small urban, landlocked municipality that exists within a larger rural backdrop. It is also worth noting that migration is an inward and outward metric when understanding homelessness. Before the Brockville Cooperative Care Centre pilot project became operational, this community was also guilty of sending people to larger communities to better access their services and sometimes, with the absence of a concrete plan in place for some of the neighbourhood's rough sleepers, this still happens. The following subsection presents a case study of a user/patron to illustrate the findings of the survey.

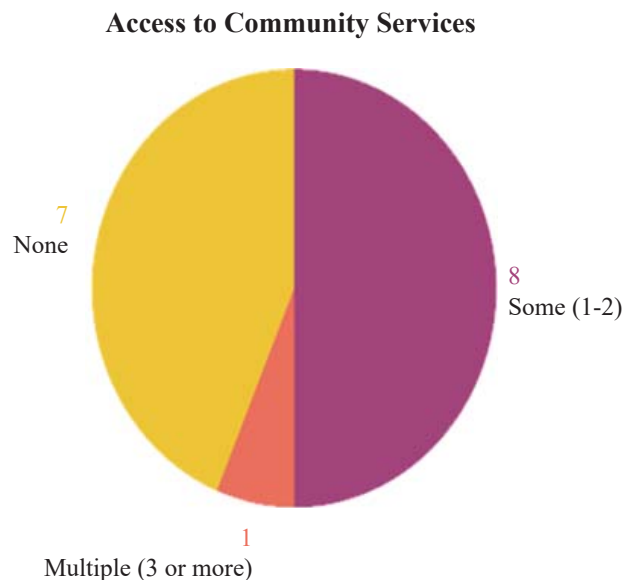
Case Study #1 – Male, 20 Years Old

Originally from Ottawa, Ontario, he had been using the Brockville Cooperative Care Centre as his address through his probation office. Recently housed, but still making use of the services at the Brockville Cooperative Care Centre, he cites a lack of emotional stability, but relative physical comfort when he is present at the centre. While polite and energetic, he is also often volatile, which has led to multiple criminal charges in both Brockville and his hometown of Ottawa. He struggles to manage his moods and behaviours, despite limited notable involvement with drugs or organized crime. He highlights a lack of safe and affordable options for housing, which is only further realized when he recently secured an apartment through the assistance of service providers but feels safer at the Brockville Cooperative Care Centre. Struggling with a brief but current history of justice involvement, he believes that his available housing options are limited and this has been his experience.

When asked if there were any comments that he would like to offer to the community at large, he was quick to remind us all not to judge a book by its cover. He is making significant efforts to improve his life and his problems with authority do not stem from addictions. He feels unsafe where he lives even though he is receiving enough support through the Ontario Disability Support Program to pay for the rental costs. He feels frustrated by the lack of options in his price range, causing him to rent there. His experiences within the community have been largely positive, but he notes a lack of positive recreational opportunities during COVID-19. His boredom often leads to mischief.

ACCESS TO COMMUNITY SERVICES

The pie chart below illustrates the findings pertaining to access to community services in terms of the number of services users' access. Considering the information posted above that illustrates how a significant portion of those surveyed come to Brockville from alternative destinations, it is also alarming to consider how few of those being interviewed are making use of Brockville's available community services. If Brockville is attractive as a service hub, but almost half of those who participated are highlighting that they are not formally attached to any local services, then one would wonder if they chose this community because of overall familiarity and basic attraction to the community, or are they there based on exterior circumstances that might make Brockville seem like a reasonable destination (e.g. highway access, geographic circumference, justice services or community wellness programs).



When speaking with the 16 participants, some agencies that were prominently highlighted included the Brockville Food Bank, Victim Services, Connect Youth, the John Howard Society, the Employment Education Centre, the United Counties of Leeds and Grenville (homelessness

prevention program), the Assertive Community Treatment Team, Leeds Grenville Mental Health and Addictions, Change Health Care, as well as probation officers and social workers. The Brockville community is rich with a plethora of resources and non-profit agencies that are there to complement stopgaps, but even most of the remaining percentage of participants seemed to struggle to name more than two agencies that they are currently involved or working with. This speaks to a need for more coordinated access among community partners to better ensure more communication, fewer barriers to supporting homeless people, and more opportunities for interlocked supportive services, especially from the lens of justice involvement.

Case Study #2 – Male, 50 Years Old

This gentleman was released from his most recent incarceration without an address, without money, without a plan and without even a winter jacket. He struggles with a significant crystal meth addiction and has for over three years. He notes that the term “struggle” seems misplaced, as the drug is not a struggle to find or attain. Soberingly, he tells me that he can find the drug within one to two blocks in multiple directions of almost any prominent street corner, including around the Brockville Cooperative Care Centre and the adjacent provincial courthouse. While he found the Brockville Cooperative Care Centre client intake process a bit too rigid, as it often interfered with his substance use schedule, he spoke positively of the program even during his short tenure using it. He finds the concept of sobriety incredibly challenging. He was successfully able to stay sober for his first two days of freedom, but found himself quickly falling into familiar traps with little in terms of positive supports to assist him. He noted that his depression and lack of alternatives are always staring him in the face. His ex-partner can no longer tolerate his behaviours and he is worried that he could die because of easy access to drugs that he wishes he could beat.

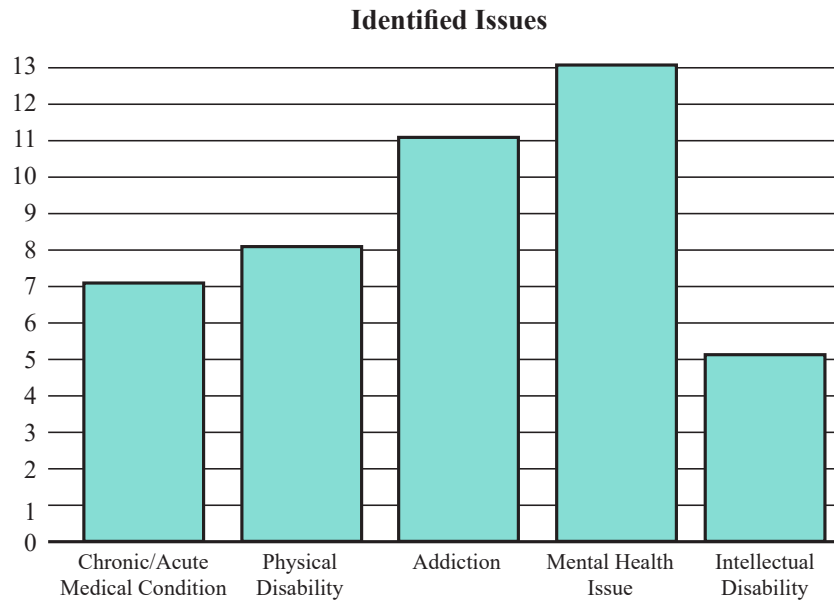
He was previously referred to community agencies, but had mixed experiences and limited success, often being told that the programs were over-budget and unable to assist him in the ways that he had hoped. He is not able to find appropriate accommodations despite his access to financial support through the Ontario Disability Support Program, as this is lessened significantly by his lack of address. He finds himself priced out of the market for even the most basic room rentals.

He has been criminalized multiple times, most often charged with Theft Under \$5,000.00. He accredits his most recent breach of a curfew as a life-saving experience, as he had prepared a suicide note and believes his incarceration kept him from dying. He noted that he is also a multiple-time suicide attempt survivor. He did not have a criminal record until he was 35 years old. He openly admitted that he had attempted to sell hash to an undercover cop in Ottawa and was arrested. His situation spiralled from there on out and he lost his job. Originally from Montreal, he lived in Ottawa for many years before returning to Brockville where his parents had retired. They are not equipped to manage his circumstances and his admitted psychiatric problems are often at the forefront of his behaviours. He notes that while incarcerated, he gained weight and felt healthier. While outside of jail, he found it difficult to access necessary services, which has only been further exacerbated by fluctuating shutdowns during the COVID-19 pandemic.

IDENTIFIED ISSUES

The following bar graph reveals study participant responses regarding health issues at the time of the survey. What is alarmingly clear after reviewing these results is that while multiple participants struggled with things like intellectual and physical disabilities, as well as chronic medical conditions, it is undoubtedly the prevalence of addiction and mental health issues that speaks volumes. With 13 of 16 participants highlighting their mental health issues as a challenging reality for them on a daily basis and additionally 11 participants openly admitting to struggling with their addictions, this echoes sentiments that we are seeing repeated about increases in mental health and addiction related calls to local emergency services (see Dej, 2020; Desjarlais, 1997; Foster & Spencer, 2013).

Some have shared their personal beliefs that the Brockville Psychiatric Hospital's closure in 2014 may have done more to contribute to this problem than we at first may have realized. This is related to the fact that such mental illness goes undiagnosed and untreated. Regardless of that assumption, what is clear is that this community has the makings of another devastating crisis on their hands. Although, many would argue that we are well amid this epidemic already.



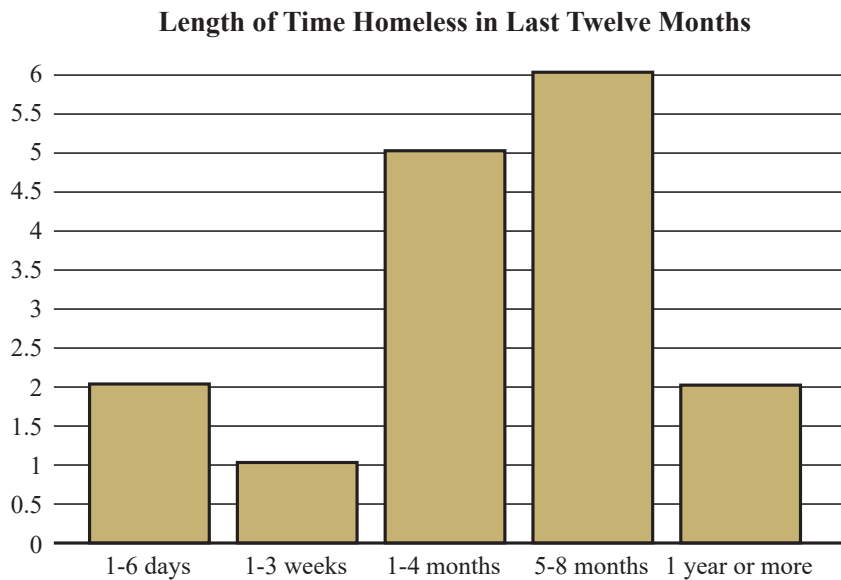
Case Study #3 – Female, 42 Years Old

Recently homeless, she dresses nicely and appears to be in good health and of sound mind from the outside looking in. Upon speaking with her, I quickly learned that she is incredibly anxious and angry, as she regularly feels discriminated against based on her drug addiction issues, her access to Ontario Works, ongoing justice involvement, and her homelessness. She understands the frustration felt by those around her based on her life choices, but also notes that even when she has a suitable place to stay she risks being victimized by a landlord who sees more value in her unit being vacant than occupied. She feels like “riff raff” and believes that she has been recently subject to an illegal eviction, although she is reluctant to fight it because she does not believe that anyone will believe her based on her reputation that she attributes to “the poor decisions” that have led her to this destination.

She advocates openly for not only permanent shelters, but also more supportive housing options and less local empty buildings. When asked to leave readers with impactful final words, she does not mute her frustrations, and is quick to note that we in the public have “no idea” what it feels like to be powerless to an addiction, to a stigma, and to a system that favours those in power.

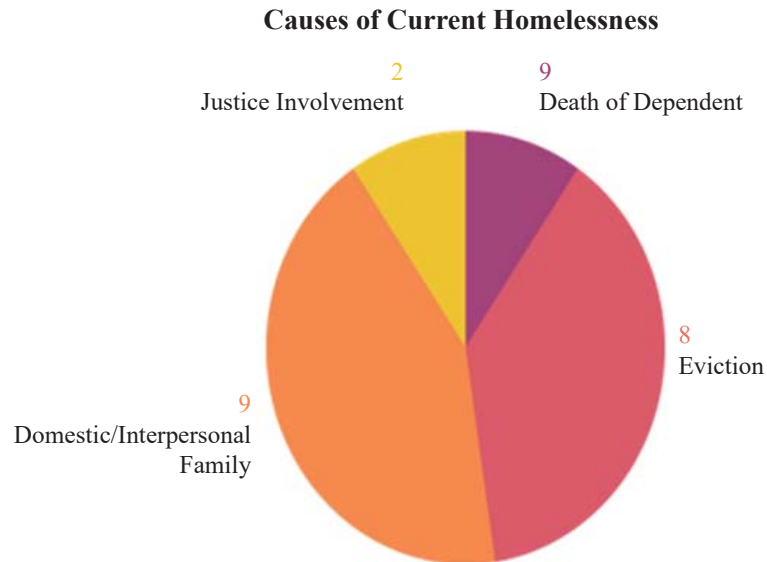
LENGTH OF TIME HOMELESS AND BARRIERS TO REHOUSING

The first bar graph indicates the length of time the Brockville Cooperative Care Centre users were homeless in the last year. The second pie graph displays the stated reason for homelessness at the time of the survey. When deciphering this data, it is easy to see that the length of someone living in homelessness in Brockville can vary significantly. With that said, the reader must also be made aware of the flaw in this data being that homelessness and housing security are two vastly different outcomes. How someone chooses to identify based on their overall understanding of their situation and the barriers that they face, coupled with how they perceive 'homelessness' may not measure up against the facts that they may have only been one negative encounter or one compromising situation away from ending up on the streets to begin with.

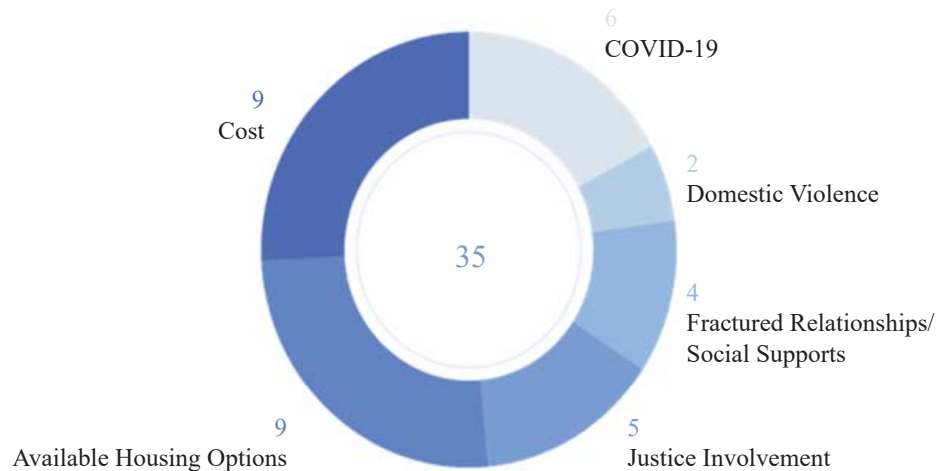


What is revealing about the survey data is that while some were using the Brockville Cooperative Care Centre as a stopgap while they got on their feet and sought permanent housing without many distinct barriers, there were others who were struggling with being under-housed for much longer periods of time. Knowing some of those surveyed personally, I can also

attest that their resumption of homelessness was often fresh on the heels of multiple failed attempts at cohabitation with others in similar situations and reoccurring interactions with law enforcement. And while they might claim to have been housed, they were often in these situations for short interims, and the situations were vocally negative.



The pie graph below reflects the response to the question regarding barriers to housing. Important to note is that respondents were not limited to just one answer and were encouraged to list all the barriers that they feel that they face. While two respondents did note domestic violence as a key factor in their housing displacement, and four overall noted that fractured relationships with family members, close friends or loved ones had played a significant role in their displacements, the predominant responses were centred around the overall cost of housing and the lack of available affordable housing options. Some participants noted that while their own involvement with the justice system played a hand in their applications getting turned down, and how COVID-19 had complicated the local housing market for those with limited means and any litany of chronic issues, it was either directly or indirectly an offshoot problem related to a lack of options, limited supply, and a highly competitive rental market that has effectively priced many of them out of the market in spite of their desires to be housed (and in some cases, even their financial means to be housed as well).

Barriers to Re-Housing

When analyzing what the housing barriers were and are for many of the survey respondents, the data seemed to reveal more emphatic themes. While the length of someone’s tenure as a rough sleeper in need of social supports and warm spaces might change based on each client, many of the barriers they are facing to housing sustainability seem to thread together to paint a picture of a challenging reality for many in Brockville. The following cases demonstrate this reality.

Case Study #4 – Female, 38 Years Old

A widow of three years, she struggles with diagnosed depression. She admits that she is no longer medicated as it interferes with her drug use, which she cites as a coping mechanism for her traumatic loss. She currently has no appropriate identification and thus is not covered under any plans to access much needed pharmaceuticals.

Her partner protected her from what she described as predators and she heralded him as the one who prepared them for their life together. When he passed, she felt that the loss left her life in chaos and without support. She has since had multiple fallouts with friends, family members, and support system, and has been incarcerated numerous times.

Nursing re-broken ribs, she points to a life of dumpster diving (or “binning”) as one of her means of survival. Since adopting “binning”,

she has been charged multiple times for theft. She compliments that the Brockville Cooperative Care Centre is a safe and inviting location, but still fears a disconnect between some staff and the issues that clients face. She expresses feeling paranoid and reluctant to trust many people.

She notes that there are many barriers to housing for her, some of which include a lack of access to dependable electronics during lockdown periods that make places like the Brockville Public Library no longer an option for emailing or job hunting. She is also very frustrated with her lack of identification, noting that not only have many of her items been stolen (including wallets, etc.), but also that she is not in a financial position to replace even the most basic photo ID.

She voices concerns about what she calls “income disparity” that she believes is a primary reason people struggle to get clean despite wanting to. She believes that this income inequality is causing people who should not live together to often have to. She notes that it is impossible to filter roommates or neighbours based on where most people like her can afford to live, and thus she feels she is always exposed to rampant drug use and illicit behaviour even when she is sober. She notes that reoffending is often safer and more efficient than attempting to survive in what she describes as desolate locations.

While she stops short of using terms like “discrimination”, she does mention that she finds many barriers to employment for her and people like her. She believes that Brockville as a community could do a better job of nurturing opportunities for people who have experienced homelessness, addiction, trauma, and incarceration. For example, she speaks of a more inclusive labour force, while referencing municipal street sweepers with envy.

When asked for final words to be shared with decision-makers, she does not hold back and boldly proclaims “come join me for four hours on the street and see if you could manage a productive day at -20 below. Start your day on the sidewalk and see if you can handle it. Shave your face on the sidewalk. Take a shit on the sidewalk. Then tell me to try harder”.

Case Study #5 – Male, 58 Years Old

At 58 years old, he feels the strain of homelessness in ways others might not yet. His disappointment in his situation is palatable and understandable. While he mentions being happy with recently expanded operating hours and

believes that access to the Brockville Cooperative Care Centre has helped him put on weight and make new friends, his only complaint is that many of the services he and other guests utilize are not available until 10:00am, while the Centre's hours end at 8:00am. "My only complaint is you made me fat", he said jovially.

His opinions of the community are not always quite as warm. When asked if he ever feels discriminated against for being poor and looking disheveled, he mentions an anxiety and fear around police officers, and a lack of empathy from business owners that he has interacted with downtown. "It's a shitty feeling. Especially with the cops", he explains. "I've seen it happen too many times. Rough and unnecessary questioning. Feeling singled out. I feel judged everyday". His anxieties might come as an expected reality for some, but his backstory paints a different picture. He cannot recall any significant or negative interactions with law enforcement for over twenty years. Being homeless, his last involvement with the criminal justice system saw him charged with driving without a license in 1998. Other than traffic tickets and some juvenile mischief over forty years ago, he has largely kept to himself.

For him, his barriers to housing are not based on a compromised mental health or addiction illness. A recipient of the Ontario Disability Support Program, he struggles with some physical injury that keeps him out of the labour force and he also has an open wound that he is struggling to heal. Despite his wounds and a damaged hand, he seems to be in decent overall health. For him, his issues are a lack of supply and housing affordability.

He recently viewed an apartment that was advertised and listed as in his price range. If he were to access the full support available for accommodation through ODSP, a one bedroom apartment listed at \$760.00 all-inclusive would have been manageable. The problem is he was one of 46 people who ended up viewing the apartment. A bidding war ensued, and that same one bedroom apartment was being offered for \$1,260.00 just one week later. This effectively priced him out of the private housing market. He returns to the Brockville Cooperative Care Centre frustrated and in chronic pain. But he does so with gratitude that a program like this exists for people like him. His life choices are becoming more questionable and problematic. He feels jaded by societal barriers and he fears being criminalized for his ongoing homelessness.

KNO, walks he wears a
 shirt (Heat) and boy is he
 on fire. I'm on the right side
 of the street, yet which side is
 the right?? Complain, I
 people want their shop. KNO is
 talking out shit, shit, shit, I feel
 The system has falld US. more
 power is nothing unless
 Contradde
 just sit relax life
 is way is

Note: This is a sample of writing left behind by a frequent user of the Brockville Cooperative Care Centre who is struggling with severe alcoholism, depression, and reoccurring justice involvement.

CONCLUSION

This article offers a snapshot of one organization in one location attempting to service a massive need, while still very much in its operational infancy. This article is nowhere near a fully painted portrait of the issues of homelessness in Brockville, nor would a complete snapshot necessarily solve a problem that can only be solved by societal and political will. What this article does do is humanize the stories and give examples of the issues related to mental health, criminalization, homelessness, and addiction in Brockville, Ontario.

Each of these people has a story to tell, but very seldom are they empowered to share them even though their voices are fundamental to creating the necessary changes required for an equitable society where everyone has a chance at success. When asked their opinions on the Brockville Cooperative Care Centre, their responses were overwhelmingly positive. However, this article is not just about the Brockville Cooperative Care Centre. When asked about the community as a whole, many positive aspects were outlined and so too were areas needing improvement. Between a lack of access to in-person supports during fluctuating lockdowns, to easy access to life-shortening drugs without a concrete plan to combat it empathetically, to a public sector and commerce district who could focus more of their efforts on appearing and being compassionate, to the glaringly obvious pitfalls of pricing people out of the rental market, it is clear that we have some work to do. At the same time, I join a chorus of researchers and policy makers calling for increased access to affordable housing (Canham et al., 2019; Gaetz et al., 2013; Kalman-Lamb, 2017; Procopio, 2019). On the bright side, we are more aware than ever before. So let us start mobilizing this knowledge today for a more equitable tomorrow.

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ABOUT THE AUTHOR

Leigh Zachary Bursey is an activist, journalist and researcher residing in Mount Pearl, Newfoundland. A former three-term municipal politician, international bestselling author, and reporter on homelessness, Leigh is a second-year university student at Memorial University, a clothing designer, a former homeless youth, a former shelter worker, a former housing officer, and is currently a housing case manager and supportive housing coordinator for vulnerable seniors. Leigh is also a member of the Scholars With Lived Experience Advisory Committee at Making The Shift. Leigh is a musician, storyteller, and lived experience event coordinator. Leigh has lived experience with homelessness and poverty.